

Health Inequity Exposé: The Rhetoric of Racism as a Public Health Crisis

Riya Mehta

Introduction: Framing Racism through Healthcare Rhetoric

Racism is increasingly recognized not only as a social injustice but also as a critical determinant of health outcomes in the United States (Ramsoondar). The ways in which racism is discussed in public discourse shape how policymakers, healthcare institutions, and the public understand its impact on health. In her 2020 article “Toward a Cure: Cities Declare Racism a Public Health Crisis,” Tamara E. Holmes reframes racism as a health imperative and builds a case for reconstructing healthcare systems to address racial disparities. Through her careful selection of language and purposeful tone, Holmes argues that systemic racism is not only a social injustice, but also a severe public health crisis that threatens the welfare of marginalized groups.

Rhetoric is often defined in the Aristotelian sense as the strategic use of language to persuade, inform, or motivate an audience (Rapp). There are various interpretations of rhetoric based on discourse, power structures, or cultural production (Yazdannik); however, this manuscript builds upon this classical framework as a foundation to examine the ways language functions in healthcare contexts. The primary aim of rhetoric in healthcare in most contexts is to shape how health issues are interpreted and how institutions respond to them. Yet, the definition of healthcare rhetoric has remained highly debated in the field. Scholars have used a variety of terms to describe it, including “healthcare rhetoric,” “medical rhetoric,” or more general “rhetorics of health and medicine,” with each of these emphasizing a slightly different focus, ranging from clinical interactions to broader public and cultural conversations (Heifferon and Brown; Melonçon). This extensive deliberation is a sign of an ongoing attempt to define the field’s boundaries and to expand its relevance to practitioners, policymakers, and patients.

In this analysis, healthcare rhetoric refers to the study of how language, policy discourse, and persuasive framing affect institutional practices and public perceptions of health issues. Researchers have demonstrated that public perception and institutional reactions can be influenced by how healthcare systems address problems like care access (Melino et al.). In a similar way, discussions of structural competency argue that social and political structures have a significant impact on health outcomes and that acknowledging these influences necessitates deliberate framing within healthcare discourse (Hansen and Metz). These rhetorical decisions have an impact on whether systemic issues or individual behavior are blamed for health disparities. According to Holmes’s article, this rhetoric is influenced by the political and social environment, especially the increasing acknowledgement of racism as a public health issue.

Yes magazine is a nonprofit publisher that focuses on solutions journalism, aiming to address big social problems by highlighting structural and systemic change. The mission lines up with Holmes's support for healthcare reform and her efforts to call out racial injustice. The magazine's commitment to fairness and accountability connects with Holmes's writing style and the topics she covers. With nearly 20 years of experience as a journalist, Holmes has written about issues like economic justice, personal finance, and equity. Her work shows a strong dedication to creating opportunities for underrepresented communities. She's written many pieces that expose racial injustice, especially in healthcare, which add depth and credibility to her article.

Holmes's article is an excellent example of social justice-oriented healthcare rhetoric, designed to educate the public about healthcare practices to create desire to strive for equitable changes in healthcare policy, to improve both morbidity and mortality (Stabile). In her writing, Holmes uses rhetorical strategies to make her message more powerful and relatable. She blends personal stories with historical facts to show how racism affects people's health. She also uses statistics and policy examples to back up her points and push for change. Holmes's use of language to convey urgency and empathy, her emphasis on systemic responsibility over individual blame, and her appeals for policy reform shape how readers understand racism's impact on health. This analysis interprets Holmes's article as a persuasive contribution to the ongoing discussion on health equity, building her argument within a broader societal and historical context.

Holmes's article was published during a period of heightened national attention to racial injustice in the United States. In May 2020, the murder of George Floyd by a Minneapolis police officer sparked widespread protests and conversations about systemic racism across the country (May). This gave rise to a larger racial justice movement that addressed systemic injustices in housing, healthcare, education, and law enforcement. As a reaction to the massive demonstrations that followed George Floyd's murder, a number of states and cities during this time formally declared racism to be a public health emergency. Press conferences in Milwaukee, Boston, and even the entire state of Michigan declared racism to be a public emergency (Mendez). American citizens themselves spearheaded this effort to demand change and promote community advocacy (American Public Health Association). Holmes places her argument within this social and political movement by framing racism as a systemic threat through language related to public health.

