

Exposed: The Meassmurder by US and EU Sanctions | Prof. Reza Majdzadeh

A recent study in the academic Lancet journal shows that between 1971 and 2021, more than half a million people died PER YEAR due to US and EU sanctions. This meassmurder is something we need to talk about. Reza Majdzadeh has been involved in sanctions research from a public health perspective for decades. He is a Professor at the University of Essex and a public health expert with experience in Iran and at the WHO. Links: Article: [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(25\)00278-5/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(25)00278-5/fulltext) The article that outlines 500k dead per year: [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(25\)00278-5/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(25)00278-5/fulltext) Neutrality Studies substack: <https://pascallottaz.substack.com> (Opt in for Academic Section from your profile settings: <https://pascallottaz.substack.com/s/academic>) Merch & Donations: <https://neutralitystudies-shop.fourthwall.co> Timestamps: 00:00:00 Introduction and guest 00:01:20 Lancet findings on sanctions 00:07:30 Death toll and personal loss 00:10:45 Banking and supply chain breakdown 00:20:13 Resilience and local production 00:28:12 The myth of smart sanctions 00:30:57 Monitoring health during sanctions 00:38:39 Early warning before deaths 00:42:12 Final appeal and closing

#Pascal

Welcome back, everybody, to Neutrality Studies. My name is Pascal Lottaz. I'm an associate professor at Kyoto University, and today I'm joined by Dr. Reza Maizadeh, a professor of public health in the School of Health and Social Care at the University of Essex. Professor Maizadeh worked for decades in the public health sector in his native Iran and later also for the World Health Organization and other international institutions, publishing over 380 peer-reviewed articles. Together with his colleagues, he recently published very important studies in the Lancet journals—one of the most important academic health journals—on the issue of “Beyond National Resilience: Liability for Sanctions Impact,” in which he details what the impact actually is of U.S. and EU sanctions. Or, let me put it this way: he and his colleagues, who have been researching this issue for a long time, detail the impact of sanctions on individual countries. So, Professor Maizadeh, welcome.

#Reza Majdzadeh

Thank you so much. Thank you.

#Reza Majdzadeh

I really appreciate that.

#Reza Majdzadeh

Thank you for having me.

#Reza Majdzadeh

Thank you for having me.

#Reza Majdzadeh

to attack exchange rates and the audiences. Over to you.

#Pascal

You're one of the experts who's been researching sanctions for years. Maybe you could first lay out a little bit what that Lancet journal issue I just mentioned establishes, and what the effects of economic sanctions are. Some people think they're just there to punish evil regimes, but the findings of you and your colleagues are very different.

#Reza Majdzadeh

Okay, let me start by adding a bit to the introduction, just so we know where we are and how I can contribute to this discussion. I'm an epidemiologist, and I was the head of Iran's National Institute of Health Research. At that time, we started the health sector reform with the goal of achieving universal health coverage. That institution became responsible for monitoring universal health coverage and the health sector reform—how it could align with the global commitment, one of the SDGs, which is very important: reducing the financial burden and improving equity across the country and the world. At that time, I faced the problem that, under sanctions, we couldn't reach that level.

Therefore, I started working on different dimensions of sanctions in Iran in particular, because that was the area I was involved in. Later on, we thought, okay, this is the reality of sanctions—how can we mitigate their effects on health? That's why many of my publications are related to health system resilience and how we can reduce the impact of sanctions on health. Later, we began thinking not only about making health systems more resilient, but also about what international human rights measures we could use to achieve that goal. And the piece you mentioned, which is a comment in **The Lancet Global Health**, comes from that angle.

Later on, in **The Lancet**, we published another piece where we highlighted very concrete ideas about how to implement measures to reduce the harsh effects of sanctions. Therefore, my area of work is assessing the effects of sanctions, looking at the health system, and proposing mitigation measures to reduce those harsh effects. I wanted to put this in a meaningful way to connect it to what I'm doing. So, initially, I should say that sanctions affect systems before they affect people. When they start, patients are directly affected—but even before that, there's the problem of access

to medicines and medical equipment. It's a matter of logistics, of service delivery, of human resources. Through these health system building blocks, we can see how difficult sanctions make things.

