

## Are You Calling Me a Racist? Why We Need to Stop Talking About Race and Start Making Real Antiracist Change

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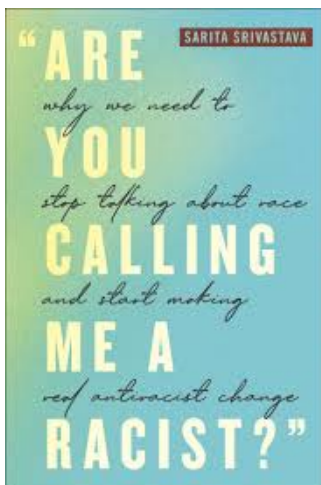
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**Book Title :** Are You Calling Me a Racist? Why We Need to Stop Talking About Race and Start Making Real Antiracist Change

**Author:** Sarita Srivastava

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Diversity, equity, inclusion, and belonging (DEIB) are concepts that health care systems are embracing, yet many struggle with where to start and how to progress. These DEIB efforts are driven by staff, by financial stakeholder requirements, and by data showing disheartening health disparities. Many organizations hire consultants or create diversity officer positions to conduct workshops, learning series, or task forces, but with mixed results. Dr Sarita Srivastava, dean and professor of sociology at the Ontario College of Art and Design University in Toronto, takes on the how and why behind these efforts, weaving together her own experiences as an educator and activist with extensive research and analysis of historical and contemporary events. She explores the current state of understanding around bias, discrimination, racism, and diversity, and the limitations of efforts to move from conversation to action.

This book provides a thorough overview of common organizational approaches to the DEIB landscape. Many sociology scholars have addressed the intricacies of racism, but have ignored, disregarded, or simplified the role that emotions play, relegating emotion to the psychological realm. Dr Srivastava asserts that emotions are more than personal expressions of feelings; they are central to the understanding of social problems and cultural relations. In this text, she delves into the role that emotions play in turbulent contemporary debates about social justice, further fueled by social media. An affective backlash takes place when the concept of racism moves away from being defined as overt, situated in the distant past, or as bad and immoral. When emotions are disregarded, racism is seen as inadvertent or the result of ignorance, so the natural response is education—expanding comfort zones, vocabulary, and knowledge of the impacts of the many levels of racism. Despite good intentions, the emotional response to confronting the ugliness of the tenacity racism turns the focus individualistically inward, defeating the viability of meaningful organizational systemic change. Even organizations whose mission statements include dedication to social justice and equity experience floundering frustration when it comes to creating profound change. In fact, as Dr Srivastava articulates, the emotional minefield exposed by the conversations these trainings facilitate can exacerbate organizational tensions.

Having experienced this herself, she felt the weight of its failure as personal, while seeing compassionate allies and colleagues become apathetic and frustrated. As a sociologist, Dr Srivastava turned to the literature and an extensive qualitative research project, interviewing people who work in community organizations and feminist groups in Toronto, Canada, half of whom identify as “visible minorities.” These excerpted and quoted voices are interlaced with literature about the overlaps between antiracism and other social change movements, like feminism or lesbian, gay, bisexual, transgender, queer (or questioning) rights. (Worth noting is that while exploring the shortcomings of

social change efforts around racism and social justice, she is quick to malign governmental political endeavors to ban educational interventions. These bans currently pose a genuine threat to the process of advancing from dialogue to action.)

Dr Srivastava articulates that while emotional processing is a key component to building capacity to work collectively in teams against racism, it is not an end goal. For real systemic change to take hold, organizations need to engage in approaches that go beyond individual introspection through workshops and training. Dr Srivastava quotes an interviewee: “Introspection is the first step. But I don’t think there’s going to be a step 2 or step 3” (p. 242). Reflection, apology, and listening, she states, are necessitous, but real solutions require more.

This book reads like a sociology text, in that it provides an academic perspective of the underpinnings of antiracism efforts, but may lack utility for those in health care eager to create effective next steps. In other words, this book provides a thoroughly researched understanding of what does not work but falls short of providing a roadmap for what does. The text ends on page 257 with a transition to acknowledgments and notes, but readers don’t get an outline for how to move an organizational approach from workshops to meaningful change until page 244. In these last few pages, Dr Srivastava describes the ACT framework: A for “ask questions” (How did we get here?), C for “collaborate” (How could things be different?), and T for “take action” (moving from emotions to directing emotional energy toward action).

The go-to first step of antibias and diversity training reflects little evidence toward making change in employment equity, reducing prejudice, or increasing cross-cultural sensitivity. Organizations that hire diversity consultants or officers may set them up to fail if those institutions are working in a culture that upholds entrenched practices and hierarchies. This book is an excellent read for those who want to understand the how and why behind the lack of results, but readers in the “doing” realm may be left craving for more concrete details. Perhaps we have a sequel to look forward to?