

COMMUNITY-HEALTH ASPECTS OF NUBIAN RESETTLEMENT IN EGYPT

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INTRODUCTION

Moving from one homeland to a new one can be a painful experience for the people involved. Mass population movement and human resettlement projects also can represent a challenging task and a costly development technique for the governments involved. Community relocation schemes should not be viewed as unusual situations of limited scope. They have increasingly become a worldwide phenomenon in recent years and may be expected to increase in the future along with the tendency to design new environments by radically altering old ones. Governments often view relocation schemes as an opportunity to raise the living standards of the relocatees and to incorporate them into the productive mainstream of the nation. Government relocation policies, however, are often inclined to have a limited perspective and a short time span. A case in point is the community health aspects of the Nubian resettlement in Egypt and the related problems which occur in similar human relocation situations. This paper discusses various dimensions of the health problems of the relocated Nubian community and is concerned with the connection of these problems to the process of building new human communities.

THE SETTING

In June 1964, some 50,000 Nubians were relocated from their homeland along the Nile in the southern part of Egypt to a new site (known as New Nubia) in Kom Ombo region, about 40 kilometers north of the city of Aswan. Resettlement of the Nubians was a consequence of the Aswan High Dam construction and the inundation of the Nubian valley by the formation of the second largest man-made lake in the world. The dam is perceived as having brought economic benefits to the whole country and, in appreciation for Nubian compliance with the national interest, the government committed itself to compensate them for the loss of their property and to establish them in a new, improved community. Although the Nubian resettlement scheme was carried out without serious mishaps, it is important to point out the complexities and consequences associated with the planning stage, the implementation of the resettlement operation, and the Nubians' adaptation to a new environment (for additional information on Nubian relocation see Fahim, 1979).

Relocated communities usually undergo a transitional period which often begins when the relocatees prepare for evacuation and extends until they regain their former self-sufficiency and develop a satisfactory relationship with their new environment. In examining peoples' responses to compulsory relocations, Thayer Scudder (1973), who has dealt intensively with dam resettlement in tropical Africa, has proposed that a multidimensional stress is often associated with human relocation. This physiological, psychological, and social stress characterizes an inevitable transitional period whose intensity and length vary from one situation to another. A related problem would be to identify the termination of such stress and the end of the transitional period. I view community health as an especially useful index for assessing the dynamics of adaptation and rehabilitation among such relocatees.

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A community-health index not only measures the availability and use of new medical services, it also addresses the broader dimensions of health as a state of being sound in body and mind. Relocates may be in a better physical condition due to improved medical care and food aid; yet, unless their state of mind is also normal, they will always feel "strangers in a foreign land" or "temporary settlers"—to use two informants' phrases—and consequently continue to be dissident and dependent. This paper addresses the community-health aspects of relocation as manifest in three domains of Nubian life: (a) the food crisis; (b) the health and social implications of the new settlement pattern; and (c) the relationship of government health services and "resettlement illness" to adaptation and rehabilitation processes.

THE RELOCATION FOOD CRISIS

There was a delay in making the necessary arrangements to accommodate Nubians in their new locality. They had to be relocated at certain dates so that the engineering aspects of the dam construction could meet the schedule. As a result, the Nubians were moved to an area not yet capable of meeting their food demands, since only 10 percent of the allocated area in the Kom Ombo region was ready for cultivation. The arrival of 50,000 people in a nonproductive land immediately caused a food shortage and a substantial rise in the price of commodities. The Nubian newcomers to Kom Ombo relocation area had to go for quite a distance to find food, especially fresh vegetables and fruits.

