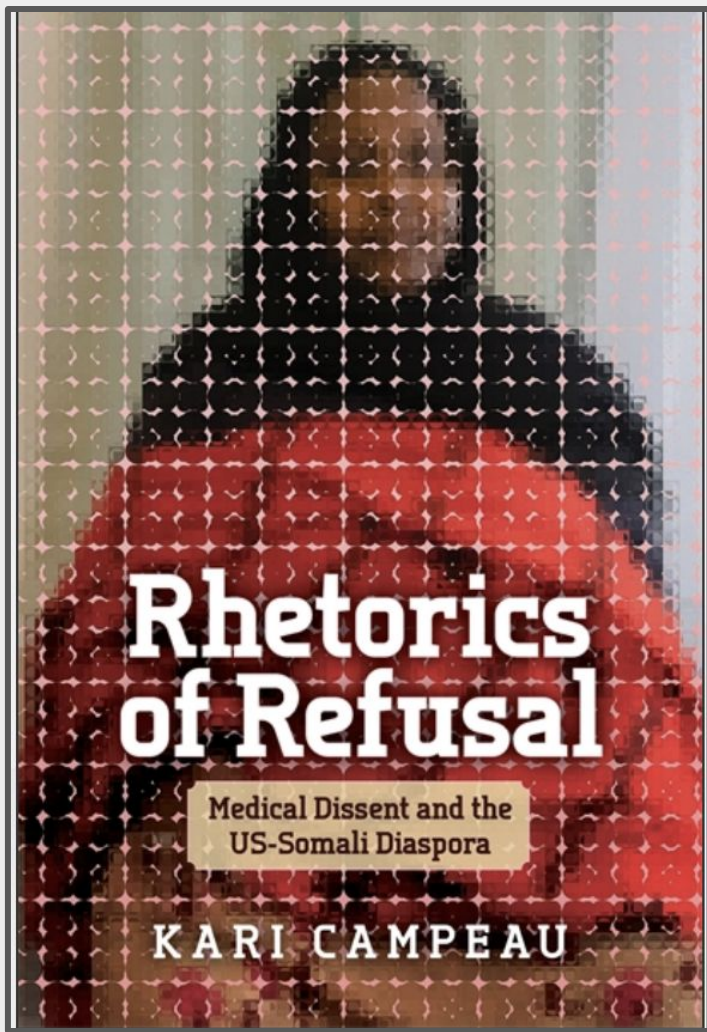


Outbreak: Following Somali Mothers' Vaccination Stories during and after the 2017 Minnesota Measles Outbreak

Kari Campeau, PhD
University of Colorado Denver

July 24, 2025

[Script](#)
[Slides \(google\)](#)



Rhetorical Refusal

vaccine dissent as
rhetorical refusal

*Rhetorics of Refusal: Medical
Dissent in the U.S.-Somali
Diaspora*



rhetoric of health and medicine



In the **rhetoric of health and medicine**, I study

- how people engage with systems of health, medicine, and healing.
- how health, illness, and care are constructed through language use.
That's where the rhetoric comes.



Wrong belief frame



Wrong belief frame

persuade

mandate





**Vaccine
dissent as a
rhetorical,
participatory
move**





The image is an aerial photograph of a city park area. In the foreground, there is a grassy field with some trees showing autumn foliage in shades of yellow and orange. A large, white, semi-transparent rectangular box is overlaid on the left side of the image, containing the word "martisoor" in a blue, lowercase, sans-serif font. In the background, there are several multi-story brick buildings with many windows. A tall, thin brick chimney stands out among the buildings. A blue crane is visible on the right side of the image, and another crane is visible on the left. The sky is overcast and grey.

martisoor



MEASLES ALERT!

WE ARE AWARE OF MEASLES
IN OUR COMMUNITY

Do you have any these symptoms?

Fever and

Red rash

Swollen

For you

and/or

If you have MEASLES



DIGNIINTA JADEECADA!

WAAN OGNAHAY IN AY JEDEECO AY KA JIRTO
MAGAALADEENA AMA BULSHADEENA

Ma is ku aragtay calaamadahaan soo socda?

- Qunfac
- Indhaha oo guduciso
- Dhag xanuun
- Iyo qandho
- Iyo/ ama nabo - xasaasiyad

Hadi aad is ku aragtay, fadlan afkaaga
ku dabool (Hoosasiin) (Mask)



Hand Sanitizer



DIGNIINTA JADEECADA!

WAAN OGNAHAY IN AY JEDEECO AY JIRTO
MAGAALADEENA AMA BULSHADEENA

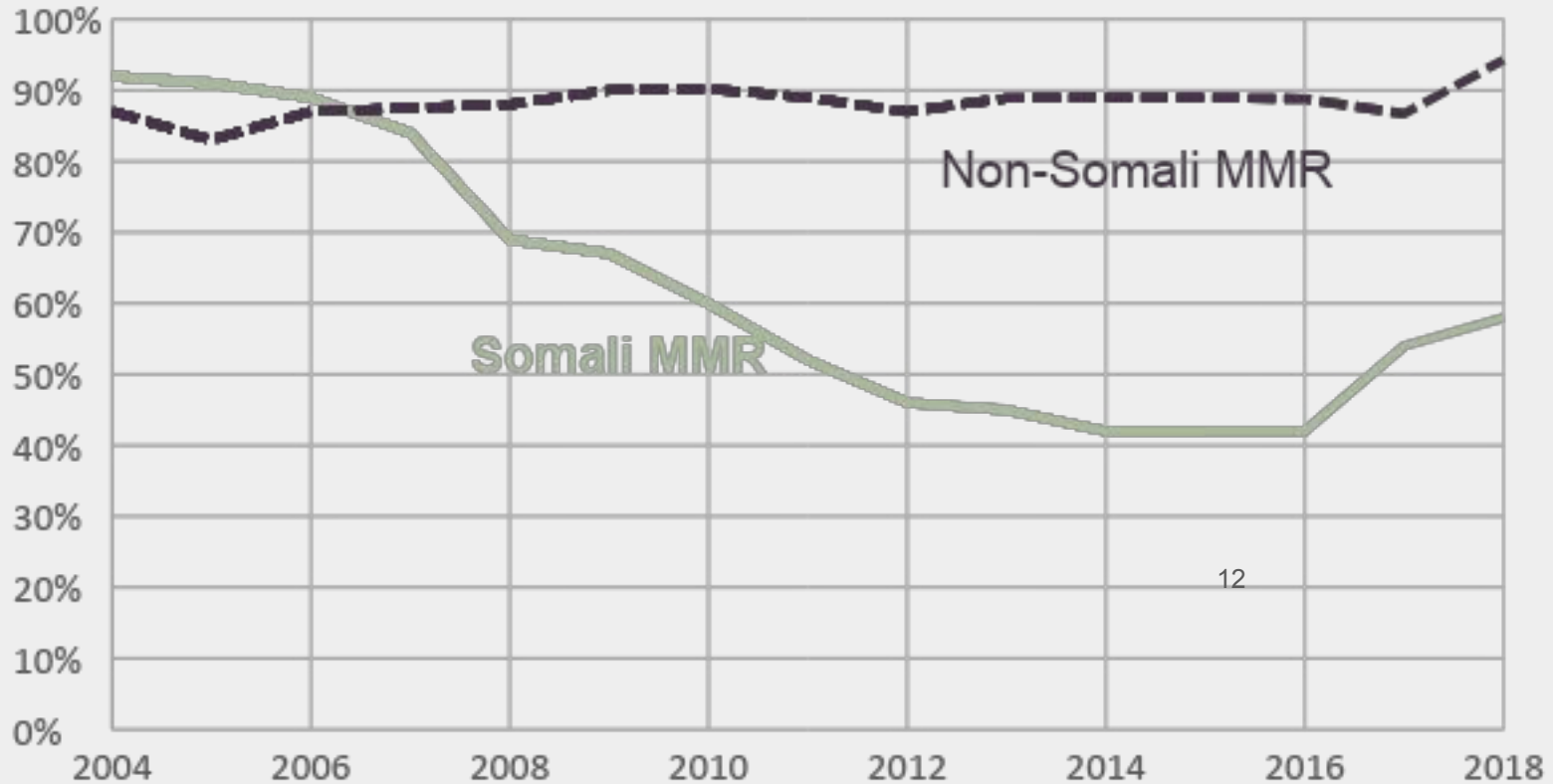
Ma is ku aragtay calaamadahaan soo socda?