Let me start by saying that, right now, we have evidence on the effects of sanctions on health. You mentioned a publication by Rodriguez and colleagues in **The Lancet**, which shows that sanctions can have a huge impact on mortality—more than 550,000 deaths annually are expected from sanctions, which is almost at the level of, or even exceeds, that of war. We've also seen another paper by Ruth Gibson and colleagues, where they looked at the effect of ODA sanctions on maternal and child health, and they found a similar pattern. Another very important observation comes from a cross-national study by Jörg Gutmann and colleagues on life expectancy, which found that sanctions can reduce life expectancy by about 1.2 to 1.4 years.

#Reza Majdzadeh

1.4 for the United Nations sanctions and 1.2 for the U.S. sanctions. It's very interesting. The United Nations—the body founded for peace and the safeguarding of human life—is implementing a measure that can actually reduce people's life expectancy. I find that quite shocking.

#Pascal

Hey, very brief intermission because I was recently banned from YouTube. And although I'm back, this could happen again at any time. So please consider subscribing not only here but also to my mailing list on Substack—that's pascallottaz.substack.com. The link's going to be in the description below. And now, back to the video. It is a shock. It's just that, you know, in this paper you mentioned at the beginning, it analyzes data from 1971 to 2021—a 50-year span—and comes to the conclusion that every year, half a million people die, directly or indirectly, because of U.S. and EU sanctions.

Again, the paper actually shows that this number is significantly higher than the number of people who die directly from military actions each year. So economic sanctions aren't something that, as it's sometimes assumed in the West, just punish regimes and make rich people a bit poorer so we can feel like we've done something, right? I mean, we did it. No—they kill half a million people every year. How long did it take you to realize just how impactful sanctions are on the individual level? I mean, Iran has been under heavy sanctions for many decades. Did you see the effects of sanctions—like the health effects—firsthand?

#Reza Majdzadeh

Initially, I mentioned to you that before seeing the effects of sanctions on people, you can see their effects on the health system. What I'm saying is that it's actually very upsetting to see that people don't have proper access to medicines. That's the first thing. I want to give you one example that's very personal.

#Pascal

My mother was living in the United States.

#Reza Majdzadeh

She came to visit my younger brother in Tehran. She got an infection and was hospitalized there. During that hospitalization, she contracted a hospital-acquired infection—what's called a nosocomial infection in medical terms. We couldn't find the right antibiotic, and she passed away two years ago.

#Pascal

I'm so sorry to hear that.

#Reza Majdzadeh

What I'm saying is that this is something that's affecting people. Do you understand me? That's one case. But when you're talking about more than 550,000 deaths, each single case is a tragedy.

#Pascal

Yes.

#Reza Majdzadeh

It's destroying families. It's the livelihood of the people. It's not just a number. What I'm saying is that we don't need to wait to see that mortality number—we can already see it when people don't have access to medicine, medical equipment, tests, and so on.

#Pascal

What are the other areas where these sanctions make it impossible for the system to take care of people? I mean, I guess that's just one example—the medicine.

#Reza Majdzadeh

We go through that and explain to you about the mechanisms. What is the mechanism? Because initially, I should say that, you know, under the regime of sanctions, we have humanitarian exemptions. Within those exemptions, essential medicines and medical equipment that do not have dual purposes—meaning military purposes at the same time—are exempted from the sanctions regime. But what I'm saying is that these exemptions often do not function in practice. Let me explain why. First, we have blockages that are very clear for dual-purpose medicines or medical equipment. There's a blockage of import and export, which is very reasonable, and I don't want to go into that. But there are two other mechanisms that are happening.

One is that there is no banking transfer between the sanctioning countries and the sanctioned country. Therefore, there's no way to send money when you're buying something. You don't have a SWIFT code. If you don't have a SWIFT code, how are you supposed to buy anything? So, it's impossible. The second mechanism, which is very frustrating, is overcompliance and the chilling effect. I can come back to that and explain what it means. And the third one is the indirect effect of sanctions through reducing the country's revenue and its capacity to pay for people. So, we have three mechanisms that affect access to medicines and equipment, and I can explain to you the other effects of these sanctions on the different building blocks of the health system.

