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Chris Bobel



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### From Convenience to Hazard: A Short History of the Emergence of the Menstrual Activism Movement, 1971-1992

Chris Bobel <sup>a</sup>

<sup>a</sup> University of Massachusetts Boston, Boston, Massachusetts, USA

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## **From Convenience to Hazard: A Short History of the Emergence of the Menstrual Activism Movement, 1971–1992**

CHRIS BOBEL

*University of Massachusetts Boston, Boston, Massachusetts, USA*

*In this article, I explore the early history of contemporary menstrual activism in the United States by looking through the lens of the first seven editions of the feminist women's health classic, Our Bodies, Ourselves (OBOS). This analysis illustrates the development of a critical menstrual consciousness as three key phases of the emerging movement, offers a representation of the dynamic nature of feminist health consciousness, and highlights the importance of linking current activism to its past.*

1973. Thirteen women gathered in a friend's home to stage the first ever "Bleed-In." The organizers, Janice Delaney, Mary Jane Lupton, and Emily Toth, decided they required a uniquely feminine ritual to stimulate their joint writing of a history of the culture of menstruation. The women shared stories of their first periods, viewed "educational films" from two menstrual product makers, and scrawled "menstrual graffiti" on a piece of paper attached to the bathroom wall.

1982. Two feminist health activists dressed in business attire circled a table with representatives of the "feminine hygiene" industry. In the wake of a national outbreak of the rare but potentially lethal infection, toxic shock syndrome (TSS), the group was charged by the Food and Drug Administration (FDA) to draft a voluntary set of safety standards for tampons.

1987. Entrepreneur Lou Crawford began manufacturing the Keeper, a reusable menstrual cup made from natural gum rubber. The device "keeps"

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Address correspondence to Chris Bobel, Department of Women's Studies, University of Massachusetts Boston, 100 Morrissey Blvd., Boston, MA, 02125, USA.

or collects rather than absorbs menstrual fluid and lasts for 10 years, thus reducing the waste produced by conventional menstrual products.

These dramatically divergent episodes reveal the diverse ways menstrual activism has responded to shifting temporal, political, and social contexts. What follows is an overview of the early history of this persistent challenge to the status quo in the United States including a critical examination of the key events that shaped this vibrant but understudied constellation of social change efforts that continue today. The analysis centers on the published works and archival materials associated with the Boston Women's Health Book Collective (BWHBC), which is widely regarded as a key catalyst of the contemporary feminist health movement in the United States. Here, I demonstrate how a close reading of the BWHBC's definitive feminist health resource, *Our Bodies, Ourselves (OBOS)*, from its inaugural 1970 edition through the 1992 installment reflects a shift in menstrual consciousness among activists. I also draw on other books and pamphlets, government reports, scientific studies, and related activist materials (many located in the archives of the BWHBC) as well as femcare product innovations to map a history of this movement. The authors of these materials shaped resistance to dominant attitudes regarding menstruation, demanding that women's voices be heard and calling the menstrual product industry to account.

This history, though regional in scope, can illuminate beyond its geographic frame for three key reasons. First, this history of feminist activism is actually more transnational in scope than initially meets the eye. Menstrual activism is not solely a U.S. project. In fact, one of the groups most active in the last decade of this movement has been the Montreal-based Bloodsisters and the U.K.-based Women's Environmental Network. Relatedly, of the 24 active alternative menstrual care companies accessible through the Anglophone Internet, more than half are from Canada, the United Kingdom Australia, or New Zealand. Second, this historical account bears relevance to scholars of women's health—whatever their location—who are similarly interested in the forces that stimulate activist agendas and tactics. May this brief history inspire accounts of similar histories, embedded in their particular geographic and sociocultural contexts, as they played out around the globe. Third, because histories not only document and analyze events but additionally carry the potential to reenergize contemporary activists everywhere, may this account activate those who challenge conventional menstrual attitudes and practices in the best interest of women's health and well-being.

