

A “Semi-Official” Program: New Deal Politics and the Discourse of Birth Control in
California, 1939-1942

By

Kelly O’Reilly

Thesis

Submitted to the Faculty of the
Graduate School of Vanderbilt University
in partial fulfillment of the requirements for
the degree of

MASTER OF ARTS

in

History

May, 2015

Nashville, Tennessee

Approved:

Sarah Igo
Gary Gerstle

In February 1939, Mildred Delp, a registered nurse, left her job in Indio, California, and set out on a journey with a single-minded mission: to promote birth control among the state's migrant women. Margaret Sanger, legendary birth control activist and then the chairman of the Birth Control Federation of America (BCFA), had just hired Delp as an itinerant nurse for the organization. Over the next three years, Delp traveled throughout California and Arizona, educating both migrant women and the social workers who dealt with them in the importance of birth control.

Delp was just one nurse, confronted with an enormous task. With the onset of the Great Depression in the 1930s, the BCFA made an effort to extend its services to rural areas, educating women in the practices of birth control. The BCFA first established a number of programs in the rural South, setting up birth control clinics for mostly African-American women. For the most part, these projects were significantly understaffed, and individual nurses were charged with covering vast stretches of territory. In the western states, particularly in California, their efforts were shaped by the presence of large numbers of "Okie" migrant workers. From Oklahoma, Arkansas, Texas, and Missouri, over 300,000 migrants streamed into the state in the 1930s in search of work.¹ By the end of the decade, many of these newcomers constituted a large migratory work force that traveled the state in search of work on California's large farms. These migrants had only sporadic access to medical facilities, and their itinerant lives posed a unique problem for the BCFA.

The BCFA gave Delp the responsibility of singlehandedly educating the migratory women of California (and later Arizona) in birth control practices. Though Delp reported to Florence Rose of the Extension Department of the BCFA, she worked mostly on her own—her

¹ James Gregory, *The American Exodus: The Dust Bowl Migration and Okie Culture in California* (Oxford: Oxford University Press, 1989), 9.

job and the migratory women project in California were practically synonymous. In fact, Delp was almost the sole link between the BCFA hierarchy and the thousands of migrant women. As she crisscrossed the state, Delp's Ford Mercury was her traveling office, cluttered with hat boxes, files, ink bottles, birth control literature, and a vase ("For an occasional white hyacinth for my soul!" she wrote.)² From 1939 to 1942, Delp logged, on average, over 1,800 miles per month, distributing birth control to as many migrant women as she could.³

When Delp entered the field, the landscape of Depression-era California was dotted with the outposts of New Deal agencies. In the 1930s, the plight of the Okies had garnered the attention of the national media. Images of the squalid living conditions of families in "ditchbank" settlements and reports of white men taking the jobs of a previously Mexican and Filipino migratory workforce were difficult to ignore. Soon, the "migrant problem" preoccupied both California residents and government officials. In 1935, the Resettlement Administration (RA), which later became the Farm Security Administration (FSA), began to build migratory labor camps to accommodate some of the workers and their families. By 1941, the FSA operated sixteen permanent camps throughout California, most of which housed several hundred families.⁴ These camps were meant as much more than just emergency solutions. Rather, they were intended to "rehabilitate" the Okies, transform them into productive citizens, and assimilate them into California culture.

² Mildred Delp, "My Day." October 17, 1940. Sophia Smith Collection, PPF A I, Box 45, Folder 4.

³ Mary S. Melcher, *Pregnancy, Motherhood, and Choice in Twentieth-Century Arizona* (Tucson: The University of Arizona Press, 2012), 81.

⁴ Croutch, Albert. *Housing Migratory Agricultural Workers in California, 1913-1948*. San Francisco: R and E Research Associates, 1975; There were also a number of temporary, mobile camps, whose number varied with the seasons. Delp cites 25 camps, but it is unclear where she gets this number, and it most likely is an estimate, since the number of camps was constantly in flux. Corroborating her estimate with other sources, such as Croutch's document, I can only confirm the presence of 16 camps.

The BCFA's migrant worker project was closely intertwined with the FSA's efforts: in fact, before she was hired by the BCFA, Delp worked as a nurse in two of the FSA's camps. A "soft-spoken, warm-hearted Southern nurse," Delp had been trained as a nurse in Richmond after graduating from finishing school.⁵ Coming to California, she worked as a camp nurse at the clinic of the first FSA camp (in Marysville), later transferring to the Indio camp when it opened. These clinics played a key role in the FSA camp program. In an effort to combat migrants' poor health, the FSA established a health clinic at almost every one of its permanent camps. There, nurses like Delp performed regular check-ups, distributed vaccines, and hosted talks on health education.

With no prior experience dealing with poverty, Delp was shocked by the conditions and poor health she encountered at the FSA camps. After caring for the dying infant of a young mother of eight, Delp became convinced of the need to bring birth control to the migrant population.⁶ In late 1938, Delp wrote to Margaret Sanger, then head of the BCFA, and invited her to speak to the migrants at the Indio camp on the advantages of birth control. On January 5, 1939, Sanger visited the camp, met Delp, and immediately hired her for the BCFA.⁷

Delp's hiring marked an important development in the BCFA's rural outreach program. For a few years prior, the BCFA had fought to establish a working relationship with the FSA—an alliance that would allow the BCFA to reach larger segments of the rural population who had not regular access to medical care. While many FSA administrators were sympathetic to the

⁵ Grace Naismith, "A Birth Control Pioneer Among Migrants," *Reader's Digest*. July 1943. Pg. 85. Margaret Sanger Papers. Doe Library, University of California, Berkeley.

⁶ Grace Naismith, "A Birth Control Pioneer Among Migrants," *Reader's Digest*. July 1943. Pg. 87. Margaret Sanger Papers. Doe Library, University of California, Berkeley.

⁷ "Noted Woman Honors Indio Migratory Camp." Jan. 14, 1939. *Covered Wagon*; "Miss Millie (Millie the Migrant) Delp Bids Our Camp Auf Weider Sehen." Jan. 21, 1939.

BCFA's goals, they were also cautious. Birth control was a controversial subject, and the FSA was wary of risking Congressional support, which the department depended upon for funding. The result was a "semi-official" program, in which the BCFA hired nurses such as Delp to act as liaisons to the FSA, using this government infrastructure to bring birth control to thousands of rural women.

This paper will examine this brief alliance between the BCFA and the FSA. While the program proceeded with tacit support of FSA officials in Washington, the real work was done "on-the ground," where Delp and other nurses navigated a complicated landscape of New Deal reformers. By examining these interactions, we can see the ways in which Delp used the political discourse of poverty to fit birth control into the New Deal agenda. From 1939 until 1942, Delp wrote daily reports for the BCFA, providing an enormous resource that historians have largely overlooked. These reports, combined with correspondence between Delp and Margaret Sanger, give excellent insight into this little-studied program.

The National and Local Story of Birth Control

The history of the American birth control movement has traditionally neglected the on-the-ground efforts of women like Delp in favor of a focus on the movement's national leaders. From the dawn of this field in the 1970s to the present, historians have focused on the twentieth-century struggle that these leaders faced in their efforts to make birth control legal, socially acceptable, and widely used. Linda Gordon's excellent overview of the birth control movement, *The Moral Property of Birth Control: A History of Birth Control Politics in America*, first published in 1976, set the standard for the field. Gordon's book traces the shifts in the birth control movement over the twentieth century, but the scope of her project and her focus on organizations do not allow her to analyze the way in which this national social movement was

built on the efforts of countless individuals, who may or may not have been directly associated with the major birth control organizations.⁸ Similarly, James Reed's 1978 *From Private Vice to Public Virtue: The Birth Control Movement and American Society Since 1830* focuses on three significant individuals who had inordinate influence on the twentieth-century birth control movement: Margaret Sanger, Robert Dickinson, and Clarence Gamble. Reed uses these individuals to highlight the different themes and shifts of the movement, but his subject is limited to those who wielded national influence.