In order to counter the relocation food crisis, the government made bread and groceries available in the local markets. However, this measure proved inadequate to meet Nubians' demands. Seventeen newly-established modern bakeries were put into full operation to provide the settlers with bread, the basic food item in all Nubian meals. Nubians gradually abandoned the market bread, however, and replaced it with their home-baked bread that suited their budget and taste. These bakeries established in New Nubia were very expensive and are all closed now except for four which provide bread for schools serving meals to students. Groceries and canned beef and fish were also available in four state-managed consumer cooperatives, but settlers were dissatisfied with the price and taste of canned food to which they were not accustomed. They thought that canned food was unhealthy and caused stomach troubles. In their view, it is not courteous to serve canned food to guests. One measure taken by Nubians to meet the shortage of green vegetables was to develop small gardens similar to those they had had in old Nubia. These gardens were formed by putting alluvial soil onto the sand in courtyards or in front of the house if there was a suitable place and irrigating them with water from the public taps, despite official efforts to discourage this use of the relatively limited potable drinking water.

In assessing the relocation food crisis and its implications for individuals and community health, it is important to point out that Nubians did not by any means reach a state of starvation; yet, the food situation was very unfavorable on both health and social grounds. For several months before relocation Nubians, as part of their preparation for the move, ceased to cultivate their lands and consumed their animal and grain stock. In some instances, when the departure schedules were postponed, the food situation was reported to be extremely bad. As a result, the Nubians were actually in a state of undernourishment long before they settled in the new land. The state of insufficient and inadequate food in the new locality resulted in malnutrition among people who were already undernourished. Doctors found that the food crisis affected the health conditions among the relocatees at a time when the Nubians needed to be physically capable of coping with relocation stress. Doctors also reported that protein deficiency was evident in the Nubian diet. Resistance to infectious diseases was described as very low, especially among infants and elderly people. Official vital statistics show a high rise in the crude death rate among the relocatees during the two years following relocation; from 13.6 in 1963 (the year preceding the beginning of relocation) to 23.6 in 1965 (the year following the completion of relocation). This substantial increase in mortality, in spite of the improved medical facilities, is a possible consequence of the food crisis and its complications. The insufficiency and inadequacy of food over a long period created a state of anxiety among the relocatees due to the uncertainty of life prospects in the relocation area and aggravated "the grieving for a lost home" (Fried, 1963).

To cope with the food crisis in the relocation area, the government requested food commodities from the United Nations' Food and Agricultural Organization (FAO) as a relief measure for the economic hardship among the people in the relocation area. The distribution of FAO commodities began almost one year after relocation and lasted for 18 months, from January 1965 to June 1966. In 1970, the World Food Program (WFP) provided food commodities only to Nubian landholders as an incentive measure for land development. The other Nubians viewed that as a discriminatory measure. They believed that the government ought to support them until they all became economically secure as they were promised. But when would Nubians consider themselves economically independent? This is an unanswered question for Nubians who still complain of the meager returns from the new land, which was given to them as late as 1970. It appears that many Nubians wish to continue in the status of a deprived and unrewarded people so that they may benefit from a longer dependency period.

The uses of food-aid commodities clearly indicate that Nubians liked receiving aid and wish to have it continue. FAO food aid was composed of wheat flour, cooking oil, and dried skim milk. Nubians reacted favorably to this aid and made good use of it except for the oil, which they regarded as rancid because of long storage. Informants reported that flour distribution encouraged them to give up market bread and return to their old custom of breadmaking. The WFP commodities were composed of cheese and sugar. However, Nubians disliked the taste of cheese and preferred instead to sell it cheaply in the town market. The same was true for oil. In sum, a common feeling among the Nubians was that "food aid helped us to survive." In the absence of baseline data, doctors cannot reliably assess the impact of food aid on the relocatees' health. Nevertheless, they believe that food commodities did improve the quality of the Nubian diet to some extent. It has also been difficult to compare those who receive food aid and those who do not since the latter group has access to food commodities through purchase.

The relocation food crisis is not unique to the Nubian case. Other African dam relocation schemes (e.g., Volta in Ghana and Kariba in Zambia) had to seek food relief for their relocated populations from local or international resources. On the basis of the Nubian experience, it seems that relocatees should begin receiving food relief *before* the actual evacuation in order to minimize subsequent cultural disruptions (cf. Butcher, 1970). The problem does not lie here, however.

