Sanctions as Blatant Violation of Human Rights

A Case Study: Sanctions on Supply of Medicines to the Iranian Society

Report No 1
September 2017
Introduction

After Western sanctions against Iran – including international sanctions as well as unilateral sanctions by the United States and the European Union – were intensified on account of the Islamic Republic’s nuclear program, and when their scope was expanded to include banking and trade exchanges, especially from 2010 onward, there were many debates and discussions about “imposing sanctions on supply of medicines” to Iran and its impact on the life and health of Iranian citizens. At that time, many officials of the Islamic Republic talked about “sanctions imposed on supply of medicines” and the pressure they exerted on the Iranian people, declaring them as a clear proof to the “oppressive nature of sanctions.” At the same time, Iranian nongovernmental organizations upped their criticism of human rights violation by the international community through imposing sanctions that could directly affect ordinary people in Iran. On the other hand, a popular campaign themed “popular protests to medicinal sanctions against Iran”
quickly swept through various social networks and Internet websites in 2012. In fact, Iranian citizens living all across the world were of the opinion that medicinal sanctions against Iran constituted a blatant case of human rights violation and used various means to slam the United Nations and other international human rights organizations for their silence in the face of this problem. A review of the bitter experience that Iranians have had in this regard can adequately alert human rights advocates and remind them of their duty to stand up against repetition of this bitter experience for any other nation. In this way, as long as unilateral Western sanctions against Iran over the country’s nuclear issue were in place, all the Iranian people were deprived of their right to “have access to essential medicines.” This human rights catastrophe has been consistently ignored by major political actors. In this paper, an effort will be made to discuss inhumane effects of these sanctions on both patients and the process of production and distribution of medicines in Iran, so that, if similar sanctions were imposed on other countries, such human rights catastrophes could be prevented in early stages.

Looking for a simple wound dressing

Adel, who is a 25-year-old patient with Epidermolysis Bullosa (EB), says, “During the sanctions period, we had problems even for buying a Mepilex wound dressing, because it was imported into the country through several intermediaries and the dressing, which we had to use on a daily basis, could not be found in the country. “As a result, we had to pay 1.5 million Rials (about 38 dollars) for a single piece of dressing, which only covers a small part of our body.”
The right to have “access to essential medicines” in international human rights documents

After a cursory review of the most important international human rights documents, it may seem that the right to have “access to essential medicines” has not been directly and clearly touched upon as a basic human rights. However, a more in-depth analysis of those documents will prove that this right has been recognized by the international system of human rights as part of the right of any human being to have access to the highest achievable standard of health care, or simply the right to health.

The “right to health” was first introduced as a social human right in 1946 in the Constitution of the World Health
Organization and was later also mentioned in the Universal Declaration of Human Rights in 1948. The International Covenant on Economic, Social and Cultural Rights, which was adopted in 1966 and Iran is one of 148 countries that have so far signed it, has laid out the details and practical stages for gradually realizing the “right to health” in member states. It has been also mentioned that one of those stages is access to all facilities and services that are related to health and treatment. However, the General Comment No. 14 on this covenant, which was adopted at the twenty-second session of the Committee on Economic, Social and Cultural Rights on 11 August 2000 and is about the right to the highest attainable standard of health, is considered as the first international document that has more clearly discussed the rules related to four main factors of this right. These four factors include availability, accessibility, suitability and the guaranteed quality of medical instruments and services, including essential medicines.\(^3\)

The World Health Organization drew up a list in 1977, known as WHO Essential Medicines List (EML), which included the names of those medicines, which should be accessible to the general public in all countries. The list at first contained the names of 204 articles of essential medicines for all kinds of diseases. The list was then frequently updated in later years. The organization has in recent years put more emphasis on the necessity of making sure about people’s access to medicines as well as the quality of medicines and technologies related to medical services, and has also included the issue of access to medicines among its medium-term strategic goals for the period between 2008 and 2013.\(^4\)
“Sanctions on supply of medicines”
imposed against Iranian citizens

The long list of sanctions imposed against Iran apparently did not cover medicines or medical equipment. However, the mechanism of those sanctions was such that they affected all aspects of life of Iranian people. During the period of sanctions, medicines, like all other items related to people’s lives, were entangled in a complicated labyrinth of problems and Iranian citizens had to pay a high cost and spend a lot of time to overcome those problems. The final outcome of that situation was nothing but pain and suffering, worsening of diseases, and in many cases, death of patients. As a result of that situation, Iranian people were under sanctions, though not directly, but in an indirect manner. Some problems with which Iranian citizens and patients were directly grappling can be summarized as follows:

A) Increased foreign exchange rate
As sanctions against Iran were intensified in 2011, the parity rate of US dollar against the Iranian currency, Rial, reached its highest level in whole history of the country. In the period between 2010 and 2012, every US dollar was traded for 36,000 Rials, up from the previous rate of 14,000 Rials. It not only greatly increased inflation rate and reduced purchasing power of
the Iranian people, but also faced families of Iranians, who were suffering from special diseases, with serious financial problems. The patients had to pay three times more money to buy the same medicines. In addition, patients and their families had to undertake extra costs related to transfer of foreign exchange between two countries. Iran's Ministry of Health, Treatment and Medical Education has announced the cost of transferring foreign exchange for purchasing medicines during that period between 3.5 percent and 10 percent. This extra charge could affect customers of foreign medicines both directly and indirectly.

**B) Shortage of special medicines**

After the beginning of sanctions, the normal cycle through which medicines arrived in Iran and were distributed was disrupted and faced serious problems. This state of affairs put the survival of patients with intractable and special diseases at risk. These patients, who needed constant access to their medicines, could not have that constant access in the aforementioned period of time. This human crisis was so serious that the then secretary general of the United Nations, Ban Ki-moon,
presented a report to the General Assembly of the United Nations in 2012 in which he warned that international sanctions against the Islamic Republic of Iran had greatly affected everyday life of Iranian people and faced them with essential shortages, including with regard to supply of medicines. He noted that despite the fact that they had been given all necessary permits, pharmaceutical companies had stopped exporting medicines to Iran due to problems for transfer of money, which had caused extreme shortage of those medicines, which were used for treatment of such diseases as cancer, MS, heart diseases as well as respiratory ailments and multiple sclerosis (MS). The situation was even worse for those medicines, which were used for treatment of such diseases as cancer, MS, heart diseases as well as respiratory ailments and multiple sclerosis (MS).7 The situation was even worse for those medicines,

<table>
<thead>
<tr>
<th>No more prosthesis for Iranians</th>
</tr>
</thead>
<tbody>
<tr>
<td>My elderly mother had a broken hip following an accident and needed a long-stem hip prosthesis since she was 81, and had a history of amputation. I was fortunate enough to be able to borrow the huge amount of money needed for the prosthesis on time. It cost 80 million Rials (about 2,100 dollars), which was 13 times my monthly salary! And again, I was fortunate that the accident happened three days before the American company called “Striker” decided to stop selling orthopedic prostheses to Iran because of the sanctions. Who else was unfortunate? Six more patients, among many others, whose surgery had been canceled by the hospital surgeon at Tehran Fajr Hospital. Exactly the day after my mother had been operated, Striker officials announced that they would not sell prostheses to Iranian hospitals anymore. It happened right before my eyes and since I was so busy with my mother, I never found out about the fate of other patients whose operations were canceled as a result of sanctions.</td>
</tr>
</tbody>
</table>
which were related to nuclear industry and were used for special patients. Iranian Health Ministry officials have noted that the country has to import somewhere between three percent and 30 percent of its needed medicines. Most of these medicines are needed for special or intractable diseases such as thalassemia, hemophilia, kidney diseases, MS, cancer and so forth. Controlling these diseases and patients’ survival strongly depend on easy access to relevant medicines. However, under the sanctions regime, special medicines saw a steep rise in price while patients had great difficulty for having access to them. An example to the point was patients who needed a special medicine for epidermolysis bullosa (EB). During the sanctions period, such a patient had to pay 1.5 million Rials (about 38 dollars) to buy a single Mepilex dressing, which they have to buy on a daily basis in order to dress their wounds. This was under conditions when the minimum wage approved by Iran’s Ministry of Labor and Social Security was between 4.5 million Rials (about 117 dollars) to six million Rials (155 dollars). On the other hand, an increased number of intermediaries was needed to go around sanctions and this was also a major factor causing a great leap in the price of such medicines. In 2012, when the UN secretary general emphasized the need to prevent human suffering resulting from sanctions, the list of rare medicines in Iran increased from 30 to 90 items over a period of few months. Later on, the list was further expanded to include 300 medicines as a result of which, by and by, more essential medicines used by
people to treat diseases other than special diseases appeared on that list.