As a result of this national focus, the history of the birth control movement is often closely entangled with the biography of Margaret Sanger, who becomes almost synonymous with the movement. For example, David Kennedy's 1970 *Birth Control in America: The Career of Margaret Sanger* looks at the public career of Sanger as a lens through which to view the entire movement. However, this focus on Sanger has its pitfalls: Kennedy often appears disillusioned with Sanger's personal contradictions, and his evaluation of her is at times inexplicably harsh.⁹ Ellen Chessler's 1992 *Woman of Valor: Margaret Sanger and the Birth Control Movement in America* is both more comprehensive and more impartial, but her book similarly encourages readers to equate Sanger and the birth control movement.

The approach of these books has proved to be an appealing one, and more recent literature tends to follow in the footsteps of these earlier historians. In his 2011 *A History of the Birth Control Movement in America*, for example, Peter Engelman writes, "This book is tightly focused on national organizations based in New York City and the leadership of the movement.

⁸ Gordon's book was originally published under the title, *Woman's Body, Woman's Right: Birth Control in America*. Linda Gordon, *The Moral Property of Women: A History of Birth Control Politics in America*, 3rd ed. (Urbana: University of Illinois Press, 2002).

⁹ David M. Kennedy, *Birth Control in America: The Career of Margaret Sanger* (New Haven: Yale University Press, 1970).

I regret that I do not have the space and time to say a little more about birth control activism and clinic organization in other cities and states.”¹⁰ Similarly, while Jimmy Elaine Wilkinson Meyer and Robyn L. Rosen both narrow their focus to the period from 1920 to 1940, they too examine birth control politics at the national level, among the leading reformers and philanthropists.¹¹

During the past few years, however, a few new books have begun to move away from this emphasis on national reformers and to look instead at a new subject: how the birth control clinics actually worked. In her 2010 book, *Birth Control on Main Street: Organizing Clinics in the United States, 1916-1939*, Cathy Moran Hajo deliberately breaks away from a historiography that has emphasized the national leaders at the expense of the movement’s diversity. Hajo claims that histories of the national organizations focus on what reformers said about birth control, but not what they actually did. Looking at the clinics, Hajo argues, enables us to see how these ideas were put into practice.¹² In fact, this new focus on clinics might allow historians to look at the birth control movement in a new way. In a very recent (2012) book, Rose Holz focuses on birth control clinics and ultimately arrives at a thesis that challenges many of the underlying assumptions of the previous historiography. Moving away from a focus on the national birth control organizations, Holz argues for the role of the market in spreading birth control. In her telling, it was private corporations, competing for profit, that ultimately made

¹⁰ Peter C. Engelman, *A History of the Birth Control Movement in America* (Santa Barbara: Praeger, 2011), xxii.

¹¹ Both these books are part of the Women and Health, Cultural and Social Perspectives Series by The Ohio State University Press. Jimmy Elaine Wilkinson Meyer, *Any Friend of the Movement: Networking for Birth Control, 1920-1940* (Columbus: The Ohio State University Press, 2004); Robyn L. Rosen, *Reproductive Health, Reproductive Rights: Reformers and the Politics of Maternal Welfare, 1917-1940* (Columbus: The Ohio State University Press, 2003).

¹² Cathy Moran Hajo, *Birth Control on Main Street: Organizing Clinics in the United States, 1916-1939* (Urbana: University of Illinois Press, 2010), 3.

birth control available to American women. According to Holz, “The lines between business and charity work are not so easily drawn, despite the birth control propaganda and the subsequent birth control historiography that often suggested otherwise.”¹³ Thus, Holz’s book demonstrates the liberating effects that a change in vantage point can have: looking at the local level, rather than the national level, allows Holz to examine dimensions of the birth control movement that older works had ignored.

While this recent literature on the clinics raises new possibilities for the history of birth control, these historians have so far concentrated their efforts on urban areas. The early efforts to extend birth control services to rural areas were generally less coordinated, more fitful, and ultimately less successful than their urban counterparts, and they have consequentially gone largely unnoticed. The only book to dedicate more than a footnote to Mildred Delp, for example, is Mary Melcher’s 2012 book, *Pregnancy, Motherhood, and Choice in Twentieth-Century Arizona*, which argues that historians have ignored the unique history of the women’s reproductive health in the West. In the early twentieth century West, claims Melcher, “[a] lack of medical personnel, poor roads, as well as the region’s rocky mountains, canyons, and deserts, limited women’s ability to find adequate care in childbirth.”¹⁴ Melcher examines the efforts to bring birth control to the rural West, but her book focuses on Arizona, thus excluding Delp’s core work in California.

On the surface, historians’ neglect of the BCFA’s work in rural Depression-era California appears understandable. After all, a project consisting of so few staff hardly seems to warrant much attention. However, because Delp’s efforts to reach migratory women relied heavily on

¹³ Rose Holz, *The Birth Control Clinic in a Marketplace World* (Rochester, University of Rochester Press, 2012), 4.

¹⁴ Mary S. Melcher, *Pregnancy, Motherhood, and Choice in Twentieth-Century Arizona* (Tucson: The University of Arizona Press, 2012), 2.

government infrastructure, she was able to create a broad network of administrators who would promote birth control among migratory workers. In this way, the migrant project had a much bigger footprint than the number of its staff would suggest. In fact, by looking at Delp's work, we can see how the on-the-ground politics of the New Deal agencies shaped the discourse of birth control in ways that a national historiography might overlook.

In her book, *The Moral Property of Birth Control: A History of Birth Control Politics in America*, Linda Gordon argues that the Great Depression and New Deal of the 1930s had a profound impact on the nature of the birth control movement. In the 1920s, the birth control movement had been closely connected to eugenicist interests. Believing that the lower classes were inherently inferior, many eugenicists advocated birth control as a way to stop the inferior poor from reproducing and thus to shrink their presence in and influence on American society.¹⁵ With the onset of the Great Depression, however, this attitude began to shift. The changing economic situation made it more difficult for birth controllers to ignore the environmental causes of poverty, and eugenic thought began to fall out of fashion. Furthermore, birth controllers began to recognize that New Dealers could be potential allies in their efforts to embed birth control in social welfare programs.¹⁶ Delp's reports support Gordon's claim: they reveal the extent to which Delp strove to link New Deal administrators and nurses with social workers in networks that would educate migrant women on the importance of birth control. She hoped that these networks would operate effectively even in her absence.

Despite this alliance with progressives, however, Gordon maintains that birth controllers remained more conservative than their New Deal allies. Even in the late stages of the New Deal,

¹⁵ Linda Gordon, *The Moral Property of Women: A History of Birth Control Politics in America*, 3rd ed. (Urbana: University of Illinois Press, 2002), 174.

¹⁶ Gordon, 211.

Gordon claims, birth controllers “did not think structurally, did not ask what created poverty and inequality in the first place and what role reproductive practices played.”¹⁷ While this may have been true for the hierarchy of professionals who constituted the higher echelons of the BCFA, Gordon’s distinction breaks down at the ground level, where the lines between birth control advocates and New Dealers blurred. As a key link between the BCFA and the FSA, Delp had to speak the languages of both. In order for her efforts to be successful, Delp had to convince social workers of the importance of her work, thus placing birth control within a larger discourse of social work during the New Deal.

