

A Review of *Rhetorics of Refusal: Medical Dissent and the US-Somali Diaspora*

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Rhetorics of Refusal: Medical Dissent and the US-Somali Diaspora.
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Rhetorical refusal is a communicative act of dissent against or disengagement from institutional knowledge and practices. Rhetorical refusal begins from the premise that there can be significance to dissent, that dissent can be rhetorical, participatory, and generative. Rhetorical refusal situates dissent outside of the compliance/noncompliance binary, outside of the drive to convert noncompliance into compliance, and outside of the debate about whether dissent is aligned with or against science and scientific evidence (pp. 25–26)

In *Rhetorics of Refusal: Medical Dissent and the US-Somali Diaspora*, Campeau puts forth a compelling case of refusal as deeply “rhetorical, agentic, meaningful, and communicative” (p. 6). She develops the concept of rhetorical refusal from her 12-month-long ethnographic field work done in partnership with a Somali women’s health center in Minneapolis, Minnesota. The core argument of her book places refusal as not an arhetorical act deriving from a

lack of scientific knowledge or health literacy, but as a rich and meaning-laden rhetorical practice that opens avenues to “disrupt flows of power, carve space apart from institutional and dominant worldviews” and consider more deeply the contexts that shape acts of refusal (p. 26). In essence, Campeau’s work demonstrates how narrow views of refusal limit the rhetorical dimension of dissent. In naming the concept of rhetorical refusal, Campeau opens new futures for understanding medical dissent. As such, this book engages questions and concepts relevant to rhetoricians interested in medical dissent, vaccine refusal, and marginalized rhetorics.

Campeau’s work is situated in the context surrounding the 2017 Minnesota measles outbreak. This outbreak, Minnesota’s largest since 1990, was preceded by dropping rates of measles-mumps-rubella (MMR) vaccination between the years of 2008 and 2016 in Somali children statewide. In the Minneapolis health center, Campeau observed how Somali parents’ hesitancy toward the MMR vaccine was, in part, tied to the rising rates of autism diagnoses among Somali children in the Western diaspora after interactions with Western systems of medicine and schooling. While these concerns derived from a myriad of embodied experiences, exigencies, and precarity, Somali families’ complex dissent around vaccinations was reduced in the media as the result of misinformation campaigns from the growing anti-vaccination movement. These narratives around the 2017 outbreak from media and health agencies told only a partial story. The story positioned Somali American parents as voiceless and vulnerable. Media stories around the medical dissent to the measles vaccine centered on the people in the antivaccination movement and their exploitation of Somali American parents.). In essence, Somali parents’ refusal was rendered arhetorical and the consequence of targeted misinformation and medical illiteracy. Campeau’s research tells another story, one rooted in the embodied experiences of the individuals and families she worked with at the health center. Her book proceeds by exploring four sites that rewrite this partial story and examines the “fertile ground” of Somali parents’ refusal.

Chapter 1, “Welcome to Health Class: Community Sickness as Rhetorical Refusal’s Fertile Ground,” details content from a 10-week health literacy course offered by Midnimo, the Somali women’s health center in Minneapolis. The course, created by the staff center’s staff, was designed for parents and covered “how to engage American healthcare and how to understand autism as a developmental disability” (p. 43). While the parents that participated in

the course reported that the content was valuable and scored highly on the assessment measures, the post-test survey and in-class discussion demonstrated how Somali parents crafted alternative discourses of autism, which refused medical and deficit-based views of autism. Campeau contracts these alternative discourses with the medical views of autism that frame it as an “individual, neurodevelopmental malady” (p. 70) and deficit-based views of autism that approach it as a problem to fix or improve. These alternative discourses, of which there are five in the chapter, all center around the notion of autism as a *community sickness*. This understanding of autism includes the social determinants of health, such as dislocation, trauma, ongoing racism, persuasive ableism, and lack of access to housing and safety in public spaces and schools. Campeau shows in this chapter how the refusal of American medical definitions of autism and the creation of alternative discourses that account for the social determinants and inequitable systems offer a deeper understanding of the exigencies around vaccine refusal and medical dissent.

Chapter 2, “Outbreak: Vaccine Dissent as Embodied Rhetorical Refusal,” maps stories of the 2017 measles outbreak from three different sites: news media coverage, public health accounts, and Somali Minnesota parents’ stories. Campeau provides an elucidating juxtaposition between these news and public health narratives around the measles outbreak, in contrast to the stories shared in her 24 interviews with Somali American parents’ experiences during that time. The chapter starts by situating the historical vaccine frames in the media and the eventual rise of the racialized wrong-belief frame, which positions vaccine dissent as an individual problem caused by bad information and renders marginalized identities as incapable and non-agentive. This racialized wrong-belief frame played out in the case of the 2017 measles outbreak, wherein Somali Minnesotans were portrayed in the media as the victims of anti-vaccination groups and voiceless recipients of misinformation. This echoed public health depictions of Somali Americans and responses to the outbreak, which focused on achieving compliance through “culturally sensitive vaccine campaigns” (p. 84) instead of directly responding to Somali parents’ concerns such as precarity in navigating the Western medical system, the health disparities, and the dearth of research on the embodied experiences of refugees and receiving duplicate vaccines. While the outbreak was successfully managed, the exigencies that informed the vaccine refusal were left unaddressed. In the interviews with Somali parents, Campeau identifies seven themes that frame nonvaccination as rhetorical refusal. The themes elucidated the rhetorical dimension of Somali parents’

