This article studies the triad of 2016 social media campaigns known as “#AskDr.Kasich,” “#askbevinaboutmyvag,” and “#PeriodsforPence.” While these campaigns, each located in the regional mid-South, were motivated by restrictive state abortion bills, they uniquely positioned menstruation and women’s bodies at the center of their activism—not abortion alone. They leveraged, as a political fault line, the contradiction of these states’ governors’ perceived disgust relating to basic women’s reproductive health, relative to their patriarchal assuredness in regulating and controlling women’s bodies.

In so doing, they tapped into meaningful disruptions in the geographies, religiosities, and masculinities of abortion politics. These campaigns achieved regional collective solidarity and a frame transformation in the rhetoric of abortion access. They catalyzed the lens of “disgust,” used manipulatively in anti-abortion rhetoric, into a source of poignant activism. Masculine discomfort with menstruation and women’s health paradoxically became a tool to protect abortion access. The insights garnered from these social media campaigns inform the vital work of regional law reform in a post-Dobbs America.

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I. **DOBBS V. JACKSON WOMEN’S HEALTH SHIFTS LAW REFORM EFFORTS TO THE STATES**

*Dobbs v. Jackson Women’s Health Organization* struck down nearly fifty years of precedent recognizing a constitutional right to privacy that included the right to terminate one’s pregnancy under the Fourteenth Amendment of the United States Constitution.\(^1\) In so holding, the Court pushed questions of abortion access to state constitutions and state legislatures, recognizing that “the people of the various States may evaluate those interests differently.”\(^2\) Some states, the Court explained, “may believe that the abortion right should be even more extensive than the right that *Roe* and *Casey* recognized,” while other states “may wish to impose tight restrictions based on their belief that abortion destroys an ‘unborn human being.’”\(^3\) In explicitly centering reproductive rights lawmaking in the states, *Dobbs* compels shifts in movement strategy, infrastructure, leadership, and resources to retain, expand, and restore abortion access.

Justice Louis Brandeis famously described how “a single courageous state may, if its citizens choose, serve as a laboratory; and try novel social and economic experiments without risk to the rest of the country.”\(^4\) This “laboratory of democracy” imagery is powerful and enduring.\(^5\) The metaphor of “[s]tates as laboratories,” however, should be understood also as a recognition that states are not sterile environments and, accordingly, law reform outcomes in one state cannot necessarily be replicated to yield the same results in another state. Rather, our modern state legal and political landscape is vastly different from California to Kansas to Kentucky and everywhere in between. Just as cakes must be baked differently in high altitude versus low altitude, likewise regional advocacy strategies must adapt to the vastly different state conditions inside of each individual laboratory of democracy.

For some states with robust voter support for abortion access, active legislatures, or existing constitutional protections, the roadmap forward is relatively hopeful. States like California, Illinois, and Connecticut will—and have—moved to expand access, protect providers, and improve

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2. *Id.* at 2257.
3. *Id.*
5. See, e.g., Boyle *v.* Anderson, 68 F.3d 1093, 1109 (8th Cir. 1995) (holding that the court would not preempt a state’s effort to serve as a “laboratory of democracy” in health care); Hart *v.* State, 368 774 S.E.2d 281, 294 (N.C. 2015) (citing Justice Brandeis while upholding an Opportunity Scholarship Program allowing low-income students to attend private school).
healthcare for pregnant persons. Other states, like Alabama, Mississippi, South Dakota, and Texas, will—and have—moved to tighten abortion bans, ratchet up the penalties for violating bans, criminalize and surveil pregnant persons, and regulate the movement of abortion pills and caregiving across state lines. Between those two extremes, however, sits significant room for advocacy within the diverse political landscape of states. The road ahead for reproductive rights advocacy in hostile or contested states includes meaningfully understanding the attitudinal differences that underlie hostile abortion politics and navigating for reform within those unique political conditions.

Scholars and media outlets regularly note that public opinion on abortion has changed little over time. Despite the ratcheting up of divisive political rhetoric and vitriol, Americans remained remarkably consistent in their aggregate views about abortion leading up to Dobbs. Gallup polling showed only modest fluctuations over the past ten years, but overall, the aggregate split supporting legal access to abortion remained remarkably consistent. Support for abortion access may even increase after Dobbs as communities endure the widespread and searing effects of aggressive restrictions.

Nonetheless, this oft-repeated pre-Dobbs narrative of consistent public support for abortion access only considers nationally aggregated data. Americans have become notably more geographically entrenched in their views about abortion. Aggregate data does not account for the growing regional disparities that are essential to understanding successful abortion advocacy in a post-Dobbs America. It is not just the legal differences that create access barriers across vast portions of the United States, but those legal variances are undergirded by geographically entrenched attitudinal differences too.

