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Registered NGO | Consultative Status with ECOSOC since 2023

UNIVERSAL PERIODIC REVIEW – FOURTH CYCLE

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Submission on the United Nations of America

Submitted by:

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A. Introduction

1. Chatra is a non-governmental, non-political, and non-profit organization established in 2006, authorized by Iran's Welfare Organization. It holds special consultative status with ECOSOC since 2023 and works in the areas of harm reduction, HIV/AIDS, and addiction recovery.

2. With over 18 years of experience, Chatra provides harm reduction services to high-risk populations including drug users, homeless individuals, and transgender people. It operates numerous shelters, mobile harm reduction teams, residential centers, and provides more than 4,000 meals daily. Its international presence and experience enable it to contribute meaningfully to global human rights discussions.

B. Context of the Review

3. Unlike countries under review, the United States has not undergone a comprehensive UPR in recent years on several critical areas raised by civil society. The present report seeks to address gaps in the protection and promotion of the right to health, particularly in harm reduction, access to HIV/AIDS services, treatment for people with addiction, and protections for transgender individuals.

4. While the U.S. maintains strong institutions, ongoing policy rollbacks, funding cuts, and social inequities disproportionately affect vulnerable groups. Chatra highlights these issues in light of international obligations under the Universal Declaration of Human Rights and other international norms.

C. Theme: Right to Health

I. HIV/AIDS and Harm Reduction Services

5. The U.S. government's decision to cancel over 200 federal HIV/AIDS research grants and reduce funding for global health programs like PEPFAR has weakened public health infrastructure. These actions risk reversing decades of global progress in controlling the spread of HIV and disproportionately affect marginalized groups, including people of color and the homeless individuals.

6. Cuts to harm reduction services, including syringe exchange programs and access to Pre-Exposure Prophylaxis (PrEP), limit the ability of at-risk populations to protect themselves. These policies undermine the right to health and contradict the WHO and UNAIDS guidelines for HIV prevention and treatment.

II. Transgender Individuals and Access to Health

7. Recent U.S. policies have rolled back healthcare protections for transgender people, such as eliminating gender identity from anti-discrimination provisions under healthcare laws. This regression has created barriers to access, worsened mental health disparities, and violated fundamental rights to dignity and equal treatment.

8. Transgender individuals, especially youth and those of color, face increasing risks due to healthcare discrimination, denial of gender-affirming care, and criminalization. These trends violate the Yogyakarta Principles and broader obligations under international human rights law.

III. Immigration Detention and Health Rights

9. Health conditions in U.S. immigration detention centers remain substandard, with insufficient medical care, poor sanitation, and inadequate mental health services. Children migrants are especially vulnerable.

10. Independent investigations have documented punitive practices, including the use of solitary confinement and medical neglect. These conditions contravene international standards, including the Convention Against Torture and the principle of non-discrimination.

IV. Addiction, Shelters, and Recovery Programs

11. The U.S. maintains a predominantly punitive approach to drug use, with disproportionate incarceration of people of color. Harm reduction services are underfunded, and access varies widely by state.

12. Shelters and recovery centers lack consistency in quality and often fail to offer integrated psychological and social support. Expanding community-based rehabilitation and housing for people with substance use disorders is critical to fulfilling the right to health.

V. Budget Cuts and Their Impact on Vulnerable Populations

13. Federal budget cuts to mental health, addiction services, and public health research undermine health infrastructure. Vulnerable populations—especially homeless individuals, racial minorities, and uninsured people—bear the brunt of these austerity measures.

14. These trends contradict the principles of progressive realization under the ICESCR and undermine sustainable development goals related to health equity.

VI. Non-Ratification of Key Human Rights Treaties

15. The United States remains one of the few countries that has not ratified the International Covenant on Economic, Social and Cultural Rights (ICESCR) and the

Convention on the Rights of the Child (CRC). This limits accountability for violations in health-related rights.

16. As a global leader, the U.S. is expected to align with international legal frameworks. Its continued non-ratification weakens the universality of international human rights norms.

D. Conclusion and Recommendations

17. The United States has made significant contributions to global health. However, recent policy decisions have undermined the health rights of vulnerable populations and increased health inequities domestically.

18. Chatra respectfully offers the following recommendations:

- Reinstatement of federal funding for HIV/AIDS research and harm reduction services, both domestically and internationally.
- Restore healthcare protections for transgender individuals and eliminate discriminatory barriers.
- Improve oversight and conditions in immigration detention centers, ensuring humane treatment.
- Ratify key international human rights treaties including the ICESCR and CRC.
- Strengthen community-based rehabilitation services and shelters for people with substance use disorders.
- Ensure equitable access to healthcare for homeless, uninsured, and marginalized populations.