

The Virus of Sanctions: Flattening the Curve

By [George Capaccio](#)

Global Research, March 31, 2020

Region: [Latin America & Caribbean](#), [Middle East & North Africa](#), [USA](#)

Theme: [Global Economy](#), [Law and Justice](#), [Science and Medicine](#)

*The violence of this disease was such that the sick communicated it to the healthy who came near them, just as a fire catches anything dry or oily near it. And it even went further. To speak to or go near the sick brought infection and a common death to the living; and moreover, to touch the clothes or anything else the sick had touched or worn gave the disease to the person touching. —from Italian writer **Giovanni Boccaccio**'s *The Decameron*, an account of the plague, or Black Death, that ravaged the city of Florence and killed between 25% and 50% of Europe's population.*

The Virus Hits Home

Wednesday, March 25, 2020. I'm sitting in the waiting room of Duke Medical Center's orthopedic unit in Durham, North Carolina. My wife has fractured her ankle and needs to see a specialist. Otherwise, both of us are in relatively good health given our advanced age (early 70s) and the various ailments we've collected over the years. As we entered the facility, we had to answer a series of questions regarding our exposure, or lack thereof, to the novel coronavirus—COVID-19. Thankfully, neither of us are experiencing symptoms (though one can be asymptomatic and still be infected) and, as far as we know, have not been near anyone who has the disease. In the waiting room, the chairs are roughly 5 feet apart in keeping with the latest set of precautions issued by the Center for Disease Control.

Friends and family members have been in contact with us to see how we're coping with this pandemic and if we need any kind of help. (So far, we don't.) The airwaves are delivering a nonstop flow of stories about the spread of the disease, the latest fatalities, the danger of social isolation as a result of sheltering at home, and of course the latest pronouncements from our incompetent president concerning his administration's efforts to catch up to the rest of the world in containing the virus. A recurrent theme in these newscasts is the shortage of ventilators, testing kits, and hospital beds in this country, thanks in large part to a for-profit healthcare system and the federal government's appalling lack of preparedness—to say nothing of the administration's cruel disregard for the well-being of our most vulnerable people.

A few days ago, I had a ride with a Lyft driver. Instead of the weather, we talked about the pandemic and the state of panic he observed when food shopping at a local Walmart. People, he said, were afraid of not having enough to eat in the event of a complete breakdown of the economy. He described the carriages overflowing with canned goods, paper products, and foods with a long shelf life. Like millions of others, I've done my share of "stocking up" should a national quarantine come to pass but have avoided hoarding supplies. Today, searching for a coffeehouse where I could hunker down and get some writing done, I had to reckon with the fact that most public venues in the state are shuttered

until further notice.

Of course, the most tragic part of this pandemic is the growing number of deaths from COVID-19. Surprisingly, 20% of US deaths from the virus have occurred among young adults. As of this writing, the death toll in Italy has surpassed China's death toll, and the global advance of the virus shows no sign of slowing down. As senior citizens, my wife and I are naturally worried about becoming infected. Would our immune systems rise to the occasion and beat back the rapidly escalating number of pathogens invading our cells, or would we succumb to its malignant spread and end up dying from multi-organ failure in an understaffed hospital with no ventilator to open our airways?

Maximum Pressure

Shortages of life-saving drugs and essential equipment, medical facilities overwhelmed with critical cases, an increasing number of deaths from what should have been preventable causes—these are some of the indications of a healthcare system in crisis. They are also the direct consequences of the sanctions imposed by the US on countries around the world. While we hurry off to grocery stores to stock up on provisions and fear, quite rationally, that our hospitals and clinics might run out of what we would need to stay alive in the event of infection, it bears remembering the thousands of men, women and children who have already died as a result of sanctions and the countless others whose lives are in jeopardy due to the “maximum pressure” policy of economic sanctions.

