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Every day when you look in the mirror, what do you see? Do you notice attractive features? Or do you acknowledge flaws and imperfections? Many of us recognize what we choose to see in our reflection, or that we identify something that does not exist depending on our mood, or that we wish our reflection reveals something even if it is not reality. With the help of COVID-19, America has been forced to look in the mirror and recognize that its flaws and imperfections associated with recurring injustices has deeply soiled the moral fabric of this country. We have a serious dilemma in this current climate: being aware of what is directly in front of our faces for so long, yet we choose to ignore it. The recent events of police murder and brutality coupled with a pandemic and correlated economic fallout that disproportionately affects African Americans has forced America to revisit its reflection – a history that has been ignored.

The Centers for Disease Control and Prevention (CDC) and World Health Organization (WHO) have described the Coronavirus (COVID-19) as a highly contagious illness caused by a virus that can spread from person to person. If contracted, this virus may spiral into a critical illness for some and result in death for many others, with or without pre-existing conditions.

From my perspective, racism is its own pandemic (COVID-R) because it behaves as a viral illness of hatred, brutality, lies, double standards, hypocrisy, abuse and murder causing health disparities, social economic inequity and death among African Americans and other communities of color. COVID-R has been spreading viciously since the foundation of this country. For two hundred and forty-six years (1619-1865), Black people were considered collateral and wealth via enslavement. From 1865-1968, the birth and foundation of legal discrimination policies and laws caused inhumane treatment and suffering endured by Blacks. Similar to the scientific clinical context of COVID-19, racism has its own viral characteristics that are contagious and infectious, using a host (people) to reproduce and cause communal spread and death with the potential to exist for years.

African Americans comprise of 13% of the US total population, and yet, to-date, have the highest infection and mortality rates from COVID-19 than any other racial group.[1] One reason for this daunting statistic is the growing evidence around pre-existing chronic medical conditions such as type II diabetes and hypertension increasing the risk for severe complications and mortality when contracting COVID-19. African Americans are disproportionately burdened with a high prevalence of these co-morbidities and other health disparities, thus making the growing disparity of the impact of COVID-19 more apparent.[1] While the data around the medical perspective is undisputed, it is imperative to understand the connections between the societal racial infrastructure, health and the severe impact structural racism has on public health.

In the United States, long standing ideals and societal factors associated with white supremacy have shaped and laid the foundation for structural racism. Since the arrival of the first 20+ Africans in this country, racial segregation has been the spoke in the wheel of structural racism. In its simplicity, structural racism can be defined as the ways of which white supremacy ideas are choregraphed and shaped as a part of our lives. Dr. Tricia Rose, a professor at Brown University who leads a current study called the *How Structural Racism Works Project* defines structural racism in the United States as, "the normalization and legitimization of an array of dynamics – historical, cultural, institutional, and interpersonal – that routinely advantage Whites

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while producing cumulative and chronic adverse outcomes for people of color."[2] Residential segregation, also known as housing discrimination, is a clear example of this type of a legitimized system strategically designed to routinely advantage Whites while producing disadvantage circumstances for Blacks. Overtime, this system has resulted in a cascade effect; crystalizing the link between structural racism and public health.

Prior to COVID-19, the poverty rate for African Americans was 22% compared to only 9% in Whites.[1] Poverty, and poor quality housing and neighborhoods often lead to higher exposure and access to unhealthy commodities such as tobacco and alcohol, and less access to fresh foods and exercise outlets (gyms and safe parks). As such, underserved communities of color lack access to quality schools and healthcare, and are therefore more prone to working in essential industries earning lower wages and develop chronic illnesses such as obesity, cardiovascular disease and diabetes.[1] COVID-19 and COVID-R combined have exacerbated these health disparities and social inequities among African Americans. According to a study at Northwestern University, Black men are three times more likely to be killed by police within their lifespan compared to White men.[3] More formidable is that death by lethal force committed by an on-duty police officer is 2.5 more times likely to occur with Black people than Whites.[3] It is more apparent now than before that COVID-R is a public health issue. An article recently published in *Neurology Today* explains how structural racism is detrimental to the neurologic health of African Americans. The publication further points out several ongoing studies revealing direct correlation between racism to several chronic diseases such as hypertension and dementia, as well as acute illnesses such as stroke.[4] If Social Determinants of Health as we know it are the conditions in which people are born, grow, live, work and age,[5] then the evidence is unequivocally clear that COVID-R has brutally impacted every condition and component of well-being and the overall health of African Americans.

America, look in the mirror and ask yourself "what does all this mean?" Consider your reflection and acknowledge that, if truth be told, the COVID-R pandemic and its mutated offspring, systemic-structural racism, is so enflaming and traumatizing that the premise for naming racism as a public health issue is further emphasized in an editorial published in the New England Journal of Medicine stating that "Discrimination and racism as social determinants of health act through biologic transduction pathways to promote subclinical cerebrovascular disease, accelerate aging, and impede vascular and renal function, producing disproportionate burdens of disease on Black Americans and other minority populations."[4,5] It is no longer simply the case that which zip code you live in determines your life expectancy. It is now an atrocious absurdity to know that the reality of being a Black African American in this country means that you may lose your life while

- Receiving medical treatment (#Tuskegee Experiment)
- Being handcuffed (#GeorgeFloyd)
- Going jogging (#AmaudArbery)
- Relaxing or sleeping at home (#BriannaTaylor, #AtatianaJefferson)
- Asking for help after being in a car accident (#JonathanFerrell, #RenishaMcBride)
- Using your cellphone (#StephonClark)
- Leaving a party (#JordanEdwards)

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- Playing a childhood game of *cops and robbers* in a public park (#TamirRice)
- Walking home from the store with a bag of candy (#TrayvonMartin)
- Receiving a normal traffic ticket (#SandraBland)
- Reading a book in your own car (#KeithScott)
- Walking with your 10-year old grandchild (#CliffordGlover)
- Shopping at Walmart (#JohnCrawford)
- Attending weekly bible study at church (#Charleston9)

It is ridiculous to know that the amount of melanin in your skin or simply *living while being Black* has become the new variable that determines mortality rates.

The conversation on race/racism is uncomfortable, and it should be. This country is methodically unequal and crafted to favor one group over others. In this issue of the Delaware Journal of Public Health, you will read and hear from a wide range of perspectives and authentic viewpoints on Racism and Health. The leaders of this journal have taken a bold approach in creating space to have a difficult conversation on this topic, and I am honored to serve as one of the Guest Editors. This edition provides a platform for authors who otherwise may not have an opportunity to use their voice and contribute in an unconventional way to tell their stories, share traumatic experiences, and shine a florescent light on current data associated with America's history on this topic. So, let's get comfortable with being uncomfortable, and have a consistent conversation about racism (COVID-R) as a public health crisis. Education, awareness, funding, training and legislation are all essential to addressing this 400+ year old pandemic, but somehow it is not enough. What is the secret sauce? If we do not face reality and acknowledge our individual contributions to communal spread of COVID-R, then how can we fundamentally change this public health crisis? Take a second look in the mirror America. What do you see?

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