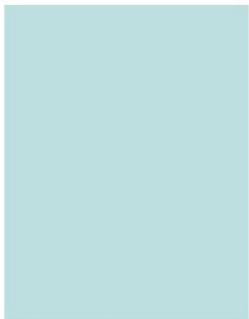
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- Iyo/ ama nabo - xasaasiyad

Hadi aad is ku aragtay, fadlan afkaaga
ku dabool (Hoosasiin) (Mask)



MMR rates among 24-month-old children of Somali and non-Somali descent in Minnesota





Minneapolis Somali Autism Spectrum Disorder Prevalence Project

Community Report 2013

Institute on Community Integration

UNIVERSITY OF MINNESOTA
Driven to Discover™



Waxa jira carruur badan oo Soomaliyeed iyo Carruro kale oo badan oo qaba Cilladaha ootiisamka (ASD)

Ku dadaal in aad ilmahaaga iyo qoyskaagaba u heshid kaalmo

Waa maxay cilladaha ootiisamku (ASD)?

Cilladaha ootiisamku waxaa ay saameyn karaan maskaxda. Waxa dhacda in carruuraha qaba cilladaha ootiisamku sida ay bulshada ula dhaqmaan, hadlaan, ama u fakiraan ay ka duwan tahay carruuraha kale. Marxalado aad u adagna yeelan karaan. Badanaa calamadaha lagu garto Cilladaha ootiisamka (ASD) waxaa ladareemi karaa inta ilmaha dadiisu yar yahay. Ootiisamku (ASD) waa xaalado socon kara mudo dheer. Calamaduhu way isbadali kartaan waana fiicnaan karaan mudo kadib.

Maxay aheed mowduuca Minneapolis oo kusaab sanaa tirikoobka carruurta qaba ASD?

Waaladiin badan oo Soomali iyo dadkale isigu jira ayaa qeexay dhibatada jirta ee ah in ay jiraan carruur badan oo Somali ah oo qaba ASD marka loo firiyo carruuryada kale. Jaamacada gobolka Minnesota ayaa hogaminaysay mowduucan oo ah tirikoobka oo carruurta da-dooda ah 7-9 sano jir oo xaadir ku ah magaalada Minneapolis naqaba ASD. Mowduucu wuxuu tirokoobay carruurta Somalida iyo carruur aan Soomali aheen.

Waa maxay natijada ka soo baxday baaritaankii mowduucan?

- In-cadideedu aay tahay (1 in 32) carruurta Soomaalida lagu magacaabo in ay qabaan ASD. Carruurtaa oo sanadkii 2010 da'dooda u-dhaxeeyey 7-9sano. Carruurta Somalida iyo carruurta cadaanka ayaa badanaa laga helaa in-aay qabaan ASD markii loo firiyo carruurta kale ee ah madoowga (Black) iyo (Hispanic).
- Carruurta Soomaalida ee qabo ASD ayaa ubadan in-aay qabaan la'aanta xirfadnimo (intellectual disability) marka loo firiyo carruurta jismi-yadaha kale.
- Carruurta Soomaalida, Cadaanka, Madoowga iyo Hispanic waxa lagu magacaabaa ASD marka ay 5 sano gaaraan.

Waa maxay muhiimada mowduucan?

- Qoysaska Somalida waxa ay natijada lagu soo ogaaday mowduucan u isticmaali karaan in-aay wacyi galiyaan qoysaska kale iyo saaxiibadood.
- Natijada mowduucan waxaa isticmalikara macalimiinta, dadka macluudamka caafimaadka bixiya, iyo Somalida u hadla waalidiinta si aay u dhiirgaliyaan waalidiinta sidii aay carruurtoda u ogaan lahayeen waxay qabaan si-dhakhso ahna ugu radin lahayeen adeegyo cawimaad.
- Dadka cilmibarista sameeya waxa ay u isticmalikaraan natijadan si-aay baaritaano dheraad ah ugu sii sameeyan siyaabaha kaladuwan ee ASD u-dhaawici karto carruurta.

Maxaan sameen karaa hadii aan-umaleeyo in ilmahaaygu uu qabo ASD?

- Kala hadal dhibkaad tabaneysid macalimiinta ama dhakhtarka caafimaadka. Ha-sugin. In-aad heshid cawimaad dhakhsha ah waa muhiim.
- Hadii carruurtaada ay jiraan 5sano ama ka yar, wac hay'ada ama mowduuca **Help Me Grow**, 1-866-693-4769. Macluudamkan waaxaad ku heleysaa lacag la'aan.
- Hadii carruurtaada ay ka weyn yihiin 5sano, la'xariir iskuulada degmadaada kuyaala: <http://w20.education.state.mn.us/WebsiteContent/SpecEdDirectors.jsp> Sidoo kale waxaad macluudamkan ku heleysaa lacag la'aan.
- La hadal dadka kale ee caawiya carruurta iyo qooyeska qaba ASD. Waxaay diyaar u'yahiin in'aay ku caawiyaan

Maxaan sameeyaa hadii aan doonayo warbixin dheeraad ah in'aan ka ogaado mowduucan?

Hadii aad doonayo warbixin dheeraad ah oo ku saabsan mowduuca Minneapolis Somali ASD Prevalence Project, iyo warbixino dheeraad ah, tix raac tilmaamaha: rtc.umn.edu/autism. Lasoo xariir shaqalaha moqduucan: Anab Gulaid, 612-624-0730, Kristin Hamre, 612-625-7593. Ama autism@umn.edu

Institute on Community Integration

UNIVERSITY OF MINNESOTA
Driven to Discover™

rtc.umn.edu/autism

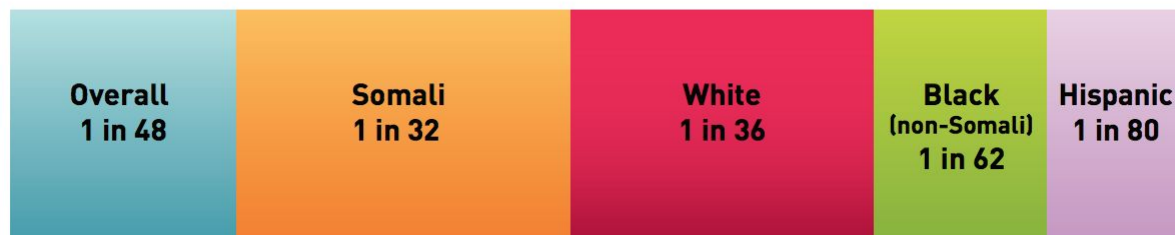
ASD prevalence in Minneapolis in 2010

Number of 7- to 9-year-old children identified with ASD

The findings from this project are listed in this section along with the project limitations. The analyses were conducted by project staff at the U of M and the MDH. These findings were then independently verified by data analysts at the CDC.