Currently, the US has levied sanctions against a dozen plus countries, including Venezuela, Iran, Russia, Syria, Lebanon, Nicaragua, North Korea, China, Cuba, Libya, and Yemen. The sanctions are either comprehensive or selective, depending on foreign policy and national security goals. They are anything but a benign alternative to military force. With the possible exception of selective sanctions targeting “terrorists, international narcotics traffickers, [and] those engaged in activities related to the proliferation of weapons of mass destruction,” comprehensive sanctions against sovereign governments are, I would argue, calculated to bring about regime change.

Countries most likely to fall victim to unilateral US sanctions are those whose governments refuse to conform to the dictates of the US hegemon. According to [Vijay Prashad](#), Indian historian and journalist, “The objectives of these [comprehensive] sanctions are broadly all the same—that the United States will suffocate a country's ability to trade and access finance as long as it does not do what the United States of America asks it to do.” Iran and Venezuela are two contemporary examples in which comprehensive, unilateral sanctions, imposed by the US, are having a devastating impact on those countries' civilian populations.

The case of Iraq under UN/US sanctions for 13 years may seem like ancient history to some or deemed not germane to contemporary issues of war and peace, and great power rivalry. But it appears the US has learned nothing from the failure of the economic embargo to change Iraq's government, which was eventually accomplished through direct military intervention. The pervasive suffering of ordinary Iraqis during the embargo was rarely covered by US media. UN reports and anecdotal evidence from eyewitnesses documenting the effects of sanctions among Iraq's most vulnerable populations—children, the poor, the elderly—were either ignored or downplayed. If Iraq was experiencing unprecedented levels of child and maternal mortality, and a frightening increase in deaths from severe malnutrition and normally preventable water-borne diseases, then surely these were the results of Saddam Hussein's hoarding of available resources and his government's

incompetence and corruption.

Granted, the collapse of Iraq's healthcare system can be attributed to a variety of causes, including harmful policies of the regime. But the most destructive cause and the "force multiplier" of sickness, death and poverty was the UN-imposed and US-enforced economic sanctions. While they were in place, hardly a word was spoken in the mainstream media about this humanitarian catastrophe unfolding in Iraq. Joy Gordon, Professor of Social Ethics at Chicago's Loyola University, undertook an exhaustive study of Iraq sanctions and published her results in a book: *Invisible War: The United States and the Iraq Sanctions*. She writes:

What I want to explore now is the question of how a human catastrophe of this magnitude came about: what the policies and practices were that caused hundreds of thousands of deaths; decimated the health of several million children; destroyed a whole economy; made a shambles of a nation's education and health care systems; reduced a sophisticated country, in which much of the population lives as the middle class in a First World country, to the status of Fourth World countries. . . . [These] are the result of measures that compromised the economy as a whole by broadly restricting imports in a society that was heavily dependent on imports; by restricting or undermining oil sales in an economy that was heavily dependent on oil sales for its gross domestic product (GDP); and by undermining the infrastructure—electricity production, telecommunications, transport, and water and sewage treatment—in an advanced industrialized society that was highly dependent on modern infrastructure. (Joy Gordon, *Invisible War: The United States and the Iraq Sanctions* (Cambridge: Harvard University Press, 2010), 87.)



Much the same is happening to Iran and Venezuela, where US sanctions, intended to effect regime change, are exacerbating each country's economic problems and ongoing humanitarian crisis. In 2017, the Trump administration imposed a new round of financial sanctions on the government of **President Nicolas Maduro** and PDVSA, Venezuela's state oil company. A [statement](#) issued on August 25, 2017 by the White House press secretary characterized the government as a "dictatorship" and blamed the "regime" for creating a humanitarian crisis:

The Maduro dictatorship continues to deprive the Venezuelan people of food and medicine, imprison the democratically elected opposition, and violently suppress freedom of speech. The regime's decision to create an illegitimate Constituent Assembly — and most recently to have that body usurp the powers of the democratically elected National Assembly — represents a fundamental break in Venezuela's legitimate constitutional order.

