

Mandates of the Special Rapporteur on the negative impact of unilateral coercive measures on the enjoyment of human rights; the Special Rapporteur on the right to development; the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health; the Independent Expert on the promotion of a democratic and equitable international order; the Independent Expert on human rights and international solidarity; and the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment

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We have the honour to address you in our capacities as Special Rapporteur on the negative impact of unilateral coercive measures on the enjoyment of human rights; Special Rapporteur on the right to development; Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health; Independent Expert on the promotion of a democratic and equitable international order; Independent Expert on human rights and international solidarity; and Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, pursuant to Human Rights Council resolutions 45/5, 42/23, 42/16, 36/4, 44/11 and 43/20.

We are independent human rights experts appointed and mandated by the United Nations Human Rights Council to report and advise on human rights issues from a thematic or country-specific perspective. We are part of the special procedures system of the United Nations, which has 56 thematic and country mandates on a broad range of human rights issues. We are sending this letter under the communications procedure of the Special Procedures of the United Nations Human Rights Council to seek clarification on information we have received. Special Procedures mechanisms can intervene directly with Governments and other stakeholders (including companies) on allegations of abuses of human rights that come within their mandates by means of letters, which include urgent appeals, allegation letters, and other communications. The intervention may relate to a human rights violation that has already occurred, is ongoing, or which has a high risk of occurring. The process involves sending a letter to the concerned actors identifying the facts of the allegation, applicable international human rights norms and standards, the concerns and questions of the mandate-holder(s), and a request for follow-up action. Communications may deal with individual cases, general patterns and trends of human rights violations, cases affecting a particular group or community, or the content of draft or existing legislation, policy or practice considered not to be fully compatible with international human rights standards.

In this connection, we would like to bring to your attention information we have received concerning practices of implementation of unilateral sanctions and overcompliance in the banking sector, as by-effect of sanctions imposed by several states, prohibiting access to the vital healthcare and treatment needed by Venezuelan nationals suffering from oncological diseases, and who have been temporarily residing abroad to receive specialised treatment.

According to the information received:

Following the introduction of unilateral sanctions by the U.S., the European Union, as well as other states, a number of Venezuela funds, or funds belonging to Venezuelan nationals and companies, have been frozen in foreign banks. An increasing number of bank transfers have not been carried out, despite directive nature of funds, or origin or intention of use. Unlike those put in place by individual states, only sanctions by the UN Security Council, are obligatory to all nations and private entities,

As a result, a number of Venezuelan nationals, who had been benefiting from a life-saving medical programme, in and outside Venezuela, have been suddenly and arbitrarily deprived from receiving medical assistance, for which they had previously signed agreements. These agreements provided these patients, many of them from families in situation of poverty, access, funding and care for transplants and treatments which they would not be able to afford otherwise. They lost coverage under the program due to a series of U.S. executive orders by way of sanctions (Annex II) and over-compliance by the banking sector.

The health programme that benefited these persons was financed by the state company *Petróleos de Venezuela S.A. (PDVSA)* and its subsidiary *Citgo*, via their private foundation, *Fundación Simon Bolivar*¹, previously affiliated with the Government of Venezuela. Since 2009, it had provided medical assistance to persons in precarious economic conditions. Applicants to the medical assistance programme were evaluated by the Venezuelan Foundation for Organ, Tissue and Cellular Donations and Transplants (*Fundavene*), an agency of Venezuela's Health Ministry, and then referred for incorporation into the programme financed by *Fundación Simon Bolivar / PDVSA-CITGO*. Patients were later referred and transferred to various clinical centres outside of the country to receive specialized treatments unavailable in Venezuela. The continuation of the programme abroad was administered through non-profit organizations like the *Foundation for Bone Marrow Transplants (ATMO*²), with the continuous sponsorship of the *Fundación Simon Bolivar*.

The programme provided beneficiaries with all or a large portion of the costs incurred from their treatment. In addition, *Fundación Simon Bolivar* had agreements with hospital centres outside the country, through which it was committed to paying bills arising from care and specialized examinations of the patients, the majority of which were children and adolescents.

¹ The *Simon Bolivar Foundation* is a private non-profit organization that is the charitable wing of *CITGO*. It was established in 2006 the patients in accordance with the agreements to guarantee the transplants, treatment to offer medical assistance to patients with complex diseases.