Figure source: Amy Hewitt, et al., ["Minneapolis Somali ASD Prevalence Project,"](#) 2013.

By race and ethnicity



Race and ethnicity	Children with ASD identified/ Total population	Prevalence estimate (prevalence per 1,000 children)	95% Confidence interval*
Overall	255 of 12,329	1 in 48 (20.7 per 1,000)	18.3 – 23.4 per 1,000
Somali	31 of 1,007	1 in 32 (30.8 per 1,000)	21.6 – 43.8 per 1,000
White	120 of 4,336	1 in 36 (27.7 per 1,000)	23.1 – 33.1 per 1,000
Black (non-Somali)	53 of 3,312	1 in 62 (16 per 1,000)	12.2 – 20.9 per 1,000
Hispanic	30 of 2,399	1 in 80 (12.5 per 1,000)	8.7 – 17.9 per 1,000

Note: We are unable to report on Asian/Pacific Islanders and Native Americans due to their low numbers.

* 95% confidence interval is the range in which an estimate is likely to fall.

What did this project find?

- About 1 in 32 Somali children aged 7-9 years in 2010 was identified as having ASD in Minneapolis. Somali and White children were more likely to be identified with ASD than Black and Hispanic children.
- Somali children with ASD were more likely to have an intellectual disability than children in other racial and ethnic groups in Minneapolis.
- The age at first ASD diagnosis was around 5 years for Somali, White, Black, and Hispanic children.



2/25/2019

In Minnesota, a measles outbreak exposes the gaps in public health



DONATE

Health

In Minnesota, a measles outbreak exposes the gaps in public health

The World

May 18, 2017 · 1:45 PM EDT

By [Arthur Nazaryan](#)



Minnesota State Rep. Ilhan Omar addresses a crowd of more than 30 people gathered during a meeting she called to address measles and vaccination at the Brian Coyle Community Center in the Cedar-Riverside neighborhood of Minneapolis on Wednesday, May 17, 2017.

Credit: Arthur Nazaryan/PRI

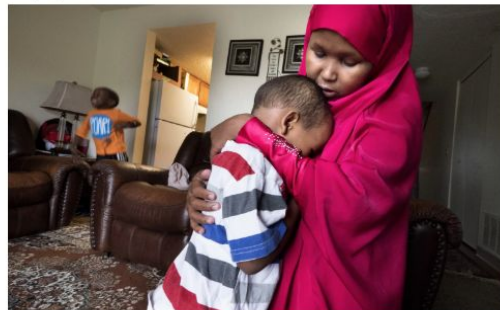
We use cookies to understand how you use our site and to improve your experience. To learn

Health & Science

Anti-vaccine activists spark a state's worst in decades

By [Lena H. Sun](#)

May 5, 2017



Suaado Salah comforts her 3-year-old son, who got measles during an outbreak in Minneapolis. His 5-year-old brother, left, previously refused the MMR vaccine for, partly because of false claims that it caused autism. (Courtney Perry for The Washington Post)

MINNEAPOLIS — The young mother started getting advice early on from friends in the close-knit Somali immigrant community here. Don't let your children get the vaccine for measles, mumps and rubella — it causes autism, they said.

Suaado Salah listened. And this spring, her 3-year-old boy and 18-month-old girl contracted measles in Minnesota's **largest outbreak** of the highly infectious and potentially

2/25/2019

Minnesota's measles outbreak: is what happens when anti-vaxxers target immigrants - Vox

Vox

Minnesota's measles outbreak is what happens when anti-vaxxers target immigrants

A new study found Minnesota children with foreign-born parent were 25 percent less likely to have their vaccines.

By Julia Belluz | [@juliabelluz](#) | [julia.belluz@voxmedia.com](#) | Oct 26, 2017, 12:59pm EDT

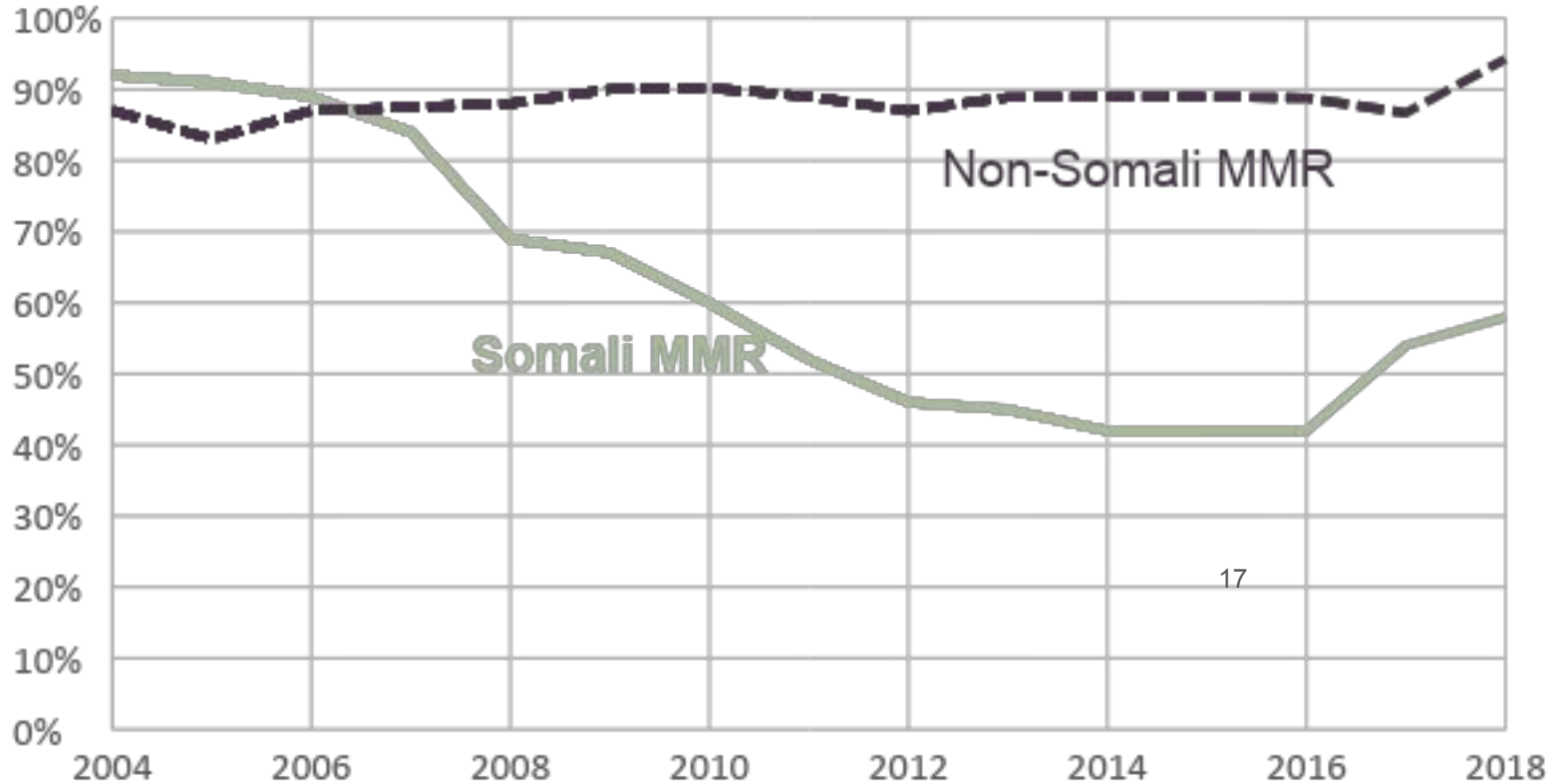


Vaccination rates plummeted in Minnesota after anti-vaccine advocates targeted an immigrant group, making its members more susceptible to preventable diseases — such as measles and mumps. | BSIP / Contributor/ Getty

In 2017, Minnesota battled its **largest measles outbreak in nearly 30 years**, with 79 cases, most of them Somali-American children in Minneapolis. In a new study, researchers say the outbreak should be a warning about how uniquely vulnerable some immigrant parents may be to anti-vaccine messages.