Venezuela's economic woes pre-date the imposition of US sanctions and are likely the result of the government's monetary policies and its dependence on the sale of oil, its major export. According to analysts writing in 2016 for [The Atlantic](#):

Oil exports have been responsible for 95 percent of Venezuela's exports earnings and nearly half of its government's income. And in 2015 alone, the revenue from oil exports and of *Petróleos de Venezuela (PDVSA)*—the state-owned oil-and-natural-gas company—plummeted by more than 40 percent.

While other countries that depend heavily on oil exports have managed to keep their economies afloat even when the price of oil drops precipitously, President Maduro insisted on paying back foreign creditors despite the country's limited financial resources and failing to diversify the country's exports. Before the latest round of US sanctions (in 2017 and again in 2019), the Venezuelan people were already experiencing extreme hardship as inflation rose to 180%, food shortages became widespread, and the economy went into a tailspin. Since 2014, the US has implemented 43 unilateral sanctions against the government of Venezuela even as that country's economic crisis worsened. These sanctions prevent Venezuela from selling its oil on the global market, in addition to freezing the government's financial assets in the US and shutting down its access to international banking systems. [John Bolton](#), former US national security adviser, referring to the sanctions imposed on Venezuela in August 2019, clarified the scope of these latest coercive measures:

I want to be clear that this sweeping executive order authorizes the US government to identify, target and impose sanctions on any persons who continue to provide support to the illegitimate regime of Nicolas Maduro.



In response, [Michelle Bachelet](#), the UN human rights chief, feared this new set of unilateral sanctions could have a “severe impact on the human rights of the people of Venezuela” and lacked “sufficient measures to mitigate their impact on the most vulnerable sectors of the population.” Analysts writing in [The Lancet](#), a highly respected, peer-reviewed medical journal, went much further in their condemnation of US sanctions.

The impact of the US sanctions on the Venezuelan population cannot be overstated. More than 300,000 Venezuelans are at risk due to a lack of life-saving medications and treatment. An estimated 80,000 HIV-positive patients have had no anti-retroviral therapy since 2017. Access to medication such as insulin has been curtailed because US banks refuse to handle Venezuelan payments for this. Thousands to millions of people have been without access to dialysis, cancer treatment, or therapy for hypertension and diabetes.

Particular to children has been the delay of vaccination campaigns or lack of access to antirejection medications after solid organ transplants in Argentina. Children with leukemia awaiting bone marrow transplants abroad are now dying. Funds for such health-assistance programs come from the PDVSA state oil company. Those funds are now frozen.

Food imports dropped by 78% in 2018 compared to 2013. The very serious threat to health and harm to human life caused by these US sanctions are thought to have contributed to an excess of 40,000 deaths in 2017-18 alone.

The pursuit of regime change by way of comprehensive economic sanctions amounts to collective punishment of the civilian population, which is unequivocally prohibited under Article 33 of the [Geneva Convention](#): “No protected person may be punished for an offence he or she has not personally committed. Collective penalties and likewise all measures of intimidation or of terrorism are prohibited.” In addition to violating both international and federal US law, the sanctions “fit the definition of [genocide](#)” in so far as they are intended to “destroy a people, in part or in whole.”

One of the thousands of victims of US sanctions in Venezuela was a seven-year-old boy awaiting a bone marrow transplant to treat his chronic lymphoblastic leukemia. The cost of this expensive procedure was to be handled through a financial agreement between Venezuela’s state oil company, PDVSA, and an Argentinian-Italian network of hospitals. But the agreement was rendered null and void as a result of the sanctions, which block any kind of financial transactions with the government of Venezuela. As a witness to the effects of sanctions on the people of Iraq, I visited a number of pediatric oncology wards in public hospitals in several major cities, including Mosul, Baghdad, and Basra. The children in these wards, for the most part, were receiving palliative care. The doctors were not able to administer a complete chemotherapy regimen since many of the necessary drugs were not available. And they were not available because the US- and British-dominated UN Sanctions Committee in New York placed holds on a range of humanitarian supplies including chemotherapy drugs. I remember all too clearly one Iraqi doctor looking around the room at the children under his care and saying to me, “Mr. George, all of them are going to die.”