Creating an Alliance

In 1937, the BCFA, identifying an opportunity to reach the rural population, the BCFA tentatively began to explore a possible alliance with the FSA. Hazel Moore, a lobbyist for the BCFA, approached with FSA officials in Washington, D.C., to gauge their interest in integrating birth control education into their resettlement projects. Moore noted that, while all the officials were “personally favorable to B.C.,” they were “afraid to cooperate openly.”¹⁸

Birth control had become legal under federal law when the government repealed the Comstock Act in 1936. Government officials were still cautious about publicizing their interactions with the BCFA, however.¹⁹ While local administrators were generally supportive of the program, the FSA had always been a lightning rod for anti-New Deal criticism in Congress. Critics of the agency considered it to be the epicenter of the New Deal’s “social engineering”

¹⁷ Gordon, 212.

¹⁸ Hazel Moore, “Resettlement Project, Interview with Mr. Mitchell,” March 18, 1937. Sophia Smith Collection, PPFA I, Box 57, Folder 3.

¹⁹ The Comstock Act had prohibited the transportation of birth control across state lines. In the 1936 case *U.S. v. One Package*, the U.S. Court of Appeals for the Second Circuit ruled this provision unconstitutional. This decision, however, affected only federal law; many states continued to prohibit birth control after 1936.

impetus, and its reputation for being too radical threatened its funding.²⁰ Because of its unsure footing in Congress, many FSA officials wished to distance themselves from programs that might be too controversial. Introducing a birth control element to their resettlement projects, many officials feared, would alienate the Catholic vote in Congress, thus endangering the agency's already precarious position.²¹ William Alexander, the assistant administrator of the FSA, bluntly informed Moore, "'I'm for you 100% —but I do not want to fight this battle now.'"²²

Denied official FSA recognition, the BCFA was forced to settle for the FSA's tacit support. Moore worked with the FSA's Dr. R.C. Williams to develop a program in which BCFA nurses would enter the field, establish contacts with local FSA administrators, and use the FSA infrastructure to reach rural women. Dr. Williams acted as an unofficial advisor throughout this process, although he made it clear that he would be unable to come out publicly in support of the program.²³

Thus, in 1937, under the aegis of Dr. Williams, the BCFA hired the nurse W.C. Morehead to travel from state to state, making contacts with FSA administrators. Morehead's assignments, however, were scattered across an enormous territory, encompassing, but not limited to, the entire South and Southwest. Two years later, again following Dr. Williams' advice, the BCFA hired Mildred Delp. Delp's program was the BCFA's first attempt to target a

²⁰ Michael Grey, *New Deal Medicine: The Rural Health Programs of the Farm Security Administration* (Baltimore: The Johns Hopkins University Press, 1999), 3.

²¹ Hazel Moore, "Interviews," January 21-23, 1937. Sophia Smith Collection, PPFA I, Box 57, Folder 3.

²² Hazel Moore, "Interviews," January 21-23, 1937. Sophia Smith Collection, PPFA I, Box 57, Folder 3.

²³ Hazel Moore, "Interviews," January 21-23, 1937. Sophia Smith Collection, PPFA I, Box 57, Folder 3.

specific population—the migrant workers of California—in a methodical way. While Morehead’s work pioneered the relationship between the FSA and the BCFA, Delp’s hiring marked the maturation of the experiment, and Delp’s efforts were both more concentrated and more long lasting.

Both Morehead and Delp worked under the radar, forging connections between the FSA and the BCFA on the ground level. However, the BCFA never saw the tenuous alliance as a long-term solution. Instead, they maintained hope that the FSA would eventually take over the full administration and funding for the project. Delp’s role, then, was to demonstrate the possibilities for a more permanent program—to act as an “entering wedge for a future program to be taken over by social workers and community managers.”²⁴

A “Semi-Official” Program

In the meantime, both the BCFA and the FSA were careful to keep the program confidential. Morehead, speaking to FSA personnel, explained, “The U.S. Government has never endorsed birth control service; which means that this whole program in FSA is semi-official, since the President, congress, and Public Health Services have no official cognizance of the fact that a government bureau is promoting this service.”²⁵ The staff member took further precautions, urging the FSA personnel who chose to promote birth control in their work to do so confidentially—holding conferences without stenographers present and discussing the matter only in personal, rather than official, letters.²⁶

²⁴ Hazel Moore, “Resettlement Project, Interview with Mr. Mitchell,” March 18, 1937. Sophia Smith Collection, PPFA I, Box 57, Folder 3.

²⁵ W.C. Morehead, “Outline of Talk Given to FSA Personnel in Special Rural Projects Program,” September 19, 1940. 1.

²⁶ W.C. Morehead, “Outline of Talk Given to FSA Personnel in Special Rural Projects Program,” September 19, 1940. 1.

Because the FSA program was “semi-official,” it was most active on the ground level. Directives to distribute birth control did not come from top government officials; rather, directives arose from daily decisions made by local FSA administrators and social workers. The top levels of the FSA may have permitted the practice, but it was these local officials who decided whether to cooperate with the BCFA. This political landscape shaped the BCFA’s efforts: the BCFA targeted these low-level public officials, believing them to be the key link to the migratory families. In California, this meant that Delp had to rely on the network of FSA officials that managed the migratory labor camps.

Regional and national directors were aware of Delp’s work, but they were not involved in the approval process. Instead, Delp had to work on a camp-by-camp basis, individually convincing each camp manager to approve her program. Delp could only succeed by building relationships, one-by-one, with rank and file officials across the entire state. In an early report detailing her strategy in California and Arizona, Delp noted that she would direct her efforts first toward the migrants residing at the camps: “Teaching and disbursement of supplies to be limited, for the present, to Farm Security Administration clients—specifically migrant camp residents and re-habiliattion [sic] clients.”²⁷ In a step-by-step memo, she then described the process of establishing networks at each camp. First, Delp would find a doctor—usually from the Public Health Service—in the area willing to sponsor the program.²⁸ Next, Delp would introduce herself both to FSA officials and to the migrants themselves. Here, Delp had to work within the existing camp structures. FSA camps were structured like quasi-democracies: camp councils, consisting of migrants elected from the camp population, made numerous decisions about daily

²⁷ Mildred Delp, “Special Rural Project in California and Arizona.” March 20, 1939. Sophia Smith Collection, PPFA I, Box 45, Folder 3.

²⁸ *Ibid.*

camp operations. For example, camp managers consulted council members before approving speakers. As the regional director Irving Wood wrote, “In granting permission for meetings the Manager should be governed in part by the evident desire or opposition of the majority of the camp inhabitants to hear a speaker.”²⁹ In order to host birth control education talks, Delp had to persuade both the camp manager and the migrant workers on the camp council of the value of her work.

Men dominated the camp councils, but it was the “mothers’ groups” who ultimately determined the success or failure of Delp’s instruction. Most camps organized mothers’ groups consisting of migrant women elected by the residents, who were then in charge of planning camp activities for women. After meeting with the camp manager and the council, Delp would meet with the mothers’ club in order to present her material. If they approved, she could host the clinic for all the camp’s women. One camp manager, announcing the arrival of Delp, wrote in the camp newspaper, “She has plans to meet with the Mothers Club Friday Evening and present her plan for an additional health program the first of next week, if the Mothers Club and the Camp Council approves of it.”³⁰

Delp also had to rely on the mothers’ groups to get the word out to the camp’s women. In camps where the mothers’ groups were strong and active, Delp found it easy to conduct her clinics. Women from the groups would help to organize the talk, and, by spreading the word to the camp’s residents, ensure a good turnout. Some camps were better organized than others; Delp wrote that Tom Collins—the first camp manager and the inspiration for John Steinbeck’s *The Grapes of Wrath*—was especially adept at organizing the mothers’ groups. Collins moved

²⁹ Irving Wood, “Confidential: Instructions to Camp Managers,” pg. 1. August 1, 1935. BANC MSS 77/111c. Box 1. Irving Wood Papers. Bancroft Library, UC Berkeley.

