

Unforgotten Biafra 50 Years Later

Fifty years ago, a civil war broke out in Nigeria (May 1967–January 1970), causing an estimated one million civilian deaths, mostly among starving children and the elderly, and more than 100 000 deaths among military forces on both sides. In 1967, for the first time ever, the massive impact of warfare on a civilian population could be witnessed almost in real time on televisions worldwide, often during viewers' dinnertime. The media displayed images of starving and dying children who were bloated with kwashiorkor while others were barely surviving with nutritional marasmus and were referred to as “shrimp babies” or “Biafran babies.” These images played an important role in shifting global public opinion and creating widespread empathy for the victims. These atrocities were unfolding merely a few decades following the World War II genocide, which was fresh in people's minds and should “never again” happen. Today, the unbearable images of the victims of the Biafran War remain in our collective memory, even among those who were not yet born at that time.

In 1969, the French Red Cross (<http://bit.ly/2AJhloM>), which was one of the newcomers to the scene (operating along with the Order of Malta [<http://bit.ly/2AKBo6t>] and a handful of other nongovernmental organizations), deployed revolving teams of French doctors who were operating in liaison with the International Committee of the

Red Cross and who became the precursors of a humanitarian nongovernmental organization movement that was eventually named *Médecins sans Frontières* (Doctors Without Borders; <https://www.msf.fr>). By working under the dual umbrella of the French Red Cross and the International Committee of the Red Cross, the teams deployed to Biafra had to pledge to remain publicly silent about the atrocities they were witnessing to not jeopardize their neutrality and focus sustainably on health relief. This restriction gave a major impetus to the subsequent creation of *Médecins sans Frontières* in 1971, for whom the duty of “bearing witness” expanded the scope of its humanitarian medical missions.²

Although they were fully committed to extending medical, nutritional, and ancillary health care support impartially to the Biafran (and other) victims of the secession war, it took several years for the members of these emergency relief teams to fully comprehend and measure how the political powers of the time supporting Biafra's secession made instrumental use of the humanitarian relief.³ Biafra's quest to become independent from the Nigerian Federation was directly supported by an odd assembly of six countries that had formally recognized the Republic of Biafra, six nations that had recognized it informally, and about 30 donor countries and charities—large and small—that provided financial support to relief operations for diverse

humanitarian, ideological, political, or economic reasons. In the late 1960s postcolonial period, the countries that supported Nigeria's territorial integrity were averse to the potential risk of the gradual disintegration of the newly created Nigerian Federation. Others who supported Biafra's claim for independence were concerned about Nigeria's disproportionate size and influence in a West Africa that was divided according to its past colonial history and English–French language split. Moreover, both pro-Nigeria and pro-Biafra parties were lurking over the vast oil resources that were largely concentrated in and around the Biafran region.

Toward the end of the war, as the 14 million surviving Biafrans overcrowded an ever-shrinking, sealed pocket of territory that was deprived of an international border and access to the sea or oil fields, the UN Security Council and UN member states turned a blind eye to the swift takeover of the Biafran enclave by the Nigerian military with the support of its allies. By January 1970, local struggles for survival and independence had seemingly been brought to an end,

although low-intensity conflict has persisted till today.

Fifty years after the outbreak of the Biafran secession war, tensions persist, and a long-lasting, peaceful settlement regarding the geopolitical status of the former, short-lived Republic of Biafra has yet to be reached. In the interim, other geopolitical crises have erupted in Nigeria, particularly in the northeast. These crises have overshadowed the persisting discontent, unfulfilled expectations, and occasional (violently suppressed) protests by the former Biafran population—supported from a distance by its large and powerful overseas diaspora—regarding the future of the eastern region.⁴

THE BIAFRAN LEGACY

Several characteristics made the tragic events surrounding the Biafran conflict a landmark in the birth and evolution of the responses to emergency humanitarian health crises. The small number of actors that engaged in responses to the humanitarian health crisis during the Biafran secession war were, to varied extents, bound by their institutional affiliations and rules of engagement, themselves

ABOUT THE AUTHOR

Daniel Tarantola is a global health consultant living in France and is also an adjunct research professor at the Keck School of Medicine, University of Southern California. He was one of the last few French doctors who were able to leave Biafra on a mercy flight at the end of his term of voluntary service in 1969. The nine remaining French Red Cross colleagues were captured by Nigerian troops, briefly detained under house arrest for having entered Nigeria illegally, summarily judged in a court of law, and, shortly thereafter, discreetly exfiltrated and repatriated.

Correspondence should be sent to Daniel Tarantola, 15Bis Chemin de Valavran, Ferey-Voltaire, 01210 France (e-mail: djmtarantola@gmail.com). Reprints can be ordered at <http://www.ajph.org> by clicking the “Reprints” link.