² *La Associazione per il Trapianto di Midollo Osseo (ATMO*, by its Italian initials) was constituted on November 15, 2006, according to the laws of the Republic of Italy, and was identified as the operating branch in the country of the *Foundation for Bone Marrow Transplants (FTMO)*. *FTMO* was created in Venezuela in 1999 and is headquartered in the city of *Maracaibo*. Both entities were constituted to facilitate medical care for Venezuelan patients with cancer, liver disease or requiring bone marrow transplants.

Additionally, PDVSA-CITGO (Fundación Simon Bolivar) had routinely assumed the costs of the patients and their accompanying family members relating to their round-trip airfare, medical check-ups, payment of transplants, treatments and specialized examinations, housing, food, transportation, cell phones and internet, medications, ambulance services and emergencies.

As a result of the application of U.S. sanctions-related legislation, and the over-compliance and zero-risk policy taken by banks, Venezuela nationals, which used to benefit from this medical assistance programme of transplant abroad, abruptly lost their only chance of a life-saving medical treatment.

In an attempt to maintain the programme, notwithstanding the sanctions, on 21 November 2018 at the request of PDVSA, CITGO issued a payment for one million, six hundred seven thousand, eight hundred seventy-one euros with fifteen cents, €1,607,871.15 (the total debt accrued to that date) in order to cover the cost of medical providers to former beneficiaries. The payment was not processed by banks because it corresponded to expenses related to PDVSA, and thus to the Government of Venezuela at the time.

On 11 February 2019, the financial entity Bank of Economic and Social Development of Venezuela (BANDES), in order to pay off the debt to date of four million, eight hundred fifty-one thousand, two hundred fifty-two euros with seventy-nine cents, (€4,851,252.79) owed by the patients, could not be processed due to the refusal of intermediary banks to carry out operations coming from Venezuela.

On 20 February 2019, PDVSA requested a payment through the financial entity Novo Banco of Portugal for the amount of the total debt, which was rejected. The next day, on 21 February 2019, there was another attempt for a payment order from Novo Banco, but it was also rejected. PDVSA introduced a protective order in Portuguese courts due to the refusal by Novo Banco in processing the payments to critical healthcare for patients with chronic diseases.

Cases Abroad (See Annex III)

During February 2019, following the shift of CITGO capital control as a result of sanctions on the Government of Venezuela and PDVSA, several former beneficiaries of financial aid received a letter from the Simon Bolivar Foundation, notifying them of an abrupt termination of treatment. 20 persons, 8 of them children at the time of selection, had been undergoing treatment in Italy, and 5 other children in Argentina (none of whom have been discharged) at the time the programme was cut. These patients are unable to pay for the cost of medicine, medical tests, examinations, trips to the hospital or emergency ambulance services; and many were thus forced to withdraw from their treatment and return to Venezuela. Some however, are still residing in Italy or Argentina under very precarious conditions. Many need clinical monitoring and specialized treatment only available abroad.

Evictions and cancelled treatments due to lack of payment, inability to pay mobile or internet services in order to be contacted by, and maintain communication with the hospitals, difficulty in accessing hygiene products,

medicines or food, are some of the predictable consequences affecting the lives of these patients, since the suspension of the payments. Several of them and their relatives were forced to request housing at shelters where they do share spaces with other people, even under the consideration of immunodeficiency problems and critical health conditions of their family members, and some have found themselves in situations of homelessness.

National Cases (see Annex III)

The Government of Venezuela, which used to cover medical expenses for medical examination, treatment, travel and housing expenses for patients and their family members in transplantation cases abroad – primarily in Italy but also in Argentina, due to impossibility to provide necessary medical treatment in the country, stopped financing related to its inability to access funds and carry out bank transfers as of the moment sanctions were been imposed.

Most cases in need of financial support to access or maintain their treatment require bone marrow and kidney transplants and are concentrated in three hospitals: José Manuel de los Ríos Children’s Hospital, located in Caracas, Padre Machado Oncological Hospital, also located in the Capital and the Dr. Alfredo Van Grieken University Hospital, in Coro city, Falcón State.