³⁰ *The Weedpatch Cultivator*. April 28, 1939. Doe Library, UC Berkeley.

from camp to camp, and Delp noted, “Wherever Tom Collins is managing a camp, there is to be found, a well-organized active mothers’ group, about whom camp activities rotate. A regular mothers’ meeting was scheduled, and as I was to be the ‘honored visitor’ and ‘speaker,’ a tent to tent canvass [sic] was made (by the women) in order to insure a representative gathering.”³¹ On the other hand, in camps that did not have an active mothers’ group, Delp had to spread the word herself: “In camps where no women’s groups are organized, it is necessary for me to go through doing an almost tent to tent canvas [...] in order to notify the women of my intention to hold clinic.”³² Notably, a camp manager, camp council, or mothers’ group never turned Delp away. In fact, she recorded little opposition to the idea of birth control, either on religious or moral grounds. Instead, her primary obstacles were practical, rather than ideological: the variation among camps suggests that Delp’s efforts were highly dependent on the quality of particular camp infrastructures.

By the second year of the program, Delp estimated that she reached about 135 mothers every month.³³ She tried to establish a regular pattern of visits at the camps, hosting a “Baby-Spacing” clinic in each camp at least once every six to eight weeks.³⁴ Equipped with a “Birth Atlas” (a series of drawings outlining prenatal growth and birth) and a rubber model of female reproductive organs, Delp educated women in basic anatomy and demonstrated the use of the

³¹ Mildred Delp, “Weekly Narrative from California Migratory Camps,” June 7, 1939. Sophia Smith Collection, PPFA I, Box 45, Folder 4.

³² Mildred Delp, “My Day,” October 30, 1940. Sophia Smith Collection, PPFA I, Box 45, Folder 5.

³³ Mildred Delp, “Baby-Spacing Report on California and Arizona (inclusive),” March-August 1940. Sophia Smith Collection, PPFA I, Box 45, Folder 3.

³⁴ Mildred Delp, “Baby-Spacing Report on California and Arizona (inclusive),” March-August 1940. Sophia Smith Collection, PPFA I, Box 45, Folder 3.

foam powder. At the end of each clinic, Delp distributed packages of foam powder in small paper bags, along with a list of FSA camps where the women could refill their supplies.³⁵

Delp relied heavily on establishing relationships with FSA nurses. They, like the mothers' groups, were indispensable to her efforts. The FSA medical program was a pioneer in the degree of latitude it afforded nurses, placing them in both clinical and administrative positions. In the camps, nurses performed expanded clinical roles and also acted as links between the migrants and the wider community, often meeting with local relief agencies and organizations on behalf of the FSA.³⁶ Commenting on the significance of nurses in the FSA's public health efforts, Lorin Kerr, a district medical officer for the FSA, later stated, "We gave those nurses as much authority as we could possibly give them [...] and still get away with it."³⁷ These nurses formed the backbone of the birth control program. While Delp visited each camp personally to host her "Baby-Spacing" clinics, she relied on nurses to refill women's supplies of foam powder in her absence. In a 1940 report on the progress of the project, Delp wrote that, of the 316 doctors, nurses, and agencies assisting her program, 236 were FSA nurses.³⁸

Delp's correspondence with Margaret Sanger reveals the importance of training nurses. In a 1942 letter to Delp, Sanger expressed some concerns about the progress of the program: "One of the things which concerns me is the fact that your excellent reports do not indicate that the nurses in the migrant camps have really been providing the service. In other words—I get the strong feeling that you have done 90% of it and that even the county health officers—without

³⁵ Mildred Delp, "Baby-Spacing Report on California and Arizona (inclusive)," March-August 1940. Sophia Smith Collection, PPFA I, Box 45, Folder 3.

³⁶ Michael Grey, *New Deal Medicine: The Rural Health Programs of the Farm Security Administration* (Baltimore: The Johns Hopkins University Press, 1999), 94.

³⁷ Grey, 94.

³⁸ Mildred Delp, "Baby-Spacing Report on California and Arizona (inclusive)," March-August 1940. Sophia Smith Collection, PPFA I, Box 45, Folder 3.

your stimulation—would not continue the service.”³⁹ Sanger’s concerns suggest that, though there was very little active opposition among the nurses, there was a reluctance among them to make it a priority and to make themselves personally responsible for the work. Nurses were constrained by the range of their responsibilities: actively promoting, teaching, and distributing birth control would necessarily expand nurses’ already sizeable workload, so Delp made a strong case that this work was worth their efforts, but not all nurses could be persuaded that this was so. “Some nurses consider B.C. to be extra-mural, so to speak, and do not push it, merely filling requests,” Delp wrote, “while others are as ardent enthusiasts as I, doing a larger quota of instruction, thereby.”⁴⁰

Delp heaped praise on the latter category of nurses. In a 1940 report, she proudly stated:

F.S.A. nurses and secretaries are all lending a hand whenever requests come in, and do as much as is consistent within the framework of their exceedingly full schedules. Some of the secretaries who act as receptionists in camp clinics, are so interest [sic], that upon receiving the patient’s admission card, they scan it for ‘number of children,’ and if the size is ‘up,’ a note is pinned to the chart and handed to the nurse, saying, ‘a good prospect for ‘Millie’s powder!’ which is a nice bit of cooperating indeed. Still another F.S.A. nurse includes a box of Foam Powder with each layette given out!⁴¹

Delp hoped to convince all government nurses that providing birth control should be an important part of their jobs: the success of her efforts depended on their support.

“Doctor-less” Birth Control

In focusing on an alliance with the FSA administrators and social workers, the BCFA was also choosing to circumvent another obvious group of people who could have helped to advocate for birth control: doctors. Though Delp would contact a few doctors in each region and

³⁹ Margaret Sanger, “Letter to Mildred Delp.” May 1, 1942. Margaret Sanger Papers. Doe Library, University of California, Berkeley.

⁴⁰ Mildred Delp, “My Day,” August 8, 1940. Sophia Smith Collection, PPFA I, Box 45, Folder 5.

⁴¹ Mildred Delp, “Baby-Spacing Report on California and Arizona (inclusive),” March-August 1940. Sophia Smith Collection, PPFA I, Box 45, Folder 3.

designate one doctor as a “sponsor” in each county, doctors played a mostly peripheral role in her efforts. FSA nurses might refer specific cases to local area doctors, but, for the most part, the birth control program was confined to the camps. This decision seems to have been driven more by practical factors than ideological ones: migrants had very little contact with local doctors, and the bulk of their interaction with the medical community was facilitated by the FSA nurses. While the doctors with whom Delp met mostly voiced their support of birth control, they were unsure how to proceed. Unlike the FSA nurses, they typically worked with middle-class clientele.

The BCFA had encountered similar problems in the South, where rural women also had very little contact with doctors. In response to these difficulties, the BCFA in the 1930s attempted to develop new kinds of birth control that didn’t require distribution through doctors. The contemporary medical community largely regarded the diaphragm as the most effective form of birth control. However, diaphragms often required fittings by doctors, who were generally unavailable to poor rural women. Furthermore, using a diaphragm required women to have access to privacy and sanitary facilities that many rural women did not have.⁴² Due to these difficulties, Linda Gordon dubbed diaphragms the “rich-folks contraceptive”—out of reach for most rural women.⁴³ Recognizing these obstacles, BCFA officials turned to other birth control methods that were easier to distribute and use.

