Economic sanctions, imposed for political purposes or viewed as a middle route: they seem more substantial than “mere diplomacy,” but they do not entail the risks of military intervention. Under this view, sanctions offer an attractive policy option. They do not seem inhumane or costly, and consequently there may be little opposition, at least from the political constituency of the state imposing them. These assumptions changed in the early 1990s, when the UN Security Council imposed sanctions on Iraq that were so severe that they triggered a massive humanitarian crisis, including the collapse of Iraq’s ability to provide adequate potable water, electricity, health care, or education to its population.

What had been regarded as a valuable tool for foreign policy and global security abruptly came to be seen in a different light -- as itself a human rights violation, ineffective in its goal of achieving compliance by the Iraqi state (or alternatively, regime change), while raising a host of moral and legal objections.

The Security Council, as well as scholars and practitioners, responded in part by formulating targeted sanctions, intended to impact the political and military leaders of the offending state directly, without causing harm to the civilian population. These targeted sanctions included arms embargoes, asset freezes, and visa denials. However, a second policy response emerged as well: a set of recommendations to 1) assess prior to the imposition of sanctions the humanitarian damage they may cause, and 2) monitor the humanitarian effects of sanctions throughout the period in which they are in place.

The Monitoring Role of the United Nations

Beginning in the mid-1990s, the UN put in place an elaborate system for observing the humanitarian consequences of the Security Council sanctions on Iraq. Representatives of UNICEF, UNESCO, WHO, and other UN agencies were present in Iraq to monitor the goods arriving under the Oil for Food Program and to assess their adequacy and to monitor whether they were distributed efficiently and equitably. By the late 1990s, consultants and commentators began to offer recommendations about how to assess and monitor the humanitarian impact of sanctions in general. One group of consultants to the United Nations suggested a process that would monitor 1) public health indicators, such as malnutrition and child mortality; 2) economic indicators, such as the availability of essential goods and the prevalence of refugees; 3) political and other indicators, such as the impact on governance and civil society as expressed, for example, in increased crime or political repression. Similarly, a set of conferences based in Stockholm in 2003 recommended periodic humanitarian assessments of economic sanctions, to determine the impact of the sanctions and distinguish the harm caused by the sanctions from that caused by other...
factors. A United Nations handbook published in 2004 provides the clearest methodology for determining whether sanctions have resulted in increased threats to core components of human security: health; food and nutrition; water and sanitation; and education.

The sanctions handbook offers trade sanctions as an example to illustrate the process that leads from sanctions to the deterioration of humanitarian conditions. Restrictions on trade lead to 1) increased unemployment in the affected sector, which leads to 2) reduced household income for displaced workers, which leads to 3) reduced nutritional intake for workers’ dependents, which leads to 4) increased malnutrition.

This succession of events leading to malnutrition (or even famine) makes intuitive sense but leaves us with two questions. First, if there is intervention to protect the most vulnerable—by the state, the family, aid agencies, or others—then the suffering of the most vulnerable, children, for example, will not indicate the humanitarian consequences of sanctions. How then do we measure the humanitarian damage done by the sanctions, if not by looking to the most vulnerable? And similarly, if the damage from the sanctions has not yet caused extreme harm, then how do we measure the humanitarian damage that has occurred in earlier stages?

In 2005, the Security Council set up a working group, which made recommendations on the effectiveness of sanctions, including suggestions about the design of sanctions regimes, and the use of expert panels and monitoring mechanisms. In its report the following year, the working group offered recommendations to address some of the issues that had been the most problematic in the case of Iraq, such as the arbitrariness and lack of transparency in decisions regarding humanitarian exemptions. The working group mentions humanitarian considerations (although briefly) in the discussion of the initial design of the sanctions regime: “If it is feasible and appropriate to prepare pre-assessment or early assessment reports, they should be clear regarding…the possible humanitarian, political, and economic impacts.”

Partly in response to these initiatives, the UN Security Council began to establish panels of experts to monitor its sanctions regimes, to conduct field visits, and to draw on the expertise of their members, for example, with respect to the flow of weapons, illicit trade in various goods, and the political and economic characteristics of the particular region involved.

