

An Investigation into the Impact of the Biafran Government Public Health Policy 1967-1970

Uju Gloria Amaechi

Department of Public Health, University of Greenwich, London, UK

Email: ujuazike@yahoo.com

How to cite this paper: Amaechi, U. G. (2021). An Investigation into the Impact of the Biafran Government Public Health Policy 1967-1970. *Open Journal of Social Sciences*, 9, 316-329.

<https://doi.org/10.4236/jss.2021.99022>

Received: August 2, 2021

Accepted: September 12, 2021

Published: September 15, 2021

Copyright © 2021 by author(s) and Scientific Research Publishing Inc. This work is licensed under the Creative Commons Attribution International License (CC BY 4.0).

<http://creativecommons.org/licenses/by/4.0/>



Open Access

Abstract

The Biafra government prioritized diversity, and collaboration in its public health policy initiative to meet the health needs of its population during the Biafra war. The policy helped to ensure that internal and external professionals delivered the health needs of civilians during the war. However, continuous blockage of food, firearms, and medical supply links to Biafra by the Nigerian government led to eventual starvation, malnutrition, and disease outbreak among Biafrans during the war. Besides, the diversity and collaboration health policy by the Biafra government boosted the effectiveness of operational staff because they worked closely with those from other nations to improve the health and wellbeing of the Biafrans. The study was conducted by carrying out a literature review on different historical and up to date sources such as archived data, journals, articles, books, and newspapers. The researcher recommended that the policies and interventions of the government, public health organizations and other humanitarian bodies helping in the warfare should be shaped toward improving the health and wellbeing of people affected by war.

Keywords

Biafra Public Health Policy, Biafra War, Nigeria Civil War, Biafra Policy Interventions, Biafra Innovation, Biafra Government Policy

1. Introduction

This research examines the Biafra Public Health Policy and the impact it had on the health of the Biafrans during the Biafra war between 1967-1970. The research looks at the Public Health policy that was in place during the war and examines whether the policy alleviated hunger and reduced disease. It examines the effectiveness of the policy on operational staff (nurses, doctors, and paramedics) and Non-Governmental Organizations (NGOs) in reducing the impact of war. It

looks at some of the innovations in public health introduced and developed by the Biafra government to safeguard children and the vulnerable people during the war. The civil war in Nigeria that took place more than 50 years ago attracted global attention because it led to a tremendous humanitarian crisis. According to [Ukaegbu \(2005\)](#), the war was the bloodiest and first civil war in the modern era in sub-Saharan Africa, as over five million humans lost their lives. Besides, malnutrition was widespread across the territory of Biafra because the war led to food blockades that further caused devastations among children and adults.

Since the war took place in the aftermath of World War II, it gained much coverage in the foreign media from various political and religious leaders across the globe ([Omaka, 2017](#)). Millions of individuals across the globe watched the devastation that the war caused to people in the affected region. More so, content from the broadcasts appeared strange to viewers since most of them had never seen a malnourished child with reddish-brown fur and a protruding belly. These symptoms would depict a gradual death arising from lack of food as most of the food inlets were blocked by the Nigeria Government because of the war. Of the over 5 million victims that were estimated have lost their lives, only a small fraction (10%) died of military violence. The majority died of hunger and diseases.

A worldwide emergency humanitarian movement emerged before and after the Biafran war as several relief institutions such as Doctors without Borders and Joint Church Aid were established to address the needs of the affected persons during the war. However, the military regime of the Nigeria significantly affected the efforts of the relief institutions by blocking the food supply links to the Biafra region. As a result, several diseases such as kwashiorkor, cholera, dysentery, and malaria emerged among the affected individuals in addition to the severe hunger that arose from the civil war. Such a situation meant that the health and wellbeing of individuals in the affected region was on a deteriorating trend due to starvation and diseases.

Despite the above-discussed outcomes of the war, the Biafra government established Public health policy and innovations that aimed at addressing the needs of its people. The Biafra government allowed different health agencies from different countries to work together with the Biafran healthcare providers to intervene in their emergency. The Biafra government also initiated and produced some technical products that promoted the health of Biafrans such as salt, soap, and other consumable goods. They produced weapons and ammunition that they used to fight their Nigeria enemy. The Biafra government also constructed local Uli airport that conveyed food and medical supply to Biafra region without foreign assistance. The policy and strategies adopted by the Biafra government helped to ensure that a significant number of individuals were saved from deaths that were to arise from failure to get the necessary care for victims.

