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A “Semiofficial” Program: New Deal Politics and the Discourse of Birth Control in California, 1939–1942

Abstract: During the later years of the Great Depression, birth control advocates in the Birth Control Federation of America (BCFA) developed a program to distribute birth control among California’s migrant workers. In order to reach the migrants, these advocates reached out to the Farm Security Administration (FSA), a New Deal agency that was establishing its own programs to “rehabilitate” migrant families. Though the top levels of the FSA were wary of becoming publicly involved with the birth control movement, they lent their tacit support to the program. The resulting “semiofficial” program to bring birth control to California’s poor relied heavily on the support of local administrators and professionals. This article examines the on-the-ground operations of this project; in doing so, it challenges the traditional top-down narrative of the New Deal and explores how the forging of alliances at the local level reshaped the political landscape.

Keywords: Birth Control Federation of America (BCFA), Farm Security Administration (FSA), Birth Control, Depression Era Migrants, New Deal Politics

In February 1939, the nurse Mildred Delp arrived at a federally funded migratory labor camp in Brawley, California. Having just been hired as an itinerant

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nurse for the Birth Control Federation of America (BCFA), Delp arrived at the camp eager to educate migrant women in the practices of birth control. She was immediately disturbed by the poverty she encountered. In a report to her BCFA supervisor, Delp wrote, "This camp has 175 families resident, all tents on the ground. . . . I've never seen more dire poverty than in this camp, nor a greater need for Birth Control teaching; so many pregnant mothers, one would think Margaret Sanger is a Grecian myth!"¹ Convinced that birth control could help these poor women, Delp spent the next three years traveling throughout California and Arizona, persuading both migrant women and the social workers who dealt with them of the importance of birth control.

When Delp began her journey, the landscape of California was dotted with the outposts of New Deal agencies. In the late 1930s, federal funds flowed into the state in an effort to alleviate the plight of a new group of "Okie" migrant workers, who had come to California in search of work on the state's large farms.² The migrants' presence overwhelmed California's already-overburdened state welfare agencies, and stories of their destitution quickly garnered the attention of the national media. In 1935, in response to the problem posed by this new influx of itinerant workers, the Resettlement Administration (RA), which later became the federal 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.³ 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.

As the federal government was beginning to ramp up its migratory labor program, the BCFA was extending its own reach into rural California. The BCFA had previously focused on clinics in urban centers, but, as the Great Depression shed light on the severity of rural poverty nationwide, the organization made a concerted effort to bring its services to rural areas, educating these women in the practices of birth control. It soon turned its attention to the West, where the itinerant lives of migrant families posed a unique challenge to the organization.

Thus, for a brief period during the later years of the depression, the paths of the birth control movement and New Deal social policy intersected in rural California. What resulted was a temporary alliance between the BCFA and the FSA, as the BCFA petitioned the federal government for help reaching migrant women. Recognizing their mutually compatible goals, the two agencies created what I will refer to as a "semiofficial program" to incorporate

birth control education into the migrants' medical services. Carefully kept confidential to avoid igniting political controversy, this arrangement proceeded with tacit compliance from top-level Washington bureaucrats but largely relied on the support and assistance from a variety of local administrators and professionals.

Whereas scholars have traditionally focused on the New Deal as a set of political programs emanating from Washington, D.C., "semiofficial" programs such as the one discussed here suggest a more complicated relationship between Washington and the local-level agencies. The New Deal empowered a host of local administrators and social workers, profoundly changing the political landscape across the nation. Faced with a pervasive sense of emergency, New Deal agencies such as the FSA had to maximize their limited staff and resources to meet the crisis. In the FSA's case, the result was a patchwork of loosely coordinated programs that relied heavily on their regional and local administrators to meet the needs of their clients.

This article looks closely at the networks and alliances these local administrators created on the ground, where, for the sake of efficiency, they formed working relationships with local governments, private agencies, and individual professionals. When we look at the actions of local administrators, the New Deal monolith begins to fragment. It becomes clear that it was not a coherent set of reforms, but a political moment that brought multitudes of officials into closer contact with the federal government, imbuing them with unprecedented political power.