However, Security Council resolutions that established committees or regimes for imposing and monitoring sanctions have been primarily concerned with dealing with violations of sanctions, and these resolutions do not mandate the monitoring of humanitarian consequences. Insofar as the Security Council does mandate humanitarian monitoring, it generally addresses different issues, such as whether militia groups are interfering with humanitarian assistance.

In many cases, the panels of experts for the sanctions regimes have included no members with expertise in humanitarian issues. For example, although Security Council Resolution 1521, imposing sanctions against Liberia, provided that the Panel of Experts should include persons with expertise in humanitarian matters, this almost never happened. Among some two dozen individuals who served on the panel over the course of its history, only one person had training in humanitarian matters, while the rest were experts in arms, finance, or natural resources.

When a clear humanitarian crisis does take place, neither the Security Council resolutions nor the practices of the committees require an analysis of whether the sanctions themselves are a contributing factor.

Similarly, the committee that is charged with overseeing the sanctions imposed on Iran under Resolution 1737 and successor resolutions has no mandate to monitor the humanitarian impact of the sanctions which it oversees. Neither the reports of this committee nor the expert panels comment upon any aspect of the humanitarian situation, even where the socioeconomic problems may be due to sanctions.

When a clear humanitarian crisis does take place, neither the Security Council resolutions nor the practices of the committees require an analysis of whether the sanctions themselves are a contributing factor. Where there are other factors that contribute to the target state’s economic problems, such as its own economic policies, or additional sanctions imposed unilaterally by various nations, the monitoring groups and sanctions committees have no mandated role (or
interest in) disentangling the humanitarian damage done by the various actors.

There are sometimes other entities within the UN system that do provide some assessment of the humanitarian impact of sanctions. For example, the UN Special Rapporteur on human rights in Iran noted that the sanctions imposed by the Security Council, as well by various nations, created serious shortages of medicines and other basic goods, as well as initiated a broader economic crisis across Iran. But these concerns did not enter into the design of this or other sanction regimes. The sanction regimes themselves do not, for example, incorporate any prior assessment of the humanitarian damage the sanctions are likely to create.

In cases involving the imposition of sanctions by individual states, rather than by the UN Security Council, there are even fewer efforts at effectively minimizing humanitarian impacts. For example, the US sanctions on Cuba have been enormously damaging from a humanitarian perspective. As this article explains below, these sanctions have blocked Cuba’s access to medicine and medical technology, allowed food sales only on adverse terms, and restricted Cuban-Americans from visiting family members in Cuba.

Yet deaths from poverty are not widely described with the kind of moral condemnation that accompanies atrocities; nor is poverty seen as requiring the kind of urgency that follows events such as acts of terrorism, or aggression.

Child Mortality as a Measure of the Humanitarian Impact of Sanctions

Certainly there is a need to engage in pre-assessment and ongoing monitoring of the humanitarian impact of economic sanctions; this much has been widely recommended by practitioners, consultants, and international agencies. Even with the advent of “smart sanctions,” many sanctions regimes still continue to do indiscriminate harm to the target nation’s economy and infrastructure, or simply target the wrong people for measures such as asset freezes.

While there may be clear recommendations about whether to monitor the humanitarian consequences of sanctions, how to measure them is a complicated question. The impact of sanctions on infant and child mortality rates has been the most prominent indicator. The use of infant and child mortality as a measure brings with it intuitive political and moral justifications and ordinarily is relatively easy to assess.

It is hard to think of any moral claims that intuitively carry more weight than those that invoke infant and child mortality. The suffering and death of infants and young children convey a powerful sense of a profound moral wrong in contexts ranging from economic development, to nonprofit fundraising, to the laws of armed conflict. Whatever utilitarian or other justifications may be present, any politician or policymaker who openly justifies the killing of infants and young children, or even expresses indifference, risks moral condemnation. By contrast, reduced life expectancy for adults is seen rather differently. The notion that adults are dying ten years sooner than they might does not carry nearly the same intuitive moral opprobrium, or the degree of sympathy, that accompanies an image of an emaciated child, or the tiny coffins of infants.

