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By Anisa Wieder

Students attending Dr. Meenakshi Chakraverti's briefing on Pakistani and Indian women working to prevent deadly conflict participated in an exercise aimed at exposing stereotypes in order to facilitate a greater ease of communication amongst otherwise uncomfortable groups. Appropriately titled the "Stereotyping Exercise," this method of increasing the connection between people who have been divided by their assumptions about each other was originally used during the Cold War to enable American and Soviet doctors to more effectively communicate at international conferences.

The first step of this exercise was to make a list of four stereotypes that someone with whom you have an oppositional relationship might form about you. Students were then asked to consider which of these were the most inaccurate, painful, or offensive, and which were most understandably applied, though they may not be fully accurate.

Chakraverti began the group discussion by sharing the stereotypes she felt might be applied to her by American high school students. As a South Asian woman, she had been associated with the stereotype of curry smells, a generalization placed on people of her ethnicity because of the ingredients commonly used in cooking traditional Indian foods. She also discussed how Pakistani women might stereotype her as an idol worshiper because she was raised a Hindu. Chakraverti expressed that she understood why that was a common stereotype, but was still hurt by the inaccurate and negative connotations it associated with Hinduism by ignoring the more spiritual side of the religion.

As the exercise continued, more than one male Caucasian high school student expressed the offense they felt when placed under the "white boy" stereotype. One in particular had experienced comments like that from his basketball teammates, apparently called a "wannabe" because of his aspiration to play a sport typically dominated by other racial groups. "I think people should just respect where I'm coming from and where I'm trying to go," commented the boy.

Chakraverti's work is aimed at helping people – Indian and Pakistani women in particular - to do just that for each other. It is here that the role of relationship building in working to prevent deadly conflict becomes even clearer.

As she described, stereotypes are very powerful in dividing people on both large and small scales, and the level of difficulty there is in breaking them down helps to maintain that separation. The fact that this separation exists plays a major role in feeding violence and also apathy towards violence, meaning that though someone may not participate directly in violent acts, the more they fill their head with inaccurate generalizations about a group rather than seek to understand and humanize them, the easier it becomes to make excuses for crimes committed against them.

According to Chakraverti, Indian and Pakistani women tend to have very similar stereotypes of each other. Some examples of stereotypes Indian women place on Pakistani women are that all men have four wives and all women are secluded. In turn, Pakistani women are horrified by the Indian practice of suttee in which a widow is expected to throw herself onto her husband's funeral pyre, as well as the practice of female infanticide. In an effort to prevent the conflicts that are fueled by the negative views these groups have of each other, Indian and Pakistani women have begun to participate in dialogue groups.

"What we have done is tried to bring people together to talk and engage in dialogue, and try to learn more about why people hold these views of each other," said Chakraverti.

Relationship building is a way to move away from stereotypes and assumptions, to humanize what had previously been only an invention of society's imagination. As Chakraverti put it, "You might profoundly disagree with that person, but you are still seeing who they are. You are no longer looking at a stereotype." Throughout the discussions, she emphasized the importance of continuing to build these relationships, especially in times of progress.

"When things are getting better, that is also a time to act," she said, "so people trying to break things up will find it very hard."

It is understandable that all students are not able to directly participate in Chakraverti's cause, but that is not to say they are powerless: by harboring a greater understanding of why stereotypes exist and

the effects they have on society, everyone has the ability to prevent stereotype-related conflicts in their own relationships to others.

Trabajando en una Zona de Guerra

Por Lauren Cadish

En 1971 una pequeña organización llamada Médicos Sin Fronteras fue fundada por un grupo de médicos franceses. Un representante de la organización, Dr. Andrew Schechtman, habló acerca de sus luchas en Liberia como médico, explicando el proceso que se utilizó para salvar las vidas de tantos heridos y la gratificación de las personas.

Hace más de trece años, la pequeña nación africana de Liberia era un país próspero con playas hermosas, edificios altos y más de tres millones de habitantes. Cuando explotó la guerra civil, la estabilidad del gobierno se deshizo. Los niños liberianos fueron forzados a combatir. Los edificios y techos de las casas fueron destruidos. La necesidad para ayuda médica era esencial, y los Médicos Sin Fronteras ofrecieron sus servicios a civiles con enfermedades extremas.

Los Médicos Sin Fronteras es una organización que trata las víctimas de desastres naturales y artificiales, de conflicto armado, y de epidemias. Los médicos franceses que fundaron la organización se separaron de la Cruz Roja por desacuerdos sobre los derechos humanos. A diferencia de la Cruz Roja, que se calló generalmente cuando casos graves de infracciones de derechos humanos se concernieron, los Médicos Sin Fronteras querían atraer la atención del mundo a estas atrocidades injustas.

En agosto del 2002, Schechtman y su equipo en Médicos Sin Fronteras fueron colocados en Harper, Liberia, donde abrieron un hospital que tomaba entre veinte a treinta pacientes por día. Cuando su equipo fue evacuado a campos cercanos de refugio, ellos su centro hospitalizaba a más de 100 pacientes por día.

Cuando los rebeldes invadieron hogares civiles refugiados internacionalmente desplazados encontraron refugio dentro de los campos establecidos por los Médicos Sin Fronteras. Los pacientes fueron proporcionados con alimento, refugio, mantas, y agua limpia para beber. Inicialmente, los habitantes encontraron refugio en el campo de los médicos, pero el agua potable contaminó a mucha gente de enfermedades severas incluyendo el cólera.

Mientras Schechtman y su equipo fueron estacionados en el Condado de Bong, la ciudad principal de Monrovia llegó a ser la ciudad más afectada por la guerra. Schechtman y su equipo tuvieron que escoger entre permanecer en la ciudad de Monrovia donde la guerra era muy peligrosa, o irse del país. Los Médicos Sin Fronteras volvió a Monrovia, donde cambiaron su hogar a un hospital que refugiaba hasta 500 pacientes por día con sólo cinco médicos.

Después de trece años, Liberia es todavía un país en guerra. Aunque la seguridad de la capital ha mejorado, Schechtman, junto con muchos otros médicos, espera que esa paz llegue a todo el país.

Los Médicos Sin Fronteras, que empezó como una organización pequeña, ha crecido en bastante y ahora tiene más de 2,500 médicos que dedican de seis a doce meses de su tiempo. Ahora Médicos Sin Fronteras proporciona la ayuda médica para aproximadamente ochenta países y en 1999 recibió el Premio de la Paz de Nóbel. La organización recibe el ochenta por ciento de dinero por donadores privados.

Cuando Dr. Schechtman concluyó su presentación, terminó diciendo, “Salvando a una persona del cólera o la desnutrición no pareciera algo grande, pero si usted puede salvar la vida de una persona eso hace una gran diferencia para ellos. Les da una segunda oportunidad de vivir.” Dr. Schechtman y los Médicos Sin Fronteras muestran que esperanza todavía existe alrededor del mundo. A pesar de las dificultades que los doctores han tenido que perseverar para tratar a sus pacientes, el impacto que esta gente tiene en otros vale la lucha.