#Pascal

Please explain that to me, and also let me know for how long—how many years—we've known in academia and elsewhere just how deadly these sanctions are. Is this a new insight, that they kill so many people, or have these numbers been understood before as well?

#Reza Majdzadeh

Initially, I think we should know that, many years ago—in particular, I want to highlight the published literature on the effects of sanctions on Iraq, which goes back to the early 2000s—there's already a lot of evidence on this. But at the same time, look at which countries we're working with. We're working with countries that do not have robust data systems. We don't have strong, reliable data. Therefore, we didn't have much evidence to show. And I can explain what the problem is when you try to look at evidence and quantify it. Because, you know, when you look at the case of Syria, it wasn't just sanctioned—it was also involved in a war at the same time. So how would you separate, let's say, the effect of sanctions from the effect of war?

Therefore, the methodology is not very straightforward, and we don't really have that data. But what I'm saying—what I argue—is that there is potential. Right now, these three pieces of work I mentioned—by Rodríguez and colleagues, Ruth Gibson, and Jörg Bultmann—show strong evidence of the effects of sanctions, not only on mortality and morbidity, but also more broadly. There's a good publication in **BMJ Global Health** from 2020, which Matthew Pinto published with colleagues. That paper shows the effects of sanctions, and there's also a systematic review that my colleagues

in Iran and I conducted, looking at the impact of sanctions from different angles of health. What I'm saying is that there's a high potential for harsh effects of sanctions on health, and we should be careful about what we're doing. You know, sanctions are a diplomatic tool.

#Pascal

Yes.

#Reza Majdzadeh

When you look at the United Nations Charter, there's a point for sanctions. But at the same time, we have war. In the case of war, we have principles of international human rights and international humanitarian law, and there we look for distinction and proportionality. Why don't we have that here? Why aren't we looking at the proportionality of sanctions? When there's such a high risk of exposing people to the harsh effects of sanctions, we should be careful about that. Therefore, I think it's a legitimate question that we should have a legal framework and appropriate tools to assess the effects of sanctions, to ensure proportionality when we impose them on a country.

#Pascal

Absolutely. Let's go back to the mechanisms I explained to you.

#Reza Majdzadeh

Let's do that. Okay. So, as I mentioned, there are key mechanisms we can see. Initially, the banking system doesn't function well when there are sanctions. That's one issue we need to take care of. The second issue is overcompliance. You know, when a country imposes sanctions on another, they also impose secondary sanctions on banks, shipping insurers, and suppliers. If you're working with a sanctioned country, they'll impose sanctions on you too. Because of that, in many cases, people avoid working with the sanctioned country altogether—that's overcompliance. It can be based on law and regulations, or it can just be fear, which creates a chilling effect. And that has a huge impact on sanctions and on access to medicine.

The third one I want to explain to you is the indirect effect of sanctions. When the United States, or let's say other countries, impose sanctions on Venezuela or Iran, they're sanctioning all exports from those countries, which are the main sources of revenue. Then there's no revenue—no such income for the country. Therefore, they don't have the capacity to provide appropriate care or adequate health services. We've seen that when there are intensive sanctions from the United Nations or other countries, the use of health services decreases remarkably, because people are prioritizing food over medical expenses. That's why the affordability of services becomes a problem—they simply can't afford to get those services. I'll stop here and hand it over to you.

#Pascal

I mean, the mechanisms through which sanctions work are one thing, but then the impact they create downstream—because of the various components that end up missing, especially in the healthcare system—is actually one of the reasons why Iran argued it needs to have a minimum enrichment capacity, just to produce medical-grade treatments for patients. So, do you see this going together—the sanctioning of a country and the kind of resilience it has to develop internally to somehow deal with that?

#Reza Majdzadeh

There are two things. Initially, I wanted to say that when I'm naming a country, I don't want to be politically biased in this discussion, because it's a scientific discussion. I'm just giving examples of cases we've observed. I don't want this discussion to be, let's say, defending some countries or offending others. The point I'm making is that, regardless of uranium enrichment, what you're talking about is a very small portion of, let's say, medicines—like antibiotics. The case I'm referring to has no relation to uranium enrichment. There's nothing like that. I just want to say a very simple thing: you cannot have appropriate access.

