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PA/HO Department of State  
E.O. 12958, as amended  
April 21, 2005

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THE WHITE HOUSE

WASHINGTON

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MEMORANDUM FOR THE PRESIDENT

FROM: Henry A. Kissinger *AK*  
SUBJECT: Nigeria Relief - Progress Report

At Tab A is Under Secretary Richardson's latest progress report on Nigerian relief.

The report is distressing in that distribution of relief food during the week ending February 28 totalled only 3,200 tons as contrasted with the Nigerian Red Cross goal of 4,200 tons a week and our own experts' estimate of a weekly need of 9,000 tons. Moreover, there was no increase over the previous week. Serious distribution problems persist in the area of most critical need. Our Embassy has been instructed to ascertain and report the causes for this situation and remedies which can be pursued.

Efforts continue to convince Nigerian medical and relief officials of the need for a feeding target of 9,000 tons per week based upon earlier estimates of the Western report, which has been confirmed by a joint Nigerian-U.S. nutritional survey now being reviewed by the Nigerian Red Cross and Ministries of Economic Development and Health. To this end, a U.S. doctor who participated in the joint survey will return to Nigeria next week to present his recommendations.

A complicating factor which we have foreseen for some time will be the transfer over the next two months of relief responsibilities from the Nigerian Red Cross to the Rehabilitation Commissions of the three states in Eastern Nigeria. The states have neither the organization, personnel nor motivation of the Red Cross and their involvement can be expected to result in at least a temporary slow down, if not serious impasse, in the relief effort. The Rehabilitation Commissions are also noted for their corruption, and relief through them is likely to become a political instrument to entrench present state government. Our AID mission is attempting to establish close working relations between U.S. personnel in the field and these rehabilitation commissions to try to mitigate these effects of the transfer of responsibility from the Red Cross.

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In a similar setback, the Nigerian Red Cross has decided to terminate services of U.S. National Communicable Disease Center doctors in the relief effort. However, large numbers of Nigerian medical personnel are now at work and a number of other countries are providing additional medical personnel in response to Nigerian requests. And we are proposing to the Nigerian Ministry of Health that doctors from our Communicable Disease Center be assigned to the three states in Eastern Nigeria to revive the important small pox-measles control programs there. These doctors also would be in a position to monitor and assist in relief programs.

As for further relief supplies, we are offering housing and road reconstruction help which will be increasingly important to the overall relief effort. A U.S. housing expert is already in Nigeria. Additional agricultural technicians are being furnished to assist in large scale food planting programs, which should get underway without delay before the onset of the rainy season in late spring.

In sum, the Nigerian relief effort has made tangible progress since the first chaotic days in January after Biafra's fall, but the tonnage delivered still falls far short of our own experts' estimates of need, and is less than even the modest Nigerian target. Ahead are developments which will hinder more than help efforts to improve on this. Our Embassy has been told to move to try to offset hinderances, but our influence is marginal at this point. No one has tried to measure the impact of all this in terms of mortality. But it has been two full months since the end of the war, and the 3-1/2 million the Western Report found in need have yet to get 1/2 the weekly tonnage estimated as necessary.

Attachment

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Tals A

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THE UNDER SECRETARY OF STATE  
WASHINGTON

S/S 3491

March 10, 1970

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MEMORANDUM FOR THE PRESIDENT

Subject: Interdepartmental Operations Group  
on Nigeria--Progress Report

Distribution of relief food in eastern Nigeria is gradually increasing. For the week ending February 28, available figures indicate distribution of somewhat more than 3,200 tons, nearly double the highest sustained level achieved by the airlift. On the other hand, these figures, for the first time, show no increase over the previous week, raising the question of whether the Nigerians will be able to reach their own 4,200 ton a week feeding target in the next several weeks. Very serious distribution problems persist, particularly in the Owerri area.

It is doubtful whether we will be able to persuade the Nigerians to raise their feeding target even though it falls substantially short of the 9,000 tons per week our nutritionists consider desirable. Our experts are still negotiating with the Federal health authorities on interpretation of the recent U.S.-Nigerian nutritional survey. We have, however, nearly exhausted our influence during our effort of the past few weeks. Nigerian sensitivities are now such that further pressures are likely to be self-defeating. On the other hand, we will be able to continue our efforts to assure that, within the goals the Nigerians have set, the most efficient possible relief job is actually accomplished.

In this connection, an immediate problem is the Nigerian Government's decision to take the Nigerian Red Cross out of the relief program in April and May, and to

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hand over primary responsibility for both relief and rehabilitation to the state governments. This decision reflects both the shift of Nigerian emphasis from relief to the next phase of rehabilitation and reconstruction and the assertion of state authority in the balance of state-Federal political power in Nigeria.

How well the states will conduct relief will depend on whether they will be able to take over and effectively use the existing Red Cross relief system. Relief efforts may be impaired until state governments learn from experience the magnitude of the continuing need and develop some competence in dealing with it.

The Nigerians value our help in rehabilitation. Increased assistance in this field will contribute to better relations as well as a more rapid recovery of the war-affected area. More important, it may provide the most practical way for us to have some influence on the state relief programs.

We are therefore seeking to strengthen and enlarge our working relations with state governments and get more of our people directly involved in their relief and rehabilitation programs along the following lines:

#### Rehabilitation

Following up General Gowon's expressed interest to Secretary Rogers, we are offering the Federal Government help in housing and road reconstruction. We have several emergency rehabilitation projects already under way in the war-affected area, will provide an additional six to eight million dollars there during Fiscal 1970 and are requesting additional sums for Fiscal 1971. For example, UNICEF is now discussing with the Nigerians a school restoration project which we will support and which might include a school feeding program.

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### Health Programs

The Nigerian Red Cross has decided to terminate the services of U.S. National Communicable Disease Center (NCDC) doctors in the relief effort. We are, however, proposing to the Nigerians that NCDC doctors assist in reviving smallpox-measles programs in the three war-affected states. By this means, we would hope they could informally monitor and assist in the state relief programs in the course of their work.

At Ambassador Ferguson's request, Dr. Lythcott will return to Lagos this month to submit final recommendations on a nutritional survey in which he participated. His influence there, based on close and long relations with the Nigerian health authorities, could conceivably be helpful in obtaining a more liberal Nigerian decision on feeding requirements.

### Agricultural Situation

An American expert, commissioned by Ambassador Ferguson and AID, has recently surveyed the former Biafran area and believes that 80 per cent of starch requirements can be met from present and prospective local crops. Until the revival of normal commerce, however, she believes there will be for some months a requirement for a large but decreasing amount of imported, relief-supplied protein foods.

We are supporting yam and maize planting programs and the supply of agricultural tools. We also expect to place additional AID agricultural technicians and U.S.-financed CARE agricultural specialists to work in the field.

  
Elliot L. Richardson

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