More than 19 persons, 14 of them children, including 7 children under the age of 10, have died between 2017-2020 awaiting acceptance into the programme for urgent liver, kidney or bone marrow transplants. In addition, due to the pandemic, all persons in similar medical conditions are facing higher risk for their health and life, accentuating their physical and moral suffering. There are currently 51 persons, most of them children, 24 of them under the age of 10, awaiting life-saving intervention.

Amongst the patients affected, Isabella Lisandri Guevara Albornoz, at the time three months old, underwent a Kasai procedure and received a hepatic transplant from her mother on 26 November 2018. In a post-surgery complication, her surgical wound became infected and formed an intra-abdominal abscess, severe stenosis of the hepatic artery with a spleen clot and interocutaneous fistulas, for which she was unable to eat for 20 days. Ms. Guevara Albornoz spent one month in intensive care, and remains in post-transplant risk. She has yet to be discharged and needs to remain under specialized medical care. She has a history of atresia in her bile ducts and intestinal malrotation.

Patient Diego Jesús Arvelo Marrufo, born on 21 February 2020 was diagnosed with Biliary Artesia. He died while awaiting treatment under the programme, due to lack of adequate medical care.

While we do not wish to prejudge the accuracy of these allegations, the application of primary sanctions and secondary extra-territorial measures against the Government of Venezuela and companies related to Venezuela government, the zero-risk policy of banks and other governmental and private institutions, causes serious concern regarding the legality of the measures being taken, their impact on the health, life and physical and psychological integrity of the people affected.

As a group of independent human rights experts appointed by the United Nations Human Rights Council to investigate, documents and report on issues relevant to our respective mandates, we are drawing your attention to the fact that only a decision of the UN Security Council to impose sanctions against a specific state, individuals and companies, is obligatory to all states and their subjects with due account of humanitarian exemptions mechanisms under international law.

We your further attention to the general consent on the illegality of application of sanctions beyond national borders, a position that is expressed in the official position of the European Union³ and is reported to affect sovereignty of the EU member-states⁴. The EU Guidance Note on the Provision of Humanitarian Aid expressly prohibits EU member states actors to comply with U.S. sanctions⁵

The obligation to promote and protect human rights lays not only on the states and international organizations, but also on the banks and business institutions regardless their size, type and structure under supervision and control of the States in accordance with the UN Guiding Principles on Business and Human Rights. Not only are they obliged under international law to respect the laws of the countries where they are based but this obligation continues throughout their operations abroad and apply to the countries where they operate.

The growing over-compliance, zero-risk policies by banks and other third state governmental and private companies, has had a devastating effect on the fundamental human rights of Venezuelan nationals including the right to life, to food, to health, to water, and to freedom from inhumane treatment. These rights constitute an integral part of the right to development.

Due to the US sanctions, the Government of Venezuela is arbitrarily prevented from getting access to its own funds abroad, revenues from its own oil, gas and gold sectors, or to attain loans or other funds. Given these restrictions, the possibility of Venezuela to guarantee basic economic and social rights of its people, including in the sphere of adequate healthcare, are severely impeded affecting numerous people suffering from serious, chronic diseases that require specialised treatment not available in the country, therefore endangering their lives. This is a situation which is

³ Commission, The European economic and financial system: fostering openness, strength and resilience, Communication Brussels, COM (2021) 32 final, https://ec.europa.eu/finance/docs/policy/210119-economic-financial-system-communication_en.pdf (accessed on 27.01.2021 (Key action 7)

⁴ [Extraterritorial sanctions on trade and investments and European responses](#) // Policy Department for External Relations Directorate General for External Policies of the Union PE 653.618 - November 2020 , P. 51; Tobias Stoll, „Extraterritorial sanctions on trade and investments and European responses Policy Department for External Relations,“ Directorate General for External Policies of the European Union, PE 653.618, accessed January 4, 2021, [https://www.europarl.europa.eu/thinktank/en/document.html?reference=EXPO_STU\(2020\)653618](https://www.europarl.europa.eu/thinktank/en/document.html?reference=EXPO_STU(2020)653618), 18-19, 26-27.

