POSITION PAPER

The Health Effects of Economic Sanctions and Embargoes: The Role of Health Professionals

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As a widely used tool of foreign policy, economic sanctions take many forms. They include mandating trade restrictions (for example, limiting imports from or exports to a sanctioned nation), freezing bank accounts, limiting international travel to and from an area, imposing additional tariffs, and exerting other pressures that are intended to slow key economic activities. Since the end of the Cold War, as the global market has expanded, many countries and the United Nations have increasingly used economic sanctions instead of military intervention to compel nations to end civil or extraterritorial war or to reduce abuse of human rights. Similarly, the United States has attempted to influence international governments' domestic policies by using other economic means, such as relating "most favored nation" trading status to a country's human rights record or prohibiting the import of goods from countries in which illegal child labor is widespread.

Repercussions from these measures influence a country's economic development and, therefore, can also affect the overall welfare of a nation's population. In contrast to war's easily observable casualties, the apparently nonviolent consequences of economic intervention seem like an acceptable alternative. However, recent reports suggest that economic sanctions can seriously harm the health of persons who live in targeted nations. For this reason, the American College of Physicians–American Society of Internal Medicine has undertaken this examination of physicians' roles in addressing the health effects of economic sanctions.

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Physicians who have traveled to nations affected by comprehensive economic sanctions report that suffering is caused by lack of medical supplies or other basic health-related resources. In contrast, studies have found that less comprehensive sanctions—for example, those that prohibit only investments, exclude important trade industries, or allow delivery of humanitarian goods and purchases through neighboring countries—are not associated with increased mortality rates (1). Overall, it is generally acknowledged that it can be difficult to distinguish the effects of economic sanctions on health from the effects of war, poverty, or unjust governance (1, 2). Nevertheless, observers' reports suggest that specific humanitarian intervention aimed at eliminating economic sanctions could bring relief to vulnerable populations (2–6).

For example, although United Nations sanctions in one country excluded food and medical supplies, the availability of basic medications decreased by 50% because the raw materials needed to produce them could not be imported. Consequently, rates of typhus, measles, and tuberculosis were reported to have increased, and a 30% increase in hospital mortality rate for other conditions and a 10% increase in the overall mortality rate were also seen (1).

In countries against which broad economic sanctions are applied, malnutrition caused by the high cost and shortage of food is often a leading cause of morbidity and death among children (1, 4). For example, in four hospitals in one targeted country, infant malnutrition was reported to affect between 32% and 57% of hospitalized children (5). Infant malnutrition was compounded by the unavailability of infant formula and the malnutrition of breast-feeding mothers (5). In addition, many deaths resulted from an increased incidence of waterborne diseases, including cholera, typhoid, and gastroenteritis, that were caused by contaminated water and defective sewage systems (5). According to one study team's estimate, malnutrition and waterborne diseases led to a threefold increase in mortality rate in children younger than 5 years of age (4).

In another country, nutritional deficiencies were reported to have caused an epidemic of optic and peripheral neuropathy that affected more than 50 000 persons (7, 8). Another study of the effect of embargoes on health in the same country refers to "a significant rise in suffering—and even deaths" caused by the unavailability of essential drugs and the inadequacy of medical equipment (9). One observer noted that "economic sanctions are, at their core, a war against public health" (10).

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Human Rights, Humanitarian Law, and Economic Sanctions

International human rights were articulated to protect basic human needs (1). In addition to political and civil rights, the 1948 Universal Declaration of Human Rights refers to a person's right to a standard of living that allows him or her to maintain health and well-being; this includes access to food and medical care (Article 25) (11). More recently, in 1976, the International Covenant on Economic, Social, and Cultural Rights proclaimed that all persons had a right to the highest attainable standard of physical and mental health; it called on all involved countries to ensure the prevention, treatment, and control of diseases and to create conditions that would ensure the delivery of medical care (Articles 12.1 and 12.2) (12). Although these responsibilities may be viewed primarily as domestic matters, the repercussions of economic sanctions imposed by other nations often result in a fundamental contravention of the spirit of the International Covenant.

International law permits parties to deviate from some provisions of human rights treaties during war, but humanitarian law is increasingly relied upon to protect human rights and balance military necessity with humanity (13). The Fourth Geneva Convention of 1949 and the Additional Protocols of 1977 mandated the unhindered delivery of food and medical supplies to civilian populations in time of war and declared that medical centers, hospitals, and other components of the public health infrastructure that help to combat contagious diseases and epidemics must be maintained and protected (14, 15). It seems reasonable to expect that economic sanctions and war would operate within similar humanitarian constraints.

Indeed, humanitarian goods, such as food or medicine, are often exempt from sanctions. However, this can have little practical effect if, for example, foreign currency is not available to import such goods, foreign bank accounts are frozen, or borders are closed (3). In addition, "virtually unattainable" terms of trade, such as strict requirements for export licenses or restrictions on transportation, make it difficult to deliver food and medicine (16).

The relation between the health of a country's population and the state of its economy is complex and interdependent. In its 1993 report *Investing in Health*, the World Bank supported the view that a healthy population leads to economic growth; conversely, economic growth can lead to a healthier population. Therefore, it becomes apparent that stifling the economic lifeline of a country through sanctions curtails not only the development of the economy but also the health of individual persons (17). Such observations make it clear that sanctions must be closely monitored in order to accurately assess their effect.