#### THE WOMEN'S HEALTH MOVEMENT AND THE DEVELOPMENT OF A CENTRAL RESOURCE

In the following passage, menstrual activist Deb Weinstein (a pseudonym) explains the genesis of her interest in menstrual health and politics in the 1970s:

I remember we were getting into organic foods and healthy alternatives in cosmetics, with natural lotions and toothpastes, etc. There were a lot of feminist and holistic health books coming out right then, it was the height of the women's movement in ways, and *Our Bodies, Ourselves* was just out, and we would read books and magazines for sale at the co-ops. One of the books I bought there was *Hygieia*. I read in *Hygieia* we should not hide our blood in shame and told my girlfriend about it. She agreed it was feminist for us not to hide our blood in shame. Also, toxic shock syndrome had just hit. And women were afraid. (Personal communication, October 28, 2003)

The dawn of the feminist health movement, growing interest in “natural products” inspired by the environmental movement, and an outbreak of a little-understood and frightening infection led to Weinstein's transformation. She was not alone. Beginning in the 1970s, increasing numbers of women began to question the safety of menstrual products and, more fundamentally, the social construction of menstruation as a shameful process. Together, they cultivated a critical menstrual consciousness. While the environmental movement and consumer rights movements certainly influenced the emergence of menstrual activism, the evidence points clearly to the women's health movement as the “grandmother” of menstrual activism (e.g., Caldecott & Leland, 1983; Dowie, 1995; Gaard, 1993; Mayer, 1989). According to Mary Zimmerman (1987) and others (e.g., Morgen, 2002; Ruzek, 1979; Weisman, 1998), the women's health movement became “a recognizable force of social change along with the reemergence of the feminist movement in the late 1960s and early 1970s” (p. 443). Continuing into the 1980s, it provided significant resistance to standard medical practice, namely, the promise of scientific objectivity, economic abuse of patients, and the norms associated with the doctor–patient relationship. Key to the women's health movement is the foundational assumption that under the dominant medical system, women lacked control over their bodies and, therefore, their health. In this view, the medical system, designed and serviced primarily by men, ignores women's unique bodily experiences and thus fails to provide care that meets women's needs. The movement continues today.

Using this perspective, feminist health activists began to define their issues and strategize for change. The BWHBC was founded in this spirit when a small group of Boston women connected at a women's health seminar in 1969 and began discussing their experiences with doctors (mostly negative) and their knowledge of their bodies (mostly inadequate). They decided to form “The Doctor's Group” to research various topics germane to women's health and share their findings. They assembled their discoveries and created *Women & Their Bodies*, a 138-page booklet published by the New England Free Press in 1970. The booklet quickly gained attention, selling 250,000 copies in New England, mostly through word of mouth (BWHBC, 2008). By 1973, the newly formed and incorporated BWHBC, numbering 12 women,

expanded the scope of the book and, under contract with Simon & Schuster, published the (strategically retitled) *Our Bodies, Ourselves*. This 276-page text broached unmentionable topics—orgasm, the clitoris, the pill, abortion, and more—openly and honestly. Known for its candid first-person accounts and graphic and realistic images, this book, too, was a success (Brownmiller, 1999; Morgen, 2002; Ruzek, 1979). Now in its eighth edition, the book has sold four million copies and has been translated or adapted into 19 languages including Braille and has reached an estimated 20 million readers worldwide (Brehm, 2001).

## THE EMERGENCE OF A CRITICAL MENSTRUAL CONSCIOUSNESS

### Phase One: From Convenience to Concern

In the precursor to *OBOS*, *Women & Their Bodies* (BWHC, 1970), menstruation is only addressed very briefly in a list of many cultural taboos surrounding women's bodies. This appears consistent with prevalent attitudes toward menstruation at that time. Most women were using commercial menstrual products (pads were available since 1896 and tampons since 1934) and in *Women & Their Bodies*, there is no evidence yet of resistance to the products or, more generally, to the menstrual taboo.

Although femcare was not yet on the “hit list” of products that harmed women, women's liberationists (as they were called at the time) were voicing their critique of hyperconsumerism and the premium on feminine beauty, what some activists called “instruments of torture to women” (Echols, 1989, p. 93). For example, during the 1968 Miss America Pageant direct action protestors tossed (but did not burn!) such offending objects including high-heeled shoes, bras, girdles, curlers, and false eyelashes into their stylized “Freedom Trash Can” (Echols, 1989, p. 93). At that time, however, neither tampons nor pads were implicated. While femcare products were not yet deemed suspect, the problem of the menstrual taboo did capture the attention of some feminists at that time. In 1971, feminist art pioneer Judy Chicago created the shocking photolithograph entitled “Red Flag,” depicting a close-up shot of Chicago removing a bloody tampon. The artist later remarked that many people, in a stunning display of menstrual denial, did not know what the red object was; some thought it was a bloody penis. Chicago took this interpretation “as a testament done to our perceptual powers by the absence of female reality” (1993, p. 136). A year later in her installation “Womanhouse,” a room-by-room exploration of the gendered meanings of domesticity, Chicago included the controversial and visceral “Menstruation Bathroom,” a room liberally strewn with myriad used and unused menstrual products.