The BCFA sponsored research into different methods of birth control in order to find alternatives to the diaphragm. By the end of the decade, one of these alternatives—the sponge and foam powder—became popular. Sponges had been used as birth control before, but interest

⁴² Johanna Schoen, *Choice and Coercion: Birth Control, Sterilization, and Abortion in Public Health and Welfare* (Chapel Hill: The University of North Carolina Press, 2005), 28.

⁴³ Gordon, 217.

in their use revived when Dr. Clarence Gamble, a doctor whose advocacy of birth control was motivated by his strong belief in eugenics, promoted a spermicidal powder that turned to foam when it was placed on the sponge and inserted into the vagina. The sponge and foam powder method was cheap to distribute and easy to teach to women. Gamble conceived of foam powder as a way of limiting the number of children born to poor women; he argued that foam powder, unlike diaphragms, “could be dispensed by nurses or social workers rather than physicians, reducing the overall cost of birth control and increasing the number of women who could be reached with the same amount of money.”⁴⁴ In the eyes of such advocates, foam powder’s central advantage lay in the ease of its distribution and use.

Foam powder, though, could also be controversial. It was still new, and tests for its safety and efficacy were incomplete. Many birth control advocates were convinced that the diaphragm was still a superior form of birth control, and they felt uncomfortable recommending an inferior method to rural women. For example, Lena Hillard, a public health nurse in Watauga County, North Carolina, complained to Dr. Gamble that she found the foam powder to be unreliable. Threatening to resign from her role in Gamble’s field trials, Hillard wrote, “There are many cases that cannot easily forgive a nurse who gives a poor material for such a very, very important purpose [...] If you don’t [reconsider] I may quit and raise babies and rabbits.”⁴⁵

Despite such reservations, the BCFA chose to promote foam powder as the primary method of birth control in rural populations. This decision might be easier to understand if we look at the goals of the birth control movement. Contemporary advocates of birth control did not

⁴⁴ Schoen, 34.

⁴⁵ Johanna Schoen, “Teaching Birth Control on Tobacco Road and Mill Valley Alley: Race, Class, and Birth Control in Public Health” in *Silent Victories: The History and Practice of Public Health in Twentieth-Century America*, ed. by John W. Ward and Christian Warren (Oxford: Oxford University Press, 2007), 290.

expect a hundred percent success from even their most effective methods. Rather, they understood birth control as a method of “baby-spacing,” or of limiting family size. When Delp gave a lecture on birth control in a camp, she advertised the clinic as a “Baby-Spacing Clinic,” making it clear that she was teaching women how to have a “reasonable” number of children, not how to prevent children altogether.⁴⁶ Furthermore, it was well understood that “baby spacing” was a technique to be used by mothers, not unmarried women. As one BCFA nurse declared, there was “no ethical birth control service in the world that will give this information to the unmarried.”⁴⁷ In the eyes of its advocates, birth control was a method of regulating the number of children within marriage. If used consistently, a moderately effective method could still reduce a mother’s overall number of children. And because the foam powder was easy to distribute, its overall effectiveness in the migrant population would be higher than a more reliable method that was more difficult to obtain.

Unlike Lena Hillard, Mildred Delp expressed relatively little hesitation in promoting foam powder. In her “Baby-Spacing Clinics,” Delp taught only the foam powder method to migrant women. However, she too seems to have regarded foam powder as more of an emergency fix than a permanent solution. Shortly after taking up her position with the BCFA, Delp tried to persuade a Dr. Gifford of the Bakersfield County Health Department to support her birth control campaign. But Dr. Gifford resisted, expressing concerns about the foam powder method: “She does question both the F.P. method,” Delp wrote in her notes, “and the powder itself, as an irritant, and potential cancer-producing medium—stating that she would hesitate to prescribe any contraceptive that contained formalin, as it has been clinically proven the above

⁴⁶ Delp, Mildred. “Baby-Spacing Report on California and Arizona (inclusive).” January-June 1941. Sophia Smith Collection, PPFA I, Box 45, Folder 3.

⁴⁷ Morehead, W.C. “Outline of Talk Given to FSA Personnel in Special Rural Projects Program.” September 19, 1940. 14. Sophia Smith Collection, PPFA I, Box 45, Folder 3.

mentioned, does, if used over a period of years, produce skin cancer.”⁴⁸ While the possibility of skin cancer resulting from foam usage appears to have been rarely mentioned, ample evidence, including in Delp’s personal experience, supported the notion that foam powder did indeed cause irritation. A significant minority of the migrant women with whom Delp worked reported irritation and discomfort with the foam powder, causing some to stop using it. Delp recognized such problems, and in a meeting with Dr. Giffords, she suggested that foam powder be only a temporary measure: “it is best to educate our mothers in this simple [sic] technique, with the hope they may ‘graduate’ to the diaphragm, in a year or two.”⁴⁹

It is clear, then, that Delp recognized drawbacks of the foam powder technique, but pressed forward nevertheless, seeing foam as an important weapon in her arsenal. When she learned of women who had become pregnant while using foam powder, she asserted that it was an “open question” whether the method had failed or if the woman had used the technique improperly.⁵⁰ Delp worried, too, that pregnancies among women using birth control would cause entire communities to turn away from such efforts. In fact, such fears were valid: At the Marysville camp, Delp discovered that women’s apathy about birth control resulted from one mother telling others that she had become pregnant while using foam powder.⁵¹ In these situations, Delp worked quickly to restore confidence, reassuring women that foam powder was effective. Though she was clearly aware that foam powder—or any type of birth control—would not be 100% effective, she never acknowledged this room for error when addressing the migrant

⁴⁸ Mildred Delp, “Listing of Several Interviews.” March 28, 1939. Sophia Smith Collection, PPFA I, Box 45, Folder 4.

⁴⁹ *Ibid.*

⁵⁰ Mildred Delp, “Weekly Narrative from California Migratory Camps,” April 24, 1939. Sophia Smith Collection, PPFA I, Box 45, Folder 4.

⁵¹ Mildred Delp, “Weekly Narrative from California Migratory Camps,” July 24, 1939. Sophia Smith Collection, PPFA I, Box 45, Folder 4.

women. Instead, she seems to have assumed that migrant women would not be sufficiently sophisticated to process a frank talk about foam's potential limitations.

In this way, Delp sought to project confidence in foam powder as a contraceptive technique. Addressing migrant women, she found that most were not opposed to birth control for moral or religious reasons: rather, most of the women she spoke to had previously used some form of birth control.⁵² However, most of the women did not distinguish between methods that were supported by the medical community (spermicides and diaphragms) and those that had been largely discredited (such as the withdrawal method). Delp's efforts, then, focused on overcoming what she perceived as the migrants' ignorance, rather than addressing moral or ideological concerns.

This perception of rural women's ignorance pervaded the BCFA. The BCFA nurse W.C. Morehead, for instance, wrote that rural women are not sufficiently informed to care whether a method is medically tested and approved. "When they are given the Foam Powder [...] they fall for it at once, and believe it such heaven-sent help!"⁵³ Thus, although the medical community itself had raised questions about the safety and effectiveness of the foam powder, Delp and other nurses strove to delegitimize the migrants' own concerns about this form of birth control.

Delp thus distanced herself as much as she could from the medical debates about birth control. Expressing doubt in the methods would undermine her efforts to proselytize about the virtues of birth control.

The Rehabilitation Ethos

⁵² Mary S. Melcher, *Pregnancy, Motherhood, and Choice in Twentieth-Century Arizona* (Tucson: The University of Arizona Press, 2012), 81.

⁵³ W.C. Morehead, "Summary of B.C. Program in Farm Security Administration, Region XII," October 4, 1938. Sophia Smith Collection, PFA I, Box 45, Folder 3.