Theoretical and Methodological Framework: Analyzing Healthcare Rhetoric

The analysis I present heavily references Joyce Kinkead's *Researching Writing* (pp. 204–253) as the foundation for examining Holmes's rhetoric. This chapter, titled "Analyzing Text and Discourse," discusses the importance of analyzing both the content and structure of language to uncover cultural and societal influences, providing a framework for understanding Holmes's discourse. Baseline understanding of rhetoric allows readers to elucidate both the basis of each statement and to understand how it is applied to a broader conversation. This method allows for a more thorough examination

of Holmes's rhetorical devices and how they support her goal of promoting health equity. In reference to healthcare, rhetorical analysis involves examining how language creates a sense of responsibility and care within healthcare reports.

In healthcare rhetoric, systemic critique is the analysis of how health disparities are produced by structural factors rather than individual behaviors, shifting focus from personal responsibility to institutional accountability. This method emphasizes how policies and access to care influence health disparities rather than attributing results to individual choices (Braveman et al.). Expanding upon this concept, the framework of structural transformation highlights the necessity of changing these fundamental systems by means of legislative reform. Researchers suggest that in order to effectively address the social determinants of health, coordinated public health and policy initiatives must actively reshape these structural influences in addition to identifying them (Hansen and Metzl; Karatekin et al.). This framework supports the use of language in healthcare and public health rhetoric to both describe injustices and promote systemic change, since discourse can affect institutional action as well as public perception (Melino et al.).

By examining Holmes's article through the Kinkead's lens, readers are allowed to understand how rhetorical choices influence broader conversations about racial health inequities. At its core, this analysis addresses two primary questions: How does Holmes use language to communicate the urgency of racism as a health crisis? What rhetorical strategies she utilizes to advocate for systemic healthcare reform? This analysis examines Holmes's use of urgency, empathy, and systemic critique to persuade readers. Kinkead's model emphasizes the importance of analyzing both the content and structure of language to uncover cultural and societal influences, providing a framework for understanding Holmes's discourse. This method allows a more thorough examination of Holmes' rhetorical devices and how they support her goal of promoting health equity. Holmes uses evocative words, such as "public health emergency," to create urgency and inspire empathy, which is vital to create a sense of public responsibility to advocate for change. Holmes highlights institutional responsibility by employing Kinkead's idea of systemic critique rather than personal accountability, which strengthens her case in the framework of structural transformation.

Analysis: Rhetorical Strategies in Holmes's Healthcare Discourse

In "Toward a Cure: Cities Declare Racism a Public Health Crisis," Holmes employs healthcare rhetoric to convey urgency, evoke empathy, and promote systemic critique. Holmes employs deliberate use of language with phrases like "public health emergency" and "crisis" to evoke a sense of urgency, while cultivating compassion among readers. Secondly, instead of focusing on individual responsibility, Holmes emphasizes institutional accountability by utilizing Kinkead's concept of systemic critique as a framework of broader healthcare structural transformation. Lastly, Holmes's calls for policy reform, demonstrating how discourse can move past simple awareness to cultivate action and structural change. Together, this rhetorical framing is consistent with the larger objectives of healthcare rhetoric, which include understanding how

discourse affects public opinion as well as institutional reactions and the development of policies.

Urgency and Empathy as Rhetorical Appeals

Holmes utilizes a tone that is both urgent and empathetic, conveying the severity of racism as a public health crisis while also appealing to the morale of her audience through her utilization of intentional selection of language. Her choice of words, such as "crisis" and "emergency," emphasizes that this is a current issue that needs immediate attention; these two words are cited countless times throughout the articles, via direct quotes from regular people, to credible people of power, to Holmes utilizing the words herself. Prior to citing statistics regarding disproportionate mortality rates in Black populations, she added the phrase "disturbing health trends," cultivating a feeling of concern among readers. In the same way, phrases like "we must act" create a sense of collective responsibility for the public, as the word "we" makes all readers feel responsible. Holmes's language aligns with what Kinkead describes as a discourse that "reveals deeper social and cultural influences," (210) as in the societal need for empathy toward marginalized communities. By creating a sense of exigence through careful selection of language that calls to emotion among readers, Holmes encourages her readers to view the health disparities faced by communities of color not merely as statistics but instead as an urgent issue that affects individuals within affected communities. Throughout her article, Holmes quotes a variety of people who represented a variety of agencies, from statements from the American Medical Association, the American College of Emergency Physicians and the American Psychological Association declaring racism an urgent public health issue, to personal anecdotes of regular people from the community and their experiences on health disparities, to even citing online movements like #defundpolice. The various points of view Holmes references throughout the article allow readers to form their own opinions on the matter, as they can decipher whose viewpoint is meaningful for their own interpretation.

