

Bulgaria News

Advocacy Report July & August



AIM OF THE REPORT

This report provides a detailed account of the operations and monitoring efforts conducted by our ground team in Sofia and Harmanli during July and August 2024. As the number of asylum seekers and refugees in Bulgaria continues to grow, our organization has focused on addressing critical gaps in healthcare through the provision of first-aid.

Through close collaboration with Bulgarian NGOs and other partners, we have worked to identify key challenges, particularly within governmental facilities, where medical issues such as dermatological conditions remain largely unaddressed.

In addition to the health crises, this report sheds light on the systemic difficulties asylum holders face in accessing essential services, including healthcare and health insurance, after receiving their refugee status. With limited support for language acquisition and employment, many struggle to integrate into Bulgarian society, often left to navigate these challenges without adequate assistance.

This report also highlights the grave situation at the Turkish-Bulgarian border, where violence, human trafficking, and dangerous crossings continue to claim lives. Our team has documented the ongoing pushbacks by Bulgarian authorities and the dire conditions inside refugee camps, marked by overcrowding, violence, and lack of necessities.

The following sections aim to not only present these findings but also advocate for immediate policy changes to improve the health, safety, and overall well-being of asylum seekers and refugees in Bulgaria.

ACCESS TO HEALTHCARE

Since June 2024, we have encountered several individuals who successfully completed the asylum process and received official asylum status in Bulgaria. While holding asylum status grants them the legal right to work, finding employment presents numerous hurdles.



Pictures of patient provided by MSI

Case Study: Three Brothers from Syria

The story of three Syrian brothers illustrates the difficult journey that many asylum holders face. The youngest brother managed to reach Serbia, while the two older brothers arrived in Bulgaria. However, the middle brother, aged 22, fell seriously ill shortly after their arrival. After months of confusion and delays in obtaining a diagnosis, they turned to the Council of Refugee Women (CRW) for assistance. Initially misdiagnosed with AIDS, doctors eventually determined that he was suffering from a rare form of anemia that compromised his immune system and required a bone marrow transplant.

Thanks to the advocacy efforts of CRW, the eldest brother was tested and found to be a match for the transplant. He became the donor, but this procedure significantly affected his own ability to work and provide for the family. Meanwhile, the middle brother spent seven months in the hospital, during which time the youngest brother took on the role of primary breadwinner for the family.

Although they were eventually able to receive the medical care they needed, the ongoing costs of treatment continue to weigh heavily on the family. The eldest brother expressed profound gratitude for the support provided by CRW, but he also voiced the frustration of relying on NGOs for essential services. He felt that this dependency undermined their sense of independence and dignity.

As showcased with the case study, navigation of a foreign health system is challenging. The vulnerability of this group is amplified by the hostile environment due to their appearance and heritage.

Language and Employment Barriers

The absence of state-provided language training during or after the asylum process creates significant barriers for refugees and asylum holders trying to integrate into Bulgarian society. Without access to Bulgarian language lessons, they struggle to navigate the job market, which in turn limits their ability to secure employment. This gap in language education directly contributes to their exclusion from meaningful employment opportunities, reinforcing a cycle of poverty and dependency on NGOs for basic needs and services. The lack of language skills not only hampers their economic independence but also prolongs their reliance on charitable organizations, making sustainable integration into Bulgarian society nearly impossible.

CONDITIONS INSIDE THE CAMPS

The population inside the Harmanli camp has dramatically increased in the last two months. In June MSF reported a low number of about 272 registered residents whereas in August the team collected testimonies of NGOs that reported up to 900 residents. While talking to residents we encountered multiple individuals who shared disturbing conditions inside the facilities. Issues ranged from lack of hygiene to inedible food, no access to services and the use of excessive violence by authorities.



Picture of the Harmanli camp

Violence inside the Harmanli asylum seeker accommodation

A young Syrian man currently residing in the Harmanli state camp, awaiting the outcome of his asylum application, recounted a disturbing incident he witnessed. He described how a fellow resident was electroshocked by a police officer within the camp. The officer allegedly confronted the man about the length of his hair, claiming that it was inappropriate for men and demanding he cut it. The situation escalated as the officer made further homophobic insults before resorting to the use of electroshocks.

The most frequent complaint that our team has received during our operations so far is the inedible food inside the facilities. Residents rely on their own limited resources and

purchase their own food in local shops. While there is no cooking infrastructure provided for individual cooking the residents resorted to buying foods which do not need to be prepared or need only minimal preparation with a kettle. These foods usually lack vital nutrients and vitamins which are needed for a healthy and balanced lifestyle.