Delp was able to shy away from medical debates for the most part because she rarely spoke to doctors. To be successful with camp administrators, nurses, and social workers, however, Delp had to speak their language. Accordingly, rather than frame birth control in medical terms, Delp emphasized the social dimension of her subject, gearing her message to her audience.

The New Deal was not a monolith. If most New Dealers shared an interest in addressing the structural causes of poverty, each New Deal agency had its own mission and ethos. The RA/FSA was one of the most controversial of the New Deal's myriad agencies. In 1935, Roosevelt created the RA by executive order—a move meant to shift the New Deal's focus from the “dole” to rehabilitation.⁵⁴ Headed by Rexford Tugwell, a prominent left-of-center New Dealer, the RA focused on the plight of rural Americans and began with ambitious goals. One of Tugwell's administrative assistants, Lawrence I. Hewes, Jr., wrote of the early days of the RA: “We held fingers in dikes of improvisation against bureaucratic tidal waves; rushed firemanlike from one catastrophic threat to another [...] But Tugwell took no pride in conducting a first-aid program; our real job was to cure the deeper malady.”⁵⁵

The RA/FSA saw itself as addressing long-term structural problems, rather than just providing emergency assistance. In one of the most thorough analyses of the FSA that has been written to date, historian Sidney Baldwin argues that the agency's goals evolved over time. That is, as FSA administrators learned more about chronic rural poverty, they began to see an underlying problem that the Great Depression had exacerbated. These officials increasingly

⁵⁴ Grey, 38.

⁵⁵ Sidney Baldwin, *Poverty and Politics: The Rise and Decline of the Farm Security Administration* (Chapel Hill: The University of North Carolina Press, 1968), 246.

believed that any real solution would have to involve the long-term restructuring of the agricultural economy and the rehabilitation of the American farmer.⁵⁶

This notion of rehabilitation trickled down from the Washington office and pervaded all of the FSA's programs. As Walter Stein notes, the FSA migrant camps were created with the goal of rehabilitation in mind: camp managers were often young, idealistic graduate students who saw their job as training and educating the migrant families in order to help them get back on their feet.⁵⁷ One camp manager, describing the ideal candidate for the position, wrote, "Apparently the type often smilingly referred to as 'the young idealist,' who may be only two or three years out of college where he received a liberal rather than a specialized or technical training, makes the best camp manager."⁵⁸ Some of these individuals, such as the camp manager Fred Ross, had been trained in social work before entering the FSA.

Implicit in this goal of rehabilitation was the sense that the Okie migrants occupied a sort of liminal citizenship—a place between American citizen and "other."⁵⁹ Unlike previous generations of migrant workers in California, the Okies were white, and many Californians assumed that this made the Okies less likely to adapt to the migratory circuit required by Californian agriculture. At the same time, however, many Californians considered the Okies to be backwards. Seeing their poverty and squalid living conditions, many concluded that Okies were simply too different to assimilate into Californian culture, and some strove to bar Okies

⁵⁶ Sidney Baldwin, *Poverty and Politics: The Rise and Decline of the Farm Security Administration* (Chapel Hill: The University of North Carolina Press, 1968).

⁵⁷ Walter Stein, "A New Deal Experiment with Guided Democracy: The FSA Migrant Camps in California," *Historical Papers* 5, no. 1 (1970): 134.

⁵⁸ John Beecher, "The Migratory Labor Problem in California," February 1940. pg. 14. BANC MSS 77/111c. Box 1. Irving Wood Papers. Bancroft Library, UC Berkeley.

⁵⁹ Toni Alexander, "Citizenship Contested: The 1930s Domestic Migrant Experience in California's San Joaquin Valley," *Southeastern Geographer* 51, no. 1 (2011): 199.

from entering the state.⁶⁰ FSA officials in California fought such attempts to exclude Okie migrants, but they accepted the basic premise that the Okies were backward and had to be educated, even civilized. While they emphasized the Okies' status as American citizens, they conceived of the migratory camps as sites where the Okies could acquire proper norms.⁶¹

The FSA thus aimed its rehabilitation work at a very specific population: the “liminal” citizen—those who were “other” but could be educated, trained, and eventually assimilated. Okies were “other,” but their whiteness allowed FSA administrators—many of whom clung to a romanticized nostalgia for the white American farmer—to talk about their rehabilitation. Mexican and Filipino migrant workers, on the other hand, found themselves excluded from this vision, and they were rarely allowed access to the facilities of the migratory camps.⁶² Rehabilitation, then, was more than just rhetoric: it both shaped the FSA's programs and constrained their scope.

For those who did fall within these parameters, the FSA's medical program played a large role in this mission of rehabilitation. As the historian Michael Grey has noted, “The FSA learned in the course of its rehabilitation work that many poor families were also just plain ill.”⁶³ Migrants, plagued by poverty and malnutrition, suffered from multiple diseases, including typhoid, dysentery, and tuberculosis. Infant mortality rates were high. Many administrators agreed that addressing the migrants' poor health was the first step in working toward their full

⁶⁰ These efforts were later invalidated by the 1941 U.S. Supreme Court case *Edwards v. California*, which asserted the freedom to move across state lines. Alexander, 186.

⁶¹ Alexander, 202.

⁶² For more on Mexican migrant workers in California in the 1930s, see: Camille Guerin-Gonzales, *Mexican Workers & American Dreams: Immigration, Repatriation, and California Farm Labor, 1900-1939* (New Brunswick: Rutgers University Press, 1994).

⁶³ Grey, 4.

rehabilitation. The FSA camp clinics, then, fit into this larger ideology of rehabilitation. Camp administrators and nurses saw the clinics as essential to their larger goals. Through an extensive program of medical check-ups, vaccinations, and health education, these FSA administrators could work to improve migrant well-being.

Providing these services, however, was not always enough. Camp administrators were also constantly engaged in an effort to encourage migrants to use the health facilities the FSA provided. Camp managers often perceived this as a cultural battle in which they had to persuade “backward” migrants to accept and embrace modern medicine. For example, the camp manager Tom Collins believed that the migrants’ religious beliefs threatened their acceptance of medical authority. Collins worried that migrants relied on practices of “faith healing” and thus failed to seek proper medical attention. At the Arvin camp, Collins constantly fought against these “faith healings.” In his weekly reports to the FSA regional office, Collins wrote about his futile attempts to root out this practice. For instance, Collins reported that he and other FSA staff, upon hearing the singing characteristic of a faith healing, attempted to locate the migrants:

Yet when we reached the tent we would find no one abed although many would be found sitting on the bed. It seems a lookout is on the job to warn of the approach of anyone be it man or devil, and since they seldom take off their clothing when they go to bed, the management has consistently failed to locate the person or persons ill. On a still night, this class of service sounds very much like a dog on a distant hill baying a mournful ritual at the full moon.⁶⁴

As Collins’ report suggests, FSA administrators viewed the clinics as more than just ways to offer access to medical facilities. Rather, they saw their efforts to improve migrants’ health as part of a broader cultural project of encouraging migrants to respect modern medical authority.

⁶⁴ Thomas Collins, “Report for Week Ending January 25, 1936,” 5. BANC MSS 77/111c. Box 1. Irving Wood Papers. Bancroft Library, UC Berkeley.

Changing the Discourse

Delp's own work integrated both the goals of the BCFA and the rehabilitation mission of the FSA. In her efforts to convince local officials and nurses to support her efforts, Delp increasingly framed her discourse on birth control in terms of rehabilitation.