While the transitional period should be as short as possible, the history of African relocation projects shows that in some areas it has lasted as long as some seven years, as in Ghana in connection with the Volta dam relocation scheme. The most serious consequence resulting from a long transitional period is the development of a dependency syndrome among the relocatees. If international food aid is extended either as a relief measure or as an incentive policy during the transitional period, it can be dysfunctional to rehabilitation. This dysfunctional effect lies not only in increasing and intensifying dependency among the relocatees (thus hindering or at least prolonging their adjustment process), but also in the possible creation of local governmental dependence on the donor international organizations. The possibility of obtaining or extending international food aid could encourage delays in getting the relocation areas sufficiently productive during the immediate years following resettlement. Thus, it would be desirable to begin food aid early and to wean the people away from such aid as soon as practicable after relocation.

THE SETTLEMENT PATTERN

The Nubian relocation area lies in a recently reclaimed and irrigated land on the eastern side of the Kom Ombo valley in the northern section of the Aswan governate. For ease of construction and in order to facilitate access to the physical infrastructure and public utilities, New Nubia was designed as a relatively compact area combining 600 hamlets (previously dispersed along the Nile's banks over a distance of 350 kilometers) into 43 villages occupying some 200 square kilometers, including the new lands reclaimed for cultivation. Consequently, villages were situated contiguously in contrast to the old settlement pattern. In compliance with the policy of economizing the cost of village construction, the new houses were built symmetrically in blocks according to house size, varying from one to four rooms in addition to a courtyard, kitchen, and bathroom.

An immediate consequence of the new settlement pattern was the sudden and intense contact of a substantial number of people in a relatively confined area. Moving from the old setting to the new land was described by one informant as like "moving from a suburb to downtown." A school headmaster viewed the repercussions of that shift as a great transformation: "The new landscape is different: there are no trees, no rivers. The pace of life is different too. In old Nubia life was truly natural, simple, easygoing and particularly informal. These things have been changed a lot. One feels here that he lives in a whirlpool." This "whirlpool" feeling was widespread and contributed much to the tension and stress predominant among the relocatees.

A majority of the relocatees expressed displeasure with the new houses and the residence pattern in the relocation area. One major complaint was their transfer from spacious and separate dwellings into compact and contiguous one-story homes with relatively low dividing walls. This created a common feeling of insecurity and lack of personal privacy. Nubians were also frustrated at suddenly finding themselves in contact with groups other than their relatives and neighbors. Many lived in great fear of the neighboring non-Nubian settlements. In the year or two following relocation, many Nubians used to fire shots at night to warn off whoever might have bad intentions. While political and economic contacts between Nubians and their neighbors have increased since resettlement, Nubians are still cautious and socially introverted. Another reason for Nubians' discontent is that the distribution of the houses on the basis of family size resulted in the fragmentation and dispersion of social and economic units already established in the family-based neighborhoods.

The housing situation, then, seemed to contribute to Nubians' unwillingness to accept the realities of the resettlement experience and to cope with its challenges. Instead, they became extremely restless for quite a time during which they protested, vociferously though peacefully, to government officials and institutions about the failure of housing arrangements to accommodate their traditional life. Many relocatees viewed the new houses as a cultural threat and believed that something must be done to adjust the new living quarters to the old patterns. The linkage between traditions and Nubian homes was expressed clearly by a local leader: "If we want to maintain our old customs, we must maintain our Nubian architecture." Nubians, accordingly, did not wait for the outcome of their complaints nor did they comply with the engineering notion of maintaining the conformity of a common architectural design of the new houses as a feature of modernity. Shortly after relocation, they began remodeling their houses by reasserting, whenever possible, basic elements of their past architecture. The women should be given credit for taking the initiative and participating in a widespread practice in most of the villages "to change the government house to Nubian homes."