If we break down aggregate data regionally, the story is starker and more somber in its alignment with the legal shifts. Abortion opposition is highest in the South and has increased consistently since the mid-90s, mostly in the South-Central region of the United States, comprised of Alabama, Arkansas, Kentucky, Louisiana, Mississippi, Oklahoma,

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7. Id.
Tennessee, and Texas. In this region, just 40% of the population agree that abortion should be legal in most cases. The results in the Midwest states of Iowa, Kansas, Minnesota, Missouri, Nebraska, and the Dakotas are similarly skewed low with just 47% of survey respondents supporting the proposition that abortion should be legal in most cases. Both the South Atlantic (Florida, Georgia, the Carolinas, and the Virginias) and the Great Lakes (Illinois, Indiana, Michigan, Ohio, and Wisconsin) regions reported that 50% of respondents believed that abortion should be legal in most or all cases.

In stark contrast, the New England region of Connecticut, Massachusetts, Maine, New Hampshire, Rhode Island, and Vermont reported a dramatically higher 75% percent rate of support for the proposition that abortion should be legal in most or all cases. The Pacific Coast states of Alaska, California, Hawaii, Oregon, and Washington reported 65% support rates followed by the Mid-Atlantic and Mountain West regions at 61% and 59%, respectively.

What is most notable about this regional data is the deepening geographic disparities, while the national data remained consistent. Comparing the response rates from 1995-1996 to 2012-2013 reveals a 5% increase in New England’s support for the statement that abortion should be legal in most or all cases, while the South-Central region experienced a staggering 12% decrease in support for that statement. The Midwest experienced an 8% decline in support for that statement. Other regions saw just a few percentage points change by comparison.

Regional political advocacy in the mid-South and South accordingly requires a savvy understanding of attitudinal divides and strategic movement-building. It requires working with advocates on the ground to find strategies that work locally given the unique political, economic, legal, and social conditions. For example, Kentucky successfully implemented the Affordable Care Act by deploying a “boots on the ground” model that worked locally with carefully crafted language to

11. Id.
12. Id.
13. Id.
14. Id.
15. Id.
16. Id.
17. Id.
18. Id.
19. Id.
20. Id.
avoid triggering partisan entrenchment. Existing legal toolkits and approaches to abortion access have succeeded in friendly states, but we need to reimagine law reform strategies for hostile states. This includes, for example, considering the regional tensions and backlashes that might exist against national organizations, exported strategies, and outsider leadership.

These geographic disparities in attitudinal differences surrounding abortion access reinforce the importance of carefully crafted regional law reform strategies, supported, and resourced with national support. States are not easily replicable laboratories with sterile environments. Rather, *Dobbs* compels us to study the laboratory conditions in which we advocate and reallocate resources to the laboratories most in need of study and innovation.

II. CATALYZING MENSTRUAL DISGUST AS ABORTION ACTIVISM: A CASE STUDY OF 2016 SOCIAL MEDIA CAMPAIGNS IN THE MID-SOUTH

This section conducts a brief case study to support the importance of cultivating successful regional strategies after *Dobbs*. These campaigns uniquely harnessed regional conditions to advocate in creative ways and thus reveal vital strategic insights after *Dobbs*. This section explores the timing, goals, and substance of these three social media campaigns, each targeting state governors pursuing restrictive abortion measures pre-*Dobbs*.

A. Ohio’s “#AskDr.Kasich” Campaign

The first campaign to use menstrual disgust to catalyze abortion advocacy was Ohio’s “#AskDr.Kasich” social media hashtag. The premise of this campaign was that John Kasich was *not* an actual doctor. Rather, Republican John Kasich was an Ohio State Senator from 1978 to 1982, a U.S. Congress representative from 1982 to 2000, a Lehman Brothers employee from 2001 until its collapse in 2008, and Ohio’s 69th
Governor from 2011 to 2019. He ran in the Republican primary in 2000, but he withdrew after five months. When he ran for President in the 2016 Republican Primary, he was the last candidate to exit the race and he received the third highest total delegate count. He is also an author and political commentator. He broke ranks with Republicans at the Democratic convention in 2020 by supporting Joe Biden in his presidential bid.

Kasich developed a national reputation in his governorship for restrictive abortion measures. In 2011, when Kasich became governor, sixteen surgical abortion providers in Ohio served nearly 2.3 million women of reproductive age. By 2015, eight of those providers had ceased services, with only Texas losing more clinics in the same span of time. In 2016, Kasich signed a 20-week abortion ban.

The legislation that triggered the #AskDr.Kasich social media campaign effectively defunded Planned Parenthood in Ohio, resulting in cuts to HIV testing, cancer screenings, and programs working to reduce infant mortality rates. These cuts collectively threatened the health of women and children. Kasich explained that he sought to cut funds to an organization he believed to be discredited.

The Ohio campaign first percolated as “#AskDr.Kasich” when Twitter users labeled Kasich a “Gynotician.” Images recast Governor Kasich as a doctor and posted mock reviews of his “care.” Posts jabbed at

25. Id.
26. Id.
27. Id.
30. Id.
31. Id.
32. Legislative voting records for Ohio House and Senate, ONTHEISSUES.ORG, https://www.ontheissues.org/Legis_OH.htm.
35. Ally Boguhn, Kasich Claims it is “Absolutely Unacceptable” When Women Can’t Access Reproductive Care, REWIRE, Mar. 30, 2016.
“Dr. Kasich’s” assumed expertise over women’s reproductive health. Tweets queried “Dr. Kasich” for answers about preventative reproductive health care, family planning, and the lethal risks of illegal abortions.