Child and infant mortality rates also function as indicators of economic development and deterioration. The logic of this is clear: If there are not the means of treating and distributing potable water, there will be high rates of dysentery and water-borne diseases; infants and children will have less resilience than adults, and they will be more likely to die from the dehydration that results. Availability of potable water, in turn, will be affected by whether there is sufficient electricity to power water and sewage treatment plants; sufficient engineering expertise to design and operate a system to pipe clean water to consumers; and sufficient wealth and equipment to implement these.

Likewise, food security depends on the availability of resources and on the development of infrastructure. Irrigation will likely depend on access to a water distribution system; distribution of food beyond the immediate area where it is produced will require vehicles and roads, bridges, or railroads; refrigeration is needed to avoid spoilage of many foods, and refrigeration in turn depends upon equipment and electricity; and so forth. As with dysentery and water-borne diseases, infants and young children will be the most vulnerable and less likely to survive deprivation than adults, and this will be reflected in rates of child and infant mortality.

Under the laws of armed conflict, the targeting of infants and children is clearly prohibited. But even
though poverty directly causes infant and child mortality, impoverishing a society through corruption, exploitation, or economic sanctions, does not generate the same moral condemnation as bombing an elementary school. However, extreme poverty is far more deadly than armed conflicts for children. Globally, some 11 million children under the age of five die each year, overwhelmingly in poor countries. According to UNICEF, an Ethiopian child is 30 times more likely to die before the age of five than a child in Western Europe. Yet deaths from poverty are not widely described with the kind of moral condemnation that accompanies atrocities; nor is poverty seen as requiring the kind of urgency that follows events such as acts of terrorism, or aggression. It may be that this is partly because impoverishment is seen as misfortune, rather than as caused by the deliberate choices of agents, even where the impoverishment in fact results from deliberate policies. It may also be because economic harm is not seen as violence in the way that warfare is, even though poverty causes more deaths than warfare.

Economic sanctions can impose significant harm to a nation’s overall economy. There are some contexts where targeted sanctions are in use, such as arms embargoes or asset freezes, which are designed to affect only particular goods or individuals. However, there are other cases where sanctions compromise the foundations of a nation’s economy, such as its energy sector, its international banking, its access to foreign trade, or its infrastructure.

This article will now discuss the use of the infant mortality rate (IMR) and the mortality rate of children under the age of five (U5MR) in three situations -- Iraq, Cuba, and Iran -- where sanctions have been imposed. The use of IMR and U5MR to measure the impact of deliberate policies of impoverishment raises a particular dilemma: at the level of both the state and the family, it is likely that resources will be redistributed to protect infants and children, for political reasons if not moral ones. But this also means that the most morally compelling evidence of economic harm will be absent.

**The Case of Iraq**

In August 1990, in response to Iraq’s invasion of Kuwait, the United Nations Security Council imposed the most stringent economic sanctions in the history of international governance. Initially Iraq was allowed to import only medicines. For the first eight months, no country or organization was permitted to deliver food to Iraq, although Iraq had been dependent on imports for two-thirds of its food supply. In the winter of 1991, the bombing campaign of the Persian Gulf War destroyed much of Iraq’s infrastructure, including roads, bridges, electrical generators, water and sewage treatment plants, and most of Iraq’s manufacturing base. This was followed by epidemics of cholera, typhoid, and dysentery. Health care deteriorated, as hospitals did not have sufficient electricity to run medical equipment. The lack of refrigeration meant that the "cold chain" could not be maintained for blood supplies and pharmaceuticals.

In 1992, a study conducted by researchers at Harvard’s School of Public Health found that the mortality rate for children under five tripled as a result of the war and the economic sanctions. They estimated that more than 46,000 children died under these conditions, who would not have died otherwise ("excess mortality"). International agencies and public health researchers generated estimates showing that IMR and U5MR continued to be high.

By the mid-1990s, infant and child mortality rates emerged as the most prominent factor in the moral criticisms of the sanctions regime. The Iraqi government held funeral processions of child-sized coffins. In 1996, Secretary of State Madeline Albright was excoriated for her response to a question about child mortality in Iraq. Leslie Stahl of 60 Minutes said “We have heard that a half million children have died. I mean, that’s more children than died in Hiroshima. And, you know, is the price worth it?” Albright replied, “We think the price is worth it.” Albright later commented, “As soon as I had spoken, I wished for the power to freeze time and take back those words. My reply had been a terrible mistake, hasty, clumsy, and wrong. Nothing matters more than the lives of innocent people. I had ... said something that I simply did not mean. That is no one’s fault but my own.”
Albright’s response nonetheless was widely cited to show the moral indifference of the US government, and to mobilize opposition to the sanctions.