More than 90 percent of the cases in Minnesota involved **unvaccinated Somali-American**

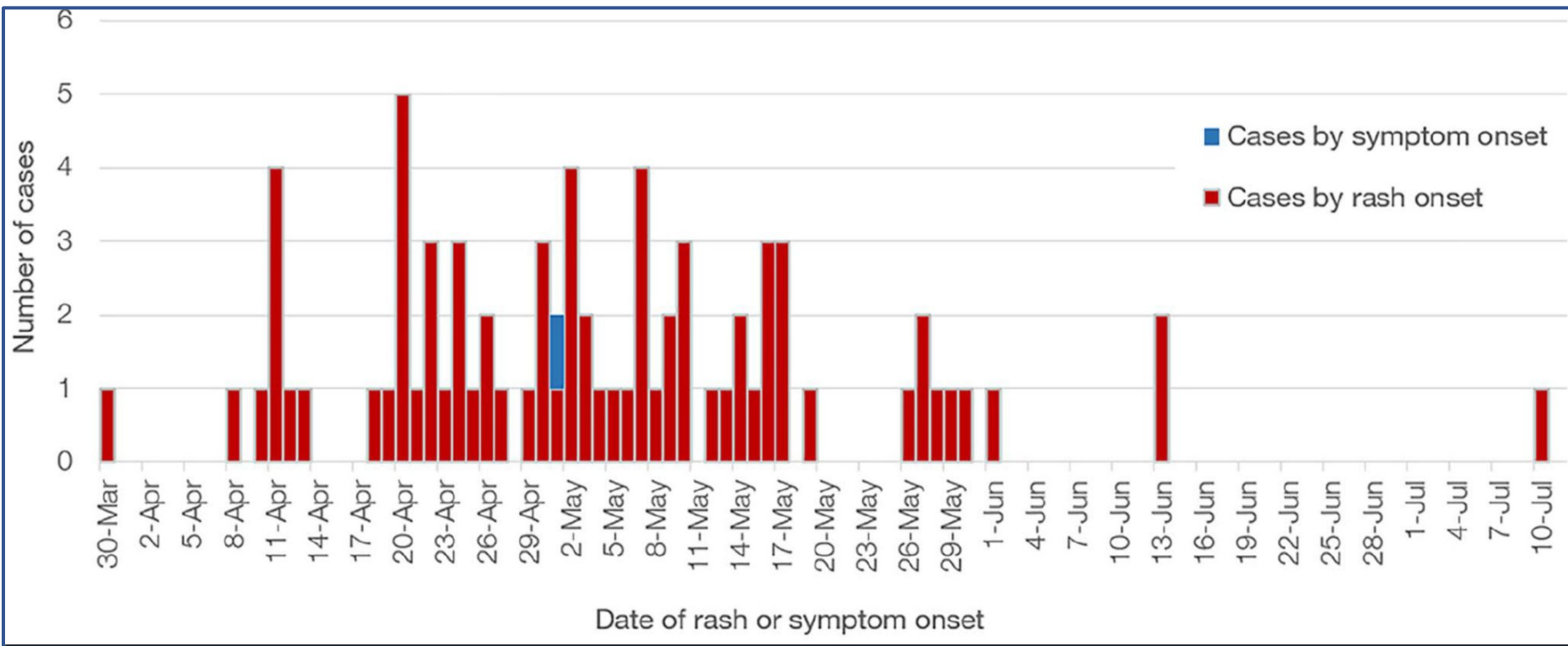
MMR rates among 24-month-old children of Somali and non-Somali descent in Minnesota



Variable	Value
Race/ethnicity, <i>n</i> (%)	
Somali Minnesotan	61 (81)
Black/African American/non-Hispanic	1 (1)
White/Hispanic	2 (3)
White/non-Hispanic	11 (15)

Median age (range), years	2 (3 months–57 years)
Age distribution, <i>n</i> (%)	
<12 months	5 (7)
1–4 years	52 (69)
5–10 years	13 (17)
11–17 years	1 (1)
18+ years	4 (5)

Variable	Value
Transmission setting, <i>n</i> (%)	
Household	26 (35)
Child care	32 (43)
School	4 (5)
Health care	2 (3)
Community ^a	10 (13)
Unknown ^b	1 (1)





ada waa markaaga
ee qaado.

MEASLES ALERT

CHILDREN'S MINNESOTA IS AWARE OF SEVERAL CASES OF MEASLES IN THE COMMUNITY.

We are working to ensure all patients are healthy and protected.

We are working to ensure all patients are healthy and protected.

The photograph captures a professional presentation or meeting. A presenter, a woman in a black hijab, is positioned to the right of a large digital display. The display shows a slide with a blue background and a white signal icon, with the title 'New Signal' and some text in Indonesian. The audience, consisting of several women in hijabs, is seated at a long table in the foreground, attentively listening. The setting appears to be a modern office or conference room with a grey door and a patterned rug.

Anti-Vaxxers Brought Their War to Minnesota—Then Came Measles

Misinformation targeted at Somali-American communities in Minneapolis is fueling the state's biggest outbreak in three decades.



Anti-vaccine activists spark Minnesota's worst measles outbreak in decades



Suaado Salah comforts her 3-year-old son at their apartment in suburban Minneapolis. Lugman and his 15-month-old sister got measles during Minnesota's current outbreak. (Courtney Perry / For The Washington Post)

HEALTH

Measles sweeps an immigrant community targeted by anti-vaccine activists



By [Helen Branswell](#) May 8, 2017

Reprint



SCIENCE

Minnesota's measles outbreak is what happens when anti-vaxxers target immigrants

located. Twenty-one (28%) cases were hospitalized (mean 5.5 days; range 2-18 days). This outbreak was not unexpected, given the highly infectious nature of measles paired with the Somali community's steadily decreasing MMR vaccination rates in young children. At the time the outbreak began, the MMR rate for 24 month-old Somali children born in Minnesota was at 42%; and 36% in Hennepin County. Though MDH and local public health partners have done outreach work with this community since before the 2011 outbreak, the fear of autism, and the targeted activism of anti-vaccination groups to spread misinformation about MMR vaccine continue to undermine public health efforts.

