



ADOPTION EDUCATION, LLC

SPECIAL REGIONAL CONSIDERATIONS

BULGARIA

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BULGARIA

Introduction¹

The state of Bulgaria forms part of the Balkans in south-eastern Europe. It borders five other countries: Romania to the north (mostly along the River Danube), Serbia and the Republic of Macedonia to the west, and Greece and Turkey to the south. The Black Sea defines the extent of the country to the east. Bulgaria includes parts of the Roman provinces of Moesia, Thrace and Macedonia. Between 1987 and 1999 Bulgaria consisted of nine provinces; since 1999, it has consisted of twenty-eight. All take their names from their respective capital cities. The provinces subdivide into 264 municipalities.

Bulgaria functioned as the hub of Slavic Europe during much of the Middle Ages, exerting considerable literary and cultural influence over the Eastern Orthodox Slavic world by means of two major medieval cultural centers - the Preslav and Ohrid Literary Schools. Bulgaria also gave the world the Cyrillic alphabet, the second most-widely used alphabet in the world, which originated in these two schools in the tenth century AD. A number of ancient civilizations, most notably the Thracians, Greeks, Romans, Slavs, and Bulgars, have left their mark on the culture, history and heritage of Bulgaria.

In 1945, after World War II, Bulgaria became a communist state and part of the Eastern Bloc. The Revolutions of 1989, a revolutionary wave that swept across Central and Eastern Europe in the autumn of 1989, ended in the overthrow of Soviet-style communist states. In 1990, after the Revolutions of 1989, the Communist party gave up its monopoly on power and Bulgaria transitioned to democracy and free-market capitalism.

The country had joined the United Nations in 1955, and became a founding member of OSCE* in 1995. Currently Bulgaria functions as a parliamentary democracy under a unitary constitutional republic. A member of the European Union** since 2007 and of NATO*** since 2004, Bulgaria has a population of approximately 7.6 million.

Bulgarians are warm and hearty people, renowned for their hospitality to foreigners, famous for their respect and good will toward their guests and visitors. Today, Bulgaria, a country with a historical and cultural heritage, and attractive natural landscapes, is one of the most visited tourist destinations in Europe and attracts close to 7 million visitors yearly. Tourism, as an industry, has been an important source of economic growth. The country has historical cities and towns, summer beaches, and mountain ski resorts. New types of tourism, including cultural, architectural and historic tours, eco-tourism, and adventure tours, expand the range of services available to visitors.

**OSCE or Organization for Security and Co-operation in Europe is the world's largest security-oriented intergovernmental organization whose mandates includes issues such as arms control, human rights, freedom of the press, and fair elections.*

*** EU or European Union is the political and economic union of 27 member states.*

****NATO or North Atlantic Treaty Organization is an organization which constitutes a system of collective defense whereby its member states agree to mutual defense in response to an attack by any external party.*

History of International Adoption

The Convention on the Rights of the Child is the first legally binding international instrument to incorporate the full range of human rights—civil, cultural, economic, political and social rights. In 1989, world leaders decided that children needed a special convention just for them because people under 18 years old often need special care and protection that adults do not. The leaders also wanted to make sure that the world recognized that children have human rights too. The four core principles of the Convention are non-discrimination; devotion to the best interests of the child; the right to life, survival and development; and respect for the views of the child. By agreeing to undertake the obligations of the Convention (by ratifying or acceding to it), national governments have committed themselves to protecting and ensuring children's rights and they have agreed to hold themselves accountable for this commitment before the international community. States parties to the Convention are obliged to develop and undertake all actions and policies in the light of the best interests of the child.²

The Convention for the Rights of the Child was signed and ratified by Bulgaria. According to the Convention for the Rights of the Child, Bulgarian adoption law and all the procedures accept the fact that priority is always given to Bulgarian families and only after there is clear evidence that Bulgarian families have refused to adopt a particular child can that child be placed for inter-country adoption.³