Public Health Implications of the Study

This study provides insights about the outcomes such as starvation and disease outbreaks from traumatic events like civil wars ([Sambanis, 2004](#)). To aid the af-

affected persons and country, a public health professional would play a key role in ensuring that the necessary care is delivered unto the victims as a way of saving their lives (Joceline, 2005). Concerning current policies and strategies, this study offers insights that worldwide relief agencies should always come to the rescue of affected persons and regions during the occurrence of traumatic events. Such a practice is likely to ensure that the healthcare needs of victims are addressed to reduce the adverse effects of a civil war.

2. Methodology

The study is a historical study which depends mainly on secondary sources of data. The study was examined and analyzed using archival data preserved by the government as well as up to date journals, literature review articles and books. The database literature was searched and selected through Greenwich University database site EBSCOHOST, Public Health Journals, google scholar, the Cochrane Library, credible and reliable governmental and non-governmental websites. The above practice helped to ensure that many details was attained about the problem that greatly helped to choose relevant search terms for the study. Articles were also found manually from references of the selected articles, which much helped the researcher to save time while searching for sources of information and data for the study. Moreover, time management is a practice that any researcher should priorities to ensure that a given study is completed in the scheduled time and budget frame.

However, it was difficult to locate the exact articles for the study because of limited synonymous words related to the key words. As a result, lots of time were spent searching the right articles and reading the abstracts. Also, there are limited research articles on the Public Health interventions by the Biafran Government. This is because many writers have written more on the international aid by the international organizations, leaving a gap on the roles played by the Biafra government to assist the population to improve their health and wellbeing. A Literature review defines a step-by-step description that facilitated orderly execution of existing literature relating to the problem (Moule & Hek, 2011). It describes, summarizes, evaluates, clarifies, and integrates the previous research works. Literature review brings the reader up to date about current literature on a topic under discussion. It is also a basis for justification for future research in the area.

3. Finding

The selected articles were thematically analyzed to deliver meaningful interpretations and conclusions about the study. Thematic analysis was preferred over other types of data analysis, such as descriptive and predictive analyses, because it offers a vast degree of flexibility (Aveyard, 2019). Also, the above approach was appropriate to a wide range of databases that permitted the researcher to enhance the scope of the study beyond personal experiences. Most importantly,

thematic analyses helped the researcher to interpret themes that were comprehensively supported by the collected data. Below the findings of the four themes that were identified for this investigation into the impact of the Biafran government's public health policy from 1967 to 1970.

- 1) Diversity and collaboration Policy,
- 2) Collaboration and Partnership of the Biafra Government,
- 3) Non-Governmental Organizations (NGOs),
- 4) Public health Innovations in the Biafra.

The Biafra Public Health Policy

The Health Concept theory demonstrated the effect of war on physical, mental, and psychological wellbeing on the Biafrans. This concept is attributed to the fact that civil wars often affect the lifestyle, economic, and environmental status of individuals due to failure to access the necessary resources to meet their needs (Seggane & Kinyanda, 2010). For example, during the Biafra war, malnutrition was believed to have damaged children's physical, mental health, and wellbeing due to food blockage by the Nigeria government. As a result, many children suffered from Kwashiorkor for lack of essential protein requirement for healthy life.

The Biafra civil war led to the destruction of properties such as buildings, farmlands, and service institutions whereby environment, economy, lifestyle, and health were adversely deteriorated, and lives were lost (Sambanis, 2004). Most people in the Biafra region including the vulnerable children were displaced from their homes because of destruction of private and government properties. Some children were separated from their families and resettled in the camp centers and others lost their parents in the war (Anaeke, 2007). Those children with severe illness were flown abroad for medical treatment and some were kept at repercussion center abroad without parental care and parental responsibilities which could contribute to mental health conditions to these children and their parents as well.