The tweets sought to hold “Dr. John Kasich, Gyn” accountable financially, morally, and even medically. Tweets wondered if Kasich would be adopting the kids that were born from women’s lack of access to birth control, offering mammograms and pap smears personally following women’s loss of access to these preventative procedures, or paying for cervical cancer treatments. Tweets also jabbed at Kasich’s lack of experience with various procedures and their costs. The tweets framed Kasich as the doctor of last resort after women’s reproductive healthcare services were eliminated. For example, tweets queried whether “EMTs [should] bring patients who are in septic shock from botched abortions to [Kasich’s] door?” The campaign was sharp, targeted, and effective.

36. @knitandlisten, Twitter (Feb. 10, 2016, 4:28 PM), https://twitter.com/knitandlisten/status/697532580858564608 (“#AskDrKasich Will you be paying for cancer treatment for women who could’ve gotten a free screening at PP but couldn’t when u cut funding?”).

37. @907ellie, Twitter (Feb. 19, 2016, 6:20 PM), https://twitter.com/907ellie/status/700822197644832768 (“#AskDrKasich Have you ever seen a young woman diagnosed with cervical cancer because she didn’t have access to a pap? I have.”); @RosinaPhoto, Twitter (Feb. 10, 2016, 2:01 PM), https://twitter.com/RosinaPhoto/status/697495701417279488; @PPact, Twitter (Feb. 10, 2016, 2:01 PM), (#AskDrKasich: Great question, my grandmother died of cervical cancer in Ohio, why would u want more death? #Kasich2016.).

38. @rowhchild, Twitter (Feb. 10, 2016, 4:26 PM), https://twitter.com/rowhchild/status/69754754254692353 (“Since their parents won’t be able 2 choose the timing/size of their families, how many Ohio babies are YOU planning to adopt? #AskDrKasich”).

39. @daimondog, Twitter (Feb. 10, 2016, 2:55 PM), https://twitter.com/daimondog/status/697509162050505056 (“#AskDrKasich My mom in law nearly died from an illegal abortion. She was young & had 3 kids to raise. U want to recreate those conditions?”).

40. @RosinaPhoto, Twitter (Feb. 10, 2016, 2:01 PM), https://twitter.com/RosinaPhoto/status/697495701417279488; @knitandlisten, Twitter (Feb. 10, 2016, 4:28 PM), https://twitter.com/knitandlisten/status/697532580858564608.

41. @RosinaPhoto, Twitter (Feb. 10, 2016, 2:01 PM), https://twitter.com/RosinaPhoto/status/697495701417279488; @knitandlisten, Twitter (Feb. 10, 2016, 4:28 PM), https://twitter.com/knitandlisten/status/697532580858564608.

42. @CDeberri, Twitter (Feb. 10, 2016, 4:28 PM), https://twitter.com/CDeberri/status/697530171981701122 (“#AskDrKasich On a scale of 1 to 10, rate the comfort level of your experience(s) having a transvaginal ultrasound.”).

43. @Deezovariez, Twitter (Feb. 10, 2016, 3:00 PM), https://twitter.com/Deezovariez/status/697510392272034690 (“Hey, Dr. Kasich, can you give me a pap smear, pls? I’d ask someone qualified but you’re eliminating them #askdrkasich”).

44. @ClassyInCrisis, Twitter (Feb. 10, 2016, 4:46 PM), https://twitter.com/ClassyInCrisis/status/697537150691209217 (“#AskDrKasich Should we EMTs bring patients who are in septic shock from botched abortions to your door? You got that, right doc?”).
B. Kentucky’s “#askbevinaboutmyvag” Campaign

A similar social media campaign emerged in Kentucky in February 2016, directed towards Governor Matt Bevin. Bevin was elected Kentucky’s 62nd Governor on November 3, 2015. His political brand publicly boasted staunch opposition to abortion with strong religious grounding. He aggressively worked to shut down Kentucky’s then-only abortion clinic and he signed ten pieces of anti-abortion legislation (although some were later struck down in courts). His re-election message in 2019 was effectively “elect him because he will do anything and everything to outlaw abortion in the state.”

Bevin’s anti-abortion narrative was distinctly grounded in the politicized language of disgust and in his moral disapproval framed by his own religiosity. For example, he tweeted “We will ALWAYS fight against the barbaric and gruesome practice of live dismemberment abortion, which seeks to undermine and devalue the sanctity of human life.” When he lost his re-election bid in 2019, he stated “You watch what’s going to happen . . . you’re going to see abortions being performed all around this state, in Planned Parenthood clinics and others, because that’s the devil.”

The social media campaign began as Governor Bevin signed S.B. 4, a bill requiring face-to-face consultation at least 24-hours before an abortion, while a mandatory ultrasound bill was also moving through the legislature. Twitter user and activist Molly Shah tweeted “Since @MattBevin has so many opinions on my uterus, I have some Obgyn questions to ask him,” starting off the new hashtag: #askbevinaboutmyvag.