Theft of cooking equipment

A group of young men asked us if we would be able to provide cooking pots and other equipment for preparing food. They said that after purchasing them in order to cook their own food inside the camp due to the food provided by the authorities, inedible camp staff confiscated all of them.



Picture of the Ovcha Kupel camp playground

The conditions in many detention and reception centers are concerning. Reports indicate that these facilities are often overcrowded, with individuals sharing rooms with eight to twelve others. The environment is frequently unhygienic, which exacerbates health issues among residents. One prevalent health complaint observed is related to skin conditions, particularly scabies, which are largely attributed to the unsanitary living conditions.

While scabies is not a new occurrence we want to draw attention to the seriousness of the condition. Scabies and resulting health issues, especially when left untreated - can cause excruciating pain.

Despite the presence of medical professionals within the camps, the reliability of these health services has been questioned. Residents and various NGOs have reported that one doctor in Ovcha Kupel seldom writes prescriptions and is reluctant to treat dermatological issues, even though skin complaints are among the most common health concerns. This lack of reliable medical care, coupled with the inadequacies of existing health services, underscores the urgency for better management and funding of asylum seeker facilities.

SITUATION OF ASYLUM SEEKERS & ASYLUM HOLDERS

Over the past two months, our observations of refugees and asylum seekers in Bulgaria have revealed significant vulnerabilities, particularly among individuals who have been in the country for extended periods.

Those who have completed their asylum claims and received either positive or negative decisions face immediate challenges. Refugee card holders are often required to vacate state facilities within a short timeframe and are expected to find external accommodations without support. This transition strips them of access to essential social services, including health care previously available in the detention and reception centers.

The following illustration of three health issues we encountered have a strong connection to individuals walking over an extended period and living in unhygienic environments. People on the move are exposed to these conditions and have no access to proper treatment to remedy the consequences.

Scabies

Scabies, caused by the mite [Sarcoptes scabiei](#), is a significant concern in these centers. The condition leads to intense itching and a characteristic rash, which can cause severe discomfort, particularly when left untreated.

Typical symptoms of scabies include:

- Intense itching, often worse at night
- Rash characterized by small red bumps and linear burrows
- Common sites of infestation include:
 - the spaces between fingers and toes,
 - elbows, armpits,
 - Torso area
 - Buttocks
 - ankles, inner foot edges

In infants and young children, typical skin changes can also appear on the scalp, face, and palms/soles.

In severe cases, particularly in individuals with weakened immune systems, a condition known as crusted scabies can occur, involving thousands of mites and leading to severe skin issues. [Scabies mites prefer areas with relatively high temperatures](#) and thin skin. The primary skin lesions consist of comma-shaped mite tunnels, a few millimeters to 1 cm long, sometimes ending in a small blister. An eczema with red, crusted papules and blisters also develops, causing intense itching, especially at night.

While our team cannot verify that every case of dermatological issues we encounter is scabies due to the lack of laboratory testing facilities, the chances are highly possible that a significant number of the population we observe has been dealing with scabies. Other dermatological issues that we encounter are bed bugs, mosquito bites and their infected results due to lack of treatment or clean environment. Studies have linked scabies outbreaks to a higher risk of kidney disease, such as acute [post-streptococcal glomerulonephritis](#).

Additionally, evidence suggests that skin infections like impetigo, caused by *Streptococcus pyogenes*, may contribute to the development of rheumatic fever and rheumatic heart disease. The combination of unhygienic living conditions, constant scratching, and open wounds greatly increases the risk of secondary infections.

Even those accommodated outside of state camps have reported issues with scabies, highlighting the widespread nature of the problem. Effective treatment typically involves topical medications to eradicate the mites, but without adequate infrastructure—such as access to washing machines and necessary medications—addressing the infestation becomes a challenge. Reinfection from close contact remains a significant barrier to successful treatment.

Venous leg ulcer

[Venous leg ulcers are chronic wounds](#) that typically form on the lower leg due to poor blood circulation, commonly from chronic venous insufficiency. While they are most frequently diagnosed in older adults, especially those over 60, younger individuals can develop them as well, particularly those with underlying conditions like deep vein thrombosis (DVT) or varicose veins.

Key features include:

- **Location:** Commonly found above the ankle, on the inner side of the leg.
- **Symptoms:** Pain, swelling, itching, and a heavy feeling in the legs. The skin around the ulcer may appear darkened, hardened, or thickened due to poor blood flow.
- **Causes:** It can develop after an injury to the leg, especially in people with varicose veins or deep vein thrombosis (DVT).
- **Treatment:** Includes compression therapy (e.g., bandages or stockings to improve blood flow), proper wound care, and, in some cases, surgery to address underlying vein issues. Healing can take weeks or months, depending on the severity.