In the 1973 edition of *OBOS*, menstruation is given its own four-and-a-half-page subsection in Chapter Two: The Anatomy and Physiology of Reproduction and Sexuality. The politics of menstruation, however, were

not addressed, and the discussion quickly turned to product use, reflecting the view that menstruation is merely “a hygienic crisis” (Brumberg, 1998; Whisnant & Zegans, 1975). In *OBOs*, menstrual products were addressed briefly, with tampons and sanitary napkins cited as “the most common method[s] of absorbing menstrual fluid” and adding, “In a pinch there are clean rags and toilet paper. Tampons are a *convenience* to many women” (p. 19, emphasis mine). Without qualification, tampons were positioned as the most obvious and sensible choice of menstrual product. Two alternatives are introduced: the absorbent polymer Tassaway (a disposable menstrual cup) and “period extraction.” The Tassaway, first available in 1970 and pronounced, notably, “Toss-away,” was acknowledged by *OBOs* as an option, but was described as potentially “difficult and messy.” The second alternative, period extraction, a process which involves emptying the contents of the uterus, is noted as experimental but “exciting for those of us who feel menstruation is a real burden” (BWHBC, 1973, p. 20). The linguistic choice “those of us” suggests awareness that not all feminists shared a view of menstruation as burdensome.

This inclusive language might have been a nod to one menstruation-positive feminist, Emily Culpepper, who collaborated with members of the BWHBC. In 1972, Culpepper grew fascinated with menstruation while studying ancient religions. Her research inspired her to “help to create more positive, health promoting attitudes,” which led her to encourage others to “look, really look, at menstruation, and see for [y]ourselves what it is” (Culpepper, 1992, p. 275). Culpepper wrote, produced, and directed *Period Piece* in 1974. The 10-minute film includes images and narratives associated with menstruation, such as a woman interrupting her work to change her tampon, and Culpepper’s own first vaginal self-exam while menstruating. The film launched Culpepper to cult fame as a lay expert on menstruation, particularly menstrual attitudes, and she teamed up with members of the BWHBC to offer workshops locally and nationally, facilitating the raising of menstrual consciousness. In the same year that Culpepper produced her film, a small, woman-owned business introduced natural sea sponges used as tampons under the trademark “Sea Pearls,” expanding the number of alternative menstrual options available to menstruators and suggesting that at least some women sought out alternatives to conventional femcare. Around the same time, Emily Toth, Mary Jane Lupton, and Janice Delaney invited 10 women for the first-ever “Bleed-In,” a play on “Sit-In”—a form of nonviolent direct action involving occupying a space in protest and popularized in the 1960s and 1970s. The Bleed-In emerged as a historic, though playful, moment of risk taking and taboo smashing, of taking menstruation out of the figurative closet, while keeping it, literally, in the water closet.

As some women challenged the cultural taboo, others were responding to acute crises in women’s health. At this time, a defective birth control

device, an IUD called the Dalkon Shield, was implicated in a health crisis. Injuries from the product led to its recall in June 1974, followed by a famous class-action suit and numerous individual lawsuits (see Perry & Dawson, 1985). This consumer crisis put feminist health activists on alert, setting the stage for a growing skepticism surrounding products that promised to alleviate women's reproductive health "problems." In 1976, Delaney, Lupton, and Toth published *The Curse: A Cultural History of Menstruation*, which addressed taboos, myths, rituals, and the symbolism of menstruation from a feminist perspective and a full chapter devoted to the menstrual products industry, aptly entitled "Rags to Riches." While the chapter is largely historical and descriptive, the authors' critical opinion of the industry is groundbreaking. Delaney, Lupton, and Toth (1976) point out that "manufacturers have relied heavily on gimmickry to liven up sales," detailing how "manufacturers first created a need for scented products and then rushed to fill it" (p. 110). Explaining that menstrual fluid is odorless until exposed to air, the authors point out the uselessness of scented tampons, and note that such products serve as "an example of just how gullible the public can be" (p. 111). The authors also critiqued sanitary napkins as "a breeding ground for bacteria" (p. 114). They asked why superior products were not available and complained that no company has "made a tampon that a woman with a heavy flow can wear with complete security" (p. 114). Nonetheless, a tone of *gratitude* is detected in the chapter conclusion: "The manufacturers for the most part serve their customers well. They supply a product for which a real need exists, and they look hard for ways to improve it" (p. 113).