International adoptions began in 1990 and, the procedures to complete an adoption, have been revised several times. In the early years, state institutions were issued standard instructions by the Ministries of Health, Education and Labor and Social Care to allow their local directors to make their own decisions and recommendations regarding abandonment and adoption procedures. Such institutions included hospitals, orphanages, and maternity homes.³

The Bulgarian Family Code is the main document in Bulgarian law that regulates adoptions, both for Bulgarian citizens living in Bulgaria and foreigners. This is more of a "ruling" than an iron clad commandment. It was often a guideline to be interpreted, sometimes on a "case-by-case" basis by the courts. The first version was issued by the Ministry of Justice in 1992 and describes all the requirements and procedures to be followed for a foreign adoption to take place.³ This version can be viewed here: http://www.embassy-bulgaria.nl/pages/consular/en/files/pr4_en.pdf. The most recent version of the Family Code can be viewed here: http://www.mjeli.government.bg/structure_files/Docs/family%20code.doc.

The signing of the Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption of 29th of May 1993, prompted the Bulgarian legislator to modernize the basis upon which the national system providing adoption as a special service for children deprived of family environment stands.

In 2003 the regional directorates for social assistance began to keep registers of children who can be adopted under the conditions of full adoption.³ A child would only be removed from the register in the event of 1) attaining the age of majority; 2) adoption admitted; 3) death; 4) withdrawal of prior consent given by the parents; 5) establishing the origin of the child; and 6) reinstatement in parental rights.⁴

There is an Adoption Council for each regional directorate for social assistance. The Adoption Council's job is to pair the children from the register with an eligible adoptive parent taking into consideration the order of entry in the register, qualities, whether he/she has not been nominated for eligible adoptive parent of another child and whether he/she has not filed application for adoption within the time-limits, as well as other circumstances of importance for the adoption.³

The Council attempts to pair the children with Bulgarian waiting parents. The prospective parents have a month and a half to file an application for adoption before the court. If this is not done, the Council will nominate another prospective adoptive parent. If, within six months from the entry of the child in the register at least three potential Bulgarian adopters have failed to file an application for adoption or if no eligible prospective adoptive parent has been nominated, the Council notifies the Council of Intercountry Adoptions within the Ministry of Justice to nominate an eligible foreign candidate adopter. The adoption shall be admitted only if it is to the interest of the person to be adopted.³

PATTERNS OF IMMIGRATION OF ADOPTED ORPHANS TO THE U.S.

Fiscal Year	Number of Immigrant Visas Issued
FY 2009	15
FY 2008	5
FY 2007	20
FY 2006	28
FY 2005	29
FY 2004	110
FY 2003	198
FY 2002	260
FY 2001	297
FY 2000	214
FY 1999	221
FY 1998	151
FY 1997	148
FY 1996	163
FY 1995	110
FY 1994	97
FY 1993	133
FY 1992	91
FY 1991	9
FY 1990	3
FY 1989	1

NOTE: All statistics given correspond with the U.S. Government fiscal year, which begins on October 1 and ends on September 30.

SOURCE – US Department of State, <http://adoption.state.gov/country/bulgaria.html>

Logistics ⁵

Bulgaria is party to the *Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption (Hague Adoption Convention)*. Therefore all adoptions between Bulgaria and the United States must meet the requirements of the Convention and U.S. law implementing the Convention. The U.S. Government agency responsible for making this determination is the Department of Homeland Security, U.S. Citizenship and Immigration Services (USCIS).

In addition to these U.S. requirements for prospective adoptive parents, Bulgaria also has several requirements for prospective adoptive parents. There are no residency requirements to complete an intercountry adoption in Bulgaria. However, prospective adoptive parents are expected to spend five days with their adoptive child before the orphanage director will release the child. Prospective adoptive parents may be married or single. Adoptive parents must be at least fifteen years older than their adoptive children, but no more than forty-five years older.