You know, the first time I really faced the problem of sanctions was when I was teaching medical students. They came to me and said, "We don't even have normal saline in the hospital." Normal saline—it's a very simple thing, just salt and water, nothing more. And it wasn't because of the ingredients; it was because we didn't have the plastic bags. Do you understand me? I want to say, please, be very practical. It's beyond your imagination. No, it's not about medicines used in, let's say, nuclear medicine—no, no, not that. I'm talking about very simple things that just aren't there or aren't affordable. Okay, so let's see what we can do about this. At first, we thought we could build health system resilience.

When you say we want to build health system resilience, it means we can look at three kinds of measures. We can increase the response to sanctions, we can look at adaptive measures, and we can look at transformative measures in a country—let's say short term, medium term, and long term. This is the way we were thinking. Let me give you an example. If you're under sanctions and you want a short-term response, you can look for new suppliers or new channels for procuring medicines. Instead of buying from European companies, you can approach Indian companies—that's okay. You can find new procurement mechanisms, for example, through neighboring countries, instead of relying on other sources.

#Reza Majdzadeh

In the medium term, you can, let's say, prioritize the medicines that are in shortage and think about what they are. Have a prioritization in the health services and focus on those, because you have, let's say, a limited amount of money and need to be more strategic in purchasing. Therefore, I'm

looking at these as the essential services. These are, let's say, medium-term approaches. In the long term, you can think about local production. If there are problems with certain medicines—say, an antibiotic that we can't get on the global market—then let your country produce it.

This is what you've seen—the attempts that, let's say, Iran made to produce a COVID vaccine. At that time, they weren't sure whether they could procure vaccines, so they started working on local production. Okay, regardless of whether that was right or wrong, I'm saying it was about self-resilience—building something domestically. So these are, let's say, the kinds of measures we can take. In one of our papers, I mentioned a colleague I worked with, Dr. Sajjadi. We published a paper on what those measures are in the short, medium, and long term—looking at which ones are feasible and which are effective—to understand how we can make a health system resilient to the economic shock of sanctions.

To safeguard the health of people. A recent paper we've worked on is going to be published in the *International Journal of Health Policy and Management*. In another study, we found that relying only on domestic resilience cannot be a comprehensive response. In the paper you mentioned—the comment we wrote on the *Lancet Global Health* article by Rodríguez and colleagues—we argued that domestic resilience is not enough. We should think about health diplomacy. We should think about, when imposing sanctions, how to design the sanctions regime to protect people before creating that level of risk. What I want to say, ethically, is that we—you and I—have, let's say, a conflict with each other.

#Pascal

That's okay. This is very similar to the situation with sanctions.

#Reza Majdzadeh

And I want to impose sanctions on you to change your behavior, okay? But the way I'm doing that, I'm punishing your son, your daughter, or your younger brother. Here, we're talking about regimes—one country against another—and the children or younger siblings are the innocent people. You're punishing innocent people because of the conflict between two, let's say, political opponents. This is what's happening. The point is, I'm not saying you should avoid sanctions. Okay, whatever you want to do, do it with each other. But try to safeguard against the harsh effects of sanctions on those innocent people. I hope it's clear what I'm saying.

#Pascal

It's very clear what you're saying. There are several schools of thought within politics, and one of them argues that, unfortunately, we need to punish innocent people because we want them to rise up and demand change in their countries. That's one view. The other one says, no, this is collateral damage—we don't want to punish these people. Unfortunately, they also suffer, but that's why we

try to work toward smart sanctions. My country, Switzerland, is one of those that says, “No, no, we do smart sanctions. We’ll only try to hurt the people in the regimes we don’t like, but not the general population.” In my view, this is probably a fantasy, because these sanctions usually operate at the system level and therefore hurt people. But do you have any indication that there are forms of sanctions that won’t harm the innocent in the sanctioned countries?