45. James Tennent, Kentucky Women are Taking to Social Media to Ask Governor Matt Bevin Questions About Their Vaginas, INT’L BUS. TIMES, Feb. 12, 2016.
46. Matt Bevin, NATIONAL GOVERNORS ASSOCIATION, https://www.nga.org/governor/matt-bevin/.
49. Caldwell, supra note 47.
50. Id.
51. Tennent, supra note 45.
52. Id.
53. @MollyOShah, TWITTER (Feb. 11, 2016, 6:40 PM), https://twitter.com/MollyOShah/status/697928275809726465.
Others quickly joined with their punchy questions. The tweets drew on the dissonance underlying Bevin’s championing of such intrusive legislation as a Libertarian particularly. For example, one tweet asked “If my vag is a toxic waste dump threatening the lives of a poor community, will you ignore it?,” drawing out libertarian incongruities. Most others queried about vaginal grooming, reproductive health, birth control, and menstruation, notably and strategically tweeting about everything but abortion. One author captured the spirit of the hashtag, stating “Remember ladies, @GovMattBevin knows more about our reproductive systems than you. Check with him before proceeding, #askbevinaboutmyvag.” Very few tweets were directly about abortion.

54. @lizardsmith95, TWITTER (Feb. 13, 2016, 9:50 PM), https://twitter.com/slackmistress/status/699403116727267328 (“I’ve lost my right fallopian tube and ovary from a paraovarian cyst . . . Do I need to take my birth control?”); @HuxleyMorgan, TWITTER (Feb. 11, 2016, 7:16 PM), https://twitter.com/HuxleyMorgan/status/69793730397779200 (“Ok so I’m PRETTY sure my period has stopped now—go ahead and risk switching back to cute underwear?”).

55. @flyflyfly, TWITTER (Feb. 12, 2016, 6:34 PM), https://twitter.com/flyflyfly/status/698289002143227296?web=1&wdLOR=c39E6D96-FB18-4D4B-A379-FD10A05305E7 (”@MattBevin how can improve my vagina to make it less of a burden on the state?”); @sarapennington, TWITTER (Feb. 12, 2016, 11:36 PM), https://twitter.com/sarapennington/status/698365189809381376 (“@GovMattBevin says there are too many gov’t inspectors in coal mines, not enough in my vagina.”).

56. @madfashionista, TWITTER (Feb. 12, 2016, 10:54 PM) https://twitter.com/madfashionista/status/698354596612325376 (”If my vag is a toxic waste dump threatening the lives of a poor community, will you ignore it?”).

57. @cajaworski, TWITTER (Feb. 12, 2016, 5:04 PM), https://twitter.com/cajaworski/status/69826652583745782; @LauraHardyRadio, TWITTER (Feb. 12, 2016, 4:37 PM), https://twitter.com/LauraHardyRadio/status/698259642326126594 (“Hey @GovMattBevin- can I dye my hair downstairs to match my purple up top? I know you’re the expert on it these days . . . #askbevinaboutmyvag”).

58. @cajaworski, TWITTER (Feb. 12, 2016, 5:04 PM), https://twitter.com/cajaworski/status/698700707526520704 (“You know, I could ask my mom about that “not so fresh feeling” but why not #askbevinaboutmyvag”); @marciecrim, TWITTER (Feb. 12, 2016, 2:47 PM), https://twitter.com/marciecrim/status/69823195544857049 (“@GovMattBevin I’m having some pelvic area pain. Should I be worried? Or, probably just cramps? #askbevinaboutmyvag”); @BourbonGirl1, TWITTER (Feb. 13, 2016, 9:52 AM), https://twitter.com/BourbonGirl1/status/698520039004233729 (“Subjected myself to a useless pap yesterday. Should’ve just consulted @MattBevin. #askbevinaboutmyvag”); @malloryimler, TWITTER (Feb. 24, 2016, 1:49 PM), https://twitter.com/malloryimler/status/702566039486406657 (“@GovMattBevin Missed you @my ultrasound today! Here’s my right ovary—do you think it looks okay? #askbevinaboutmyvag”).

59. @clboyd, TWITTER (Feb. 16, 2016, 7:53 PM), https://twitter.com/clboyd/status/69975845912274016 (“Hey, @MattBevin, I’ve been on birth control for many years, but at 48, should I go with an IUD? #askbevinaboutmyvag”).

60. @sodapopinsomnia, TWITTER (Feb. 12, 2016, 2:53 PM), https://twitter.com/search?q=remember%20ladies%2C%20%2C%20%40govMattBevin%20knows%20%20more%20%20about%20&src=typ ed_query.

61. @flyflyfly, TWITTER (Feb. 12, 2016, 5:45 PM), https://twitter.com/flyflyfly/status/69827677
Bevin notably responded by blocking some of the Twitter users from his Governor’s account, which yielded its own litigation. This move paradoxically built solidarity as activists exposed how Governor Bevin would block his own constituents from political engagement to advance his agenda.