Relocation to a compact new land increased the population density. The small, widely separated hamlets (each of which had had less than a hundred residents) were replaced by densely populated and contiguous settlements of which nearly 25 percent had populations of over 2,000. Room crowding also became a common phenomenon; statistics show a remarkable increase in the crowding rate after relocation, from 0.7 persons per room prior to resettlement to a rate of 1.7, two years after relocation. During the first years following relocation, village population density and overcrowding in the houses helped to spread communicable diseases such as dysentery, measles, and a form of encephalitis. The general health conditions of animals, especially cattle, deteriorated as a result of the dense crowding and the change from their accustomed habitat. Crowding is even worse in 1975 than in 1966, due to the growth of relocated families since resettlement, a fact not considered when houses were first distributed. The Nubian population is also increasing because of the return of many urban Nubians to join their immediate families or close relatives who must accommodate them in already reduced living quarters.

In coping with the problems of overcrowded houses, Nubians tried two major solutions. One solution, carried out only by the few who could afford it, was to add a second story to their houses. This was not only costly but also risky due to the lack of solid foundations and strong walls. Perhaps more importantly for neighborhood privacy and security considerations, Nubians themselves discouraged this approach. Instead of vertical extension, they extended their houses horizontally wherever space permitted. They also built barns for animals either in the middle of the streets or in the nearby spaces. Unlike Egyptian peasants, Nubians do not like to have their field animals kept inside the house. During my 1975 visit to the area, I found some villages where streets were occupied by animal barns; as a result, animal waste and flies had become a health nuisance.

Cleanliness, a distinctive quality of old Nubian villages, is disappearing in many villages where space can no longer accommodate the human and animal population growth. The Nubian population increased some 25 percent between 1963 and 1966; the official estimate of the 1974 population size was 85,000 in comparison to nearly 47,000 in 1963. The number of livestock and poultry has also increased, especially for Nubian families engaged in agricultural work.

Due to the lack of coordination between housing and agricultural planning schemes, some villages were built in unsuitable sites that subjected them to a serious water-drainage problem. Although the relocation area is relatively flat, it slopes slightly from east to west toward the Nile. Swamps have been and still are forming in several places and have become a good habitat for mosquitoes. This problem is found in nearly 20 percent of the new villages, one of which has become so unfit for human habitation that it had to be relocated to a new site. One serious repercussion of the poor water drainage is the problem of fast filling of house latrines and the necessity for constant latrine sewage removal. Nubians complain of the cost and effort of cleaning house latrines. Delays in cleaning latrines often cause problems among neighbors due to the bad smell and seeping water and solid waste. Wash water is also thrown outside the houses in the streets, causing many disputes among neighbors. The water drainage and latrine sewage difficulties have increasingly become not only a nuisance for many people but also a serious health problem.

The preceding description attempts to show the complexity of community-relocation schemes and the many variables and unforeseen consequences involved. It illustrates the kind of health and social problems that occur in a new settlement and residence scheme designed for a relocated population. In planning new villages and houses, planners must bear in mind the dynamics of population growth and their serious long-term implications for individuals and for community-health conditions. The physical and psychological stresses that result in part from the housing arrangements impede a smooth and rapid adaptation to the new environment. Such stresses have negative implications for the government's rehabilitation policy. The current housing situation, with its health implications, should not be overlooked as an important factor in the continuing unwillingness of many Nubians to accept New Nubia as their homeland.

GOVERNMENT HEALTH SERVICE AND "RESETTLEMENT ILLNESS"

Health services were planned and implemented to raise the health standards of the Nubian relocatees from what had been the traditional situation. The dispersion of small villages along the Nile in the old Nubian setting made it extremely difficult for many Nubians to have access to government medical care. Only a twenty-bed hospital was located in the central town of Eneba, in addition to limited hospitalization service offered by a German missionary in the northern part of old Nubia. In southern Nubia, health services, especially in connection with epidemic disease control, were provided to inhabitants by means of river steamer. In effect, government health services were very limited and of marginal use to Nubians, who depended mainly on their folkways in the diagnosis and treatment of diseases. Their folk medicine was tied to their belief system, local environment (especially in relation to medical ingredients), and ceremonial practices.