⁵ Commission Guidance Note on the provision of humanitarian aid to fight the COVID-19 pandemic in certain environments subject to EU restrictive measures,” Brussels, Nov. 16, 2020, C(2020) 7983 final, https://ec.europa.eu/info/sites/info/files/business_economy_euro/banking_and_finance/documents/201116-humanitarian-aid-guidance-note_en.pdf.ж Grégoire Mallard,¹ Farzan Sabet,² Jin Sun The Humanitarian Gap in the Global Sanctions Regime // Defenders, Winder 2021. – P.8

significantly aggravated by the blocking by banks of financial transactions in third country banks.

In connection with the above alleged facts and concerns, please refer to the **Annex on Reference to international human rights law (Annex I)** attached to this letter which cites international human rights instruments and standards relevant to these allegations.

As it is our responsibility, under the mandates provided to us by the United Nations Human Rights Council, to seek to clarify all cases brought to our attention, we thus recommend to the Novo Banco of Portugal to process as a matter of urgency the payments to care for Venezuela patients with chronic diseases including those in need for transplantation as well as for any other humanitarian purposes to provide for the possibility of life-saving treatment.

In the meanwhile, we would be grateful for your observations on the following matters:

1. Please provide any additional information and/or comment(s) you may have on the allegations contained in this letter;
2. Please provide clarification as to how the United States's sanctions against Venezuela affect the lending and transaction of funds from health and humanitarian organizations working in Venezuela;
3. Please indicate what measures have been taken in your respective banking organization to allow for banking services to be permitted under dire human rights conditions where the life, health and living conditions of the population are undermined;
4. Please indicate what sanctions, fines or other forms of retributions, including threats thereof, if any, have been affecting your organization as a result of doing business with banks in Venezuelan or as regards Venezuela companies and nationals.
5. Please indicate what measures your banking organization has taken to ensure that the unilateral sanctions decided by states against other states are neither misunderstood nor misinterpreted and allow transactions allowing for safeguard the right to an adequate standard of healthcare and right to life for the people of Venezuela.
6. Please indicate if your baking authority is aware of USA General License No. 39, what were the systems in place before the issuance of this licence, and what are the consequences of its implementation on your ability to operate;
7. How does the newly issued USA General License No. 39 facilitate / is predicted to facilitate the health-related transactions as tied to COVID-19, including transactions involving banks, and how this may be used, if

at all, to alleviate the secondary sanctions placed on the health system of Venezuela.

8. Please provide more information on the control and/or justification that has to be provided by organizations, private or public, that wish to engage in banking transactions, as permitted by General License No. 39, with the Government of Venezuela or other private entities.

As per the standard practice of our institution, this communication and any response received from your organization will be made public via the office of the United Nations High Commissioner for Human Rights' communications reporting [website](#) within 60 days. They will also subsequently be made available in the usual public report to be presented to the Human Rights Council.

While awaiting for a prompt response, we recommend you and the board members of the bank to launch an enquiry into the effects on the life of Venezuelans, in relation to the bank's compliance with the United States sanctions, and to review its policy to ensure ad minimum, the financial transactions enabling the institutions of that country to pursue medical humanitarian programmes for its citizens affected by several conditions that put their health and life in danger. More generally, we would be grateful that your institution bring these concerns as well as their human consequences, up for discussion with the US OFAC office.

We may publicly express our concern about this case, which in our view serious attention. Every day that passes, put indeed the very life of these patients at further risk of death. While the information in our possession, based on first hands accounts appears to be reliable, we would be grateful for your view and comments, and especially the measures that are being taken at the light of these allegations, to release the necessary funding that will save the life of these persons. Any public comment on our side will indicate that we have been in contact with your Excellency's Government's to clarify the issue/s in question and to seek its views.

Please note that a copy of this communication is being sent to the Government of Portugal and that letters on the same matter have been sent to the Governments of the United States of America and Venezuela.

Please accept the assurances of our highest consideration.

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enjoyment of human rights

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Tlaleng Mofokeng
Special Rapporteur on the right of everyone to the enjoyment of the highest attainable
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punishment

Annex I

Reference to international human rights law

In connection with above alleged facts and concerns, we would like to draw your attention to the following human rights standards:

We would like to refer to articles 2 (3) and 14 International Covenant on Civil and Political Rights (ICCPR), which state that everyone has the right to an effective remedy, the right to be presumed innocent and the right to a due process. Articles 3 of the Universal Declaration of Human Rights and 6 (1) of the International Covenant on Civil and Political Rights guarantee the right of every individual to life and security and not to be arbitrarily deprived of life. States parties therefore have the duty to respect and ensure the right to life extends to all threats that can result in loss of life. States parties may be in violation of article 6 even if such threats have not actually resulted in loss of life.”