According to Hult et al. (2010), different studies carried out in the Biafra region with people born before, during and after the Biafra war discovered that children born between intense period of famine in Biafra has grown to be more susceptible to obesity, blood glucose and high blood pressure. However, Public Health policy was established during the Biafra war by the Biafra government to reduce the effect of war on its people to minimum to improve their health and wellbeing. Public Health Policy is different actions, plans, law, regulations, strategies, and decisions taken by the government to promote wellness and meet specific health goals of the community (David, 2003). The Policies taken by the Biafra government are discussed below.

4. Diversity and Collaboration Policy

The Biafra government focused on diversity and collaboration in its humanitarian efforts as a fundamental public health policy. Diversity was exhibited in the

form of the use of its healthcare providers and those from nations that supported their political ideology of being independent of the Nigerian government. This was attributed to the fact that the revolutionists in the region believed they had the potential to independently meet their needs without aid from the Nigerian government. The beliefs can be explained as a result of the presence of a large number of healthcare services, health care facilities and institutions that the region had, which made it easy for people to access the necessary healthcare services, food and security (Omaka, 2014). From this point of view, it can be implied that the health and wellbeing of individuals was desirable before the start of the war due to the presence of institutions and healthcare providers. Such policy was made to eradicate hunger and diseases by establishing necessary healthcare programs, Biafra Hospital Abroad, food production programs and innovations of the Biafra (Vestergaard, 2018).

4.1. Healthcare Program

During the war, the Biafran government optimized the existing health infrastructure and resources to meet the health needs of affected persons. The government also provided emergency medical clinics in the bush to make up for the destroyed hospitals by the Nigeria forces. The Biafran government collaborated with support agencies from other nations such as France, Gabon and America that supported its political ideology to gain access to necessary medical supplies as a way of saving the lives of victims (Sullivan, 2014). As a result, the Biafra government was able to get access to services from professional healthcare providers that played a crucial role in enhancing the lives of its affected people. Diagnosis, treatment, admission, and readmission of affected persons were some of the actions that were undertaken by the healthcare providers in the Biafra to save the lives of several individuals.

4.2. Biafra Hospital Abroad

A research by Seibert (2018) States that over 5000 Biafra sick children in critical health conditions were flown to hospital and rehabilitation care at Sao Tome, Libreville, Gabon and Ivory Coast for intensive treatment and care. These children were safe tagged with band round their wrist for easy identification before taking off. The children were treated from protein deficiency and other illnesses such as malaria, respiratory tract infection and intestinal worm by medical practitioners. Vaccinations program was administered to them against tetanus, whooping cough, and polio. It was confirmed that more than 473 children sent to rehabilitation center at Sao Tome were given special treatment and blood transfusion at a special child unit. Most of the children treated in Libreville were flown to Ivory Coast and kept at a recuperation center for further recovery where they were taken care of by the Catholic sisters. However, these children remained at the center even though they lack parental care which may affect them psychologically, but they were to return home at the end of the war.

4.3. Food Production Program

To address issues relating to hunger, the Biafran government created an emergency food production program called Land army program to mobilize existing resources to enhance the production of food (Omaka, 2014). As such, males and females who were not in the military in the age bracket of 12 and 35 were provided with farming training. Every available land in Biafra was cleared by these people for agricultural and poultry purposes. Loan and incentives were also offered to local farmers to encourage food production. The food production program helped to supplement food supplies from NGO agencies. More so, the Biafra government discouraged smuggling food from the Nigeria government because many of it contained poisonous ingredients (Walters, 2004). This is attributed to the fact that several deaths were believed in 1967 to be due to toxic foods that had been smuggled from the federal government. Evidence proved that most of the salt samples tested by the Biafran government towards the end of 1968 contained dangerous units of arsenic and cyanide, respectively.