Children from Bulgaria must meet the requirements of the Hague Convention in order to be eligible for adoption. The Convention requires that Bulgaria attempt to place a child with a family in-country before determining that a child is eligible for intercountry adoption. Under Bulgarian law, a child may become eligible for intercountry adoption only if three Bulgarian families have declined to adopt him/her. In addition to Bulgaria's requirements, a child must meet the definition of a Convention adoptee in order to bring him or her back to the United States. More information about eligibility can be found here <http://adoption.state.gov/about/how/childeligibility.html>.

The children available for adoption range in age from infants to teenagers. These children reside in baby homes or orphanages. It is quicker to receive a referral for a child over the age of 3 years or a child with a special correctable need. Sometimes siblings are available and it is also possible to adopt two non-related children at the same time. The children available for adoption are of Roma, Turkish and Bulgarian heritage and often have olive skin and dark brown eyes and hair.

The government office responsible for adoptions in Bulgaria is the Ministry of Justice. Prospective adoptive parents must use a Bulgarian-licensed U.S. adoption agency or a Bulgarian adoption agency accredited by the Bulgarian Ministry of Justice. For a complete list of adoption agencies accredited by the Bulgarian Ministry of Justice, please visit the web site of the U.S. Embassy in Sofia, Bulgaria at <http://bulgaria.usembassy.gov/adoption3.html>. All required documents must be sent to the Ministry of Justice by the accredited agency. If the prospective parent(s) application is accepted, their names are placed on a registry.

Separately, the Bulgarian Ministry of Justice (MOJ) also maintains a registry of Bulgarian children eligible for intercountry adoption. Under Bulgarian law, a child may appear on this registry only if three Bulgarian families have declined to adopt him/her. If there is a child available for intercountry adoption, it normally takes several months to complete the adoption process in Bulgaria; however, there are very few children on the waiting list, which means that the adoptive parents may wait many months and even years until the Ministry of Justice offers them a Bulgarian orphan for adoption.

If both the United States and Bulgaria determine that you are eligible to adopt, and a child is available for intercountry adoption, the central adoption authority in Bulgaria may provide you with a referral for a child. Each family must decide for itself whether or not it will be able to meet the needs of the particular child and provide a permanent family placement for the referred child.

Priority is given to persons willing to adopt a handicapped child. The Bulgarian Government does not process prospective adoptive parents' applications in chronological order. Furthermore, the Adoption Council abides very strictly by the principle that its goal is to find appropriate parents for a child in need, and not to find a child for prospective parents who want one.

The Adoption Council within the MOJ reviews the registries of prospective parents and available children, including all relevant documentation, and proposes a match. The MOJ provides the adoptive parents, through their accredited agency, photographs of the child and information about his/her medical condition. It is important to note that if prospective adoptive parents decline to adopt a specific child, they must notify the MOJ within two months of the referral. They will then be offered a match with a different child. There is no limitation as to the number of times prospective adoptive parents may decline to adopt a Bulgarian orphan. The decision to decline is passed by prospective adoptive parents to the MOJ through the accredited adoption agency.

Once the prospective adoptive parent(s) select a child and the Council approves the application, the case is forwarded to the Minister of Justice for final approval. When the Minister signs the parents' application, the paperwork is transferred directly to Sofia City Court, which sets a date for a court hearing. The judges take into consideration the MOJ's referral and review the documentation related to the adoption process. If they require additional documents, the court sets a date for a new hearing. After all requirements have been met, the court grants custody of the child to the adoptive parents.

After the prospective adoptive parent(s) accept a match with a child, they will apply to the U.S. Government, Department of Homeland Security, U.S. Citizenship and Immigration Services (USCIS) for provisional approval to adopt that particular child (Form I-800). USCIS will determine whether the child is eligible under U.S. law to be adopted. After this, a visa application must be submitted to a Consular Officer at the U.S. Embassy. The Consular Officer will review the child's information and evaluate the child for possible visa ineligibilities. If the Consular Office determines that the child appears eligible to immigrate to the United States, he/she will notify the Bulgaria's adoption authority.

One or both of the adoptive parents should plan on making a trip to Bulgaria, since they must spend at least five days with their adopted son or daughter after the MOJ has offered them a child.