Perhaps unbeknownst to the authors, a "secure," absorbent, leak-protective product was then appearing on the market, and almost immediately complaints began to surface. In 1975 Procter & Gamble (P & G) had begun test marketing Rely, a super absorbent tea bag-like tampon containing chips of carboxymethylcellulose. One Rely tampon could absorb an entire woman's menses (Tierno, 2001). After its test market launch in New York, Judy Braiman, leader of a small consumer advocacy group called the Empire State Consumer Association, received calls from women who reported vomiting and diarrhea after using a free sample of Rely (Swasy, 1993). Fortunately, the year after P & G's limited launch of Rely, the "Medical Device Amendments" were passed to ensure the safety and effectiveness of medical devices. The amendments require manufacturers to register their products with the FDA and follow quality control procedures (FDA, 2005). Since the Medical Device Amendments authorized the FDA to regulate femcare products, the FDA could now actively investigate the safety of these products. Regulation was not a priority, however, until a lethal outbreak of Toxic Shock Syndrome a few years later. Until then, femcare was seen, as indicated, with *gratitude*, as a *convenience*, not as a potential hazard, even in the eyes of women's health advocates.



But change was underfoot. For menstrual activists, energized by nearly a decade of feminism's second wave, 1977 was a prolific year. During that year, BWHBC members Esther Rome and Emily Culpepper produced the brochure *Menstruation* (1977/1981). Available on request from the collective, its content departed significantly from the text included in *OBOs*. According to BWHBC cofounder Norma Swenson (1995), the brochure, printed in red ink, was conceived as "a feminist challenge to the wretched inserts which came in tampon packages" (p. 3). The brochure began with the claim, "Menstruation is a normal, usual, healthy occurrence for many years of a woman's life" and went on to challenge "standard medical views" (p. 1). Page three of the brochure was devoted to menstrual product use, including a discussion of menstrual sponges, which women had "recently... rediscovered" (p. 3) and a brief mention of the diaphragm as a device appropriate for collecting menstrual fluid. Women also were cautioned to avoid deodorized products because of possible allergic reactions. In BWHBC's first published statement that questions the femcare industry, the brochure echoes the critique of Delaney, Lupton, and Toth to "beware of possible problems with 'new, improved' tampons or napkins" (p. 3).

The same year that BWHBC released their brochure, the Society for Menstrual Cycle Research (SMCR) held its first conference, legitimizing the menstrual cycle as a worthy subject of scholarly research, and a viable activist stage (Dan, 2004). Also during 1977, distrust of the so-called "feminine protection" industry began to surface in the form of rumor. Investigative journalist Nancy Friedman (1981) attributed a still-to-this-day persistent "asbestos in tampons" myth to the work of one New Age health magazine and other unnamed "feminist publications" that "picked up the information and circulated it" (p. 118). Clearly, for such a rumor to persist, even after it was soundly discredited, there was a pervasive attitude of skepticism validated by the industry's neglect and disregard for women's health. Further evidence of this doubt took shape in myriad forms. An informational sheet circulated circa 1978 by the Berkeley Women's Health Collective indicted tampon manufacturers for their use of various chemicals and cotton-rayon blends and accused the product makers of "ignoring requests for a list of all substances contained in each brand of tampon" (Friedman, 1981, p. xii), the sheet listed many hazards associated with tampon use such as shredded fibers left behind in the vagina, the prevention of draining and discharge, and overdrying (although I could ascertain no source for this information).