However, the battles between the Biafran government and the Nigerian soldiers led to the destruction of crops, farms and livestock that significantly reduced the quantity of food available to sustain the significantly high Biafran population. As part of the tactics in warfare, the Nigerian government made use of famine as a weapon for weakening the determined Biafran forces (Association for Diplomatic Studies and Training (ADST), 2014). The Nigerian government blocked food links and connections to Biafra as a way of shortening the duration of the war, which was achieved after just three years of fighting. However, to sustain the food needs of its affected population, the Biafran government established collaborations with outside nations, particularly America and France. This strategy was aimed at getting access to more food supplies from these nations as a way of sustaining the basic needs of its high population. Most commodities that were consumed in Biafra were from the United States through its affiliates such as Save the Children and American Friends Service Committee. Not only did the collaboration gave Biafra government food supplies, but also financial support, personnel, and aircraft (Michel, 2008).

However, diversity and collaborative efforts in the public health of the Biafra government did not effectively alleviate hunger and diseases. The above is attributed to the fact that the military government of Nigeria continuously blocked the supply links to the Biafra government since it targeted to subject the enemy to famine. The aid and resources from supportive nations were not enough to sustain the needs of the affected individuals, whereby hunger and diseases remain paramount among Biafrans during the war (Hult et al., 2010).

5. Collaboration and Partnership of the Biafra Government Policy

Collaboration and partnership efforts towards the health and wellbeing of its people by the Biafran government had a positive impact on the operational staff.

The healthcare providers in the Biafra were able to work closely with other nations that supported their political ideology to save several lives during the war (Ukaegbu, 2005). The Healthcare professionals such as nurses, paramedics, and doctors of Biafran origin worked closely with those from France, the United States, and other countries to address the various health needs of victims during the war. Collaboration played a crucial role in ensuring that most of the emergencies that arose during the warfare were somewhat addressed by expertise, as several individuals were able to get medical care, food, and clothing.

However, the Nigerian government continued to use excessive forces through bombings, shooting, and launched missiles against the Biafran communities, which led to massive deaths, injuries, and disabilities (Anaeke, 2007). But the survivors of death had access to care from the available operational staff that helped to prevent more death tolls that would have worsened the outcomes of the war. The operational staffs were given all the necessary protection from the Biafra government during their actions towards improving the health and wellbeing of the affected persons during the war. The lives of the operational staff were prioritized by the Biafra government through the provision of bodyguards, which enabled them to effectively deliver healthcare services to victims of war. However, the healthcare supply shortages due to blockage were greatly affecting the efforts of the operational staff that further increased the death counts as a limited number of victims accessed care.

6. Non-Governmental Organizations (NGOs) Policy

During the period of civil war, NGOs mostly come in to deter the adverse effects associated with the war through the provision of necessary support to the affected individuals, communities, and regions. The support can be in the form of televising the incidences as a way of attracting world attention, offering financial support and humanitarian aid as a way of helping the affected society. Regarding the Biafra war, NGOs such as Lutheran World Relief, Save the Children, Africa Concern, and American Friends Service Committee, International Committee of the Red Cross (ICRC) among others, were present. The Joint Church Aid (JCA) was formed by both the Catholic and the Protestant groups from Biafra and some other Christian countries in 1968 as an emergency relief organization to provide aid to the affected victims in the Biafra region during the war (Institutes of Africa Studies (IAS), 1968). These agencies played a crucial role in distributing network making sure aid items were equitably distributed especially to the vulnerable groups. However, some cases of inequalities in food sharing by some agencies were observed.

NGOs Agencies were also important in televising the military actions of the Nigerian government against Biafrans that significantly violated human rights (Omaka, 2017). Human rights of the Biafrans were violated by the military regime of the Nigeria government as women were raped by soldiers, food and medical supplies links were blocked (United Nation, 2008). Soldiers who were loyal

to the federal government also engaged in massive bombing and killings of innocent civilians. As a result, televising these actions was an approach by the NGOs that aided in ensuring that culprits were brought to face justice after the end of the war. Televising violent incidences played a crucial role in reducing their frequency because they attracted worldwide attention. In due course, the Nigerian government was likely to face international sanctions if all those violent actions continued to be done against the Biafrans. As a result, the Nigerian government had to reduce the excessive use of its military actions against the Biafrans, whereby a considerable number of lives were saved from deaths that would occur from bombings and shootings.