BCFA nurses across the country who worked with the FSA encountered similar issues. In a report to her supervisor, Katherine Trent, the nurse W.C. Morehead explains that, due to the BCFA's limited funds, the cooperation of social workers was necessary to her project's success. In order to gain this cooperation, Morehead writes, the BCFA must convince social workers that birth control could be an important part of their work, thus "awakening in them a desire to use this educational tool in their chest of rehabilitation as a fundamental social service."⁶⁵ In another report, Morehead succinctly captured the relevance of birth control for the FSA: "There are three major factors working against rehabilitation. Drought, grasshoppers, and babies, and this Program holds out hope as nothing else has. The first two factors are seasonal, but we have had a year round season of pregnancies."⁶⁶ Here, Morehead cleverly used the FSA's own rhetoric to justify her goals as a BCFA nurse.

While Morehead spoke of these efforts in more abstract terms, Delp's daily work embodied this dynamic. Delp realized that she needed to blur the lines between birth controller and New Dealer if she hoped to make FSA administrators her allies. Talking to administrators, Delp argued that birth control was a necessary solution to the sorts of social problems that they were working to solve. In a note to her supervisors, Delp requested that the BCFA send birth

⁶⁵ W.C. Morehead, "Rural Projects Program Outline Prepared at the Request of Mrs. Kathrine [sic] Trent," October 1940. Sophia Smith Collection, PPFA I, Box 45, Folder 3.

⁶⁶ W.C. Morehead, "Summary of B.C. Program in Farm Security Administration, Region XII," October 4, 1938. Sophia Smith Collection, PPFA I, Box 45, Folder 3.

control literature to Mr. Taft, the manager of the Arvin migrant camp, adding, “Our camp managers are all deeply interested in sociological problems.”⁶⁷

In addition to meeting individually with camp managers and nurses, Delp also frequently attended FSA conferences. In her report detailing the events of a social work conference, where she attended talks on labor organizing and union rights, Delp included a disclaimer for the BCFA supervisors who would be reading her report: “In case the ‘birth controllers’ wonder why I, as a B.C. nurse, should feel the need of knowledge on the above subjects, May I explain that such matters are inextricably interwoven into the life of migratory laborers, and any person whose work carries him among them should be ‘informed’ to some extent.”⁶⁸ Thus, Delp conceived of her own work as occupying a space where New Deal issues overlapped with the concerns of birth controllers. Immersed in the discourse of the New Deal, Delp believed her efforts to be one important component of a larger whole.

Delp’s arguments about the significance of birth control in social work had found a ready audience: in 1940, when an FSA official from Washington, D.C., visited the camps, he asked about the progress of the birth control program and “express[ed] much surprise that it is not just an “experiment,” but a really ‘going concern,’ sans opposition.”⁶⁹ Camp managers and nurses warmed quickly to the idea, allowed Delp access to the camps, and generally tried to cooperate as much as possible. BCFA officials also noted the significance of Delp’s work. As Katherine

⁶⁷ Mildred Delp, “Listing of Several Interviews.” May 1, 1939. Sophia Smith Collection, PPFA I, Box 45, Folder 4.

⁶⁸ Mildred Delp, “Listing of Several Interviews.” May 16, 1939. Sophia Smith Collection, PPFA I, Box 45, Folder 4.

⁶⁹ Mildred Delp, “My Day.” March 12, 1940. Sophia Smith Collection, PPFA I, Box 45, Folder 5.

Trent, a BCFA supervisor, pointed out, Delp's work with the migrant camps "[gave] birth control a part in a movement for social reform."⁷⁰

In fact, Delp became well-known among FSA officials: in 1941, the FSA officials in Region XI (Washington, Idaho, and Oregon) asked her to train their administrators in birth control education.⁷¹ Although this plan never materialized, the fact that it was even proposed suggests that regional FSA officials generally approved of Delp's work. After the United States entered World War II, FSA officials who left the then-floundering agency for war-related government efforts in 1942 and after often carried a heightened awareness of birth control with them. One official who left the FSA to work for the War Relocation Authority suggested to Delp that the BCFA work with the medical centers in the Japanese internment camps to set up a birth control clinic there.⁷² Though there is no evidence to suggest that the BCFA followed up on these suggestions, Delp's notes on the subject are a fascinating testament to her success in merging her birth control project with the FSA's mission of rehabilitation.

Inserting birth control into the narrative of rehabilitation helped propel Delp's efforts, but it also constrained them. As I have argued, the discourse of rehabilitation was predicated on assumptions that excluded non-white migrants. In focusing her work on the camps, Delp limited her own audience. The exclusion of non-white groups does not seem to have been completely intentional on Delp's part. Delp did speak to some Mexican migrants, but these women lived in

⁷⁰ Katherine Trent, "Narrative Report," April 19 to May 6, 1941. Sophia Smith Collection, PPFA I, Box 45, Folder 6.

⁷¹ Mildred Delp, "My Day." July 21, 1941. Sophia Smith Collection, PPFA I, Box 45, Folder 5.

⁷² Mildred Delp, "My Day." April 20-25, 1942. Sophia Smith Collection, PPFA I, Box 45, Folder 5. For more on the War Relocation Authority, see Mae Ngai, *Impossible Subjects: Illegal Aliens and the Making of Modern America* (Princeton: Princeton University Press, 2004), 178-79. Ngai claims that many of the WRA administrators were New Dealers who worked in the Department of Agriculture, and they carried their ethos of rehabilitation and assimilation with them to their work at the internment camps.

camps run by private growers, which Delp visited occasionally but not regularly. Because these migrants fell outside of the structures that Delp had made the cornerstone of her project, Delp's message of birth control did not reach them. These limitations seem to have been a consequence of Delp's reliance on the ethos of rehabilitation as justification for her work. The New Deal discourse had opened up new possibilities for Delp's work, but it also shaped it in unanticipated ways.

National histories of birth control, tracing the evolution of the discourse, have noticed a shift in the 1930s, when eugenic thought gave way to a different understanding of poverty. While eugenicists had judged poverty to be an inheritable social problem solved only by reducing the numbers of the poor, a new generation of birth controllers aimed at lifting families out of poverty, rather than limiting the poor as a class.

The on-the-ground efforts of Mildred Delp enhance our understanding of this shift in the discourse. Delp's work suggests that the necessity of forging new political alliances, rather than an abstract understanding of poverty, pushed the discourse of birth control in a new direction. In fact, eugenicists were still active in the birth control movement—the very foam powder that Delp was distributing had been developed and promoted by those with eugenicist concerns. But Delp, recognizing that the future of her program depended on the willingness of New Deal administrators to cooperate, used the language of rehabilitation to appeal to her target audience. Delp's case suggests that the shift in discourse that birth control historians have pointed out was driven by local politics on the ground level. The New Deal empowered a host of local administrators and social workers, profoundly changing the political landscape. This shift—rather than a change of heart from within the BCFA—changed the discourse of birth control and its relationship to social work.

Measuring a Movement

By 1942, Delp's program lost most of its momentum. The BCFA had always seen its outreach project as an experiment, and they had never given up hope that the FSA would take over its administration. By the early 1940s, however, that prospect began to look increasingly unlikely. FSA officials had told the BCFA to wait until the FSA's funding was more secure, but that moment never came. As it became clear that the FSA would not be able to take over the project, FSA officials began to push back against the BCFA's requests, repeatedly stating that they would not be able to accept responsibility for the program. By August 1942, Fred Mott, the FSA's chief medical officer, bluntly wrote to Kenneth Rose, president of the BCFA, "I hope that you will believe me when I say that the wisest course you could pursue at this time would be to leave the FSA strictly alone [...] The program is definitely out so far as this agency is concerned. You will only do harm if you push the matter further at this time."⁷³ The BCFA's hopes of turning the experiment into a long-term program had largely disintegrated; the federal government was backing away from the birth control project.