Human Rights, Health, and the Ethics of Medicine

Individual physicians are professionally obliged to relieve suffering (18, 19) and to promote health. In addition, physicians and their professional organizations must be advocates for the health of the public (19). Clinically, this refers to promoting the highest standards of medical care for individual patients, as stated in the Hippocratic oath. It also calls for physicians to abjure participation in torture, as asserted in the Declaration of Tokyo (which is endorsed by the American College of Physicians–American Society of Internal Medicine).

At a societal level, physicians must be wary of the tension that may exist between government policy and the healing duty of medicine. Nazi Germany taught us that the medical profession must diligently guard against governments that attempt to use medicine for purposes other than healing and caring (20, 21). Many authors consider the Nuremberg Trials, in combination with the 1948 Universal Declaration of Human Rights, the birth of the international human rights movement (20).

Another important link can be seen between medicine, health, and human rights. The health of individuals and of populations, as emphasized respectively by medicine and public health, can encompass more than physical and mental health and the prevention of disease, disability, and death (22). The definition of health that was developed by the World Health Organization refers to a "state of complete physical, mental and social well-being." In this regard, "the promotion and protection of human rights and promotion and protection of health are fundamentally linked" to ensure the advancement of human well-being (22, 23). This proposition concurs with the belief that higher socioeconomic status and better health status are related and that the "fundamental conditions and resources to achieve health include peace, shelter, education, food, [and] income . . ." (24).

When we consider that the idea of human rights emerged at the end of a war that had repercussions in all parts of the world, it is not surprising that these rights have attained a transnational dimension. Human rights cannot be protected solely by domestic sources, which antidemocratic governments could repress or ignore. The international community plays an important role in monitoring human rights abuses across borders.

Similarly, as is most acutely illustrated by the

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AIDS epidemic, diseases also know no borders. To respond more effectively to persons in need and to preserve the health of populations, the medical profession must expand beyond the boundaries of any given nation. To this end, some physicians may lend their services to regions of the world that are in great need of medical assistance. However, a true globalization of the protection of health requires that the profession as a whole become involved in the care of vulnerable patients.

Taking a Stand on Economic Sanctions

The College recognizes that uncertainty accompanies any effort to modify behavior that violates international norms of conduct. However, as a respected voice in medicine, the College should contribute to the development of an economics sanctions policy that minimizes the effect of such sanctions on health.

Controversies surrounding the application of economic sanctions cannot be ignored or fully resolved. Economists and political observers continue to debate the efficacy of economic sanctions in achieving policy objectives. Although most analysts would not indiscriminately reject the idea of using economic sanctions as an alternative to military or violent means, many have pointed out that such sanctions are often ineffective. One study performed a comprehensive examination of U.S. sanctions policy and found that few sanctions could be defined as successful even when a low threshold for success was set (25).

It is also necessary to keep in mind that sanctions can have unforeseen or unwanted effects. They can provoke patriotic responses against the international community or accentuate the human rights abuses that they are intended to minimize. Sanctions can adversely affect countries that are the economic partners of the target country and can even harm the economy of the country imposing the sanctions.

It is difficult to monitor the application and effects of economic sanctions and their unintended consequences. Therefore, the United Nations and others have stated that clearer definitions and objectives of sanctions must be established so that criteria to end sanctions could also be defined. There is also great concern that humanitarian aid in general may be of little assistance if it is intercepted and diverted from its intended destination. To that effect, the United Nations and others have acknowledged the need to ensure that the work of humanitarian agencies, especially health agencies, can be pursued (26). The College further supports this idea in its recommendations.

In light of the College's ethical tradition, any acknowledged reservations and uncertainty surrounding economic sanctions do not alter physicians' duty to reduce morbidity and mortality on a global scale. This duty underlies the College's 1982 position on weapons of mass destruction (27). At that time, the rationale for professional involvement in a matter that seemed more political than medical was carefully outlined, building on the responsibility of physicians to reduce mortality and to promote prevention. Because of the humanistic orientation and scientific training involved in their profession, physicians have a certain degree of social prestige that lends credence to their intervention in the sociopolitical arena (27). Other voices continue to reinforce this message, stating that medicine must lend its influence and knowledge to fight forces that cause suffering, compromise quality of life, and result in early death (28, 29).

Former United Nations Secretary-General Boutros Boutros-Ghali challenged that economic sanctions raise "the ethical question of whether suffering inflicted on vulnerable groups . . . is a legitimate means of exerting pressure on political leaders whose behavior is unlikely to be affected by the plight of their subjects" (26). Some have argued that in order to retain their legitimacy, sanctions must not deprive persons of their right to life and, therefore, must not drive living conditions below those required for subsistence (30).

Individual physicians cannot alleviate the suffering caused by sanctions. However, the medical and public health professions can help shape the structure and application of economic sanctions to ensure that they protect the health of the persons in the nations that are subject to them.

The following recommendations to amend the structure and application of economic sanctions continue the College's tradition of addressing such issues. With the assistance of other organizations, such as the American Public Health Association—which has already developed a policy addressing economic sanctions—and with the support of the American Medical Association—which is the United States's voice in the World Medical Association—the College hopes to be able to better protect the health of all populations.

Recommendations

The College supports the following:

1. Excluding from sanctions humanitarian goods, such as food- and health-related materials or medical supplies, that are deemed likely to reduce the morbidity or mortality of civilians.

2. Empowering qualified and neutral agencies to publicly and expeditiously address humanitarian appeals for exemptions, to conduct and disseminate

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analyses of the health effects of economic sanctions, and to monitor and report the effects of the sanctions on an ongoing basis.

3. Providing medical and health-related supplies and services to offset any increased morbidity caused by sanctions.

4. Monitoring and reporting the effective delivery of medical and health-related materials.

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