This outbreak also underscores the importance of early recognition, reporting and testing of individuals with febrile rash illnesses, regardless of travel history. With the exception of 2011 and 2017, 1 to 2 cases are reported annually, with 96% due to

Outbreak narrative

SCIENCE

Minnesota's measles outbreak is what happens when anti-vaxxers target immigrants

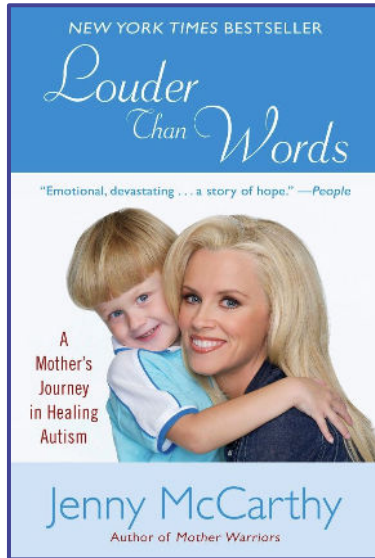


**Anti-vax groups &
disinformation**

Public health & culturally
specific outreach and
information

this erasure is not that uncommon in coverage of vaccine hesitancy

- typical vaccine refuser = white, wealthy, educated mother



HEALTH

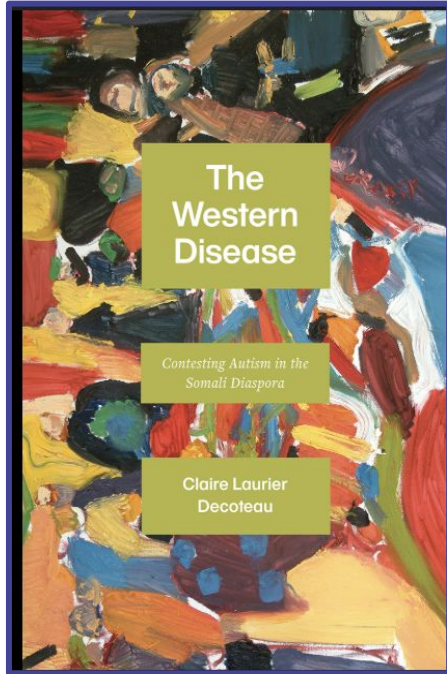
Wealthy L.A. Schools' Vaccination Rates Are as Low as South Sudan's

Hollywood parents say not vaccinating makes "instinctive" sense. Now their kids have whooping cough.

By Olga Khazan



Unvaccinated versus under vaccinated



Whereas whites are blamed for their vaccine decisions, marginalized populations are represented as incapable of vaccine decision-making. Public health experts draw a stark line between those who are **unvaccinated** and who **consciously choose** to be exempt from vaccination (generally from **wealthy white** neighborhoods) and those who are **simply under vaccinated** (generally **poor, marginalized** communities who face access and knowledge barriers).²⁶

Claire Lauer Decoteau, p. 157



By Zoé Samudzi

We need to talk about anti-vaxxing in Black communities


Chances are, our engagement with “vaccine skeptics” has been limited to white anti-vaxxers. They often cite scientific empirics claiming causal relationships between measles, mumps, and rubella vaccine (MMR) sequences and autism diagnosis, even using the **now retracted study published by British physician Andrew Wakefield** in 1998 as a basis for their argument. Wakefield’s results weren’t just found to be fabricated, but he also failed to disclose that his research was funded by lawyers representing parents who had sued vaccine companies. He was subsequently barred from practicing medicine in the United Kingdom.

These anti-vaxxers’ entire arguments are predicated on **deeply ableist** and scientifically unfounded ideas. But far more complicated than the **fake science of white anti-vaxxers** is the deep-rooted vaccine skepticism that exists within Black communities. Unlike many of these research-reliant arguments that are fairly easy to prove false, vaccine skepticism in Black communities stems partially from a fear of historical trauma and scientific racism that is tragically verifiable. Unfortunately, our valid concerns as Black people are being exploited by these very anti-vaxxers for their own selfish and troubling social and political ends.

These anti-vaxxers' entire arguments are predicated on **deeply ableist** and scientifically unfounded ideas. But far more complicated than the **fake science of white anti-vaxxers** is the deep-rooted vaccine skepticism that exists within Black communities. Unlike many of these research-reliant arguments that are fairly easy to prove false,

BLACK MOTHERS AND VACCINE REFUSAL

Gendered Racism, Healthcare, and the State

COURTNEY THORNTON
JENNIFER A. REICH 
University of Colorado Denver, USA

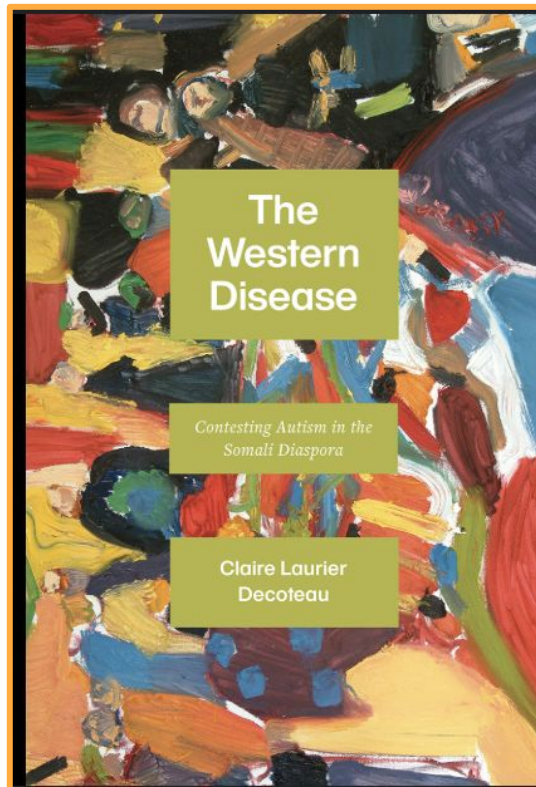
Vaccine refusal has increasingly been the focus of public health concern. Rates of children who are up to date on vaccines have declined in recent years, and vaccine refusal has been implicated in disease outbreaks. Most research on children who are not fully immunized identifies white affluent mothers as most likely to opt out by choice and Black mothers as more likely to face structural barriers that limit access to vaccines for their children. In this paper, we analyze social media posts and online discussions among Black mothers to better understand their concerns about vaccines. Unlike white women who reject vaccines as a personal choice, Black mothers express unique concerns about the role of the state in their lives. Specifically, some Black mothers using social media view vaccines as a white technology and claim that white women have greater freedom in opting out of vaccines without the same risks to their families. They describe efforts to strategize interactions with pediatricians and other healthcare providers who can report them to social service agencies or block access to welfare and nutritional benefits for their families if they refuse vaccines. Black women's experiences with structural gendered racism in interactions with healthcare and education systems shape vaccine decisions and should be taken seriously.

Keywords: vaccines; African American mothers; racism; surveillance; social media

Concerns about vaccine hesitancy and refusal have grown significantly in recent years. Most inquiries into the motivations of parents who reject some or all vaccines for their children center on the views and

AUTHORS' NOTE: Earlier versions of this paper were presented at the Law and Society annual meeting in 2020 and the Pacific Sociological Association annual meeting in 2021. The authors are grateful for the comments provided by reviewers, which have made this article stronger. Correspondence concerning this article should be addressed to Jennifer A. Reich, Department of Sociology, University of Colorado Denver, Campus Box 105, P.O. Box 173364, Denver, CO 80217-2264, USA; e-mail: jenniferreich@ucdenver.edu.