The activists also drew upon the dominant masculinities driving SB 152’s, the pending mandatory ultrasound bill, progression through the Senate. This bill had been sent to the Senate Veterans, Military Affairs and Public Protection Committee expressly charged with “civil defense; national guard; retention of military bases; safety of citizens and security of public buildings and property; military memorials and cemeteries.” Advocates observed the absurdity of this committee assignment and its profound disconnection to women’s health. Instead, because the substance of the bill related to women’s obstetric and gynecological care, advocates argued, it more appropriately belonged in the Health and Welfare Committee. Activists exposed the searing irony that an 11-member male committee comprised the Senate Veterans, Military Affairs & Public Protection Committee, which ultimately voted the ultrasound bill to the floor of the chamber.

The social media campaign received national attention. The organizers publicly explained the campaign in a published Op-ed: 

We soon found that asking our burning questions was as contagious as the STDs Planned Parenthood prevents. So, between kissing boo-boos, running companies, neutralizing anti-abortion terrorists, attending births, litigating cases, running for office, and making sandwiches, the women of Kentucky are asking Bevin for the comprehensive and

5361695744?web=1&wdlOR=c63910EA8-8F5F-8948-BE94-BD460CD39BBBD (“@MattBevin I think my unborn fetus might be liberal and possibly female. What should I do here?”) @cd_clifford, TWITTER (Feb. 12, 2016, 3:25 PM), https://twitter.com/cd_clifford/status/698241557154103296 (“#askbevinaboutmyvag Sir, have you ever had one of these inside of you #transvaginalultrasound”).

62. @kydems, TWITTER (May 9, 2017, 11:19 AM), https://twitter.com/kydems/status/865387811755454468.


64. Jenn Stanley, Anti-Choice Governors Face Twitter Backlash, REWIRE, Feb. 18, 2016 (reporting on the guest commentary written by Molly Shah, Emily Van Bogaert & Jamie Yeager).

65. Id.

66. Id.

thorough medical consultation the Commonwealth of Kentucky has promised.68

The Bevin campaign followed the Kasich campaign in spirit and tenor. It also harnessed Governor Bevin’s religiosity and masculinity, perhaps more so than the Ohio campaign, as a tool to show the patriarchal dominance of male leaders in women’s reproductive health.

C. Indiana’s “#PeriodsforPence” Campaign

The longest lasting social media campaign of this trilogy has been #PeriodsforPence.69 In Spring 2016, Indiana passed HEA 1337 (the “Dignity for Unborn Children Act”) prohibiting abortions on the basis of race, sex, or diagnosis of disability.70 The legislation also imposed informed consent requirements at least eighteen hours before the procedure,71 and it added cremation and burial requirements for any miscarriage or abortion.72

Mike Pence signed this bill into law as Governor, reportedly “with a prayer.”73 Pence defined himself as “a Christian, a conservative, and a Republican, in that order,”74 proudly framing himself as a “principled conservative” and a supporter of the Tea Party movement.75 Pence was born into a Catholic family, worked as an altar server, and attended Catholic school.76 He became a member of a nondenominational Christian student group in college and was baptized as a born-again Christian.77 After his baptism, Pence routinely attended Mass (where he would later

68. Shah, Van Bogaert, & Yeager, supra note 63.
70. Indiana H.B. 1337 (2016).
71. Id. (requiring oral and written consent regarding the availability of medical assistance benefits, the support obligations of the father, the availability of adoption alternatives, the existence of “physical risks to the pregnant woman in having an abortion, both during the abortion procedure and after,” and the existence of safe haven laws).
72. Id. (removing “a fetus or a miscarried fetus” from the definition of “infectious waste” and requiring the “final disposition of an aborted fetus or a miscarried fetus”).
73. Mitch Smith, “Periods for Pence” Campaign Targets Indiana Governor Over Abortion Law, N.Y. TIMES, Apr. 7, 2016.
75. Carl Hulse, Mike Pence Emerging as a Commanding Figure in Trump Administration, N.Y. TIMES, Nov. 11, 2016.
76. Id.
77. Id.
meet his wife) and served as a Catholic youth minister. As one commentator said, “Pence doesn’t simply wear his faith on his sleeve—he wears the entire Jesus jersey.”

Pence also has a remarkably notable relationship with women. He reportedly “never eats alone with a woman other than his wife and he won’t attend events featuring alcohol without her by his side.” He has repeatedly been documented referring to his wife as “Mother.” Karen Pence is seen as a source of power behind her husband, referred to as the family “Prayer Warrior.”

Activists launched #PeriodsforPence in response to HEA 1337’s cremation and burial requirement for fetal remains. Because fertilized eggs can be expelled during menstruation and the statute would have construed this fluid as a miscarriage, one campaign leader explained, “If [Governor Pence] is this interested in what’s going on in my body, I might as well call and tell him.” She did call the Governor’s office, and then she transformed her initial phone call into a Facebook page and Twitter account.