This editorial was accepted December 15, 2017.

doi: 10.2105/AJPH.2017.304289

influenced by political agendas, religious motives, or economic interests. Today, several—although not all—civil society organizations have learned to protect their independence, in some cases refusing funding from governmental entities or other sources that might have vested interests in jumping on the humanitarian bandwagon.⁵

The international medical humanitarian assistance provided to Biafra exposed the critical need for such interventions to be impartial and independent of political and military influence while prioritizing the care of victims, regardless of the cause they defended. Decades later, these key principles have been downplayed to create space for coordinated, and occasionally combined, military operations and humanitarian relief interventions, particularly since the eruption of violence in the Balkans (1991–2001) and the African Great Lakes region and the Horn of Africa (1993–the present), as well as in the context of the ongoing refugee crisis affecting primarily the Middle East and peri-Mediterranean nations and the insurgency in the Lake

Chad Basin. These tragedies involving massive violence and population displacement serve as a daunting reminder of the dangers of confounding military and humanitarian interventions. This confusion of roles and objectives creates a risk for civilians and humanitarian workers to become targets of violence by warring parties. Most non-governmental organizations have learned to respect and protect a clear divide between humanitarian emergency responses upholding human rights and humanitarian law principles, norms, and standards, on the one hand, and politically motivated military interventions, on the other.

In the last decade, many nations, institutions, and official development assistance agencies have enhanced their capacity and preparedness to respond promptly and efficiently to humanitarian health crises. To this end, a flurry of guidelines and standard operating procedures, the stockpiling of emergency health supplies, the constitution of rapid deployment teams, and the creation of innovative funding mechanisms have been organized

around the world. Yet, the current crises affecting the world are still inadequately prevented, responded to, or mitigated (rather than aggravated) by foreign nation states, and the United Nations and international humanitarian relief organizations must be adequately funded to intervene effectively as neutral brokers.

The specter of the more than one million fatal victims of the aborted Biafran secession war and of the many others who succumbed to the same fate in subsequent crises affecting the world still haunts us. Public health practitioners, political leaders, diplomats, multinational companies, and civil society owe it to them to pursue a common quest for a world in which the wasted lives discounted from our common future because of violence and human rights abuses will trigger responses from the global public health community. Specifically, public health practitioners have the power and knowledge to diagnose, document, and expose such crises; advocate their prevention and negotiated resolution; inform and educate the populace; and act directly or


indirectly in support of disempowered victims. **AJPH**

Daniel Tarantola, MD

REFERENCES

1. Heerten L, Moses AD. The Nigeria–Biafra War: postcolonial conflict and the question of genocide. *J Genocide Res.* 2014;16(2-3):169–203. Available at: <http://www.tandfonline.com/doi/full/10.1080/14623528.2014.936700>. Accessed November 15, 2017.
2. Médecins Sans Frontières. *New World Encyclopedia*. 2014. Available at: http://www.newworldencyclopedia.org/entry/M%C3%A9decins_Sans_Fronti%C3%A8res. Accessed November 15, 2017.
3. Calmettes J. Operation Biafra [in French]. *Nos Crimes en Afrique*. 2017. Review XXI. Vol. 36:46–55. Available at: http://www.revue21.fr/tous_les_numeros. Accessed November 30, 2017.
4. Onumah C. Death of a nation: Biafra and the Nigerian question. *Sahara Reporters*. 2017. Available at: <http://saharareporters.com/2017/05/30/death-nation-biafra-and-nigerian-question-chido-onumah>. Accessed November 15, 2017.
5. UN Office for the Coordination of Humanitarian Affairs. Humanitarian outlook for the Horn of Africa and the Great Lakes Region. 2015. Available at: https://www.humanitarianresponse.info/system/files/documents/files/regional_outlook_document_10th_nov_pdf_version.pdf. Accessed November 15, 2017.

Big Food's Opposition to the French Nutri-Score Front-of-Pack Labeling Warrants a Global Reaction

 See also Nestle, p. 320.

In the frame of its national nutritional policy, on October 31, 2017, France adopted a front-of-pack nutrition labeling system, the Nutri-Score, to be implemented on a voluntary basis (to be coherent with European regulation) on prepackaged foodstuffs.¹ This measure aims to

help consumers make healthier choices at the point of purchases, leading to healthier diets; it could also be a strong incentive for agro-alimentary firms to reformulate their products to improve their nutritional quality. The signature by the three ministers in charge of the policy (health,

agriculture, and economy), after a notification to the European Union Commission, closed a

four-year procedure involving key stakeholders and an intense lobbying effort from agro-industry to sway the decision process.

The Nutri-Score is a color-coded label that provides a summary indication of the nutritional quality of the product (Figure 1). Based on the content of the food per 100 grams, its underlying

ABOUT THE AUTHORS

Both authors are with the Department of Public Health, Paris-Seine-Saint-Denis University Hospitals and the Nutritional Epidemiology Research Team, Epidemiology and Biostatistics Research Center, Sorbonne Paris, Bobigny, France.

Correspondence should be sent to Chantal Julia, Université Paris 13, Equipe de Recherche en Epidémiologie Nutritionnelle (EREN), Université Paris 13, UFR SMBH, 74 rue Marcel Cachin F-93017 Bobigny Cedex, France (e-mail: c.julia@eren.smbh.univ-paris13.fr). Reprints can be ordered at <http://www.ajph.org> by clicking the “Reprints” link.

This editorial was accepted December 15, 2017.

doi: 10.2105/AJPH.2017.304284