STATEMENT

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Regarding the scientific output of Senior Assistant Professor, Milena Ivanova Angelova, PhD in History, participant in a competition for the academic position "Associate Professor", announced by the New Bulgarian University, field of higher education 3. Social, Economic and Legal Sciences, professional strand 3.1. Sociology, Anthropology and Cultural Sciences, issue 38 of the *Durzhaven vestnik* (State newspaper – official legal bulletin) of April 24, 2025.

Senior Assistant Professor Milena Angelova, Ph.D. is the only candidate in the competition, announced by the New Bulgarian University for the academic position "Associate Professor" in the professional strand 3.1. Sociology, Anthropology and Cultural Sciences. The competition is problematically and thematically relevant to the candidate's academic and educational profile, her professional achievements, teaching activities and scientific researches.

Milena Angelova was born on June 27, 1974 in the town of Kustendil. In 1999, she received a master's degree in history from the Southwestern University "Neofit Rilski", Blagoevgrad. In 2004, he defended his dissertation on the topic *The 'Model Village' Program (1937 - 1944) and the Attempts at Modernization Changes in Rural Municipalities in Bulgaria* and obtained the degree of "PhD in History". From 2004 to 2005 he was an Assistant Professor, and from 2005 to 2024 – Senior Assistant Professor of new and recent history of Bulgaria at the Faculty of Law and History of Southwestern University "Neofit Rilski". Since September 2024, she has been a Senior Assistant Professor at the Department of Anthropology of the New Bulgarian University, where he teaches courses in social history, political anthropology, medical anthropology, civic knowledge and skills, and cultural heritage and international policies. She specialized at the Institute for Interdisciplinary Studies, Vienna, Austria; Free University, Berlin, Germany; Karl Francens University, Graz, Austria; University of Vienna, Austria; and at universities in the Russian Federation (Stavropol and Pyatigorsk), Georgia (Batumi), Armenia (Yerevan), and Azerbaijan (Baku).

Here I want to emphasize that the significant professional activity of Dr. Milena Angelova is consistently focused on scientific activities, in which she demonstrates both a committed and responsible presence, as well as an impressive presence in terms of her results. Her academic appearances reveal a critical-reflective orientation towards in-depth

understanding of key, current and relevant, socio-historical problems. Her entire body of work (consisting of four monographs, one of them co-authored, sixty-three articles and studies, five of which co-authored, twenty in English and one in Russian, plus twelve compilations of academic publications and eleven reviews of scientific papers) is characterized by the subject-thematic innovation of the author's ideas, combined with a developing analytical sensitivity to empirical reality. It is indisputable proof of the full realization of a life experience in which the understanding of a profession is inseparable from the concept of vocation: rooted in the coincidence between professional competence and cognitive ability through a never-ending search for the deep personal meaning of one's own scientific endeavours. To be scientist-historian in our global contemporary world means to be a creator, builder, and ambassador of new humanitarian knowledge about man in his intensely transforming social world.

Dr. Angelova fully meets all the requirements of the Act on the Development of Academic Staff in the Republic of Bulgaria, as well as the internal regulations of the New Bulgarian University for holding the academic position of "Associate Professor": she participated in the competition with a scientific production of sufficient volume, quality and results, which exceeds these normative criteria, and which was published after the successful defence of her doctorate. Her habilitation work *The Social Disease: Tuberculosis in Bulgaria in the First Half of the 20th Century, Southwestern University "Neofit Rilski", Blagoevgrad, 2021, 346 pp.* is thematically preceded by a second monographic work *Model Village: The Modernization Project for the Village in Bulgaria, 1937 – 1944, Southwestern University "Neofit Rilski", Blagoevgrad, 2008, 256 pp.* and immediately accompanied by three studies and two articles published in refereed and indexed scientific publications, five articles published in peer-reviewed scientific journals and fourteen chapters published in edited collective volumes, eight of which in English. Practically all publications are not only at the required professional level, but they are also integrated into a comprehensive research program, the interdisciplinary significance of which is undeniable. Moreover, this program has been and continues to be transformed into an educational one, because it permanently shapes the academic profile of the lecture courses that Dr. Angelova taught at the Southwestern University "Neofit Rilski" and which she currently teaches at the New Bulgarian University. Recreating historical research into academic teaching, effectively managing the relationship between researcher and teacher through the function of scientist-writer, is a difficult task, which she successfully solves through the full combination of these professional roles.