refusal through (1) experimental endorsement of vaccination, (2) situational vaccine decision-making, (3) distrust of racially exclusive evidence, (4) flexibility immunity, (5) slow care of illness, (6) protections against institutional racism and precarity, and (7) adaptive protection when there's no safety net. She shows in this chapter how refusal in this case resisted racialized framings around vaccine dissent that centered on a lack of medical knowledge and vulnerability, and instead understood this refusal as having "the power to surface critiques that might have medical value to understanding how vaccines and other biotechnologies work, specifically for populations under-represented in medical research" (p. 109).

Chapter 3, "Writing to the State: Mistakes and Silences as Rhetorical Refusal," examines the process and experiences of Somali families applying for state grants designed to expand autism services. These grants, called the Wingham County Autism Grants (WCAG), were born out of the emerging concerns surrounding autism related to the 2017 measles outbreak. In partnership with WCAG, the Midnimo health center held workshops to assist families in writing and applying for the grants. Out of the 26 Somali mothers who participated in the program, only six received funding. Campeau explores four points at which "parent applicants failed to meet the WCAG requirements and departed from the program" (p. 111). These points included applicants' medical diagnoses of autism, disclosure around personal family and health information, the proposed types of care and supplies for the fundable plan, and justifications for appointed caregivers and their pay. In this chapter, Campeau takes what the "rigid, one-way, bureaucratic writing situations" of institutional documentation would deem as mistakes, silences, or departures and instead reads them as acts of rhetorical refusal (p. 112). This refusal responds to the legacy of white mothers' activism around autism, which created a system of services that answered to the needs of white, affluent families and narrow conceptions of public aid. As a result, the refusal of the applicants "unsettled normative conceptions of care, disability, parenting, and state aid" (p. 119). Campeau's work in this chapter shows how the concept of rhetorical refusal elucidates perspectives and stories often silenced in bureaucratic writing situations and points toward new futures of public aid.

Chapter 4, "The Persuasive Microbiome: Rhetorical Refusal through Care," traces the experience of five mothers who departed from the WCAG and pursued neuropathic approaches to care for their children. One such approach viewed autism as a result of an unbalanced microbiome, wherein neuropaths "prescribe care through diet, outdoor play, relocation, and oth-

er alternative, often experimental treatments” (p. 147). While Campeau is careful to acknowledge the possibility of exposure to predatory experimental treatment and the risks of losing medical benefits, albeit benefits that are inequitably provided, she examines this pursuit of care as a form of refusal that advances future possibilities that address the exigencies of Somali parents. This chapter details five topoi (medicine, location, affect, story, and social determinants of health) across the microbiome stories that highlight the intersection between microbiome science and Somali parents lived experience. Out of these stories, Campeau offers these topoi as a portable framework to understand medical dissent outside of the noncompliance/compliance binary. In essence, reading these refusals of science-based medicine as rich sites for exploring the real exigencies for parents in these contexts addresses the limitations of traditional framings of medical dissent.

Campeau’s conclusion reiterates the larger arguments she masterfully supports through each chapter. Medical dissent, when approached as “a gradient of noncompliance” that is viewed as a “defined as a wrong but fixable stance,” offers only a partial and limited understanding of refusal (p. 187). Instead, as she outlines, there are deeper contexts to these sites of refusal, ones that are informed by ableism and racist systems and shaped by lived experiences and cultural knowledge. In the simplest terms, Campeau’s book calls for scholars, health practitioners, and government aid workers to listen: listen to refusals as rhetorical, which can uncover “the broader terrain of medical dissent” (p. 190).

Rhetorics of Refusal: Medical Dissent and the US-Somali Diaspora offer scholars of the rhetoric of health and medicine an expansive and generative framework for understanding refusal within medical dissent. Campeau’s work beautifully complicates oversimplistic, deficiency-based framings of medical dissent and forwards instead a way for rhetorical scholars to go beyond binary conceptions of compliance/noncompliance and elucidate the deeply rhetorical act of refusal. What struck me was her artful articulation of how rhetorical refusal opens up a generative way to understand dissent as a deeply contextual and rhetorically rich. Instead, Campeau draws out how rhetorical refusal provides much-needed nuance and complexity to the compliance/non-compliance binary in health settings and the essential ways in which marginalized groups and identities engage in meaningful rhetoric through refusal that is often backgrounded or dismissed.

Reference

Campeau, K. (2025). *Rhetorics of Refusal: Medical Dissent and the US-Somali Diaspora*. Ohio State University Press.

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