The “Most Severe” Economic Sanctions

On May 8, 2018, during a White House address, President [Trump](#) announced that the US would pull out of the long-term deal the Obama administration had successfully negotiated with Iran in 2015 to curb its nuclear program in exchange for the lifting of sanctions. The deal, or Joint Comprehensive Plan of Action (JCPOA), involved Iran and a consortium of world powers: the US, UK, France, China, Russia and Germany, collectively known as the P5+1. During his address, Trump accused Iran of being the leading state sponsor of terror and of fueling conflicts throughout the Middle East by supporting so-called “terrorist proxies,” including Hezbollah and Hamas. The he attacked the nuclear deal between Iran and the P5+1:

At the heart of the Iran deal was a giant fiction that a murderous regime desired only a peaceful nuclear energy program. . . . The fact is this was a horrible, one-sided deal that should have never, ever been made. It didn’t bring calm, it didn’t bring peace, and it never will. . . . The agreement was so poorly negotiated that even if Iran fully complies, the regime can still be on the verge of a nuclear breakout in just a short period of time. The deal’s sunset provisions are totally unacceptable. If I allowed this deal to stand, there would

soon be a nuclear arms race in the Middle East. Everyone would want their weapons ready by the time Iran had theirs. . . . it is clear to me that we cannot prevent an Iranian nuclear bomb under the decaying and rotten structure of the current agreement. The Iran deal is defective at its core. If we do nothing, we know exactly what will happen. . . the world's leading state sponsor of terror will be on the cusp of acquiring the world's most dangerous weapons.

Trump also announced that he would shortly authorize the re-imposition of sanctions on Iran: "We will be instituting the highest level of [economic sanctions](#). Any nation that helps Iran in its quest for nuclear weapons could also be strongly sanctioned by the United States." Trump has referred to the sanctions on Iran as "the [most severe](#) ever imposed on a country." They are certainly the most severe ever imposed *on Iran*. The decade-long sanctions on Iraq were, arguably, far more devastating and left hundreds of thousands of deaths in their wake. Nevertheless, the sanctions on Iran have provoked a humanitarian crisis comparable to what the people of Venezuela are enduring. In both cases, the US government bears the lion's share of responsibility for this shared suffering.

It's worth noting that Trump's decision to trash the agreement with Iran has been widely criticized. The day after Trump's announcement, [Stephen Zunes](#), professor of politics and international studies at the University of San Francisco, had this to say:

The Iran pact is supported by virtually every country in the world. The vast majority of those in the U.S. national security establishment, current and retired, have supported it, as have the vast majority of nuclear scientists and policy experts. Even within Israel, there is strong support among intelligence and defense officials.

Responding to the arguments Trump put forth for pulling out of the deal, Zunes noted that there is no evidence that Iran was "cheating" by not living up to the terms of the agreement. Moreover, to ensure compliance, Iran had been subjected to "one of the most rigorous inspection regimes in history." The slightest violation on Iran's part would have triggered a return of the sanctions the deal had relaxed. Trump was right about one thing. It was a one-sided deal with the US holding all the cards. The sanctions returned, not because of Iran's failure to abide by the terms of the pact but in deference to Washington hardliners, including Donald Trump, who are determined to prevent any challenge to US hegemony in the Middle East. Iran, a strong, regional power, is perceived as a threat mainly because it challenges US geostrategic ambitions in that part of the world. It follows that this "threat" must be neutralized, and coercive, comprehensive economic sanctions is the preferred instrument, or weapon, for getting the job done. The cost to the Iranian people is simply not factored into Washington's power politics. Discounting ethical or moral considerations, much less simple humanity, the US will do whatever it takes to keep the world in its back pocket, even if this means destroying a country's economy and impoverishing its people in the process.