The humanitarian NGOs played a crucial role in negotiating the transitions to worldwide do-gooder from benevolent imperialists with prior knowledge of the idea by the Biafran government towards the Third World independence. In this regard, the NGOs from the Britain viewed the breakaway of Biafra from the Nigerian government as contemporary and would not be possible in the short run (Levey, 2014). As such, imperialism legacy was visible through the volunteering efforts of NGOs through an advertising position to advance humanitarian aid to the Biafra region. The NGOs advertised for nurses, paramedics, and doctors to work in humanitarian service at Biafra. Besides, Voluntary Service Overseas was an agency that also sent workers under different NGOs to deliver humanitarian relief across Biafra. The volunteers were young medical, agricultural, and educational graduates that helped to offer a wide range of humanitarian aid to the affected communities and individuals in the Biafra region during the war. The NGOs helped to shape the humanitarian response to emergencies during the war by deploying their personnel to advance aid on the ground (Tarantola, 2018). The above action helped to ensure that a “people-to-people” philosophy was effectively used to meet the needs of the most affected individuals during the war. From the above findings, it can be implied that NGOs played a crucial role in ensuring that humanitarian relief was effectively delivered to the affected individuals that helped to reduce death counts.

7. Public Health Innovations Policy in the Biafra

Biafra government established camps and feeding centers for vulnerable people and children as a way of enabling them to access the necessary security and aid from the government during the war. Through these means, Biafra people were able to access support such as food, clothing and medical supplies from Biafra government and relief agencies. Rehabilitation Commission was also established with the responsibility of caring for the refugees within the camp, reporting weekly progress and suggesting ways of improving the care and welfare of the vulnerable people (Omaka, 2014). The Biafra government provided security personnel to guard the vulnerable and children against the enemy forces in the camps. Most importantly, forces loyal to the Biafran government were equipped with firearms, machetes, and bombs that exhibited the potential to protect vulnerable groups of

people.

The Biafra government organized and conducted military training sessions for males and females who were aged between 12 and 35 years to protect the children and vulnerable people who were in the camps (Anaeke, 2007). The training sessions and drills mainly consisted of handling and firing rifles against the enemy that equipped the youths with the necessary skills in warfare and security measures. In due course, a significant proportion of children and other vulnerable people were adequately protected from the Nigerian forces during the initial stages of the war. The basic needs of the security personnel were met through the humanitarian relief and this helped to keep them motivated and determined to fight against the Nigerian government. In the short run, the above actions by the Biafra government significantly helped to protect the children and vulnerable people from harms and attacks from the enemy.

The blockage of supply links by the Nigeria government made it impossible for the Biafra government to import technologies, industrial input goods and foreign professionals and expertise for their domestic use. Consequently, the Biafra scientists and engineers took the efforts to form a team known as Biafra Research and Production (RAP's) to research and produce technological products and war weapons (Oragwu, 2010). The RAP's team was dedicated, hardworking and versatile scientists and support workers who combined their skills, knowledge, and experts to solve social problems at war including military outfitting and consumables for the civilian population.

The RAP's team exploited and refined the saline resources of the Abakaliki axis, and mass-produced salt, alcoholic drinks such as wines, gin, whisky, and brandy, as well as soap and other consumables. The RAP's converted some of their existing laboratories and workshops into war chemical laboratories and engineering workshops and built a new chemical laboratory within short time. They produced many chemical weapons such as smoke signals, detonators, rocket fuels, and bombs, grenade and rocket casings, mortar shells, and bullets, fabricated armored cars from tractors and trucks and ogbunigwe known as mass killer or destroyer to fight their enemy.

The RAP's designed and built several refineries to produce petrol and diesel at a considerably faster rate to serve urgent fuel need of the nation. The team constructed Uli local airport without any foreign technical assistance which served as aircraft landing point for easy supplies of food and medicine to the Biafra region (Biafran Editor, 2014).

The RAPs team also collaborated with professors and lecturers on agriculture to mobilize the people to cultivate all available land in the Biafra for more food production as part of Land Army program established by the Biafra government.