At the same time, the FSA camp infrastructure in California was beginning to dwindle. World War II opened up a host of new job opportunities in California, and many Okies flocked to blue-collar positions in the booming war industries. As the Okies abandoned the migratory agricultural circuit, the FSA camps became increasingly obsolete, and the infrastructure that had supported Delp's campaign collapsed. The migrants who moved out of the FSA camps no longer had regular access to the FSA clinics and the foam powder. Even motivated migrant

⁷³ Fred Mott, "Letter to Kenneth Rose," August 19, 1942. Sophia Smith Collection, PPFA I, Box 57, Folder 3.

women, then, would have found it difficult to get a regular supply of the foam powder that Delp had introduced to them.

In 1943, Delp left her post to work with Dr. Omer Mills—himself a former FSA official—at the Federal Public Housing Authority, which was developing housing for workers in the wartime industries. There, Delp acted as a liaison between the Housing Authority and the California Physicians Service. Before leaving the BCFA, Delp wrote to Margaret Sanger, “I should be in a further position to advance BC, just as I did when I was a camp nurse. ‘Housing’ is enormous—a much wider field for our efforts even than the camps—could be ‘a project’ in itself—as was the migrant program.”⁷⁴

After six months at the Housing Authority, Delp took up a position as a field consultant for the California League for Planned Parenthood. The Columbia Foundation of San Francisco had given the California League a grant to establish birth control programs for women living in the Federal Housing Projects of California, and Delp was tasked with setting up demonstration clinics in housing projects. Delp’s new position seemed to her to be a natural outgrowth of her time in the BCFA, since she was, in her own words, “accustomed to ‘unofficially’ infiltrating ‘official’ circles—migrant camps in particular.”⁷⁵

The FSA migrant camp infrastructure had crumbled, but the New Dealers had taken up new positions in government, and Delp’s experience framing birth control as an integral part of social work remained invaluable. In her post-BCFA career, then, Delp was simultaneously a “birth controller” and a “New Dealer.” The discourses had merged, and, at this lower-level of

⁷⁴ Mildred Delp, “Letter to Margaret Sanger,” June 28, 1943. Margaret Sanger Papers. Doe Library, University of California, Berkeley.

⁷⁵ Mildred Delp, “Planned Parenthood Progress Report,” January 15 to June 15, 1944. Sophia Smith Collection, PPA I, Box 45, Folder 7.

public administration, the distinctions had blurred. Delp remained a birth control advocate, but she worked in a world the New Deal had created.

Bibliography

Primary Sources

Delp, Mildred. "Baby-Spacing Report on California and Arizona (inclusive)." January-June 1941. Sophia Smith Collection, PPFA I, Box 45, Folder 3.

Delp, Mildred "Baby-Spacing Report on California and Arizona (inclusive)," March-August 1940. Sophia Smith Collection, PPFA I, Box 45, Folder 3.

Delp, Mildred. "Letter to Margaret Sanger." June 28, 1943. Margaret Sanger Papers. Doe Library, University of California, Berkeley.

Delp, Mildred. "My Day." Sophia Smith Collection, PPFA I, Box 45, Folders 4-7.

Delp, Mildred. "Special Rural Project in California and Arizona." March 20, 1939. Sophia Smith Collection, PPFA I, Box 45, Folder 3.

"Miss Millie (Millie the Migrant) Delp Bids Our Camp Auf Weider Sehen." Jan. 21, 1939. *Covered Wagon*. Doe Library, University of California, Berkeley.

Morehead, W.C. "Outline of Talk Given to FSA Personnel in Special Rural Projects Program." September 19, 1940. 14. Sophia Smith Collection, PPFA I, Box 45, Folder 3.

Morehead, W.C. "Rural Projects Program Outline Prepared at the Request of Mrs. Kathrine [sic] Trent." October 1940. Sophia Smith Collection, PPFA I, Box 45, Folder 3.

Morehead, W.C. "Summary of B.C. Program in Farm Security Administration, Region XII," October 4, 1938. Sophia Smith Collection, PPFA I, Box 45, Folder 3.

"Noted Woman Honors Indio Migratory Camp." Jan. 14, 1939. *Covered Wagon*. Doe Library, University of California, Berkeley.

Sanger, Margaret. "Letter to Mildred Delp." May 1, 1942. Margaret Sanger Papers. Doe Library, University of California, Berkeley.

Trent, Katherine. "Narrative Report." April 19 to May 6, 1941. Sophia Smith Collection, PPFA I, Box 45, Folder 6.

Secondary Sources

Alexander, Toni. "Citizenship Contested: The 1930s Domestic Migrant Experience in California's San Joaquin Valley." *Southeastern Geographer* 51, no. 1 (2011): 186-208.

Baldwin, Sidney. *Poverty and Politics: The Rise and Decline of the Farm Security Administration*. Chapel Hill: The University of North Carolina Press, 1968.

Conkin, Paul. *Tomorrow A New World: The New Deal Community Program*. Ithaca: Cornell University Press, 1959.

Croutch, Albert. *Housing Migratory Agricultural Workers in California, 1913-1948*. San Francisco: R and E Research Associates, 1975.

Engelman, Peter C. *A History of the Birth Control Movement in America*. Santa Barbara: Praeger, 2011.

Gordon, Linda. *The Moral Property of Women: A History of Birth Control Politics in America*, 3rd ed. Urbana: University of Illinois Press, 2002.

Grey, Michael. *New Deal Medicine: The Rural Health Programs of the Farm Security Administration*. Baltimore: The Johns Hopkins University Press, 1999.

Gregory, James. *American Exodus: The Dust Bowl Migration and Okie Culture in California*. Oxford: Oxford University Press, 1989.

Guerin-Gonzales, Camille. *Mexican Workers & American Dreams: Immigration, Repatriation, and California Farm Labor, 1900-1939*. New Brunswick: Rutgers University Press, 1994.

- Hajo, Cathy Moran. *Birth Control on Main Street: Organizing Clinics in the United States, 1916-1939*. Urbana: University of Illinois Press, 2010.
- Holz, Rose. *The Birth Control Clinic in a Marketplace World*. Rochester, University of Rochester Press, 2012.
- Kennedy, David M. *Birth Control in America: The Career of Margaret Sanger*. New Haven: Yale University Press, 1970.
- Melcher, Mary S. *Pregnancy, Motherhood, and Choice in Twentieth-Century Arizona*. Tucson: The University of Arizona Press, 2012.
- Meyer, Jimmy Elaine Wilkinson. *Any Friend of the Movement: Networking for Birth Control, 1920-1940*. Columbus: The Ohio State University Press, 2004.
- Ngai, Mae. *Impossible Subjects: Illegal Aliens and the Making of Modern America*. Princeton: Princeton University Press, 2004.
- Rosen, Robyn L. *Reproductive Health, Reproductive Rights: Reformers and the Politics of Maternal Welfare, 1917-1940*. Columbus: The Ohio State University Press, 2003.
- Schoen, Johanna. *Choice and Coercion: Birth Control, Sterilization, and Abortion in Public Health and Welfare*. Chapel Hill: The University of North Carolina Press, 2005.
- Schoen, Johanna. "Teaching Birth Control on Tobacco Road and Mill Valley Alley: Race, Class, and Birth Control in Public Health." In *Silent Victories: The History and Practice of Public Health in Twentieth-Century America*, edited by John W. Ward and Christian Warren. Oxford: Oxford University Press, 2007.
- Stein, Walter. "A New Deal Experiment with Guided Democracy: The FSA Migrant Camps in California." *Historical Papers* 5, no. 1 (1970): 132-146.