The response of Nubians to government medical services has been exceptionally favorable. The relocatees believe that the provision of medical services is a positive consequence of resettlement. Health officials indicate that the positive response of the relocatees to improved medical services has probably contributed to the lowering of the crude death rate, especially among the infants. Available statistics indicate a tendency toward a lower death rate after a rather unusual rise during the two years immediately following relocation. (Note the stress of the relocation experience in this peak in the death rate.) The crude death rate became 17 in 1974 in contrast to an average of 23 for the years of 1964-1965. Yet, it is still higher than a national rate of 14.5 for 1974 and is also higher than a yearly average death rate of 14 between 1956 and 1959, prior to resettlement.

Records show that a substantial number of Nubians visit out-patient clinics. There is also a waiting list for people applying for hospitalization. However, the scene of men, women, and children crowded into clinics should not, according to local doctors, imply the existence of an ill community. Rather, they reflect a

common desire among the relocatees to benefit as much as possible from the free medical services, whether or not they actually need them. On market days, for instance, a visit to the health clinic has become a routine practice among market clients, especially among those women who regularly shop at the weekly market. The doctors also point out that many clients do not mind waiting for hours just to complain of very minor things such as a "simple headache" or a "finger-scratch," or to ask for vitamins for themselves and relatives. The feeling among the relocatees is, doctors assume, "Why not make use of a free service?" When asked why they go to the clinic for such minor matters, informants do express such an attitude.

Despite the improved medical services and the good use Nubians have made of them, their folk medicine continues to exist, although with some accommodations. For cases of cold and dysentery, for example, folk medicine is applied in addition to doctors' prescriptions. If the ingredients for folk medicine are not available in the new habitat, doctors' prescriptions are followed. The general tendency, however, is to substitute "clinic medicine"—to use informants' terminology—for their traditional medicine only in case of organic diseases. But mental illness continues to have its folk practitioners and treatment. "This is not the kind of illness that one takes to the clinic doctor. We have our specialized doctors"—to quote an informant. Diseases, in the Nubians' view, fall into two major categories: one related to the body, i.e., organic; the other connected to the mind, i.e., mental. Organic diseases can be cured by either folk or clinic medicine, but mental illness requires a complex set of ceremonial diagnosis and treatments, which come under the realm of traditional Nubian folk medicine rather than clinic medicine.

A striking example of using medical facilities while continuing traditional practices is the case of childbirth. Pregnant women often register their names in the clinic's maternal care section, mainly to take advantage of the free medical care and food aid for themselves and their babies before and after delivery. While it is expected that specialized nurses, who are available in the clinic at all times, will be called upon for delivery, childbirth often occurs with the help of village midwives, with the nurse called in immediately after the baby is born. She does the necessary post-partum medical care; consequently, the mother continues to receive maternal services. Meanwhile, the midwife is given the opportunity to perform her traditional function. By such an arrangement, an adaptive mechanism has been worked out to take advantage of the new without disturbing or abandoning the old. For instance, one nurse said that she assisted in the actual delivery in only two out of twenty maternal cases during January 1975. Health officials believe that it is only a matter of time until pregnant women seek birthcare through the clinic services, especially since the number of midwives is declining. The current trend is that once a midwife dies or retires, her daughters, relatives, or others have little desire to take over.