These technological innovations helped to protect the Biafrans from the attacks of their enemies, reduced their suffering, safeguard the vulnerable and improve their health and wellbeing. However, the efforts of the RAP's were limited due to limited funding and lack of international support which led to overpowering by the Nigeria army with more sophisticated weapons as a result of com-

bined military supports by the United Kingdom and Russia causing more death in the Biafra (Umoh, 2011). Consequently, more than three Million Biafrans were murdered including children, and vulnerable adults. Also, most of the innovations by the Biafra government were either destroyed or abandoned by the Nigeria government even after the war. Whereas, they would have been further developed to improve the country economy.

8. Conclusion

This research examines the Biafra Public Health Policy and the impact it had on the health of the Biafrans during the Biafra war between 1967-1970. The Biafra government prioritized diversity, partnership and collaboration policy as a way of meeting the health needs of its citizens. The Diversity policy was exhibited through prioritizing the use of its various healthcare providers and health programs and that of other nations to improve the health and wellbeing of the Biafrans.

The Partnership policy was exhibited in health policy by the Biafra government through close working relationship with the internal and external operational staffs such as paramedics, nurses, and doctors that helped to provide necessary medical attention to affected individuals during the war. The essence of the collaboration of the Biafra government was to lobby for relief and support from nations such as America, France, and other nations as a way of broadening the aid access to its civilians. The policy enabled the Biafra government to solicitate for medical, financial, ammunition, food and other support from nations that supported its political ideology. However, the use of famine as a weapon by the Nigerian government to overpower the Biafran government resulted in blockage of food, arms, financial supply links, and destruction of farmlands. Consequently, increased death rolled among the Biafrans.

9. Recommendations

Findings for this study can be used by policymakers and analysts in public health to identify, formulate, and implement relevant actions to meet the health needs of vulnerable persons and communities during warfare. It is envisaged that undertaking this project will help the government, public health organizations and other humanitarian bodies to shape their policies and interventions toward improving the health and wellbeing of people affected by war.

The intervention can be done by training and recruiting more experienced healthcare providers who have excellent knowledge in handling issues of traumatized individuals. These include psychologists, pediatrics, counsellors, and nurses, among others who can be used in rehabilitation centers to effectively address the needs of affected persons (Phillips, 2018).

Public health Interventions should include enough supply of food and medical supplies to the affected region and individuals by more humanitarians' organizations. The public health professionals involved in warfare should also encourage

the local production of food and other materials by the local people to discourage overdependency on foreign aid.

The public health policy should be designed to prohibit any blockage of food and medical supplies by any incumbent government whatsoever and that those who defaulted this policy should be brought to judgement at the international court of justice. Most significantly, as this issue is supported by the Human Rights Acts 1998 (right to liberty and security), the Social Justice, and the right to health (UN, 2008).

Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

References

- Anaek, L. (2007). *The Untold Story of Nigeria-Biafra War*. Triumph Publishing.
- Association for Diplomatic Studies and Training (ADST) (2014). *The Famine in Biafra—USAID’s Response to the Nigerian Civil War*.
https://adst.org/2014/05/the-famine-in-biafra-usaids-response-to-the-nigerian-civil-war/?gclid=CjwKCAjw5cL2BRASEiwaENqAPqJlNCSBzHBzqWbQNFVGRuFcj48OHjC3u0GxYEqlOEzV5EaEI2Lh9RoCITgQAvD_BwE
- Aveyard, H. (2019). *Doing a Literature Review in Health and Social Care: A Practical Guide* (4th ed.). Open University Press.
- David, J. (2003). *Public Health Policy*. Blackwell Publishing Ltd.
- Hult, M., Tornhammar, P., Ueda, P., Chima, C., Bonamy, E., Ozumba, B., & Norman, M. (2010). Hypertension, Diabetes and Overweight: Looming Legacies of the Biafran Famine. *PLoS ONE*, 5, e13582. <https://doi.org/10.1371/journal.pone.0013582>
- Institutes of Africa Studies (IAS), George Washington University (1968, November). *Formation of the Joint Church Aid (JCA), a Group of Churches from 33 Countries That Worked Together to Increase the Aid Flow to Biafra*.
<https://rememberingbiafra.com/timeline/formation-of-the-joint-church-aid-jca-a-group-of-churches-from-33-countries-that-worked-together-to-increase-the-aid-flow-to-biafra>
- Joceline, P. (2005). *Issues in Public Health*. Open University Press.
- Levey, Z. (2014). Israel, Nigeria, and the Biafra Civil War, 1967-70. *Journal of Genocide Research*, 16, 263-280. <https://doi.org/10.1080/14623528.2014.936704>
- Michel, M. (2008, April 4). *The “Biafran Babies”*.
<https://www.kaiserslauternamerican.com/the-biafran-babies/>
- Moule, P., & Hek, G. (2011). *Making Sense of Research: An Introduction for Health and Social Care Practitioners*. Sage Publications Ltd.
- Omaka, A. (2014). Humanitarian Action: The Joint Church Aid and Health Care Intervention in the Nigeria-Biafra War, 1967-1970. *Canadian Journal of History*, 49, 423-447. <https://doi.org/10.3138/cjh.49.3.423>
- Omaka, A. (2017). Conquering the Home Front: Radio Biafra in the Nigeria-Biafra War, 1967-1970. *War in History*, 25, 555-575. <https://doi.org/10.1177%2F0968344516682056>
- Oragwu, P. (2010). *Scientific and Technological Innovations in Biafra—The Ogbunigwe Fame 1967-1970*. Fourth Dimension Publishing.