GENDER & SOCIETY, Vol 36 No. 4, August, 2022 525–551
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Seven themes across interviews

1. Experiential endorsements of vaccination
2. Situational vaccine decision making
3. Distrust of racially exclusive evidence
4. Flexible immunity
5. Slow care for illness
6. Protections against institutional racism and precarity
7. Adaptive protection when there's no safety net

Seven themes across interviews

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2. Situational vaccine decision making
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4. Flexible immunity
5. Slow care for illness
6. Protections against institutional racism and precarity
7. Adaptive protection when there's no safety net



34/34

The link between the MMR vaccine and autism is a concern.

Vaccines are effective and necessary.

Seven themes across interviews

1. Experiential endorsements of vaccination
2. **Situational vaccine decision making**
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I know there are studies that say vaccines
autism, but they haven't done studies on us.
**Our children have been immunized more than
American children. We live in places with
pollution, bad air.** With my son, he had three
rounds of measles immunizations.

Clinical Trials Still Don't Reflect The Diversity Of America

December 16, 2015 · 11:58 AM ET

RAE ELLEN BICHELL



3-Minute Listen

+ PLAYLIST



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POLICY FORUM

Diversity in Clinical and Biomedical Research: A Promise Yet to Be Fulfilled

Sam S. Oh, Joshua Galanter, Neeta Thakur, Maria Pino-Yanes, Nicolas E. Barcelo, Marquitta J. White, Danielle M. de Bruin, Ruth M. Greenblatt, Kirsten Bibbins-Domingo, Alan H. B. Wu, Luisa N. Borrell, Chris Gunter, Neil R. Powe 
Esteban G. Burchard 

Published: December 15, 2015 • <https://doi.org/10.1371/journal.pmed.1001918> • >> See the preprint

NO SAFE PLACE

TOXIC WASTE,
LEUKEMIA,
AND
COMMUNITY ACTION

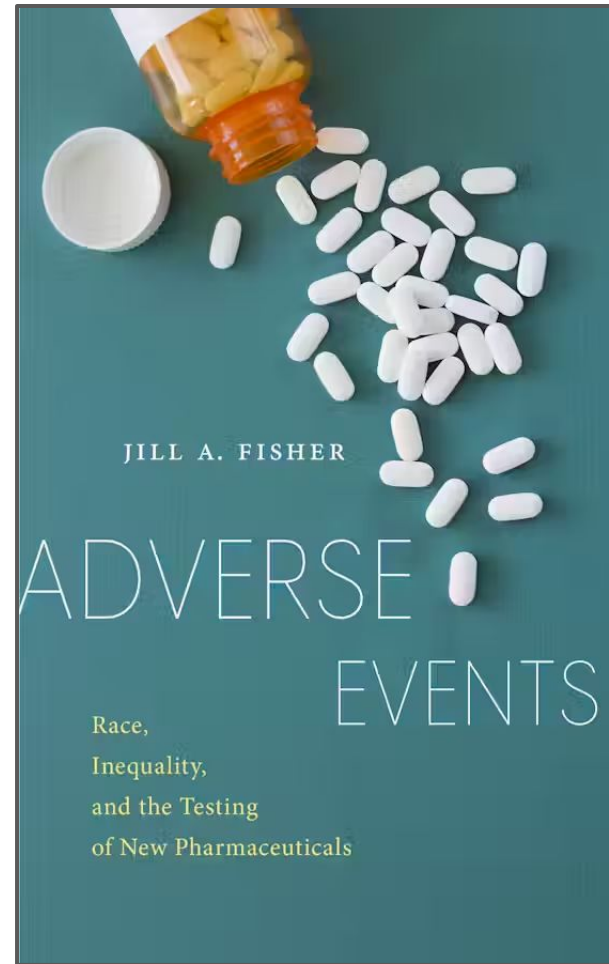
"No Safe Place offers a critical yet compassionate glimpse into the needs of people for whom environmental contamination means losing their and their family's health."
—Jonathan Hahn, author of *Love and Loss*

PHIL BROWN
EDWIN J. HENKELSEN
WITH JONATHAN HAHN
JONATHAN HAHN



Radiation Brain Moms and Citizen Scientists

The Gender Politics of Food Contamination
after Fukushima **AYA HIRATA KIMURA**



Seven themes across interviews

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BLOOMBERG SCHOOL

Is the Hygiene Hypothesis True?

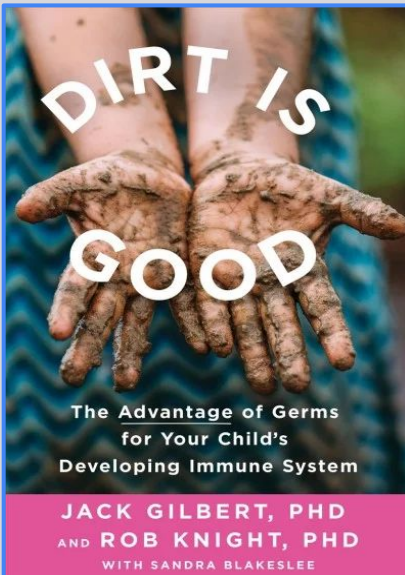
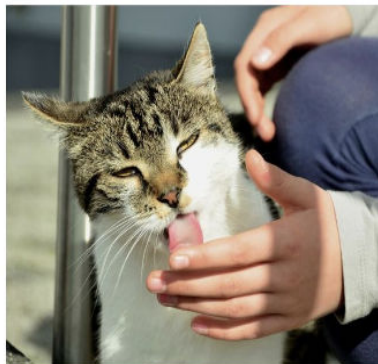
Did Covid shutdowns stunt kids' immune systems?

A little dirt is helpful

B'Orko Sadler Michigan State University Extension - October 18, 2016

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Is dirt good for your immune system?



Flexible immunity

Playing in mud and dirt can boost your child's immune system – here's how

Published: October 25, 2024 7:14am EDT



Seven themes across interviews

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2. Situational vaccine decision making
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- 5. Slow care for illness**
6. Protections against institutional racism and precarity
7. Adaptive protection when there's no safety net

“In Africa, vaccination was your choice. That’s a big difference. There were less vaccines, too, and kids would get sick, they would rest, and then they would get stronger. There wasn’t so much control”

“Mothers will give their children antibiotics just so the fever goes away, then send them back to daycare. There’s no time to recover at home. Have a fever? Tylenol so they can go back to school. Have a virus? Antibiotics so they’ll be better in two days. And they use vaccines as much as they can, even for the flu, so they don’t get sick. But a few kids will have side effects from those vaccines. Just like they’ll have side effects to antibiotics,

“Parents will give their children antibiotics just so the fever goes away, then send them back to daycare. There’s no time to recover at home”
(4/28/2018).

Seven themes across interviews

1. Experiential endorsements of vaccination
2. Situational vaccine decision making
3. Distrust of racially exclusive evidence
4. Flexible immunity
5. Slow care for illness
- 6. Protections against institutional racism and precarity**
7. Adaptive protection when there's no safety net

There are three reasons: **immunizations, climate, food**. Do you believe that people grow where they are supposed to? [...] So, you take everyone, all of us Somali people who are used to a climate, a geography, and then you move us here, where there's wind, snow, and hail. Our bodies have to adjust, and it's not easy, it's not where we're used to and where we've developed to be.

In Somalia, everything we eat is fresh. We don't have refrigerators. You're ready to make dinner? You go out to the market, you get your food, you get your meat, which was killed that morning. We didn't have bread that you could keep for two weeks food [...] Here, there's only a dollar store with canned food.