C) Limitation for issuing visa to people with special diseases
One of the most important problems faced by Iranian people in the period of sanctions, which plagued both patients with special diseases and people involved in importing medicines, was severe limitations imposed for issuing visas to Iranians who wanted to travel to Europe and the United States. In order to buy their needed medicines, patients with special diseases had to travel overseas, but they had to limit their destinations to Malaysia or Turkey in order to evade visa problems. Issuing visas for traveling to Europe and the United States could take between three weeks and four months. This is a long period for a patient with a simple disease, let alone those with special diseases. As a result, any patient or family of a patient that planned to travel outside Iran for treatment sometimes had to resort to black market even to get an appointment for visa interview at an embassy.

D) Increased price of general medicines
Contrary to the common belief, sanctions did not simply affect the price of special medicines, but also increased the price of ordinary medicines. During that period, since many Iranian pharmaceutical companies could not obtain one or several raw materials they needed for production of medicines, sometimes even the most basic medicines should have been supplied through imports. As a result, such basic medicines as Adult Cold, Acetaminophen Suppository, Bismuth, and Calcitriol were difficult to find and their price skyrocketed. Of course, absence of these medicines, unlike medicines needed for special diseases, was not a cause of death and morbidity, more people in the society were affected by their scarcity.
Imposing “sanctions on the medicine market” in Iran

A) Financial sanctions
Although medicines were not included in Iran sanctions regime, as financial and trade sanctions intensified and all ways for transfer of money through banking system for dealing with foreign companies were blocked, the practical outcome was scarcity of a high number of medical articles. At that time, none of the big and medium banks in Europe such as Deutsche Bank, Lloyds, and HSBC were willing to have financial exchanges with Iran’s pharmaceutical companies. Even Iranian students studying outside the country could not open accounts in many of these banks. Smaller banks such as Volksbank and Sparekasse were not involved in transactions with Iranian businesspeople either. This issue had put tremendous pressure on the medicine trade in Iran, because foreign pharmaceutical companies could not receive any money from their Iranian counterparts. Therefore, before long, major pharmaceutical companies stopped sending their products to the Iranian market. The second blow was dealt to the domestic medicine market in Iran when major commercial companies involved in distributing medicines across the country were put on the list of Iranian entities on which sanctions were imposed.
or even fell apart as a result of severe financial crises caused by financial sanctions. During that period, Alborz and Darou Pakhsh companies, which were among the biggest companies distributing medicine across Iran, were put on the sanctions list. There was another big company called Akbariyeh, which totally fell apart as a result of financial problems. Severity of conditions in the Iranian medicine market prompted the Health Ministry to give permit to many private companies to import medicines from all countries in the world. This new generation of medicine, which was mostly imported by upstart private companies, was usually of low quality and was imported into the country by

**Sanctions on supply of medical software**

I referred to an ophthalmology clinic to undergo corneal collagen cross-linking operation. After anesthetic was applied and while I had been prepared for laser surgery and was wearing operation gown, my doctor found out that the laser device was broken down and asked me to refer two weeks later for laser surgery. When I asked why I had to wait so long, I was told that the operating system of their computer had become problematic and since Iran was under sanctions by the United States, the operating system could not be directly obtained by Iran. The country had to buy the necessary software for the laser device from the United States through a broker in Switzerland and this could take up to two weeks. Therefore, I returned home with anesthetized eyes, which could not practically see anything!
companies, which were not very much experienced in the field. On the other hand, those medicines, which were previously purchased from such major companies as Stada Arzneimittel, F. Hoffmann-La Roche AG, and Pfizer without recourse to intermediaries, were bought through broker companies in Turkey, Indonesia and other places, which caused price of such medicines to increase several times. Most of those medicines were used by patients with special diseases and advanced cancer. As a result, one vial of some of such medicines as monoclonal antibodies, infliximab, Rituximab (Rituxan), and