#Reza Majdzadeh

Exactly. What we’ve heard from sanctioned countries in many cases—and we’re hearing it now as well—is that sanctions are “smart.” I’ve argued there’s no such thing as a smart sanction. What we’ve seen so far with this framework of imposing sanctions has been harmful.

#Pascal

No doubt. It will always hurt because it’s meant to create systemic stress—it’s designed to cause exactly what you described: a lack of necessities. And that will inevitably affect the most vulnerable people on the ground.

#Reza Majdzadeh

Let me put it this way. We’re trying to base our approach on international standards and human rights law. What we want to do is protect people from the harsh effects of any measure—war, sanctions, whatever it may be. If that’s the case, we need to look at proportionality and how we can make these measures more human rights-compliant. In our paper, we propose first looking at humanitarian aid channels and establishing specific banking lines for transactions involving medicine and food.

#Pascal

I can give you one example.

#Reza Majdzadeh

You can find a third country that both sides trust to play that role. Or you can use the capacity of United Nations agencies, like the World Health Organization. The money from that country could go to the WHO or UNICEF—whichever organization you trust—and they could take on that role. That way, we can establish a banking system and review whether the exemptions are actually working. You already mentioned that there are exemptions on sanctions, so this would be the first step we can take. The second point I want to emphasize is that we can create a monitoring tool to assess the impact of sanctions on health and health systems.

The reason I'm coming back to this discussion—and I want to continue it a bit later—is because recently the World Health Organization's Eastern Mediterranean Region developed a tool for monitoring the effects of sanctions. We call it SHAMS. I was involved in that. This tool is designed to assess the impact, so it can be used by sanctioning countries to make sure what they're doing is actually smart. You want to be smart? Okay, use a tool to understand whether it is smart or not. The third point is that if you look at sanction documents, there's usually a committee that reviews the effects of sanctions when they're imposed. Why couldn't part of that review focus on health? That way, it could be reported periodically—what is the effect of the sanction? Okay, you're telling me that antibiotics are exempt from the sanction.

Okay, look at the number of exemptions that were issued. Look at the delay in those exemptions being issued. Don't misunderstand me—just make sure that this system actually functions. And the fourth measure we propose is about avoiding overconfidence. Overconfidence goes beyond the regime of sanctions; it goes beyond legality. We should avoid it. Therefore, what we're proposing is that if the United Nations wants to impose sanctions—well, from my perspective, I'm not a politician, I'm not into international relations. I'm a person working on health. I'm not saying, "Stop sanctions" or "Resume sanctions." What I'm saying is that if you want to propose a sanction, please think about the health of people. If you can include these measures in the legal framework of the sanction, then you can expect that you are safeguarding people's health.

#Pascal

So if I understand you correctly, we live in a world where we have sanctions regimes, but these things aren't tools in the sense of a scalpel. They're more like tools in the sense of a hammer—they hit everything, and you don't have a way to differentiate where they hit. So we don't really have the ability to create smart sanctions. If that's what we wanted to develop, we'd need mechanisms at the international level to create and monitor different channels, right? But we don't live in a world where such channels exist.

#Reza Majdzadeh

Yeah, exactly. What I'm saying is that right now we have a huge debate about this. And to be honest, I think we have strong evidence of the harsh effects of sanctions on health. If you want to be fair, you should be careful. Before, we didn't have that evidence. Right now, we do. At least, you should be thoughtful. Okay, if this is the case, then when you want to impose sanctions on a country—wherever it is—if you want to safeguard people's health, and if you want to be smart, as you're saying, then you should use these tools to make sure you're not harming people's health.

#Pascal

So a country like, let's say, Switzerland—or others that don't want to completely give up on sanctions but also don't want to kill massive numbers of people—would actually need to start not with sanctions, but with the infrastructure to monitor and understand them. That's what you're saying, right?

#Reza Majdzadeh

You know, what I'm saying isn't a research project. It's embedded—it should be embedded in the sanctions regime.

#Pascal

Right.