One medical service that received the minimum response of the relocatees has been the distribution of contraceptives. Like other rural areas in the region, New Nubia was provided with family planning clinics where pills would be available free of charge. Records, however, indicate a very limited response and a high percentage of drop-outs among registered clients. There are many reasons, technical and human, that cause such lack of interest. To cite just a few examples, the pill seems to be an inappropriate contraceptive device given the irregular pattern of absent husbands. Moreover, Nubians would prefer to have a large population to cope with the dominant neighboring groups rather than a "shrunked community," as one local Nubian leader commented. Female modesty, husbands' reluctance, and suffering from the pill's side-effects were other reasons often reported by women for refusing to use the pill. Whatever the reasons, the significant question is whether or not Nubians actually need birth control at this stage of demographic instability.

I wish to distinguish between diseases that resettlement actually brought about—or those that Nubians already had before resettlement—and the state of "feeling ill" as a result of resettlement. A health survey in a sample of Nubian villages was administered during the fall of 1975 as part of a nationwide study assessing the health impacts of the Aswan High Dam and Lake Nasser. It is not my intention here to list the kind of diseases emerging from resettlement, as no empirical material is yet available, but it is widely assumed among officials that the extension of irrigation in the relocation area and the increasing contact between men and water has resulted, or will result, in the spread of bilharzia. No comparative statistics are available to validate such an assumption, however. Doctors report finding cases of bilharzia among the relocatees, but they do not view the disease as widespread. It seems possible to predict limited incidences of bilharzia among the relocatees in

contrast to the neighboring groups, since only 60 percent of the relocated Nubian families are landholders, of whom a large proportion are not actually engaged in agricultural work. Also, since children are encouraged to go to school, they are rarely seen doing agricultural work. Yet, children are exposed to the disease much more than men because of their frequent swimming and bathing in canals, especially on warm days year round.

When asked what new diseases had appeared and what old diseases had disappeared since resettlement, informants responded that despite improved medical care, they were much healthier in their homeland and have become "sick" in the new land. Old Nubia is "health," while New Nubia is "illness," an informant said. No old diseases have gone away; on the contrary, informants generally said, they have increased. Their list of new diseases includes heart attacks, diabetes, high blood pressure, and mental disorder, to mention only the most common. Some informants mentioned crime, in terms of theft, mugging, and rape, as a serious new community disease brought about by resettlement. This runs contrary to the feeling of security they enjoyed in their old home villages, referred to as "the land of security and peace." While police records indicate a minimum crime incidence compared to the unusually high crime rate of the neighboring communities, police officials said that Nubian young men seem to have gradually adopted some crimes (such as rape and mugging) from neighboring groups. Nevertheless, because of the common stereotypes about Nubians as honest and peaceful, and about neighboring groups as aggressive and dishonest, the latter have always been scapegoats for whatever crime or delinquency occurs.

Among the things women complained of was physical fatigue. Some women informants indicated, more specifically, that in many cases giving birth is not as smooth as it used to be. In a similar vein, Fawzia Hussein, a female physical anthropologist who conducted research regarding the impact of resettlement on women's lives, has said that the limited physical movement of relocated women in contrast to what they were used to, combined with a long period of stressful life possibly has affected their health conditions and in some cases their physiological performance. During the two years following resettlement, women were actually engaged in hard physical work such as gardening for food and assisting in remodeling their houses into better living quarters. Recently, their activities have become limited and take place mostly indoors or within the village boundaries.

Relocation affected not only the women's physical health but also their mental health. Female informants reported an increase in the incidence of psychological depression and mental disorder among Nubian women. Some reasons are related to the lack of privacy in crowded living quarters and the absence of the security they had previously in their old habitat. George Gester, a Swiss traveler and photographer, was right to believe, in my view, that "the old architecture of the Nubian house aims to ease the mind of the departing husband" (1963:611). The new houses hardly provide such relief. While it was assumed that moving to the new land would provide better economic opportunities that could turn men into permanent village residents, that did not happen to the extent expected. Consequently, women found their men—whether husband, brother, son or father—once again absent and leaving them behind in a different setting in which women can not feel as safe or secure as they did in Old Nubia. In addition, women's responsibilities have become much greater than before. They continued to be the guardian of traditions, in addition to the heavy burden of coping with the everyday household-related problems and challenges aggravated by a bad economic situation and inadequate housing.