Also in 1978, Jeannine Parvati published her now classic *Hygieia: A Woman's Herbal*. The tone of the book was vintage late 1970s, hippie discourse infused with cultural feminism, a strain of feminist theory that valorizes women and their experiences of embodiment. While Parvati's (1978) focus was an alternative means of dealing with a woman's monthly flow, she framed her discussion by presenting menstruation as a positive and powerful experience, citing "the images, our body fantasies, our cultural

myths and poor health” as barriers to “ecstatic renewal” (p. 8). She also included a hand-lettered pattern for homemade reusable cloth menstrual pads. Parvati’s book represented a paradigm shift marked by a questioning of conventional menstrual attitudes and practices. During the same year, Tamara Slayton, who illustrated Parvati’s book, connected the “shaming of the fruit of the womb” (Wheelwright & MacInnes, 1997, n.p.) with the pressing need for positive menstrual education for girls. In 1990, Slayton published *Reclaiming the Menstrual Matrix: Evolving feminine wisdom: A workbook*.

The 1979 revised and expanded *OBOS* included new information drawing from the brochure created two years prior, but the nascent skepticism of the 1977 brochure was missing. This inconsistency is curious. Perhaps the brochure, with its limited circulation, was seen as a more appropriate place to push the envelope. Still, the 1979 *OBOS* did suggest that conventional products were not for everyone. This was a safe way to introduce industry critique. In this edition, while the authors acknowledged the popularity of sanitary napkins and tampons, the first mention of tampon incompatibility (the mismatch between a woman’s menstrual needs and a particular tampon) was made. While tampons themselves were not questioned, users were instructed to accommodate their particular health needs by using a slightly different product, such as sponges, diaphragms or menstrual (period) extraction. Neither the caveat about deodorized or scented products nor the suspicion about new and improved products was included, and the introductory passage acknowledging cultural and historical differences in the ways women absorb their flow also was deleted. But a year later, P & G’s Rely tampon was implicated in the illnesses and deaths of scores of women, causing consumers and government to take a second, more scrutinizing look at the industry.

## Phase Two: Toxic Shock Syndrome Turns the Tide

During the 1980s, premenstrual syndrome (PMS) emerged as a contentious women’s issue. According to Kissling (2006), the 1980s contained an explosion of PMS-related self-help books and magazines. But the biggest menstruation-related news of the early 1980s was clearly TSS, a rare but potentially fatal infection (caused by bacterial toxins, most commonly streptococci and staphylococci), which struck minute numbers of people prior to 1979. Cases increased after P & G’s introduction of Rely, their super absorbent synthetic tampon. Between October 1979 and May 1980, 55 TSS cases and seven deaths were reported to the Centers for Disease Control (CDC). The TSS epidemic reached its peak in 1980 with a total of 813 cases of menstrual-related TSS, including 38 deaths (Meadows, 2000). By 1983, more than 2,200 cases had been reported to the CDC (Tierno, 2001). Under extreme pressure from the FDA and to avoid the imminent threat of a damning product recall, P & G voluntarily withdrew Rely from the market.

Procter & Gamble's handling of the TSS outbreak angered many, including FDA scientists and especially the women and families affected directly by TSS. One high-profile case involved Mike Kehm, husband to Pat Kehm, a 25-year-old woman who died of TSS while using Rely. The jury in the case found P & G liable for Mrs. Kehm's death, claiming that P & G was aware of the health hazards associated with their product but failed to notify consumers. Procter & Gamble denied this. Plaintiff attorney, Tom Riley, stated in his closing remarks that "Pat Kehm died because Procter & Gamble let her die.... They were more concerned about their product than warning their customers" (Riley, 1986, p. 248). Procter & Gamble was ordered to pay \$300,000 in nonpunitive damages (Riley, 1986).

At the end of 1980, CDC scientists Shands, Schmid, and Dan (1980) established a link between superabsorbent synthetic tampons and TSS. In response to intense media coverage and an outpouring of public concern, the FDA finally began to honor its mandate to regulate femcare safety, though their targets—such as small, woman-owned menstrual sponge companies—were regarded as inappropriate by many menstrual activists (see Rome & Wolhandler, 1992). Around the same time, the FDA upgraded tampons to a classification as a Class II medical device, meaning that tampons now required more than "general controls" and might even require "special controls" such as performance standards and postmarket surveillance (U.S. Code 21, 1976).

The health crisis precipitated by the outbreak of TSS provoked an outcry from feminist activists and garnered the concern and support of some members of the mainstream medical system within the CDC. In the wake of this crisis, the femcare industry was forced to confront potential hazards associated with its products, giving activists a foot in the door. Despite the clear need for federal regulations, consumer activists who engaged directly with the federal agencies lost their strength, and the manufacture of safer products remained voluntary.