Over the next five months (including during Pence’s selection as Donald Trump’s running-mate), advocates called Pence’s office, shared information about their menstruation, transcribed the calls, and posted them on social media, generating over 100,000 likes and 6,500 Twitter followers. The campaign was so effective that Pence had to temporarily shut down his phone lines as “menstrual trolling” became the “best new kind of trolling.” This campaign extended into Pence’s 2020 campaign debate with Kamala Harris.

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80. Ashley Parker, Karen Pence is the Vice President’s “Prayer Warrior,” Gut Check and Shield, WASH. POST, Mar. 28, 2017.
81. Id.
82. Id.
84. Shari Rudavsky, Carmel Mom Is the Previously Unidentified Woman behind Periods for Pence, INDIANAPOLIS STAR, Nov. 2, 2016.
85. Conner, supra note 83, at 885-86.
86. Id. at 886.
87. Id.
88. @krittercrews, TWITTER (Oct. 6, 2020, 1:41 PM), https://twitter.com/krittercrews/status/131354882144952321 (suggesting that the debate moderators should ask about “his obsession with women’s Periods”); @DerrickMTV, TWITTER (Oct. 7, 2020, 10:56 PM),
masculinities and his known discomfort for engaging with women without his wife present.

These social media campaigns collectively hold lessons for abortion politics in a post-Dobbs America. Section III describes how these campaigns built a collective solidarity that was distinctly regional. Section IV reveals the frame transformation that these campaigns achieved in shifting the politics of disgust underlying women’s reproductive health to a catalyzing force for abortion advocacy.

III. BUILDING COLLECTIVE SOLIDARITY CONSISTENT WITH REGIONAL DIFFERENCES

These campaigns reflect an important regional mobilization of collective solidarity in abortion advocacy. Rather than coming together to attack the substance of these bills, these activists came together to expose dissonance in masculine and religious power over women’s bodies. The protesters avoided “the burden of arguing with those who cannot and will not support their cause,” focusing instead on finding “humor in the logical gaps they have created” to show “more serious problems embedded in the law itself as well as the law’s inevitable repercussions.”

Poignantly, #PeriodsforPence wrote on its Facebook page, “Let’s make our bodies Mike’s business for real, if this is how he wants it.” Berkley D. Conner describes this as a “symbolic reversal” in which menstruation was used to reveal the illogic of restrictive abortion regulation. The activists expose the incongruent comfort of their respective governors’ regulation of abortion relative to their comfort engaging in the inextricably related concepts of menstruation, pregnancy, and reproductive health. The #PeriodsforPence activism is particularly punchy on this point because the transcripts capture the audible discomfort experienced by those answering the phone responding to the information.

These social media advocacy campaigns advanced the kind of regional political solidarity that is distinctly vital to law reform

https://twitter.com/crystal34811/status/131403685547465233 (“I apologize we wanted him out of Indiana we just didn’t want to expose all of America to him. #periodsforPence”).

89. Conner, supra note 83, at 893.


91. Conner, supra note 83, at 894.

92. See generally id.

93. BREANNE FAHS, OUT FOR BLOOD: ESSAYS ON MENSTRUATION AND RESISTANCE 31 (2016) (“Connections between women based on biological and physiological experiences can create political
successes post-*Dobbs*. Collective identity plays a vital role in cultivating social movements to fight oppression. Berkley Conner deploys the theory of “collective rhetoric,” describing how individuals connect with experiences in the aggregate to gain “perspective by incongruity.”

Conner studied #PeriodsforPence as an isolated campaign and concluded that it was an example of collective rhetoric in action. By sharing individualized experiences that came together as a form of activism, advocates “re-moralize[d] abortion.” Conner concluded that the campaign revealed “affective solidarity based on emotions rather than identities,” which yields a “deeper analysis of how women [have] related to each other in the face of patriarchal power, and/or a reinvention of the collective, multifaceted sense of ‘we.’” Conner’s thesis extends to the full trilogy of campaigns.

As we examine differences in regional strategies and politics, we, in turn, need to align our infrastructure, resources, engagement, and mobilization in synergistic ways. For example, the location of two of the social media campaigns (Kentucky and Indiana) had previously merged their two separate Planned Parenthood offices in 2013. These two states were at least contiguous and likely relatively intertwined in facing the political and legal challenges of abortion access. But then, on April 15, 2021, Kentucky and Indiana’s Planned Parenthood—an already merged entity—further merged with the Planned Parenthood affiliate that had itself already merged operations between Alaska, Hawaii, Idaho, and Washington State. Revealing of the geographic breadth and differences at play, the new affiliate is called “Planned Parenthood Great Northwest, Hawaii, Alaska, Indiana, Kentucky.” It is hard to imagine how these geographies offer the necessary synergies logistically, legally, or even financially to mobilize regional solidarity. The public statements simply explained that the merger “strengthens the organization’s ability to provide quality sexual and reproductive health care.”