Earlier this year, during a visit to Riyadh, the capital of Saudi Arabia, **Secretary of State Mike Pompeo** expressed his approval for the sanctions and praised them for "draining [Iran's] capacity to conduct strategic activity in the region and destabilize the Middle East. They're having to make harder choices today. It will take time There remains work to do." It appears that the sanctions have already accomplished a great deal. All social and economic indicators paint a uniformly grim picture of a society on the verge of total collapse. As in Venezuela, the US "maximum pressure" sanctions regime is eating up the life

savings of people; causing businesses to close their doors; driving up the rate of inflation for foodstuffs to 74%; increasing housing costs by more than 95% in the country's largest cities; and decimating the entire healthcare system. Because of the perilous gap between wages and the escalating cost of living, there has been a "[catastrophic drop](#) in living standards" with a 30% increase in the number of people who fallen into the category of "absolute poverty." These are people surviving on \$1.08 or less per day.

In addition to the rising cost of living, rates of unemployment, divorce, suicide, crime, and substance abuse are also rising as the society implodes under the unrelenting pressure of sanctions and the impoverishment they cause. According to a statement issued by [Jamal Abdi](#), president of the National Iranian American Council (NIAC):

The grievous harm sanctions cause the Iranian people cannot be overstated. As the economy and unemployment levels make daily life unbearable for millions of Iranians, families are choked off from life-saving medicines and starved of critical infrastructure.

The sanctions that have hit Iran the hardest are those impacting the energy, shipping, and financial industries. In response, oil exports have plummeted, leading to a dearth of petrodollars for re-investing in the country's infrastructure. At the same time, foreign investment is practically non-existent. To make matters worse, the sanctions prevent US companies from trading with Iran and penalize foreign companies or countries that conduct [financial transactions](#) with Iran. Trump's stated goal is to reduce Iran's oil exports to zero.

Under the terms of the sanctions, medicine, medical supplies, and other humanitarian supplies are exempted. However, since financial transactions with Iran are in principal banned, the country is unable to pay for imported supplies. In addition, its major source of revenue, oil exports, has dried up. As a result, medicine and medical supplies are in effect sanctioned and increasingly unavailable, and this has led to a predictable healthcare crisis. Ahmad Jalalpour, an Iranian journalist writing for [The Nation](#), interviewed doctors about their daily struggle to cope with dwindling supplies of equipment and drugs:

Doctors in Iran's hospitals tell countless horror stories about making do with fewer drugs, fewer spare parts for their medical equipment, and a much larger pool of people with serious medical conditions. 'It really seems like I'm in a field hospital in a war zone at times,' said a surgeon working in a midsize town in southwestern Iran. 'We have daily quotas of how much anesthesia we can administer each day. At the same time, there are days when you just can't turn away many patients. So what do you do? You become creative and do a lot of praying.' According to this surgeon, it is not unusual at his hospital for an ob-gyn to perform a C-section delivery with localized anesthesia.

Year of the Plagues



The COVID-19 pandemic has compounded the healthcare crisis in Iran where the number of deaths from the virus continues to rise. US sanctions, which have already crippled Iran's healthcare system, have made it all but impossible for medical professionals in Iran to treat the growing number of confirmed cases. [Sarah Lazare](#), web editor of *In These Times*, reported on the impact of sanctions on Iran's ability to deal with the pandemic. In her article for *Jacobin* online magazine, she writes:

On March 12, Iran's Health Ministry reported dire shortages of key supplies, including syringe and infusion pumps. . . . several companies were reluctant to sell testing kits to Iran over concerns about violating a complex web of sanctions, until the World Health Organization (WHO) stepped in and instructed them to. . . .Relief International, one of the few humanitarian organizations that has been bringing medical supplies into Iran, issued a stark warning nearly three weeks ago: 'There is an extreme shortage of these supplies in-country, where stock is often low due to the steep price of medicines and medical equipment—a consequence of US sanctions.'