Once the court rules that custody of the child is given to the adoptive parents, they will need to obtain the new birth certificate and passport, and apply for an U.S. visa from the United States Embassy for their child. The process of obtaining a birth certificate and a passport takes 3-4 weeks. The parents are not required to do anything in order to apply for the birth certificate and passport. Their accredited adoption agency authorizes an attorney to represent them at court and deposit documents at various government entities.

General Health Issues of the Population ^{6, 7}

Bulgaria is ranked as a moderately urbanized European country, with 70% of the population living in urban areas. In 2005 the population was 7.7 million, of whom 51.6% were women. In 2001 Bulgarians accounted for 83.9% of the total population, Turks 9.4%, Roma 4.7% and others 2%. Bulgaria's population is aging. The share of the population below 15 years of age decreased and accounted for 13.8% of the total population in 2005, whereas the share of those over 65 increased to 16.8% of the total population. As in many central and eastern European countries, in Bulgaria the aging of the population is more significant for rural areas, where 25% of the population in 2005 was aged over 65 and the average age for the rural population was 41.2 years old.

Bulgaria is now undergoing one of the most severe peacetime population declines in history. Since 1997 Bulgaria has registered the world's lowest level of fertility: its total fertility rate plummeted from an average of 2.2 births in 1975- 1980 to an average of just 1.09 births in 1997-2004. Birth rates have been dropping steadily since 1990, and Bulgaria has one of the lowest crude birth rates in Europe. The birth rate in 2003 was 8.02 per 1,000 population in 2003 compared to 16.0 per 1,000 in 1970 and 14.5 per 1,000 in 1980. In addition to low birth and high mortality rates, the population is decreasing owing to migration. This includes migration of the ethnic Turkish community as well as the fact that many young people are leaving the country to seek better opportunities for education and jobs abroad.

Despite a large decline in the mortality rate since 1990, it is still among the highest compared to the European Union Member States. However, Bulgaria has shown an overall trend of improvement for this indicator since the 1980s. Mortality rates reflect health conditions affecting the population which are associated with unhealthy lifestyles, unbalanced nutritional patterns, increasing rates of smoking and alcohol consumption, risky sexual behavior, psychosocial stress and low levels of physical activity. Mortality rates from diseases of the circulatory system have increased and represent 66.1% of all deaths in Bulgaria in 2005. This was followed by neoplasms (15.8% of all deaths) and traumas (3.5% of all deaths).

Infant mortality rate is defined as the probability of dying between birth and exactly one year of age expressed per 1,000 live births. Infant mortality rate in 1990 was 14 and reached its peak in 1997 at 17.5. By 2004, infant mortality rates had decreased to 11.6. There are also substantial differences between regions with high ethnic differences: the highest rates in 2004 were in Sliven region (27.5), Montana region (23.2), Yambol region (21.5) and Lovetch region (17.0). Such high levels of infant mortality could be attributed to scarce technological infrastructure to treat abnormalities during the perinatal period (4.0 deaths per 1,000 live births), inborn anomalies (2.8 deaths per 1,000 live births) and respiratory system diseases, including pneumonia and influenza (2.4 deaths per 1,000 live births).

There is little public awareness of how the HIV virus is spread, especially in rural communities. Although low, the morbidity rate of HIV infection is increasing. There were 63 new cases reported in 2003 and 50 new cases in 2004, compared to 3–10 cases per year previously. There were 586 people living with HIV in Bulgaria by the end of 2004. The increasing number of new HIV-positive cases is accompanied by a rapid growth in sexually transmitted infection rates, drug abuse, prostitution and migration. The main mode of HIV transmission is sexual (91% of all cases). Of the HIV sexual transmission cases, 88% occur during heterosexual intercourse. The other modes of HIV transmissions are intravenous drug use (6% of all cases) and mother-to-child transmission (1% of all cases).

Since the beginning of the 1980s, thanks to national efforts, immunization coverage against measles, diphtheria, poliomyelitis and pertussis has been above 95%, and this has enabled infection rates to be kept low for most vaccine preventable diseases. About 94.7% of Bulgarian children were immunized against measles in 2004, compared to 88.6% in 2000 when there was a sharp drop in vaccination rates.