However, several observers questioned the reliability of the estimates of child and infant mortality in Iraq on the grounds that some studies used a small sample size, and others relied on data from the Iraqi government. One critic asserted that “No one seems to be able to agree on exactly how big the ‘starvation’ problem really is. UNICEF says that 4,500 Iraqi children die of malnutrition, starvation and disease every month; Iraq says 1.2 million people have died as a result of the embargo.”

Thus, the infant and child mortality rates were a matter of considerable contention. It seemed that the matter was resolved in 1999, when UNICEF conducted an extensive study which found that infant mortality had more than doubled, from 47 deaths (per thousand live births) to 107, and mortality of children under five years old had increased similarly, from 56 per thousand to 131 per thousand. The UNICEF report brought much of the controversy to a halt, and its estimate was widely cited for the next several years. On the basis of UNICEF’s methodology, one demographer estimated that the excess child mortality for the entire period of the sanctions (from 1991 to 2003) was between 670,000 and 880,000. However, later analyses showed that this figure could not have been accurate, apparently because the Iraqi government manipulated the data.

It is clear that the Iraqi government would have the political motivation to overstate this number. But at the same time, this presents a puzzle. For over a decade, there was extensive documentation, across the country, by numerous international agencies, which showed a consistent pattern of severe, widespread malnutrition; the near-collapse of health care; indicators of extreme poverty, such as families selling off their possessions; and macro-indicators, including hyperinflation and high levels of unemployment. So why is it that infant and child mortality did not, in the end, seem to reflect this?

Anecdotal evidence from aid workers suggests that this was because the resources available were directed toward intervening in extreme situations to prevent children and infants from dying. This happened at both the family level and the institutional level. Within families, while books, tools, and even things like windows and door frames were sold off, it seems that the dwindling family resources were directed toward obtaining food and medicine for the infants and young children. Within hospitals and clinics, while the numbers of surgeries and lab tests declined precipitously, it appears that the minimal remaining resources were often directed to address the dysentery and dehydration of infants and young children. Thus, while there was in fact widespread malnutrition, as evidenced in wasting and stunting, there were enough resources brought to bear in targeted interventions to reduce the number of infants and children who died. On a moral and emotional level, it is unsurprising that families, and even officials in Saddam Hussein’s government, would choose to prioritize resources in this way. However, while this certainly seems to be the most morally defensible choice, it also means that infant and child mortality rates no longer functioned as indicators of the broader economic situation.

From this situation, one can see a dilemma: at the level of both the state and the family, there may well be a practice of using whatever resources are available to protect infants and young children. At the same time, this will make it more difficult to demonstrate the harm being done. This is evident in the cases of both Cuba and Iran.

The Cases of Cuba and Iran

Prior to 1990, Cuba’s economy was highly dependent on the Soviet Union, with 80% of its trade with the Eastern bloc. When the Soviet Union collapsed, Cuba’s economy was heavily impacted, losing a third of its GDP between 1990 and 1994. At the same time, the US embargo was tightened dramatically, blocking not only Cuba’s trade with U.S. companies, but with companies in other countries as well, interfering with shipping, and compromising Cuba’s access to international banking. Cuba restructured its economy, establishing new trading partners in Europe and Latin America, as well as with companies in
Canada and Australia. Cuba also began rapidly expanding its economic activity in other areas, particularly tourism, biotechnology, and nickel exports. Even so, Cuba’s economic recovery was only incremental, and the economic crisis continued for over two decades.

Oil shortages led to reduced electrical generation, and there were rolling blackouts for a number of years. The treatment and distribution of potable water was compromised by the electricity shortages, as well as by the difficulty in obtaining spare parts and chemicals for water purification. The secondary markets for food disappeared for nearly a decade, and for much of the population, the only food that was legally available were the minimum rations provided by the state. There were severe food shortages in 1993 and 1994, and average caloric intake dropped from 3000 calories per day to 1800. There was a significant reduction in proteins, vitamins, and micronutrients, which resulted in, among other things, an epidemic of optical and peripheral neuropathy. At the same time, Cuba lost access to nearly all foreign commodities, including pharmaceuticals.