Venous leg ulcers are often slow to heal and can become chronic if not properly managed. The occurrence of venous leg ulcers among younger refugees and individuals on the move, such as those encountered in Harmanli, raises concerns. These individuals often endure prolonged walking and physical strain, which exacerbates pressure in the veins of the legs, leading to damage that increases the risk of ulcer formation.



Picture of patient provided by MSI team

The condition is worsened by the lack of adequate rest, hygiene, and access to medical care, making young refugees especially vulnerable despite the condition typically being associated with older adults. [Women are also slightly more prone](#) to this condition than men, especially post-menopause due to hormonal changes that affect blood vessel health. This highlights the need for targeted medical interventions for refugee populations, especially given the extended walking and harsh conditions many face during migration.

Orthopedic issues

Asylum seekers and asylum card holders are allowed to find employment on Bulgarian territory. Some of our patients were able to obtain employment but were still unable to access health care services either due to lack of funds or because of the language barrier.

Individuals on the move, including refugees and asylum seekers, often face a range of orthopedic issues due to various factors related to their circumstances.

Musculoskeletal Injuries, such as sustained due to trauma from movement on long journeys, often undertaken on foot or in overcrowded vehicles, can lead to acute

injuries such as fractures, sprains, and strains. Other musculoskeletal injuries can be caused due to heavy lifting such as by carrying heavy bags or labor intensive work while on construction sites. Most common complaints from the patients we have seen were lower joint pain and also back pain. Prolonged periods of sitting or lying on hard surfaces during travel can lead to chronic back pain.

Inflammation and strain on joints can occur due to lack of proper rest, poor nutrition, and physical exertion. The physical demands of being in transit can exacerbate pre-existing arthritis or contribute to its development due to increased wear and tear on the joints. Repetitive stress from walking long distances or carrying loads can lead to inflammation of tendons, resulting in pain, especially in the knees, elbows, and shoulders.



Picture of patient provided by MSI team

Furthermore, other contributing factors to orthopedic health issues are the lack of treatment. Due to the limited access to healthcare services, especially physiotherapy, can prevent individuals from receiving timely treatment and lead to more severe conditions.

Nutritional Deficiencies during migration can weaken bones and muscles, increasing susceptibility to injuries and impairing recovery. As reports from most of the residents show, the malnutrition continues even inside the facilities due to the inedible quality of the food served inside.

Additionally, **psychological stress** can manifest physically, increasing tension and leading to muscle stiffness and pain furthering health issues of this vulnerable group, since the access to mental health consulting is non-existent as to our current knowledge. Providing medical care, including physiotherapy and orthopedic services, is crucial for addressing injuries and chronic conditions. Our team is unable to provide a prolonged treatment or therapy due to the lack of capacity. The Bulgarian state is not providing access to these needed services currently in any form.

Our approach currently is to provide education on self-care. Offering information on proper body mechanics, exercises, and the importance of appropriate footwear can help prevent injuries. Further improvements should be psychosocial support to address mental health alongside physical health as well as ensuring access to proper housing and facilities. Both can improve the healing process of orthopedic issues and reduce the risk of injuries and improve the quality of life for people on the move.

It is of high importance to continue medical interventions as well as urge the Bulgarian authorities for a systematic and reliable solution for the residents of state camps. The negligence of health issues is a jarring concern that leaves asylum seekers and asylum holders in Bulgaria to suffer.

BORDER VIOLENCE

Refugees and asylum seekers in Bulgaria face alarming levels of violence and discrimination, both at the borders and within state-run camps. While in Harmanli at the end of August we had multiple stories shared with us about the violence on the border not only from authorities but also from the human traffickers who guide on the

Turkish-Bulgarian border. The following sections outline the various forms of abuse and neglect these populations experience.



Picture of the fence outside of Ovcha Kupel camp; showing extremist graffiti including the swastika and corresponding white supremacist numerical symbols. Anti-migration and islamophobic stickers are also pasted.

Police and Border Violence

The Turkish-Bulgarian border remains a fatal and brutal crossing. While NGOs working in that region try to rescue groups and individuals by answering distress signals and trying to reach them and calling for medical support, a lot of the search and rescue efforts turn into searching for dead bodies. Mission Wings tries to reconnect family members of the deceased individuals and organize funerals when requested by the family in Bulgaria.