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94. FAHS, supra note 93, at 29.
95. Conner, supra note 83, at 889.
96. Id.
99. Id.
100. Id.
These social media campaigns reveal how regional strategies might differ considerably across geographies, masculinities, and religiosities. The campaigns simply lose their punchiness and savvy entirely were they to be deployed in states like New York or Illinois with vastly different leaders and political landscapes. The reproductive rights movement faces a transformative era after Dobbs to re-imagine resources, strategies, and infrastructure to meet regional needs.

IV. SHIFTING THE RHETORIC OF WOMEN’S REPRODUCTIVE HEALTH FROM THE LANGUAGE OF DISGUST TO THE LANGUAGE OF DIGNITY

These social media campaigns are further noteworthy for yielding a rhetorical frame transformation. A frame transformation is when something “negative transforms in meaning and becomes the basis for political activism and solidarity.”101 These social media campaigns achieved a frame transformation surrounding the dueling relationship between the rhetoric of dignity and disgust in abortion access advocacy.

Dignity and disgust reflect two rhetorical threads often deployed in abortion advocacy. On the one extreme sits disgust, which can play a very powerful and emotive role in law and social movements. Martha Nussbaum captured how “[d]isgust and shame are dangerous social sentiments [that we] should be working to contain rather than building our legal world on the vision of human beings that these emotions contain.”102 Disgust has squarely framed and catalyzed anti-abortion rhetoric, which in turn has shaped law and politics. From billboards and picket signs to legislative sessions and courtrooms, graphic and manipulative imagery has been a tactic of the anti-abortion movement for decades. 103

Courtney Cahill describes how disgust theory can explain one’s reactions to items or behaviors that seem out of place from our “cherished classifications” and therefore “confuse social roles and deviate from cultural norms.”104 For some, abortion distinctly disrupts their gendered classifications of women and motherhood.105 This is a uniquely poignant

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101. FAHS, supra note 93, at 23.
105. Id. at 429 (quoting that “a woman who seeks an abortion is inadvertently challenging widely-held assumptions about the ‘essential’ nature of women”).
disruption for certain constructions of dominant masculinities and for some holding conservative religious views.

The language of dignity maps another vital rhetorical strand of abortion law and politics. Here, the menstrual equity and justice movements have achieved transformative legal results in using frame transformation to shift menstruation from the politics of disgust to the politics of dignity.\(^\text{106}\) Menstruation, for many, has long been considered a “silenced, disregarded, and at times abject or ‘disgusting’ aspect of women’s daily lives.”\(^\text{107}\) Menstruation across cultures and traditions has generally been framed as unclean, impure, and taboo.\(^\text{108}\) Most major religions position menstruation as a curse and an impure or unclean state of being,\(^\text{109}\) framing menstruation as dirty, contaminating, and a source for women’s stigma and isolation.\(^\text{110}\) This problematic and misogynistic framing leads to low political will to engage and discuss any aspect of women’s reproductive health in public settings, historically stunting law reform efforts.

The movement for menstrual equity\(^\text{111}\) has achieved a frame transformation in shifting the political discourse from a narrative of disgust to a narrative of dignity surrounding women’s reproductive health.\(^\text{112}\) The menstrual equity movement seeks legal access to safe, affordable, and accessible products because such access is essential to a menstruator’s ability to go about their daily life with dignity.\(^\text{113}\) The movement works to remove the stigmas and taboos surrounding menstruation that keep decision-makers, entities, and individuals from prioritizing menstrual health.\(^\text{114}\) Menstrual equity activism is built on disrupting the politics of disgust to position menstruation as a dignitary interest that the law should recognize and strengthen.

\(^{106}\) Diamant, supra note 93.
\(^{107}\) Fahn, supra note 93, at 4.
\(^{109}\) Jennifer Weiss-Wolf, Periods Gone Public: Taking a Stand for Menstrual Equity 5-7 (2017); Diamant, supra note 93, at 10-13.
\(^{111}\) The term menstrual equity was coined by Jennifer Weiss-Wolf. Jennifer Weiss-Wolf, Periods Gone Public (2017).
\(^{112}\) Id. at XVI.
\(^{113}\) Id. at 35-36. See, e.g., What Does Menstrual Equity Mean to You? Women’s Voices for the Earth, https://www.womensvoices.org/what-does-menstrual-equity-mean-to-you/.
\(^{114}\) Id.
The term “dignity,” in contrast, took on increased salience in the Supreme Court’s cases on the right to privacy. Reva Siegel described how the language of dignity did a full 180-degree shift from the Supreme Court’s decision in *Planned Parenthood v. Casey* to its decision in *Gonzales v. Carhart*, flipping dignity from the basis to *keep* the government from interfering with women’s reproductive decision-making to the reason to *restrict* abortion—a remarkable shift in the legal role of women’s dignity.115 The Supreme Court had notably defined dignity in *Planned Parenthood v. Casey* as a concept that supported women’s privacy rights to make reproductive decisions, concluding that those decisions that were “central to personal dignity and autonomy, are central to the liberty protected by the Fourteenth Amendment.”116 Dignity sat squarely in decisional autonomy allowing women to choose, even if others—even their own husband or parents—objected or condemned their decisions.117

