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

THE WHITE HOUSE

WASHINGTON

(9858)

SECRET

MEMORANDUM FOR THE PRESIDENT

ACTION

FROM: Henry A. Kissinger

June 1, 1970

SUBJECT: Secretary Rogers' New Proposals on Nigerian Assistance

Secretary Rogers has sent you a proposal for a new course of action on Nigerian assistance (Tab B).

The Secretary's memorandum notes that the relief effort is running into serious obstacles -- the approach of the rainy season; the Nigerian decision to delegate responsibility for relief from the Nigerian Red Cross to the (less efficient) East-Central State government; the (forced) departure of foreign relief and medical personnel; and the aggravation of Nigerian sensitivities by U.S. press and Senatorial criticism. The Secretary concludes that our ability to assist the relief program in the next six months will be even more limited than in the past, and warns that "a U.S. image of aggressive preoccupation with short-term relief will be counter-productive and destroy whatever chances we still have of influencing the relief program."

The Secretary therefore urges (on p. 3) that our tactics with respect to relief be low-key and indirect -- namely, that we should work with the Federal Government, the East-Central State government, and other groups (UK, UNICEF, voluntary agencies) to try to persuade them to accept further U.S. assistance. He also recommends (on p. 4) that we raise our sights from relief to reconstruction, in order to ease our relations with the Nigerians and to contribute to the more promising efforts toward long-term recovery.

My own view is that the Secretary's specific tactical recommendations with respect to relief are unexceptionable; indeed, they are the sort of thing the United States should be doing anyway. His recommendation that we devote increasing effort to reconstruction is also useful. But there is no need to subordinate relief to reconstruction; indeed it would be unwise to do so during at least the next-several months. I believe that the obstacles confronting the relief program should be looked upon as dramatizing the seriousness of the current relief needs, and not as a reason for reducing our relief efforts.

At Tab A for your approval is a memorandum which I propose to send to the Secretary indicating your approval of his specific operational

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recommendations but cautioning against a let-up in our relief effort. It also reiterates your view that there is no inherent incompatibility between good relations with the Nigerian Government and a significant continuing U.S. contribution to the relief effort.

RECOMMENDATION

That you approve the memorandum from me to the Secretary at Tab A, which approves the Secretary's operational proposals but cautions against a let-up of the relief effort.

Approve memorandum  Disapprove memorandum

6-11-70

Attachments:

Tab A - Proposed memorandum to the Secretary of State.

Tab B - Secretary Rogers' memorandum to the President, May 1.

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THE SECRETARY OF STATE  
WASHINGTON

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May 1, 1970

MEMORANDUM FOR THE PRESIDENT

Subject: Nigerian Relief

Recommendation:

That you approve the course of action described in this memorandum for U.S. policy in Nigeria.

Approve  Disapprove

Discussion:

Three months after the end of the civil war in Nigeria, the relief program has reached a critical transition point. The time has come to define what our own relationship to Nigerian relief should be in the six months to come.

For humanitarian reasons and in response to domestic concerns, we have, until now, undertaken to insure that a relief program adequate by our standards is carried out in the former Biafran enclave. (A summary of the current relief efforts is enclosed.) We have undoubtedly played a major role, along with the British, in making possible the minimal relief program which has been carried out; at the same time, by so doing, we have created problems with the Federal Military Government and have reduced our ability to provide and monitor relief.

The Present Situation:

In the months ahead a number of things are likely to happen which will lessen the effectiveness of the relief program, regardless of what we do. The relief

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effort will be complicated by the rainy season beginning in May. The Nigerians have made known their intention to shift responsibility for relief in the most critical area from the Nigerian Red Cross to the East-Central State Rehabilitation Commission, with an almost certain loss of efficiency (recent indications are that the FMG will postpone the date of the shift till the end of June). They are taking this course for internal political reasons as well as because they are convinced the relief requirement is largely concluded.

The Nigerians have not yet responded to a UNICEF recommendation that additional food be immediately ordered. Expatriate relief personnel have been leaving. The services of virtually all our Public Health Service doctors have been terminated, and our chances of replacing them are slim. Resistance in the rest of Nigeria to what seems to be preferential treatment for the secessionist area will grow. Nigerian sensitivities will undoubtedly be aggravated by such U.S. domestic events as the request by Senator Kennedy for a GAO investigation of the relief effort and the recent Washington Star story based on disclosure of a confidential Nigerian nutritional survey.