Furthermore, we wish to point to article 25 (1) of the Universal Declaration of Human Rights which provide for an adequate standard of living and health for themselves and their families, including medical care and necessary social services. The description of this right is delineated in CESCR General Comment No. 14, which states that Health is a fundamental human right, indispensable for the exercise of other human rights, and conduction of a life in dignity. Through which paragraph 8 clarifies the freedoms and entitlements of a person with a full right to health, including freedom from torture, interference, and equality of opportunity.

We would like to remind of article 1 of the Declaration on the Right to Development adopted by the United Nations General Assembly by Resolution 41/128 on 4 December 1986, by virtue of which every human person and all peoples are entitled to participate in, contribute to, and enjoy economic, social, cultural and political development. We also wish to recall Article 6, which raises the need for co-operation by states with a view to promoting, encouraging and strengthening universal respect for and observance of all human rights and fundamental freedoms, which are interdependent; equal attention and urgent consideration should be given to the implementation, promotion and protection of civil, political, economic, social and cultural rights.

We would also like to recall General Comment No. 8 of the Committee on Economic, Social and Cultural Rights on the relationship between economic sanctions and respect for economic, social and cultural rights where the Committee considers that the provisions of the Covenant, virtually all of which are also reflected in a range of other human rights treaties as well as the Universal Declaration of Human Rights (UDHR), cannot be considered to be inoperative, or in any way inapplicable, solely because a decision has been taken that considerations of international peace and security warrant the imposition of sanctions. It has been observed that although this General Comment seems to apply to sanctions adopted by the Security Council, it applies equally to unilateral coercive measures (A/HRC/28/74, para. 15).

We would like to bring to your attention the para. 11 of the UN Guiding Principles on Business and Human Rights stating that “[b]usiness enterprises should respect human rights. This means that they should avoid infringing on the human rights

of others and should address adverse human rights impacts with which they are involved”. Under para. 12 of the same document, “the responsibility of business enterprises to respect human rights refers to internationally recognized human rights – understood, at a minimum, as those expressed in the International Bill of Human Rights”, that means – right to life, right to health as set forth in the ICCPR and ICESCR.

Under para. 13, “[t]he responsibility to respect human rights requires that business enterprises: (a) Avoid causing or contributing to adverse human rights impacts through their own activities, and address such impacts when they occur; (b) Seek to prevent or mitigate adverse human rights impacts that are directly linked to their operations, products or services by their business relationships, even if they have not contributed to those impacts”.

In this context, we would also like to draw your attention to paragraph 1 of General Assembly Resolution 68/156, which “[c]ondemns all forms of torture and other cruel, inhuman or degrading treatment or punishment, including through intimidation, which are and shall remain prohibited at any time and in any place whatsoever and can thus never be justified, and calls upon all States to implement fully the absolute and non-derogable prohibition of torture and other cruel, inhuman or degrading treatment or punishment”.

We would also like to remind you of resolution 27/21 of the Human Rights Council, which inter alia, expresses grave concern by the negative impact of unilateral coercive measures on the right to life, the rights to health and medical care, the right to freedom from hunger and the right to an adequate standard of living, food, education, work and housing. It also expresses concern for the disproportionate and indiscriminate human costs of unilateral sanctions and their negative effects on the civilian population, in particular women and children.

In this context, we would also like to draw your attention to paragraph 1 of General Assembly Resolution 68/156, which “[c]ondemns all forms of torture and other cruel, inhuman or degrading treatment or punishment, including through intimidation, which are and shall remain prohibited at any time and in any place whatsoever and can thus never be justified, and calls upon all States to implement fully the absolute and non-derogable prohibition of torture and other cruel, inhuman or degrading treatment or punishment”.