The habilitation work of Dr. Milena Angelova *The Social Disease: Tuberculosis in Bulgaria in the First Half of the 20th Century, Southwestern University "Neofit Rilski", Blagoevgrad, 2021, 346 pp.* is an actual (from the point of view of the genealogy of the disease not only as a bio-medical, but also as a socio-cultural phenomenon), significant (from the point of view of the contemporary state of scientific reflections on the analysed problem), original (from the point of view of the interdisciplinary approach used and the selection of empirical material), justified (from the point of view of the degree of argumentation and the level of evidence of the author's conclusions) and contributing (from the point of view of the reliability of the achieved results and the validity of the conclusions drawn) historical-anthropological research.

First, why does this habilitation thesis represent actual research? Because the thoughtful choice of a key historical-anthropological problem, its precise formulation in a rigorous scientific task, and the correct definition of the boundaries of the analytical subject are its inalienable merits. Thinking, understanding and interpreting tuberculosis as a multidimensional cultural phenomenon, far beyond its own bio-medical dimensions, requires that it be interpreted in a social space built on power relations, in which institutional discourses, state policies, expert knowledge, civic initiatives, medical practices and therapeutic therapies forcefully collide, maintain and change. In short, to place the social effects of the specific way tuberculosis functions in different historical contexts in the analytical focus of your scientific interest means to reveal and substantiate a number of essential conditions for the im-possibility of human vulnerability in contemporary societies.

Second, why does this habilitation thesis constitute significant research? Because it convincingly demonstrates a comprehensive, coherent and detailed knowledge of both the critical perspective through which the analytical development of the exposition unfolds, and the current state of scientific research that builds the thematic constellation of accumulated knowledge in the problem field. The qualitative diversity and controlled complementarity of precisely used medical sources, historical works, anthropological texts, sociological studies, administrative documents, archival funds and personal memories, journalistic materials, expert debates and public discussions, visual and field materials build the substantive prerequisites for an interpretive understanding of the policies and practices that participate in the social construction of tuberculosis, therefore, establishing a normative ideal of health and a regime of disease manageability. Here I want to emphasize that Dr. Angelova knows excellently and correctly uses the most significant research in

contemporary Bulgarian sociology of medicine: by Gergana Mircheva, *(A)normality and Access to Publicity: Socio-Institutional Spaces of Biomedical Discourses in Bulgaria (1978 - 1939), Sofia: St. Kliment Ohridski University Press, 2018,* and by Veronika Dimitrova, *Poverty Management. Hygiene and Medicine in the Interwar Period, Sofia: East-West, 2018*.

Third, why does this habilitation thesis constitute original research? Because it successfully applies an interdisciplinary approach: a consistent methodology built and adapted to the qualitative specifics of the subject of research through the mutual complementarity of historical anthropology, social history, and the history of medicine. Such an interdisciplinary approach gives rise to unsuspected research opportunities: not only a positive reflection on the various institutional policies for the social regulation of tuberculosis, but also a critical analysis of the subjective dimensions of the disease: fear, diagnosis, isolation, stigma, adaptation, pain, danger, risk, infection, care, treatment, recovery, health and death as authentically human, socially constructed experiences of tuberculosis. The world of a tuberculosis patient is filled with diffuse anxiety, with heterogeneous anxieties ranging from individual suffering and moral rejection through a sense of injustice and personal deprivation to the expectation of social exclusion and the absence of a viable future.