Most people who complained of the state of individuals' and of community illness are in their late forties and older. These "diseases" do exist, as doctors report, but are not widespread. Nubians may have had them before, but due to the lack of modern medical services, they were unaware of them. Doctors informed me that Nubians often come to the clinic complaining of being ill and diagnosing their illness as high blood pressure or diabetes, while tests prove negative. This phenomenon suggests that Nubians most probably imagine being ill to convince themselves and others that "New Nubia is particularly bad" and "relocation has actually been a misfortune." This attitude of rejecting the new situation seems to have contributed to the development of a "past-orientation" among many Nubians, especially the elderly. During my visit of March 1975, I found that many Nubian informants talked frequently about the "good old days," tended to reject their present situation, and hoped for very little in the future. In February 1975, when the government announced plans for settle-

ment and development of the dam's lake, the issue of returning to the original homeland was dramatized. Although there were opposing views, the fact remains that, if after a decade or more since resettlement, people are willing to move out, this indicates unsuccessful cases of adaptation in the new environment.

CONCLUSION

In September 1971, an international workshop on Human Settlements in New Lands in the Arab World was held in Cairo for two weeks under the auspices of the Social Research Center of the American University in Cairo. One issue argued at length was the question of how many years elapse before self-sufficiency among displaced people is achieved? In his rapporteur's statement, George Foster (1971) noted that the workshop participants raised the question whether, once a deep dependency relationship is established, as in the case of village relocation, can it ever be broken? Indeed, a number of studies suggest that once a critical dependency relationship is established between government and an individual, class, or a community, breaking the relationship is the exception rather than the rule.

In this context, the Nubian experience presents a striking exception. While the relocation scheme created a heavy dependence of the displaced community on the relocation authorities, since their arrival in the Kom Ombo region the Nubians have developed a more or less independent attitude in dealing with some of the immediate resettlement difficulties and problems. The widespread phenomenon of making small gardens in the houses' courtyards (or whatever space permitted) was an example of such independent practice to cope with the food crisis. Nevertheless, the relocatees did maintain a strong client relationship with the government in order to reinforce the government's moral obligations to accommodate the Nubian demands. Along with a gradual breaking of total dependency on the relocation authorities, the relocatees have also shown an explicit and vigorous attitude of resentment, which has resulted from the government's failure to keep its promises to provide satisfactory living conditions.

The community health aspects of relocation schemes should not be viewed as one-shot measures for providing new medical services to the relocatees at their new setting. They should be planned, implemented, and assessed as a longitudinal process that begins after relocation plans are declared (but before actual relocation) and continues until the relocatees show evidence of being sound in body and mind. Moreover, on the basis of the Nubian experience, it is clearly important to orient the relocatees from the beginning to take a participatory role and to pursue a policy of independence. Policy makers and social scientists need to pay attention to the mental as well as physical health aspects of the displaced community in assessing progress toward adjustment. The development of an adaptive state of mind needs, however, a potentially viable resettlement and development scheme.

I believe that the dependency syndrome can be minimized if governments make clear to the relocatees that, for example, the making of "stability, prosperity and a decent life" (quoted from the Egyptian Vice President's speech to Nubians in January 1960) is not exclusively a government responsibility. The role of the people should be spelled out and emphasized in order to promote a feeling of shared responsibilities and induce local initiatives. The relocatees, of course, should be given credit and shown appreciation for their sacrifices in the national interest, but they also ought to be aware that the government is able only to help them to regain their normal life. Commenting on the tremendous number of Nubian complaints, a top official made the point that the "government is now trapped by its previous promises which made Nubians believe that it would carry them on its shoulders rather than just helping them to stand up once again."

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