We would like to remind your organization of the absolute and non-derogable prohibition of torture and other ill-treatment as codified in articles 2 and 16 of the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (CAT), which the United States ratified on 1994. This includes an obligation on the part of all State Parties to ensure that health facilities, goods and services are accessible to everyone, especially the most vulnerable or marginalized sections of the population, without discrimination. According to Article 12, States have an obligation to respect the right to health by, inter alia, refraining from denying or limiting equal access for all persons, including prisoners or detainees to preventive, curative and palliative health services.

As a final point, we would like to draw your attention to Chapter II, article 49 on Countermeasures of the Responsibility of States for Internationally Wrongful Acts,

Object and limits of countermeasures, which states that an injured State may only take countermeasures against a State which is responsible for an internationally wrongful act in order to induce that State to comply with its obligations, nevertheless, countermeasures shall, as far as possible, be taken in such a way as to permit the resumption of performance of the obligations in question. In addition, Article 50 highlights that countermeasures shall not affect the obligation to refrain from the threat or use of force as embodied in the Charter of the United Nations; the obligations to comply with protection of fundamental human rights; the obligations of a humanitarian character prohibiting reprisals; nor other obligations under peremptory norms of general international law. Legal status of measures taken by states unilaterally is dubious from the point of international law. As for the present point, the majority of unilateral sanctions falls beyond the framework of retortions and counter-measures under the law of international responsibility.

Annex II

Since 2005, through Executive Order (E.O.) the government of the United States of America has imposed targeted sanctions against Venezuelan individuals and entities with the justification that these were involved in drug trafficking. In 2006, an arms embargo was imposed on the ground of insufficient cooperation against anti-terrorist efforts. In 2014 and 2015 further targeted sanctions were put in place with the justification of suppression against protesters, and alleged human rights abuses and criminal activity, respectively. These sanctions included asset freezes, bans on transaction, and travel. On August 27, 2017 sanctions (E.O. 13808) were imposed against Petroleros de Venezuela, S.A. (PDVSA) Venezuela's main source of foreign revenue, blocking all transactions and access to the U.S. financial market. On 1 November 2018, additional sanctions were placed on other mining, food, and banking and financial services through EO 13850.

In 2019, the United States announced Juan Guaidó as the winner of the presidential elections and imposed further sanctions⁶ on PDVSA, the Venezuelan Central Bank, and key government officials. These sanctions were mainly put in place to pressure Nicolas Maduro to renounce his victory, and hand over the control of the presidency to the leader backed by the United States. In addition, EO 12857 of 25 January 2019, and EO 13884 of 5 August 2019, implementing sanctions made it difficult for PDVSA to find vessels to ship crude oil to non-USA markets, but also interrupted purchases from established clients, due to over-compliance practices and fears of reprisals from the USA.

These executive orders establish a set of prohibitions on legal persons and entities that prevent them from carrying out commercial and financial transactions with agencies and/or companies of the Venezuelan State, particularly the main sources of national income like state company Petróleos de Venezuela S.A.

Due to the nature of the sanctions on the health and economic system set upon the Government of Venezuela, more specifically, the implementation by the US Department of the Treasury's Office of Foreign Assets Control (OFAC) of Executive Orders No. 13808⁷, 13850⁸, 13884⁹, and 13857¹⁰, blocking Petróleos de Venezuela, S.A. is the Venezuelan state-owned oil and natural gas company (PDVSA) from accessing the financial system, as well as CITGO petrol assets.

Sanctions over oil, gold, mining and other industries resulted in the deepest recession in modern history, shrinking the economy of Venezuela by 80%, with an inflation rate of about 2.300% in 2020.

⁶ Action Intensifies Pressure on Maduro and Regime Insiders, Demonstrates U.S. Commitment to Leverage Economic Pressure [...] holding accountable those responsible for Venezuela's tragic decline, and will continue to use the full suite of its diplomatic and economic tools to support Interim President Juan Guaidó" [Treasury Sanctions Venezuela's State-Owned Oil Company Petroleos de Venezuela, S.A. | U.S. Department of the Treasury](#)

⁷ [13808.pdf \(treasury.gov\)](#)

⁸ [Federal Register :: Blocking Property of Additional Persons Contributing to the Situation in Venezuela](#)

⁹ [13884_0.pdf \(treasury.gov\)](#)

¹⁰ [13857.pdf \(treasury.gov\)](#)

First / Family Name	Sex	Date of birth	Age	Illness	Location
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
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