Jeffrey Rosen, writing for *The Atlantic*, foreshadowed, however, that the right to dignity would be hard to define and very elastic, suggesting that it was something “liberals may come to regret.”118 Over time, the language of dignity came to be framed around the values of motherhood and the bond of mother and child.119 Victoria Baranetsky concluded that while “dignity as a term does not have altogether deplorable connotations, it does seem divorced from the notions of empowerment initially envisioned with the right” referenced in *Casey*.120

Justice Kennedy flipped the framing of dignity entirely in *Gonzales v. Carhart*. He wrote that the Partial Birth Abortion Ban Act of 2003 “expresses respect for the dignity of human life,” suggesting that dignity—in *Gonzales*—instead cut toward the interest in protecting potential fetal life.121 By injecting personhood in the fetus and seeking to instill dignity in that being, Justice Kennedy repositioned dignity as an interest

117. Id.
120. Id. at 169 (concluding that “feminists should take heed of the negative effects the use of ‘dignity’ in *Casey* and *Carhart* had on the doctrine and take the challenge to look elsewhere”). Baranetsky suggests that “future feminists may consider embracing a work that calls the abortion what it is: a struggle for power.” Id. at 170.
entrenched in potential fetal life, thus jettisoning the dignity interests in women’s decisional autonomy “outside the realm of social dignity.”

This transformative move left dignity, in the context of abortion discourse, as a weapon used to enforce women’s traditional obligations in private spheres and as mothers. This legal analysis notably aligns with the roots of some opposition to abortion at the individual level. Abortion disgust is particularly rooted in those who hold “traditional ideals of womanhood, femininity, and motherhood,” believing that womanhood’s greatest achievement is motherhood and that those seeking to terminate a pregnancy are “somehow less of a woman.”

Justice Kennedy did not only invoke dignity in his writings, but he also contrasted dignity distinctly with the rhetoric of disgust. He described the abortion procedure in *Gonzales* with notoriously graphic language and an explicit overtone of disgust. Kennedy particularly contrasted dignity with disgust in his depictions of the medical profession. He depicted the broad medical profession as an esteemed and dignified part of both the community at large and in the lives of patients. By contrast he marginalized—indeed demonized—abortion providers by deploying the rhetoric of disgust to portray this community as somehow splintered from the broader medical profession. Courtney Cahill summarized how “[d]isgust is not just *Gonzales*’ dominant linguistic register, [] it is one of the primary rationales on which the majority rests its decision to uphold the [challenged law].” Disgust is invoked in *Gonzales* by “social role violations” and in the potential harms of these “violations.” Justice Kennedy uses the rhetoric of dignity and disgust to position both abortion patients and doctors as squarely in violation of social norms.

Justice Kennedy later notably used the word “dignity” thirty times in the *Obergefell v. Hodges* opinion, reflecting remarkable growth in the

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122. Baranetsky, *supra* note 119, at 162 (explaining that this pushed abortion outside of the woman’s sphere).
123. *Id.* at 158.
125. 550 U.S. 124, 139, 158-59 (2007) (stating, for example, that the doctor would “crush the fetus’s skull” and “suck[ed] the baby’s brains out”).
126. *Id.*
127. *Id.* at 139, 158-59 (2007) (stating, for example, that the doctor would “crush the fetus’s skull” and “suck[ed] the baby’s brains out”).
129. *Id.* (explaining that abortion is framed as a social norm variation).
term’s language since the Court first used it in Casey. Importantly, the dignity of Obergefell was not the same as the dignity of either Casey or Gonzales. Obergefell shifted dignity to the dignity of the choice and of those making the choice. Legislative and judicial battles for abortion access have thus reflected vast vacillations in the framing of disgust and dignity. Both rhetorical threads play an important role in shaping the jurisprudence.

It is these rhetorical threads that the social media campaigns in Ohio, Kentucky, and Indiana tapped into so effectively. These triad social media campaigns, using menstruation and women’s reproductive health as a tool to advance abortion access, distinctly leveraged the politics of disgust to advocate for the framing of dignity, understood as a right connected both to women’s privacy in medical decision-making and women’s decisional autonomy. These campaigns did so in ways that harnessed religiosity, masculinity, and geography as catalysts for collective solidarity and frame transformation.

V. CONCLUSION

The 2016 triad social media campaigns of “#AskDr.Kasich,” “#askbevinaboutmyvag,” and “#PeriodsForPence” underscore the relevance of religiosity, geography, and masculinities to achieve successful regional law reforms. These campaigns, each located in the regional mid-South, exposed the hypocrisy and invasiveness of religiously affiliated conservative state governors legislating abortion restrictions masked as “women’s health.” The campaigns uniquely drew on contradictions of masculinity and of disgust in geographically distinct ways that are revealing to the larger abortion rights movement and to regional social movement solidarity. The campaigns achieved a frame transformation in weaponizing the politics of disgust in abortion access as an effective tool to contest restrictive abortion legislation. These campaigns chart an important roadmap for post-Dobbs advocacy in regionally nuanced ways to produce the best results in each respective laboratory of democracy.

131. Id. at 117.
132. Id.