---

**Patient with brain tumor stands three months in line for medical imaging**

My brother had some form of malignant cancerous tumor of the brain, known as alveolar soft part sarcoma. In order to see the progress of the disease across the patient’s body, doctors had to carry out a positron emission tomography (PET) scan. The only medical center, which could do this, was Masih Daneshvari Hospital in Tehran. The earliest appointment with the hospital could be only made for three months later. For this disease, such a delay in imaging could mean the loss of the patient. I did my best and asked all my friends for help until I found a person who could ask the head of the medical imaging center on my behalf to make an appointment for my brother at an earlier date. The head of the imaging center, who was an old engineer, looked at me and said, “I have lost my own sister to cancer; so, I totally understand you. All people who refer to this center have urgent conditions. I cannot give somebody else’s place to you. The only help I can offer you is that when it is somebody’s turn for imaging, we usually call them a day earlier and if one of them cancels their appointment, it will be yours.” I understood what he was saying; I had to wait until in the interval before my turn came, one of those in line would die and they could give his/her place to my brother. My brother went through imaging a month after that and died sometime later.
so forth was sold for 2-4 billion Rials (almost 52,600-10,500 dollars) in the Iranian market. As pressures from international rights groups as well as civil society and human rights activists in Iran increased, the government of the United States of America resorted to theatricalities by apparently considering special facilities for the export of medicines to Iran. US Treasury Department, which was in charge of imposing and enforcing most financial and banking sanctions against Iran, released a statement in 2013 in which it noted that the United States considered itself committed to establish humanitarian
exchanges for Iran and issued a special directive to exclude medicine exports from anti-Iran sanctions. However, according to available reports, foreign banks and other financial institutions considered such activities as costly and risky and continued to avoid financial transactions with Iranian entities. As a result, even after US Treasury Department issued general permits for export of medicines to Iran, problems with financial transfers still prevented exports of medicines to the Islamic Republic. Even now, several years after the conclusion of Iran’s nuclear deal with the P5+1 group of countries, known as the Joint Comprehensive Plan of Action (JCPOA), this problem still exists when it comes to transactions with European and American companies.

B) Lack of raw material for Iranian medicine industry

Of course, many Iranian pharmaceutical companies did their best during the sanctions period to become self-sufficient with regard to production of essential medicines, which were imported. However, available figures show that between 40 percent and 90 percent of these medicines are still acquired from outside the country. Iranian pharmaceutical companies obtained one or some of their needed raw materials from overseas in order to continue production of their products. However, after sanctions started, shortage of raw materials needed by pharmaceutical companies caused many pharmaceutical companies of Iran as well as the entire production process for medicines to face major problems. For production of most medicines, Iranian pharmaceutical companies import part of the raw materials they need from outside the country. With regard to some medicines, they were produced jointly in cooperation with foreign companies, because production of some medicines needed more complicated technology in part of their production cycle. In this way, Iran’s pharmaceutical industry was faced with a crisis for procurement of raw
materials and technology despite the fact that it had been active in this field for almost 40 years.

C) Destruction of market structure and brokerage
One of the effects of sanctions on domestic medicine market in Iran was collapse of the structure and organization of the medicine market in the country. Sanctions led to increased inflation rate in the country and increased parity rate of foreign currencies against Iran’s national currency, rial, as a result of which price of many essential medicines greatly increased. This issue not only severely restricted the access of patients to essential medicines, but also led to further expansion of such illegal activities as hoarding, brokerage, and medicine smuggling, which at the end of the day, increased the price of medicines for end customers. On the other hand, increased sales of low-quality and even expired medicines through the unofficial medicine market, especially the one that is active on Nasser Khosrow Avenue in downtown Tehran, caused

From Abadan to Istanbul in search of medicine
This is what an eyewitness has gone through. A father had taken his sick daughter from the city of Abadan, in southwest Iran, to Tehran and had her hospitalized at a hospital. When the doctor gave the prescription to the father, he referred to the hospital’s pharmacy, the Central Pharmacy of Tehran, Central Red Crescent Pharmacy and even the black market on Nasser Khosrow Avenue, but he could not find the medicine. The doctor had told him that the very survival of his daughter depended on that medicine. The father was anxious, because he was losing his daughter to lack of a single medicine. At last, one of the physicians gave him a piece of advice: “Take the first flight to Turkey, because you do not need a visa to go there.”
the black market to grow and become several times bigger than the official medicine market. In addition, major Iranian pharmaceutical companies such as Akbariyeh, Darou Pakhsh, Alborz and so forth practically got out of the Iranian medicine market only to be replaced with smaller, inexperienced companies, which could only procure medicines through brokers or from unknown pharmaceutical companies. On the other hand, governmental institutions were forced to spend a hefty amount of the country’s money on paying subsidies on medicines in order to protect patients that used them. They did this by supplying medicine importers with inexpensive foreign exchange and also through hefty payments to domestic insurance companies. Despite all these efforts, patients still had to bear the brunt of the cost of purchasing medicines and transferring them into the country while also taking a lot of trouble to find their needed medicines on the market.