The ensuing years produced a wave of activity—both within the industry and among activists—in the interest of making tampons safer. Tampon manufacturers, ostensibly engaging in a bit of damage control, ceased using polyester foam in their products, but this was not enough to ensure the safety of femcare. In 1981, journalist Nancy Friedman published *Everything You Must Know About Tampons*, which discusses the tampon-TSS link and alternative products. Also in 1981, Rome and Culpepper revised and expanded their 1977 brochure. The authors, citing the more than 650 letters they received requesting information on TSS, urged readers to "make corporations and those who fund research accountable to the public and especially women" (Rome & Culpepper, 1981, insert), and insisted that the FDA force manufacturers to label tampons with TSS warnings. These letters served as important ammunition in negotiations with industry and government representatives in the next series of menstrual activist interventions.

Soon thereafter, the FDA requested that the Association of Testing and Materials (ATSM) convene a group of tampon manufacturers, consumers, the FDA, and other interested parties to write a private, *voluntary* tampon standard (this in lieu of an FDA mandate). Beginning in 1982, BWHBC members Judy Norsigian, Esther Rome, and Jill Wolhandler attended this meeting on behalf of consumers but quickly discovered an inherent conflict of interest between industry and consumers. In a subsequent article, Rome and Wolhandler (1992) expressed their frustration with the ATSM group which, “without producing any kind of standard” (p. 263), dissolved in 1985 after three years of virtual intransigence.

While the FDA was unwilling to legally mandate safety and performance standards, it did issue a regulation in 1982 requiring tampon boxes to advise consumers to use the lowest absorbency tampons to meet their needs. Activists pointed out that such labeling was meaningless, however, since there was no uniform labeling across the industry—that is, one brand’s “super absorbency” may have been another’s “regular.” In response, Rome, Wolhandler, scientist Nancy Reame and other activists initiated a 10-year campaign to standardize absorbency ratings.

In 1984, the consumer health group Woman Health International petitioned the FDA to develop a safety standard for tampons (Rome & Wolhandler, 1992). In the edition of *OBOS* published that year, the menstrual product section reflected significant changes since 1979. The following passage, adapted from the 1977 BWHBC brochure, leads the section dealing with menstrual product use:

Women in different cultures have handled their menstrual flow in many ways. Sometimes they don’t use anything. Since earliest times, women have made tampons and pads from available materials, often washing and reusing special cloths or rags. Today, some women make them from gauze or cotton balls. (p. 211)

The accurate sentence “most women use commercial sanitary napkins and tampons” (p. 211) follows, but this time the chapter links TSS to tampon use. A more direct critique of the industry and the FDA was included in this edition, inspired by the strengthened feminist health movement, aided and abetted by consumer rights activists and other groups like Women Health International. The TSS crisis transformed what had been whispers of critique into angry voices calling for change. For example, note the change of tone as the authors addressed the lack of standardized absorbency ratings:

There is no premarket safety testing of tampons. Most research is done by the manufacturers who keep it secret. Although the law requires the U.S. FDA to set uniform standards for the safety and performance of medical devices including tampons, the agency has no plans to do so. (pp. 211–212)

This language, the strongest yet, exposed FDA inaction, portraying it as consciously neglectful. Consumer activism is gently suggested in this edition with advice in a footnote to “Report any tampon-related problems to the U.S. FDA” (p. 212). Also for the first time in the 1984 *OBOS*, women with disabilities were included in the discussion of femcare options, with the following acknowledgment:

Those of us who have limited sensation in the lower part of our bodies or are confined to wheelchairs often find all of these methods either irritating or difficult to use. There is no satisfactory solution to this yet. (p. 212)

While the final statement conveyed disillusioned resignation, the fact that available products were critiqued as inadequate for some women opened up space for critique in general and reflected the influence of the feminist health movement’s analysis.

Activity began to pick up in the years following the 1984 edition. The following year marked the publication of *Lifting the Curse of Menstruation: A Feminist Appraisal of the Influence of Menstruation on Women’s Lives* (Golub, 1985), which includes an article by Reame, who discusses “menstrual problems related to hygiene practices” (p. 37) and repeated the consumer activist plea for “a standardized absorbency test against which all brands can be comparatively evaluated” (p. 47). Also during 1984, Tamara Slayton founded the Menstrual Health Foundation, in response to “the need for supporting women in gaining a deeper understanding and respect for their procreative cycles” (Passafero, White, Knodle, & Adams, 2003).