The under-five mortality rate is defined as the probability of dying between birth and exactly five years of age expressed per 1,000 live births. For the country as a whole, this rate decreased from 18 in 1990 to 14 in 2006. However, in areas with predominantly Roma or Turkish minority populations, under-five mortality rates are twice the national average. The primary causes of childhood death are accidents and injuries.

Ten percent of infants born weigh less than 2,500 grams and are considered low birthweight. Just 10 to 15 per cent of children under six months of age receive even a part of their diet from breastfeeding, with consequent negative effects on nutrition, growth and development. There have been few efforts to educate women on the benefits of exclusive breastfeeding.

The overall poverty rate is 16%, though it is higher for the Roma community. Such poverty affects mostly rural residents, distinct demographic groups, poorly educated individuals, ethnic minorities and unemployed people.

Unemployment decreased dramatically from 17.9% in 2000 to 10.1% in 2005, according to government statistics. However, workers who are not actively looking for employment are not included in the estimates.

Primary school enrollment rates are above 95 per cent, except among the Roma community. Nearly three quarters of school dropouts are Roma children.

Working with UNICEF, a successful salt iodization program that was established, has all but eliminated iodine-deficiency disorders, setting an example for other countries in the region.

Bulgaria is slowly developing alternatives to institutionalization for orphans and children with special needs. The official number of children in institutions fell from 10,284 in 2004 to 9,525 in 2005. New government-supported alternatives to institutionalization have allowed more than 1,000 children to be placed with relatives or foster families rather than in institutions.

Special Considerations for Children Adopted from Bulgaria

Before the Adoption

The children available for international adoption from Bulgaria reside in orphanages. There are over 2,600 children residing in government institutions: boys, girls and sibling groups. Children ages 0-3 years live in baby orphanages, children ages 3-7 years live in preschool orphanages and children 7-18 years live in orphanages for school age children. Most of the children come into care after being abandoned, relinquished or the death of their parents. The reasons for abandonment are numerous: poverty, unemployment, single parenthood, domestic violence, alcoholism, chronic illness, etc.

The orphanages as a general rule are very well maintained and by law the director must be a physician. Because the orphanages are run by doctors, the childrens' medical needs are taken care of to the best of the physician's abilities. Children usually receive regular check-ups and vaccinations as needed. Acute care is provided at area hospitals. Medical information is limited but available. Sometimes videos are provided to prospective parents if the child has special needs. All children are tested for HIV, TB, and Hepatitis C prior to referral.

Most of the orphanages are well maintained and the care ratios range on average from one caregiver to every seven to 10 children. Children remain under the guardianship of the orphanage until time of adoption.

After the Adoption

Prospective adoptive parents should be well educated in post-institutional issues and have a good support system in place before their child is united with them. Typical orphanage delays are expected and unexpected developmental, emotional, and physical delays are common.

Bulgarian law requires the adopting family to submit post-adoption reports for two years following the adoption.

SOURCES

¹ Wikipedia contributors, "Bulgaria," *Wikipedia, The Free Encyclopedia*, <http://en.wikipedia.org/wiki/Bulgaria>

² UNICEF Convention on the Rights of the Children, <http://www.unicef.org/crc/>

³ FaCAB, Families with Children Adopted from Bulgaria, http://www.orgsites.com/wa/facab/_pgg1.php3

⁴ Bulgaria Ordinance No. 3, 16 September 2003, http://www.mjeli.government.bg/structure_files/Docs/ADOPTION%20ENGL.DOC

⁵ Office of Children's Issues, United States Department of State, Bulgaria Country Information <http://adoption.state.gov/country/bulgaria.html>

⁶ Georgieva L, Salchev P, Dimitrova S, Dimova A, Avdeeva O. Bulgaria: Health system review. *Health Systems in Transition*, 2007; 9(1): 1–156.

⁷ UNICEF, Bulgaria background, http://www.unicef.org/infobycountry/bulgaria_background.html