The doctors, nurses, and pharmacists on the front lines of the crisis have been sounding the alarm about the dire circumstances for days. 'Medical professionals in Iran are seeing the early signs of shortages,' warned Esfandiyar Batmanghelidj and Abbas Kebriaeezadeh (the latter is a pharmacology professor at Tehran University of Medical Sciences) in a March 3 article. 'They are calling the Iranian vendors of respiratory masks, surgical gowns, and ventilators only to hear that the goods are out of stock. They are struggling to get antiviral medication even to those patients exhibiting the most acute symptoms.'

Last year, in response to a question from Roxana Saberi of CBS about the effects of the sanctions, Secretary of State Mike [Pompeo](#) answered: "Things are much worse for the Iranian people, and we're convinced that will lead the Iranian people to rise up and change the behavior of the regime." Despite the humanitarian catastrophe unfolding in Iran, the Trump administration has warned the European Union not to violate the sanctions by establishing an alternative way for Iran to pay for medical supplies.

If ever there were an opportunity for people to recognize each other's humanity and cast aside their mutual fears and antagonisms, now is that opportunity when everyone is facing the same life-threatening disease. We share one fate, one Earth, one life in one unimaginably intricate web of needs and aspirations. The Buddhists call this mutuality and interdependence Indra's net—a metaphor for all that is. (In ancient Vedic scripture, Indra was considered the greatest of deities.) The ends of this metaphorical net stretch to infinity in every direction, and at the intersection of each strand, there rests a perfect jewel in whose many facets every other jewel is reflected. To flatten the curve of the coronavirus's

spread, in my view, a coordinated, global effort is necessary in which everyone's life is seen as precious and worthy of the highest standards of healthcare. Like the jewels in Indra's net, when one of us falls ill and needs emergency care, we all suffer when there is no testing kit available or when ventilators and respirators are not in stock. The deadly effects of US sanctions, like the coronavirus, are capable of infecting entire societies, causing otherwise preventable deaths, spreading disease, eroding vital civilian infrastructure, and showing the world once more that one of this country's principal exports is massive human suffering, most notably among defenseless populations.

To flatten *this* curve means identifying with the victims of US sanctions, specifically, and US foreign policy more generally. It means raising our voices, waking up our compatriots to the impact of sanctions on people in Iran and Venezuela (two of the many countries currently under sanctions), and working in solidarity with organizations opposed to collective punishment for the purpose of regime change. It also means taking a principled stand against the Administration and members of Congress who support the imposition of sanctions, while supporting representatives opposed to them.

*

Note to readers: please click the share buttons above or below. Forward this article to your email lists. Crosspost on your blog site, internet forums. etc.

George Capaccio is a writer and activist who has recently relocated to Durham, North Carolina. During the years of US- and UK-enforced sanctions against Iraq, he traveled there numerous times, bringing in banned items, befriending families in Baghdad, and deepening his understanding of how the sanctions were impacting civilians. His email is Capaccio.G@Gmail.com He welcomes comments and invites readers to visit his website: www.georgecapaccio.com

The original source of this article is Global Research
Copyright © [George Capaccio](http://www.globalresearch.ca), Global Research, 2020

[Comment on Global Research Articles on our Facebook page](#)

[Become a Member of Global Research](#)

Articles by: **[George Capaccio](#)**

Disclaimer: The contents of this article are of sole responsibility of the author(s). The Centre for Research on Globalization will not be responsible for any inaccurate or incorrect statement in this article. The Centre of Research on Globalization grants permission to cross-post Global Research articles on community internet sites as long the source and copyright are acknowledged together with a hyperlink to the original Global Research article. For publication of Global Research articles in print or other forms including commercial internet sites, contact: publications@globalresearch.ca
www.globalresearch.ca contains copyrighted material the use of which has not always been specifically authorized by the copyright owner. We are making such material available to our readers under the provisions of "fair use" in an effort to advance a better understanding of political, economic and social issues. The material on this site is distributed without profit to those

who have expressed a prior interest in receiving it for research and educational purposes. If you wish to use copyrighted material for purposes other than "fair use" you must request permission from the copyright owner.

For media inquiries: publications@globalresearch.ca