In 1985, microbiologist Philip Tierno and Bruce Hanna released the results of their research on the super absorbent tampon–TSS connection. Perhaps in response, Playtex and Tambrands voluntarily withdrew products using polyacrylate rayon. With tampons losing their market share in the immediate aftermath of the TSS outbreak (Friedman, 1981), entrepreneur Lou Crawford began manufacturing the Keeper, a reusable menstrual cup made from natural gum rubber in 1987. The device, much like the defunct Tassaway, collects rather than absorbs the menses and for some menstruators is preferable.

During the same year, Public Citizen (a national not-for-profit consumer advocacy organization founded by Ralph Nader) began its tampon absorbency warnings campaign that continued through 1990. The consumer rights group filed a lawsuit in federal district court to force the FDA to require all tampon manufacturers to print the numerical absorbency tampons and the information that high absorbency puts women at higher risk of TSS on every box (Rome & Wolhandler, 1992, p. 267). This tactic of engaging the legal system was a departure from the approach of the BWHBC activists who chose to work collaboratively with industry and government representatives and

to organize consumers. The BWHBC, for example, initiated a letter-writing campaign that year that asked consumers to contact the FDA and express their support for standardizing the terminology already on tampon boxes. Nearly 300 letters were produced, 90% as a result of BWHBC's consumer alert (Rome & Wolhandler, 1992). But, at this time, the focus on mobilizing consumers to demand safer conventional products was coming to an end. A preoccupation with alternative products would soon eclipse the activist impulse to reform the industry, but not before key wins were scored, both in the United States and abroad.

### Phase Three: A Success, a Failure, and the Shift to Alternatives

The biggest developments at the close of the decade centered on menstrual products. In 1989, Tierno and Hanna published their latest research on the dangers of superabsorbant tampons, which legitimized fear of tampons and helped to create and maintain a market for alternative products in the United States. The most significant stimulus for the alternative market, however, was a feminist environmental activist success across the Atlantic. In the United Kingdom Bernadette Vallely founded the Women's Environmental Network (WEN) and organized a national media blitz to motivate consumers to challenge the sanpro (from *sanitary protection*) industry's polluting methods. Vallely and fellow feminist environmentalists Josa Young and Allison Costello published the *Sanitary Protection Scandal* (which sold 10,000 copies in its first year) and worked with the national network television program *World in Action/BBC* to air a segment on the hazards of chlorine-bleached paper products. According to Vallely, one in five people in the United Kingdom saw the show (Bernadette Vallely, personal communication, November 5, 2003). The program drew attention to the effects of dioxin pollution, a consequence of the chlorine-bleaching process used in the manufacture of pads and tampons. Dioxin has been linked not only to cancer, but also to liver and skin damage and, potentially, reproductive health (Armstrong & Scott, 1992; Costello, Vallely, & Young, 1989; Houppert, 1999). British consumers were roused by the campaign. Consumers across the United Kingdom made more than 50,000 calls to manufacturers and members of the British parliament demanding that changes be made in the disposable paper products industry. This was in contrast with the modest number of letters generated in the United States through BWHBC campaigns. Vallely claims that, in a mere 6 weeks, all the major British sanitary protection producers had pledged to eliminate the use of the chlorine-bleaching process (Bernadette Vallely, personal communication, November 5, 2003).

Unfortunately, neither U.S. nor Canadian activists succeeded in replicating the British success. The reasons for this failure are not entirely clear. Vallely, who advised Canadian activists, offered this explanation: "Instead

of engaging in a public debate about their products, the major corporations secretly agreed simply to ignore our campaign" (Bernadette Vallely, personal communication, November 5, 2003).