Fourth, why does this habilitation thesis constitute substantiated research? Because from the point of view of the degree of argumentation and the level of evidence, his conclusions are empirically verified, therefore, scientifically true. They were achieved through a single synthetic process in several analytical moves, deconstructing the social metamorphoses of the disease tuberculosis. First, an epistemological transition in medical rationality from tuberculosis as hereditary to tuberculosis as an infectious disease, which has as its direct consequences the birth of new cultural meanings of the disease: the sophisticated and capricious patient gives way to the carrier of infection, danger and risk. Second, the paradigmatic transition from tuberculosis as a disease of the individual and individual suffering to tuberculosis as a social disease and a problem of society, intensifying the development of social medicine, state regulation and public hygiene and reorganizing the power space of health management. Third, a structural transition from tuberculosis as a disease of the wealthy classes, symbolically represented in the image of the wealthy, eager patient, to tuberculosis as a disease of poverty, a "people's disease", in which the poor tuberculosis patient, the poor strata of the population, become the central object of political, institutional, administrative, expert and civil intervention, constituting new external boundaries of the field of social care. Fourth, a stratification transition from

tuberculosis as a disease of the rural person to tuberculosis as a disease of the industrial urban worker, a "disease of the working class", existing in miserable housing, living and working conditions; a social evil created by the intensively unfolding processes of modernization (industrialization, urbanization and migration) in the late 19th and early 20th centuries. Fifth, a macrosocial transition from tuberculosis as an eternal and incurable social disease of capitalist society to an ideological codification of the disease, its systematic treatability and comprehensive eradication, a consequence of the historical superiority of socialist healthcare. The government's establishment of a centralized model of public health care on the Soviet model, which forcibly replaced the diversity of state, municipal, and civic initiatives as a natural result of the coup of September 9, 1944, also reorganized the political doctrine of the fight against tuberculosis: the "disease of misery of the masses" is a dangerous infectious enemy whose roots must be completely destroyed, as it hinders progressive socialist development and has no place in the future communist society. The anti-tuberculosis fight is state-planned, ideologically-justified, and propaganda-legitimized.

Fifth, why does this habilitation thesis constitute a contributing research? Because the thematic choice of a historically significant problem/subject of analysis, the application of an interdisciplinary methodological approach, and the selection of adequate empirical material are key conditions for the possibility of formulating and proving the central habilitation thesis: The social construction of tuberculosis, its transformation into a social disease at the beginning of the twentieth century, represents a fundamental dividing "biosocial threshold", I would say a biopolitical threshold, which is built from a historically new constellation of connections between the "social" and the "biological". This biosocial threshold not only organizes in a fundamentally different way the relations between "health" and "disease", "normal" and "pathological", "prevention" and "therapy", "prophylaxis" and "treatment", "diagnosis" and "expertise", "care" and "control", "fear" and "isolation", "danger" and "risk", "experience" and "survival", "bodylines", "vulnerability" and "suffering", etc., but it is also the summarized and concluding argument for the historical birth of a new model of social control of human behaviour: the twentieth-century specific regime of public health management in which the disease tuberculosis represents an "ethnography of human vulnerability."

One contribution of key importance, giving complete comprehensiveness to the others – as I acknowledge with inner conviction and academic integrity the original authorship of all contributions formulated and substantiated by Dr. Angelova – is: the problematization, thematization and interpretation of the system of connections between

institutional policies for social regulation of tuberculosis and the human experience of illness and survival, presented in the various ways of adapting and normalizing suffering. Being a tuberculosis carrier is a socially constituted subjectivity in which intertwined medical, cultural, and anthropological designations transform the sick individual into a pathological subject, subject to a number of power instances through dependence and control, and attached to himself through his assigned identity.

Conclusion: Based on the theses, arguments and evidence substantiated in my statement, I am internally convinced that Senior Assistant Professor, Dr. Milena Ivanova Angelova is a humanitarian scientist with significant professional achievements and a prominent university lecturer. The overall teaching, research, publication, administrative and public activity of Doctor Angelova is an undoubted defence of her candidacy for the academic position of "Associate Professor" in professional strand 3.1. Sociology, Anthropology and Cultural Sciences. As a member of the Scientific Jury, I will vote "FOR" her choice.

8 September 2026

Sofia

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