However, throughout this period, infant and child mortality decreased slightly, nearly every year. This resulted from a set of policies that targeted their welfare, even though the deprivations in the population as a whole were quite severe. For example, prior to the economic crisis, every child up to the age of twelve was guaranteed a liter of milk per day for ten cents; and additionally, milk was available at affordable prices in the markets. During the economic crisis, milk disappeared from the public markets, but the rations remained intact. As the crisis continued, the age was lowered, until milk was guaranteed only to children up to the age of seven. But the milk rations for young children remained in place even when the economy was at its worst.

There were also health care policies that targeted the welfare of infants and children. The number of infants with low birth weight increased slightly, as did infant mortality, in 1993 and 1994, the worst years of the economic crisis. But Cuba had an extensive system of primary health care, with a doctor and nurse living on every block. Food supplements, as well as increased pre-natal visits, were provided to pregnant women. Although Cuba’s economic production and access to imports were profoundly compromised, Cuba had considerable human capital, and quickly reduced infant mortality. Although there was a broad economic collapse for almost five years, followed by only incremental growth for the next decade, IMR and U5MR continued to decrease. Thus, they no longer served as reliable economic indicators, precisely because resources were directed to children as a way to protect them from the hardship being borne by the rest of the population.

A similar pattern has emerged in the case of Iran. The United States first imposed sanctions on Iran in 1982. Citing Iran’s renewed efforts to develop uranium for nuclear power, the UN Security Council also imposed sanctions, primarily concerning Iran’s nuclear capacity and production of ballistic missiles. In addition, the US imposed increasingly stringent measures, broadly targeting Iran’s access to shipping, its energy sector, and its international financial transactions.

The US, the European Union, and a few other nations participated in these more extreme measures. The consequences were significant. Many foreign companies withdrew from Iran, shipping companies refused to carry Iranian goods, and Iranian manufacturers could not buy raw materials or equipment. As factories shut down, unemployment spiked, and bankruptcies increased. As food became more expensive, families bought less meat, dairy, vegetables, and fruit. Many university students could no longer afford to leave Iran to study abroad. As the national currency, the rial, lost value, Iranians with sufficient wealth began buying real estate; at the same time, Iranian professionals, and those with family abroad, sought to emigrate, and many sold their property.

None of these responses to sanctions—having to attend a local university, eating less meat, and buying real estate—carry a great deal of moral force. Certainly they do not seem to be the least bit similar to the starvation and death of young children. There are reports of shortages of medicines, and those certainly carried greater moral force. But in general, many choices were made, at both the micro and macro level, to mitigate the most extreme harms, and to protect the most vulnerable populations.

When families sell off their assets to buy food and medicine, their level of health, and that of their children, will be impacted less than other aspects of their lives, such as education, travel, or consumer goods. Thus, it seems that however severe and extensive the sanctions may be, the effect on the health
and nutrition of infants and young children may well be manifested least and last.

Conclusion

International law has long given us a clear ethical framework for understanding indiscriminate harm to noncombatants, and also for grounding the imperative of protecting vulnerable populations. But policies that deliberately cause economic harm to an entire population are likely to elude moral recognition, precisely because if there are any collective resources at all, individual choices and state policies may effectively shift the harm to those who are more resilient. This in turn diverts attention away from the extent of the harm, and dilutes the sense of wrong, because the victims, and the injuries, appear less compelling.

Policies that deliberately cause economic harm to an entire population are likely to elude moral recognition, precisely because if there are any collective resources at all, individual choices and state policies may effectively shift the harm to those who are more resilient.

In a society that has few resources of any sort, including infrastructure or human capital, infant and child mortality rates will be accurate indicators of the severity of the destitution. But there are also situations where these measures are quite misleading. This occurs where there is a deliberate policy to impoverish a society -- essentially a modern, legalized form of siegework, where the target state, at least initially, is relatively well off. In these cases, the state and family may well go to considerable lengths to redirect shrinking resources to protect infants and children. This may occur even where the state is corrupt and self-serving in other ways. Ironically, the most visible and morally compelling harm will be mitigated by those who are its targets; while the harm that is apparent will not seem like it matters much at all.