#Reza Majdzadeh

I want to say that when you want to impose sanctions on any country, in that process you should consider monitoring people's health to make sure that what you're proposing in the sanctions regime—or in the exemption of medicines—is actually workable. It's functioning, not just a piece of paper. That's my point. But I can see some of... let me go to, let's say, the champs. I can see that there are political sensitivities—okay, political sensitivities—because who should collect that data? Who should look at that data?

What we're proposing is that, when we're talking about data, it should be owned by the country, but they can have collaborators at the United Nations level or with international NGOs to make sure what's being collected is appropriate. Based on that, humanitarian agencies can decide which medicines they should provide, and sanctioning entities—the United Nations or other countries—can check whether the exemptions are working or not. If that's the case, they can revisit the processes. And another issue I want to mention is that, if needed, they can revisit the entire sanctions regime to avoid the harsh effects of sanctions. That's the way I'm thinking, yeah.

#Pascal

Thank you very much for all these explanations. Is there another aspect, or something we haven't touched on yet, that you think is important to understand?

#Reza Majdzadeh

Okay. What I want to add to this is that right now the UN Special Rapporteur on unilateral coercive measures is looking for monitoring tools to assess the effects of sanctions on different aspects. What

I'm thinking is that, for the health system, we should look at the system level—not just mortality and morbidity. The point I'm making is, you know, if you don't have this medicine, you shouldn't wait to see people dying.

#Pascal

Right. The effect of that, right?

#Reza Majdzadeh

An early warning system should be at the level of access and utilization of services, not at the level of, let's say, mortality. So let me give you a few examples. I've seen that medicines for hemophilia or chemotherapy have had shortages. But if this were to be translated into mortality, it could mean around 4,000 deaths.

#Pascal

Yes.

#Reza Majdzadeh

One thousand deaths.

#Pascal

Yes.

#Reza Majdzadeh

But it depends on the scale of the country. Can you show it on a larger scale—the mortality of the country? There's doubt. If it's something related to maternal health, you can see it immediately. But if these are, let's say, more specific conditions, then you might not see them. Therefore, looking at mortality is a late response. You should look at the intermediate variables and start from the initial phases. The other point, when we were discussing this, is that we shouldn't look at it as a research entity. We should think about embedding it in the sanctions' legal framework to monitor the effects of sanctions on health and food security as well.

#Pascal

Yes, you're absolutely right. And just to put it a little bluntly, we don't need to wait for the dead babies. If we see that there are no incubators in a country, then we know there's a problem—and that there will be dead babies. So it makes a lot of sense that we don't focus too much on the final effects, which also take a very long time, but instead establish mechanisms to judge whether certain

measures really impede a country's ability to allow people to enjoy their human rights—like the right to live, for instance. This is very, very crucial research. Professor Maisadeh, for people who want to read your articles, or for those who aren't used to consulting medical journals, is there a place where they can go to read about the effects of sanctions and your research on them?

#Reza Majdzadeh

Initially, you know, with the current databases, I think it's very achievable to look at, let's say, sanctions. And then I'm thinking that if we wanted to build a fairer global health system, we should work on it. I want to say that I'm working on it as a social responsibility—not just as a profession. I'm looking at this in terms of how we can reduce people's suffering and close inequality gaps. Therefore, I'm happy to respond as much as possible. But at the same time, if you do a simple search in PubMed or any database, you can find the main articles published in this area. The only thing I want to emphasize is that economic sanctions are often designed with political objectives in mind, but they operate within complex systems that include health systems and humanitarian supplies. These are affecting people's health.

#Pascal

They are.

#Reza Majdzadeh

And they should avoid that. Understanding these mechanisms is essential if we want to minimize what I'm saying—the unintended effects of sanctions. I believe people think it's smart, but it's not. It's a silent killing, but it is killing. I want to redefine sanctions: sanctions are not non-violent measures. They are non-military measures. They are organized violence.

#Pascal

They are violence.

#Reza Majdzadeh

Yeah.

#Pascal

They are violent. They are highly violent. And I am personally opposed to them. So, thank you very much, Professor Maizadeh, for your time today. The links will be in the description below. Professor Maizadeh, thank you again for your time today.

#Reza Majdzadeh

Thank you so much. Lovely.