Systemic Critique vs. Individual Blame

A key aspect of Holmes's argument is her focus on systemic accountability rather than individual blame. She differentiates between personal biases and the structural practices that perpetuate health disparities, writing, "This is not about blaming individuals but about acknowledging structures that disadvantage people of color." This alludes to infrastructure and policies that allowed systemic racism to exist, and the first step for change is identifying the origins of these structures. This approach aligns with Kinkead's model, which emphasizes the importance of analyzing discourse within systemic contexts (217). By addressing institutional practices, Holmes broadens the scope of her argument, appealing to policymakers and healthcare providers as agents of systemic change.

Holmes's utilization of rhetorical strategies is similar to existing publications that identifies racism as a structural determinant of health. Hardeman et al. describe structural racism as a "confluence of institutions, culture, history, ideology, and codified practices that generate and perpetuate inequity," bringing attention to the fact that disparities are not the result of individual actions but broader systemic forces. Similarly, Bailey et al. argue that structural racism has shaped the distribution of social determinants of health, concluding they play "a substantial role in shaping the... population health profile of the USA, including persistent health inequities." Utilizing a similar foundation of thinking, Holmes reinforces this idea that health disparities are built upon long rooted systemic conditions rather than isolated factors. She addresses this by carefully selecting language to fully communicate this concept that has been established in public health literature. Additionally, by analyzing the impact of racism on healthcare access in New Zealand through a comparative study, Harris et al. give readers a global perspective on how systemic prejudices lead to disparities in healthcare outcomes and access. The study came to the conclusion that racism increases unmet needs, lowers satisfaction, and increases negative experiences with healthcare, all of which contribute to worse healthcare and healthcare disparities. By demonstrating how prejudice in healthcare can lead to detrimental health effects through both physical neglect and psychological pressures experienced by those who are disadvantaged, it connects to Holmes's stance that it is the public's duty to consider the consequences of individual biases and behaviors in addition to advocating for policy changes.

This perspective is further supported by existing viewpoints of scholars on structural racism and health equity. Bailey et al. identify racism as a structural predictor of health disparities affecting outcomes like disease prevalence and mortality rates, acting as a structural predictor of health. This emphasis on structural accountability directly mirrors Kapadia and Borrell's discussion specifying instances of institutionalized racism throughout United States history and providing examples of policies causing health care disparities, like redlining and housing segregation leading to worse social determinants of health in affected communities, or inequitable employment and economic opportunities as drivers of employment status and income inequalities, and even massive incarceration being a product of failing public systems like inadequate education and insufficient social services and affordable housing amplifying each other's health inequities. They further call for systematic policy changes to eliminate disparities.

Similarly, this is demonstrated when Holmes writes, "[The Food Trust in Philadelphia] advocates for food retail development in areas that don't have enough supermarkets—often in predominantly Black neighborhoods." The Food Trust eventually caught the attention of state policy makers to create a Reinvestment fund that now provides 400,000 Philadelphia residents access to healthy food. This effort shows how cooperation between several systems, such as urban planning, nutrition, and healthcare, must work together to target racism in public health. It also goes on to prove that once policymakers get involved, they can covet change to improve the lives of masses, it just takes public outcry to motivate reasoning. The change required is not

dependent on one or two public agencies, but instead cooperation among a community of organizations to support those disproportionately affected by systemic injustice.

The Rhetoric of Policy Reform: From Awareness to Action

Holmes makes an argument for lawmakers to consider racism as a health concern in her article's closing. She appeals to the audience's feeling of justice by framing healthcare reform as a moral duty. Holmes's argument links systemic injustices to measurable health effects, specifically when she discusses the impact of food deserts on the prevalence of obesity and other disparities in the black community. Holmes's language mirrors Kinkead's focus on the persuasive power of structural critiques. Her demand for change is consistent with the claim made by Hardeman et al. that anti-racism journalism can influence social change by supporting laws that eliminate systemic injustices.

White versus Black mortality rates have been a long discussion in healthcare epidemiology, as historically the Black population has had a disproportionately higher mortality rate in various pathologies. However, when Yehia et al. analyzed mortality rates for Black and White patients hospitalized with COVID-19 with consideration of insurance status and hospital status, endpoint mortality is similar. These results suggest that racial differences in COVID-19 morbidity and mortality outcomes could have been mitigated by providing equal access to healthcare services. Furthermore, these results demonstrate that mortality outcomes were comparable across all racial groups if proper healthcare services were obtained, which highlights the necessity of equal access to healthcare. The 2021 National Healthcare Quality and Disparities Report discuss how equal access to healthcare is vital to promote health equity, prevent disease, and reduce premature mortality, ensuring everyone has a fair opportunity to reach their highest level of health. It improves overall quality of life, lowers financial strain and fulfills a fundamental human right by eliminating disparities.