Although industry confrontation was absent, the view of commercial femcare products as *hazardous* persisted, and alternative products proliferated. This proliferation suggests that a turn away from the industry was embraced as the best strategy to insure women's menstrual health. Natracare, a maker of nonchlorine-bleached pads and tampons, opened for business in 1989. They traced their inspiration directly to the WEN campaign, citing both consumer needs and environmental sustainability (Natracare, 2008). In the United States Lou Crawford began manufacturing the Version B Keeper, a smaller prechildbirth version of the menstrual cup, marking a wave of alternative product development. Indeed, according to my own count, between 1992 and 1999, 15 alternative femcare businesses were founded. It appears that the North American response to the hazards of menstrual products was the relatively dramatic increase in alternative products, rather than an outpouring of public support for corporate accountability and change. Still, small numbers of dedicated activists did persist. Most were consumer rights warriors who forced the U.S. government to engage, even if in a limited way, with product safety. For example, when Public Citizen's case against the FDA finally was heard, the judge ruled that the FDA must publish a final regulation by October 31, 1989.

In addition to finally publishing tampon regulations, the FDA addressed the tampon-dioxin risk that had electrified the U.K. public a year earlier, issuing a memo that stated that the risk of dioxin in tampons "can be quite high" (Houppert, 1999, p. 19). In March 1990, to the great relief of consumer and feminist health activists, the FDA formally implemented two criteria for tampon manufacturers: They must (1) advise consumers to use the lowest possible effective absorbency, and (2) standardize their ranges of absorbency. Around the same time, reports Houppert (1999), the FDA released a study that showed no cancer risk from dioxin in tampons, with data supplied by the femcare industry. This study, however, did not include testing of individual tampons to discover how *vaginal* contact might differ from other types of skin contact (Houppert, 1999). The fact that the FDA released a flawed study confirmed for activists that the government agency was not genuinely committed to pursuing tampon safety. As a result, menstrual activists of the next generation expressed distrust of the femcare industry, and inadequate government regulation, and waged campaigns of Do It Yourself (DIY) menstrual care.

True to its billing, the 1992 *The New Our Bodies, Ourselves* presented an expanded discussion of menstrual products by including still more alternative options and introducing the potential health hazards associated with the industry's standard chlorine bleaching process. Rags were listed for the first time as material for homemade reusable pads. Because the FDA

finally standardized absorbency ratings in 1990 (now all absorbency levels were the same, regardless of the brand), the new *OBOs* simply included a reminder to use the lowest possible absorbency tampon (p. 250). This directive marked the end of menstrual product safety activism by members of the BWHBC. These activists, one can assume, were fatigued and grateful to have finally won the labeling victory, and thus, began to turn away from the issue.

It took 10 years of feminist health activists and consumer advocates mobilizing angry consumers while congenially working with industry and government to produce a rating system that was helpful to consumers. Rome and Wolhandler (1992) noted the effect of Reagan-era business deregulation and industry representatives who, “from the beginning . . . did not consider the consumers’ concerns very important” (p. 263). They cited the FDA’s inadequate funding, hampering policies, and staff conflicts of interest as key obstacles to change. Concluding that government intervention is *not* the route to ensure consumer safety, the authors issued a call for consumer-initiated product liability lawsuits, like the one won by Public Citizen. But the lightning rod of menstrual activism, TSS, had faded as the alarming issue it once was. As early as 1984, TSS incidences appeared to drop due, most likely, to two factors: the reduction of tampon absorbencies (Berkley, Hightower, Broome, & Reingold, 1987) and the fading of the TSS crisis from physicians’ perspectives (CDC, 1990). Instead, second-wave feminist health activists focused on other women’s health issues, including publicizing the dangers of silicone breast implants, STD awareness, and the first foreign language adaptation of *OBOs*.

After this point, menstrual activist activity decreased. In 1995, Rome died of breast cancer. Her impressive record as a women’s health activist was celebrated at her funeral and in every subsequent issue of *OBOs*. The passion for *reforming* the femcare industry, in the interest of women’s safety, however, died with Rome. While efforts to improve the safety profile of mainstream menstrual products declined in the wake of Rome’s death, a new generation of activists emerged in the following years. The next wave of menstrual activists did not engage with government or industry, choosing not to pursue legal action as Rome and Wolhandler recommended. Instead, they took an individual-level approach to making change (see Bobel, 2006a, 2006b).

Throughout these three phases of the menstrual activism movement, challenges to the menstrual care industry transformed a tone of gratitude—seeing menstrual products as *conveniences*—into one of skepticism that flourished in the wake of the TSS crisis. Regarding menstrual products first as concerns, and then, with time and TSS, as serious *hazards*, activists called the femcare industry and the body that regulates it, to account. Today’s menstrual activists—across the globe—can draw strength from and build upon this history.



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