There's also where we live. **We're living in places where people have never lived before. And we're low income, so they crowd us** next to a factory or a plant, and there's voltage and toxins. Nobody has lived there before, and now there are all these Somalis crowded there. **They're exposed to toxins every day, and mothers know it's making their kids sick**, but there's nothing to do about it. Our bodies weren't meant for this place. And vaccination is the same thing. It works differently on our bodies – you put it all together, and it's too much for a body to handle. (3/19/2018)

Seven themes across interviews

1. Experiential endorsements of vaccination
2. Situational vaccine decision making
3. Distrust of racially exclusive evidence
4. Flexible immunity
5. Slow care for illness
6. Protections against institutional racism and precarity
7. **Adaptive protection when there's no safety net**

“I believe that the vaccines protect against diseases, the measles vaccine protects kids from measles, the chickenpox vaccine protects them from chickenpox, but what will the **side effects** be? Most children, they do get better from measles, chickenpox, flu. But vaccine sicknesses, autism, other side effects, developmental disabilities, **you're on your own**, and no one knows what to do. **No one helps you** if a child reacts.”



**What to
make of
these
themes?**

wrong belief frame

meaning

Vaccine hesitancy

Problem of wrong
belief that needs to
be corrected

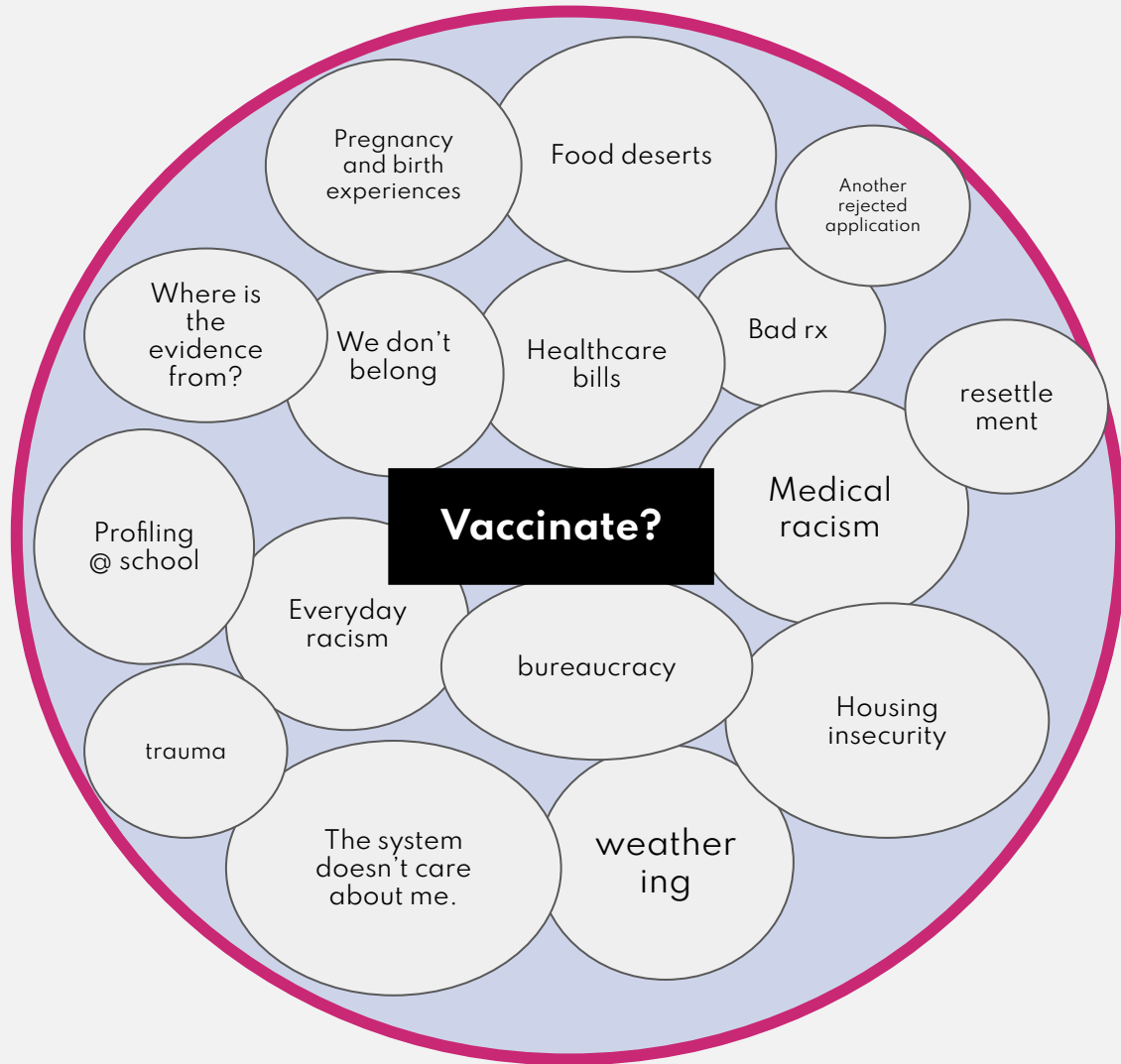
action

Correct or
mandate the belief

end point

get vaccinated

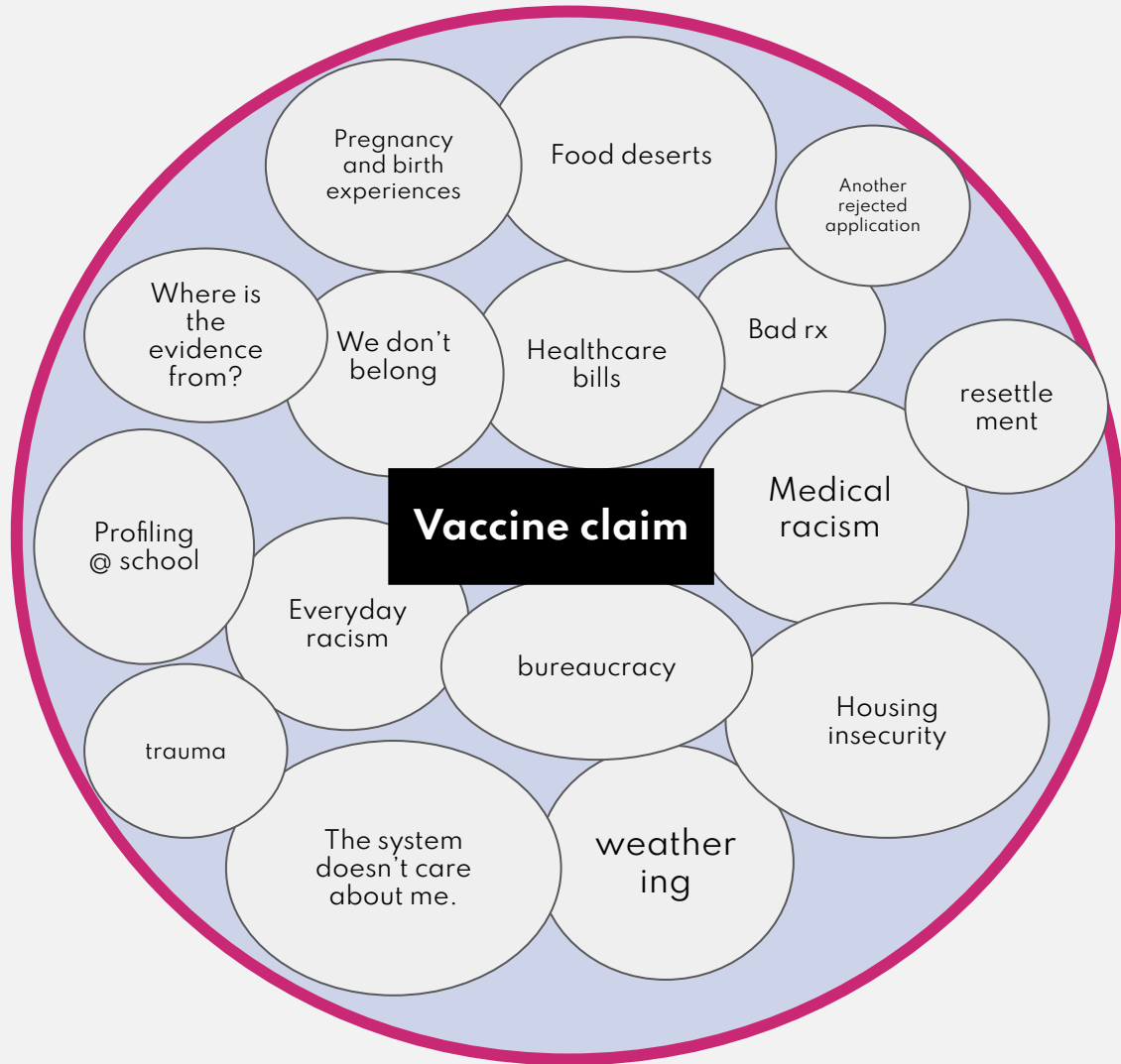
vaccinate?