What is needed is, first, to implement the recommendations by practitioners and scholars to assess the likely humanitarian impact of sanctions prior to their imposition, and, second, to monitor their impact throughout the duration of the sanctions. In the last decade, this has rarely been done, even in the context of the increasing use of sanctions by institutions of global governance. To the extent that monitoring groups and panels of experts have been involved, they have given little or no attention to the humanitarian effects of the sanctions themselves.

But additionally, considerably more thought should be given to the methodology of assessment. The studies and recommendations that have been generated thus far have largely focused on the deterioration of public health, food insecurity, and the loss of ability to meet other basic needs. However, these will most likely appear only in the most extreme situations. They will not serve as useful measures of the less severe disruptions of the economy, which are likely to take place first. Nor will they reflect the harm done by sanctions when intermediate actors, such as the state and family, intervene to redirect the harm to those who are less vulnerable.

What is needed, second, is the development of a new set of guidelines to anticipate and assess the humanitarian impact of sanctions. These guidelines should be based upon what is known about how resources tend to be redistributed under sanctions to protect vulnerable populations. These guidelines should, moreover, incorporate indicators of humanitarian impact not only when it is severe, but also in the earlier stages, when the impact will take place in ways that are very different from situations that are more extreme.

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Notes:

3Bessler et al. (2004), back cover.
4Ibid., p. 12.
5Ibid., p. 10.
7Ibid., pp. 4, 9.
8Ibid., II.A.3.(a), p. 4.
9Resolution 1737 instructs the states to provide information regarding their enforcement efforts, and to do the same with the IAEA; to respond to violations of the sanctions; to consider requests for exemptions; to determine whether other goods should be prohibited, and whether other individuals or companies should be sanctioned; to issue guidelines for implementation of the sanctions; and to provide quarterly reports to the Council. (United Nations Security Council, "Resolution
1737," (2006), para. 18.) The committee does not ask the UN’s humanitarian agencies to monitor the humanitarian effects of the sanctions on Iraq, nor do any of the agencies make presentations to the committee on this issue, or provide it with reports. Nor is the panel of experts designed or mandated to monitor the humanitarian impact of the sanctions. The members of the panel for the Iran sanctions regime are specialists in weapons or logistics, not in humanitarian or socio-economic issues. (See, e.g., "Letter dated 5 July 2012 from the Secretary-General addressed to the President of the Security Council," S/2012/521 (2012); "Letter dated 30 June 2011 from the Secretary-General addressed to the President of the Security Council" S/2011/405 (2011); "Letter dated 5 November 2010 from the Secretary-General addressed to the President of the Security Council," S/2010/576 (2010).) The panel is mandated only to assist the committee in enforcement of the sanctions; to gather and analyze information related to implementation and non-compliance; to recommend ways to improve implementation; and to report to the Council. ("Resolution 1929," (2010), 29.) It is not mandated to gather or present information on the economic effects of the sanctions. Thus, for both the 1737 Committee and the panel experts, there is neither the mandate nor the expertise to monitor the humanitarian situation, to determine whether the sanctions are affecting Iran’s civilian population or triggering a humanitarian crisis, or to monitor whether states are interpreting the sanctions so broadly as to cause humanitarian problems.


Ascherio et al. (1992), p. 931.


Cuban Liberty and Democratic Solidarity (Libertad) Act of 1996 (Helms-Burton Act); Cuban Democracy Act of 1992 (Torricelli Act).


Ibid.

Ibid.

Ibid.

Ibid., p. 818.

Ibid., p. 822.

Although there were negotiations in late 2013 to partially lift international sanctions on Iran, many of the national sanctions on Iran, including the US sanctions legislated by Congress, remain in place.

See, e.g., Resolutions 1737 (2006), Resolution 1903 (2008), and Resolution 1929 (2010).


Ibid., p. 112.

Ibid., p. 121-22.

Ibid., p. 140.

Ibid., p. 127.

United Nations Secretary-General (2012), para. 3.

Sources:


Convention (IV) Relative to the Protection of Civilian Persons in Time of War, August 12, 1949.