The relationship between healthcare journalism and antiracism initiatives is also reflected in published literature. By presenting racism as a public health concern and advocating for structural changes in the healthcare system, media can strengthen antiracism efforts, as noted by Hardeman et al. This is evident in reporting on COVID-19 disparities in maternal health outcomes among Black and Hispanic women, such as those highlighted in a United States Government Accountability Office (GAO) report. Healthcare journalists used this data to connect unequal outcomes to factors like access to care and institutional bias, shifting attention toward systemic reform rather than individual behavior. Holmes's strategy for addressing racism in healthcare follows a similar approach, using language and tone to promote awareness of racial health inequities while reinforcing the need for structural change. Her call for policy reform aligns with findings from the GAO, which emphasize the urgency of addressing these disparities (United States GAO). At the same time, Holmes tailors her rhetoric to different audiences: she frames reform as a moral obligation for policymakers while using inclusive and empathetic language, such as "we must act," to encourage a sense of shared responsibility among the public. By doing so, she not only raises awareness

but also motivates advocacy, demonstrating how healthcare rhetoric can bridge the gap between understanding inequities and pushing for systemic change.

Conclusion: The Function of Healthcare Rhetoric

After conducting this analysis, several key insights emerge regarding Holmes's rhetorical approach in framing racism as a public health issue. Holmes primarily emphasizes the urgency in language, empathy in persuasion, systemic accountability, and policy advocacy for healthcare reform.

Firstly, Holmes's strategic use of language fosters empathy and calls for the need for urgent action. Her frequent use of phrases like "crisis", "emergency", even "threat" highlights how serious the problem is and places her argument in an urgent framework that demands attention. By referring to racism as a "public health emergency," she is using language that is frequently seen in healthcare policy, which emphasizes the seriousness of her arguments and their relevance to medical experts. By further referencing statements of nationally recognized societies, as discussed previously, she adds credibility to her argument. This strategy attracts the reader's interest but also illustrates the negative effects of lack of action, such as increasing mortality rates among marginalized groups and worsening health inequalities. The strength of her speech resides in its capacity to combine urgency and emotional reactions to make a compelling argument for immediate reform.

Secondly, Holmes's choice to focus on systemic responsibility rather than individual blame broadens the reach of her argument and fosters a sense of collective accountability. By distinguishing between personal biases and the structural mechanisms that perpetuate inequities, Holmes avoids alienating readers who might otherwise feel targeted. This rhetorical strategy is particularly powerful because it invites readers to see themselves as part of the solution without creating defensiveness. Her framing shifts the focus to institutions and policies, which she identifies as the root causes of disparities, and empowers her audience to advocate for systemic changes rather than placing blame on individuals. This approach enhances the persuasiveness of her article by presenting racism as a societal problem that requires collective action, thus strengthening her argument for systemic reform.

Lastly, Holmes's call for policy reform provides a clear and actionable path forward, aligning her article with the broader movement to declare racism a public health crisis. Her arguments to lawmakers, which present healthcare justice as a duty rather than a choice, are based on moral and ethical principles. The results of the United States GAO report on maternal health inequalities, which highlights the need to address systemic injustices through focused policy actions, are repeated in this rhetoric. By using inclusive language like "we must act," Holmes further engages the public by creating a sense of shared responsibility and bringing her audience together around one goal. Holmes effectively creates an organized rhetorical framework that forces her audience to think about the significant effects of institutional racism on public health by presenting

healthcare reform as a moral and ethical necessity. Her ability to link emotional appeals, critique, and solutions makes her argument compelling but also calls for action.

Together, this reinforces the urgency of her message in the broader context of health equity advocacy. At its core, Holmes's rhetorical approach demonstrates how writing in healthcare can accomplish much more than simply reporting data; it can shape how challenges are perceived and further addressed. Her work highlights the power of effective healthcare writing: to frame inequities as systemic, and to address them with urgency and empathy, impacting not only public perception but institutional priorities. This becomes part of a larger conversation about how society addresses health issues in academic and public spaces, especially as the conversation around health equity persists. Disparities in areas such as access to care, maternal health, and chronic disease outcomes will continue to exist, and the framing of these issues will continue to influence the extent to which there are meaningful policy modifications. Thus, individuals writing about health disparities must be intentional in how they frame responsibility, since language can either elicit individual blame or promote structural understanding. Simply put, Holmes's article is a prime example of how rhetoric not only calls attention to inequity but also promotes meaningful action. It provides a foundation for subsequent writing that aims to link awareness and advocacy together.

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