Vaccine claim







**Vaccine
dissent as a
rhetorical,
participatory
move**

wrong belief frame

meaning

action

end point

Vaccine hesitancy

Problem of wrong
belief that needs to
be corrected

Correct or
mandate the belief

get vaccinated

Vaccine hesitancy



listening

???

Rhetorical refusal

Halal Food Assistance

Doula Services

Wellness Health
Services

Refugee Support

Housing & Assistance

Small Business
Support

Youth and Young
Adults

Domestic & Sexual
Violence Hotline

Advocacy & Civic
Engagement

Mnsure Navigation

Parent Capacity
Services (PCS)

Family Health = Family
Wealth



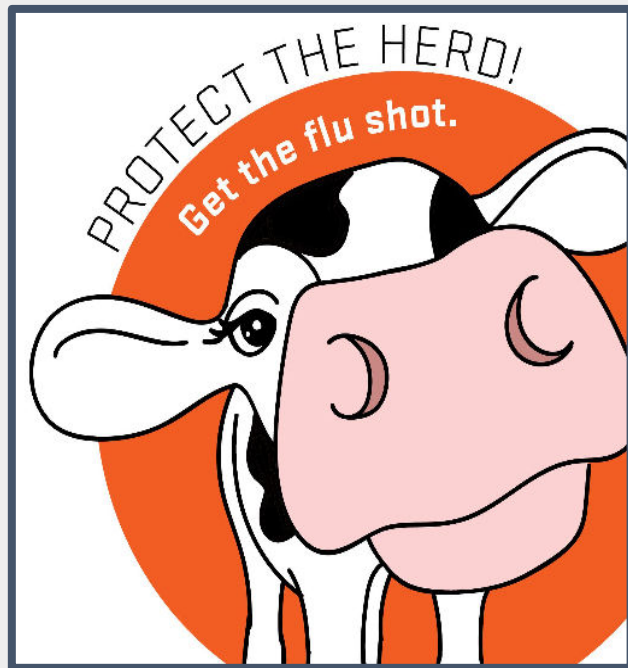
Facilitating Connections to Community Resources

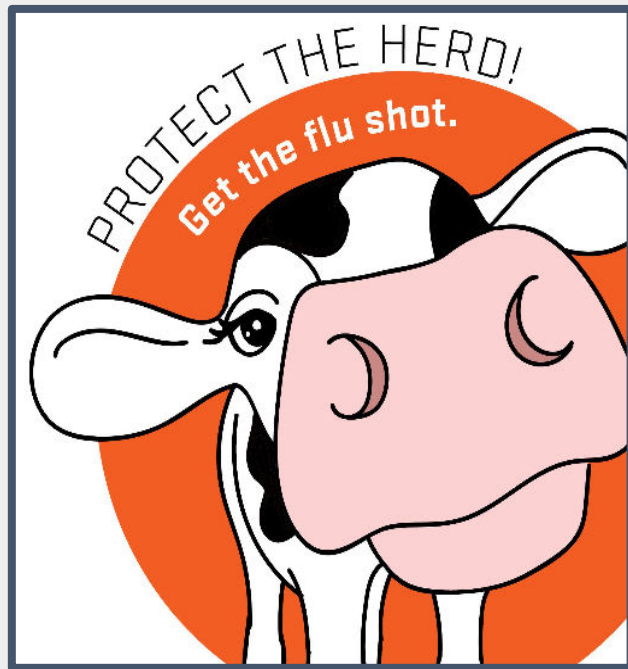
We accompany parents and advocate for their diverse needs during visits and appointments, ensuring they access essential community resources.



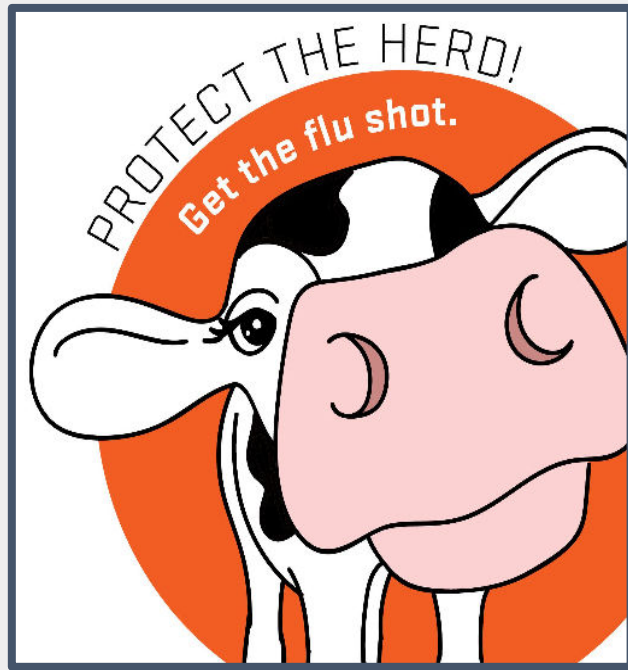
Parent Education

We provide weekly classroom instruction for parents, focusing on education and practical skills. Our group activities encompass education, support, and the development of essential living skills, along with skills-based therapy sessions. We tailor individualized goals for each family, fostering personal growth and development.





I know there are studies that say vaccines autism, but they haven't done studies on us. **Our children have been immunized more than American children. We live in places with pollution, bad air.** With my son, he had three rounds of measles immunizations.



Who is the
public of public
health?

Who is part of
the herd?

Herd immunity?

Vaccination as a social responsibility?

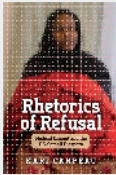
Health action in the service of common good?



Thank you!

Kari Campeau, PhD

Kari.Campeau@ucdenver.edu



*Rhetorics of Refusal: Medical Dissent in
the U.S.-Somali Diaspora*