This is not to suggest that, after the phase-out of the Nigerian Red Cross, the relief effort will simply collapse. The Federal authorities apparently have now decided to extend visas for remaining expatriate relief personnel and are considering whether to request additional food imports for relief. While agonizingly slow, there is hope that the Nigerians will face up to the very real continuing needs.

Overall, this situation clearly is anything but desirable. Although local food is increasing, the end of the mass feeding problem will not come for at least six months with the fall harvest and the gradual resumption of normal commerce. Our best estimate is that suffering will probably increase in view of the slowness of the Nigerian response but that in the large the problem will be contained and that mass deaths and starvation will be avoided. Nevertheless, we cannot rule out the possibility that there will be a new spate of unfavorable reports about conditions in eastern Nigeria in the coming months.

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What We Can Do:

Our ability to improve and contribute to this relief program over the next six months will be even more limited than in the past. The people with whom we maintain influence at the national level and who share our views on nutrition and relief needs will have little role except in institutional relief. A U.S. image of aggressive preoccupation with short-term relief will be counter-productive and destroy whatever chances we still have of influencing the relief program.

Our goals for relief must take this into account and our tactics generally must be low-key and indirect:

1. We will continue to work with the Federal Ministry of Economic Development and Reconstruction, to the extent that it retains control and influence over future East-Central State relief policies.

2. We will attempt to develop a useful role with the East-Central State Government through our AID personnel and possibly through USPHS doctors stationed in the area.

3. We will try to convince the East-Central State Government to accept minimal nutritional requirements and to persuade it to order additional shipments of food. We will try to get it to retain as much of the existing apparatus--expatriate relief teams, transport and logistics system--as possible. Whatever arrangements are worked out will set the pattern for relief operations in the other war-affected areas.

4. In all the above efforts we are attempting to enlist others to play a similar role (e.g., the British, UNICEF, LICROSS and other voluntary agencies).

5. We will continue through AID to monitor the use of our relief material to the extent political realities will permit. We will try to schedule the GAO's visit to Nigeria after the Red Cross effort phases out.

6. We have made arrangements to divert food to Nigeria in order to keep the pipeline full and hope that the Nigerians will accept shipments when they arrive.

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Beyond these limited actions, we should now raise our sights from relief to reconstruction which, by restoring normal life, is the only real long-term solution. Such a development would contribute to our longer range relations with Nigeria, which have suffered considerably in recent years. Given the Nigerian shift in priorities from relief to rehabilitation, we should show our readiness to talk to them about how we can assist in the immediate and urgent task of reconstruction and in longer range development. By participating in reconstruction, which holds more promise than relief, we will be contributing to a return to normal.

  
William P. Rogers

Enclosures:

1. Appendix - Status Report:  
Nigerian Relief.
2. Graph - Postwar Weekly  
Food Distribution by the  
Nigerian Red Cross.

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APPENDIX

Status Report: Nigerian Relief

About 2.3-3 million people are getting full or partial feeding in the Nigerian Red Cross (NRC) program conducted in the field by teams headed by expatriate doctors and relief workers. The program has distributed 3-4,000 tons of food per week, compared to its target of 4,100 tons a week (although a realistic minimum target based on the nutritional survey of early February in which U.S. Public Health doctors participated, is probably closer to 5,000 tons). The worst shortfall has occurred in the area of most severe need, around Owerri, where deliveries have averaged less than half the 1,600 ton weekly target. The attached chart contains detailed figures on weekly food distribution.

Our best estimate, based on the reports of USPHS doctors who have been conducting relief operations, is that the relief effort has been at least minimally adequate. Severe malnutrition has been substantially reduced; hospital and sickbay populations have declined. Medical facilities and care are improving. While progress has been slower than we would wish, the nutritional trend has until recently been upward. Malnutrition and suffering persist but there has been, according to the consensus of the USPHS doctors, no mass starvation or mass death.

The mass relief effort to date has operated on a precarious margin. Progress has been achieved, however, by selective feeding. Sickbay and hospital inmates and outpatients have gotten full feeding. With inadequate total supplies, however, the moderately malnourished and the plain hungry have received, in the mass feeding program, less than they need.

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