Mission Wings - a Bulgarian NGO operating in Harmanli frequently takes cases of lost or deceased people on the move on the green border between Turkey and Bulgaria and reports that push backs have been getting more frequent. At the same time the average

of failed attempts to cross the border has increased. The route has been getting more difficult and thus pushing people even further into the hands of human traffickers and to their dangerous practices in order to navigate and cross into Europe. Refugees, particularly women, are often exploited by human traffickers.

Violence by smugglers and human traffickers

One woman together with her husband came to us with a history of three previous miscarriages. She received heparin injections during most recent pregnancy for prevention of recurrent midtrimester loss. Lost most recent babies at 28 weeks gestation, most likely due to the beatings from the human traffickers in the forest. Her husband told us that due to her slow pace the human traffickers targeted her while urging her to go faster. While being unable to do so she was beaten up by them.

With the long awaited (partial) accession of Bulgaria into the passport-free Schengen zone in April 2024 also came huge deployment of a significant number of Frontex forces to the border of Turkey and Bulgaria. The number of Frontex officers on that border was thus [tripled in March 2024](#). Additionally to the border police and Frontex officers the [234-kilometer metal fence built in 2017](#) along much of its border with Turkey - funded by the EU with barbed wire tops and at points with thermal imaging cameras to try and pick out anyone attempting to cross. Any attempts to get through the fence or the green border in the south-east of Bulgaria is increasingly difficult.

Border Crossing Trends and Enforcement Measures



numbers of attempted crossing presented by the [Bulgarian Ministry of Interior affairs](#) between January 2022 until July 2024

In recent years, patterns of attempted border crossings into Bulgaria have shown notable fluctuations. Data from 2022 and 2023 indicates that attempted crossings peaked during warmer months, specifically in September 2022 and August 2023. Historically, border activity decreases during the colder months from October through January, likely due to harsh weather conditions making crossings more dangerous.

However, when comparing trends from 2022 and 2023 to the current data for 2024, a significant drop in the total number of detected crossings is evident. While the overall volume of crossings has decreased, the seasonal patterns remain consistent, with a higher frequency of crossings in the summer months, particularly in July and August.

Reports surfaced of [Frontex officers being silenced by Bulgarian border police](#) when interacting with migrants to not draw attention to pushback practices committed by Bulgarian authorities. This may also explain the significant drop in statistics. This heightened enforcement includes more regular patrols, increased surveillance, and the implementation of more physical barriers

New technologies, such as thermal cameras and drones, have been deployed along the border. These tools allow authorities to detect attempted crossings more effectively,

leading to earlier interceptions and, in some cases, deterring individuals from attempting the journey altogether, while violating international rights by not allowing them to ask for asylum.

The Bulgarian government has enacted stricter immigration policies, reducing access to asylum and increasing the likelihood of pushbacks. These aggressive tactics may dissuade people from attempting to cross into Bulgaria, knowing they face a higher risk of violent pushbacks.

The border management practices as performed so far have not contributed to opening safe passages for people in need for asylum in a safe country. The politics and policies applied currently expose people to schemes of human traffickers and dangerous routes that too often end in tragedies.

Broader Implications

While the decline in crossings may suggest that Bulgaria's border control measures are effective, there are also concerns about the humanitarian consequences of these actions. Reports of police violence, pushbacks, and inhumane treatment at the border continue, suggesting that while the numbers have fallen, the situation for asylum seekers remains dire. There are also concerns that human traffickers' increased control over migrant groups may lead to more dangerous and exploitative conditions for those attempting to flee their countries.

In summary, while 2024 shows a decline in the total number of detected crossings, the trends remain similar, with peaks during the summer months. This reduction is likely due to a combination of increased border enforcement, technological advancements, and adapted trafficking methods, though concerns about human rights abuses remain prevalent.

The humanitarian situation for refugees and asylum seekers in Bulgaria remains critical, with numerous challenges continuing to affect their health, safety, and integration.

Medical Solidarity International (MSI) has been documenting the issues within refugee camps, monitoring border violence, and advocating for improvements in healthcare and living conditions. The systemic barriers faced by refugees—such as inadequate access to healthcare, poor living conditions in overcrowded camps, and the persistent threat of violence at the borders—demand urgent action.

MSI's future activities will continue to focus on addressing these ongoing issues through advocacy, first-aid, and collaboration with local and international NGOs. This includes raising awareness of the inhumane conditions refugees face, and pushing for systematic improvements in Bulgarian state facilities.

Additionally, the organization will continue to monitor border violence, pushbacks, and human trafficking to bring international attention to these violations and press for more humane border policies.

In conclusion, MSI will remain focused on exposing and addressing these humanitarian issues, advocating for systemic changes, and ensuring that the voices of refugees and asylum seekers are heard at both local and international levels.