- Biafran Editor (2014, March 2). *Uli and Uga Airstrips: The Ingenuity of Republic of Biafra*.
<https://thebiafran.wordpress.com/2014/03/02/uli-and-uga-airstrips-the-ingenuity-of-republic-of-biafra/>
- Phillips, F. (2018). Biafra at 50 and the Birth of Emergency Public Health. *American Journal of Public Health, 108*, 731-733. <https://doi.org/10.2105/AJPH.2018.304420>
- Sambanis, N. (2004). What Is Civil War. *Journal of Conflict Resolution, 48*, 814-858.
<https://doi.org/10.1177%2F0022002704269355>
- Seggane, M., & Kinyanda, E. (2010). Long-Term Impact of War, Civil War, and Persecution in Civilian Populations—Conflict and Post-Traumatic Stress in African Communities. *Frontiers in Psychiatry, 11*, Article No. 20.
<https://doi.org/10.3389/fpsy.2020.00020>
- Seibert, G. (2018). São Tomé and the Biafran War (1967-1970). *The International Journal of African Historical Studies, 51*, 263-292.
- Sullivan, O. (2014). Humanitarian Encounters: Biafra, NGOs, and Imaginings of the Third World in Britain and Ireland, 1967-70. *Journal of Genocide, 16*, 299-315.
<https://doi.org/10.1080/14623528.2014.936706>
- Tarantola, D. (2018). Unforgotten Biafra 50 Years Later. *American Journal of Public Health, 108*, 317-318. <https://doi.org/10.2105/AJPH.2017.304289>
- Vestergaard, M. (2018). An Imperative to Act: Boarding the Relief Flights of the International Committee of the Red Cross in Biafra (1967-1970). *Journal of New Political Science, 40*, 675-690. <https://doi.org/10.1080/07393148.2018.1528535>
- Ukaegbu, C. (2005). Lessons from Biafra: The Structuration of Socially Relevant Science in the Research and Production Directorate. *Social Forces, 83*, 1395-1424.
<https://doi.org/10.1353/sof.2005.0085>
- Umoh, U. (2011). The Making of Arms in Civil War Biafra, 1967-1970. *Calaber Historical Journal, 5*, 339-358.
- United Nation (UN) (2008). *The Right to Health*. Office of the United Nations High Commissioner for Human Rights, World Health Organization.
<https://www.ohchr.org/Documents/Publications/Factsheet31.pdf>
- Walters, K. (2004). Influencing the Message: The Role of Catholic Missionaries in Media Coverage of the Nigerian Civil War. *Catholic Historical Review, 90*, 697-718.
<https://doi.org/10.1353/cat.2005.0081>

Appendice 1: A Biafra Child Suffering from Kwashiorkor



Source google.com

Appendice 2: People Working in the Farm as Part of the Biafra Land Army Program



Source google.com

Appendice 3: People Offloading Humanitarian Goods at Uli Airport



Source google.com

Appendice 4: Biafra Emergency Constructed Airport at Uli



Source google.com