**Children suffering from shortage of infant formula due to sanctions**

I have a very respectable friend with strong social relations. During the sanctions period, he became father to a son. A few months later, when I saw him, he was very concerned and anxious. He said that his son could not use ordinary formula, because it gave him bowel problems and needed to eat a special formula, which was specific to children with this problem. He said that he had searched the entire capital city from north to south and from east to west. He had also asked for help from his own wife and brother, who were physicians, to help him find the special formula for children that suffered from this alimentary tract disease. However, everybody told him that formula could not be found in the Iranian market since sanctions had intensified. His innocent child was constantly crying at home, while he was wondering up and down streets with a heavy heart from this pharmacy to that one only to hear negative answers.
Dying in silence

Sanctions imposed on Iran practically violated all four major elements that had been emphasized with regard to essential medicines by International Covenant on Economic, Social and Cultural Rights. Those four elements included availability, accessibility, suitability, and guaranteed quality. However, due to shortage and scarcity of medicines, high prices, and use of alternative medicines with severe adverse effects and low quality, realization of those elements was not possible. Increased parity of foreign currencies against Iran’s national currency, skyrocketing of price of medicine, shortage of special medicines, increased price of general medicines, and restrictions on issuance of visa to patients with special diseases are just some examples of this human rights catastrophe, which was brought about in Iran as a result of sanctions and caused many patients to die in silence.

Although the crisis related to supply of medicines has ebbed in Iran and the
number of scarce medicines has decreased, the country’s pharmaceutical industry and medicine market are not free from problems yet. On the other hand, destruction of production infrastructure and damages done to major medicine distribution companies have led to growth of upstart companies, which need time to gain necessary experience. On the other hand, the black market for supply of medicine is still working with full force and the government is facing problems in its fight against this market. This market has caused many problems for patients and

Sanctions on education, medicines and livelihood of Iranians

I was granted Ph.D. scholarships from three European universities in 2013: the University of Bonn, the University of Edinburgh, and the University of Oxford in England. A private Iranian pharmaceutical company granted me a scholarship to continue my studies at the University of Oxford. I had no problem during the first year of my studies. However, after the second year began, the company could not fund me anymore because sanctions had caused all economic activities of that company to grind to total halt and it was facing a major crisis. The company then stopped its economic activities altogether and since I could not pay the tuition fee for the last year of my studies, I was suspended by the university. The interesting point is that sanctions were not supposed to affect either Iranian students or supply of medicines or people’s livelihood. However, at the end of the day, one of the countries, which were protagonists in imposing sanctions on Iran, namely the UK, suspended my studies at one of its universities despite the fact that I had paid two-thirds of the tuition fee.
government through importing less expensive, but nonstandard hygiene products, medical equipment, medical prostheses and medicines. This comes at a time that there is still small room for cooperation between foreign pharmaceutical companies and pharmaceuticals distributors with Iranian companies. For example, in an interview in October 2016, Rasoul Dinarvand, head of Food and Drug Administration of Iran, complained about the measure taken by officials of CPhI exhibition to bar Iranian companies from taking part at the event.  

11
Of course, countries imposing sanctions on any country may be able to provide justifications for waging war, imposing sanctions and so forth, but the main goal pursued by the United Nations Charter, the Universal Declaration of Human Rights, and other human rights documents was to prevent human rights of citizens from being victimized even under conditions of war and sanctions. However, this important human rights cause and goal is totally ignored under conditions of sanctions, because the extent of havoc that they wreak to a country can be only observed and measured over the course of time. Perhaps, if victims of sanctions underwent sudden pain like victims of war and aggression and died suddenly, their suffering would be more visible for people of the world and human rights organizations.

Sources:
1- https://fa.wikipedia.org/wiki/
2- Exemplary cases collected by research team of the Organization for Defending Victims of Violence (ODVV)
3- http://www.refworld.org/pdfid/4538838d0.pdf
7- http://www.reuters.com/article/us-iran-sanctions-un-idUSBRE89412Z20121005
9- A positron emission tomography (PET) scan is an imaging test that allows your doctor to check for diseases in your body. The scan uses a special dye that has radioactive tracers. See: http://www.healthline.com/health/pet-scan