Recent scholarship on the New Deal has increasingly examined the role of local administrators. David Kennedy, for instance, suggests that the reliance on local administrators in programs such as the Federal Emergency Relief Administration (FERA) was an unfortunate but necessary response to an economic emergency that required swift action. Others, such as Ira Katznelson, argue that devolving responsibility to local and state authorities was a deliberate strategy, driven by Southern Democrats who feared federal intrusion into local affairs. However, whether they believe that the latitude given to local authorities was intentional or not, historians have generally emphasized the negative consequences of relying on local officials.⁴

They argue that, by allowing local authorities to determine who was "deserving" and "undeserving" of aid, decentralization tended to impose illiberal constraints upon New Deal reforms. This paper, however, sheds light on another side of decentralization. By allowing local administrators to expand on New Deal reforms, the FSA was able to pursue policies at the local level that may not have passed congressional muster.

By empowering these local administrators, the FSA allowed informal, “semiofficial” arrangements between public officials and private actors to flourish. Birth control advocates in particular benefited from this changing political landscape. Although they found it difficult to find outright support at the highest echelons of government, they were often able to find common cause with these newly empowered local officials. By the later years of the New Deal, these advocates had learned to use the discourse of poverty to fit birth control into the new political agenda.

Because Delp’s work occurred so far outside Washington, D.C., this brief intersection of the birth control movement and federal New Deal policy has been largely overlooked by both historians of the New Deal and historians of the birth control movement. Until recently, the history of the American birth control movement had largely neglected the on-the-ground efforts of women like Delp in favor of a focus on the movement’s national leaders. Historians such as Linda Gordon, David Kennedy, James Reed, Ellen Chesler, and Carole McCann focused on national leaders of the major birth control organizations and the struggle that these activists faced in their efforts to make birth control legal, socially acceptable, and widely used.⁵ The resulting scholarship tended to privilege the views and perspectives of a handful of prominent activists while overlooking the actions of the “rank-and-file” who translated national policies to the local level. A recent wave of scholarship on birth control clinics has offered an important corrective lens for this national focus. Two recent books—Cathy Moran Hajo’s *Birth Control on Main Street: Organizing Clinics in the United States, 1916–1939* and Rose Holz’s *The Birth Control Clinic in a Marketplace World*—have moved birth control clinics to the center of study.⁶ While this recent scholarship has begun to enrich our understanding of birth control activism at the local level, much work remains to be done.

Examining Delp’s work and her role in the BCFA forces us to reevaluate the relationship between the birth control movement and the federal government. The assumption that the federal government was uniformly uninterested in the birth control movement has gone mostly unchallenged in the literature.⁷ Hajo, for instance, writes that the federal government “rebuffed” and “shunned” birth control activists.⁸ However, looking at the local level, rather than at the public stances of government agencies, the picture seems considerably different. There, birth control activists like Delp were waging a much quieter—and more successful—local campaign.

Using BCFA records, especially the detailed reports that Delp wrote for her supervisor documenting her daily activities, this article seeks to reconstruct

the interactions between birth controllers and New Dealers on the ground level. It argues that the birth control movement of the 1930s was able to capitalize on the decentralized landscape of New Deal policy. It also weighs the success of this on-the-ground strategy: while Delp was able to advance her work through alliances with local administrators, the piecemeal nature of her achievements ultimately left them particularly susceptible to fickle political winds.

"MILLIE THE MIGRANT"

A "soft-spoken, warm-hearted Southern nurse," Mildred Delp had trained as a nurse in Richmond after graduating from finishing school.⁹ 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. 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.¹⁰ In late 1938, Delp wrote to Margaret Sanger, legendary birth control activist and then the chairman 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.¹¹

Delp joined the birth control organization as it was undergoing a major shift. After a decade of being split into two different factions, the birth control movement had unified in 1939, forming the BCFA. At the same time, the birth control movement was enjoying a modicum of newfound legitimacy. In 1936, the U.S. Court of Appeals' decision in *United States v. One Package of Japanese Pessaries* chipped away at the Comstock Act's ban on the mailing of contraceptives and information about contraception.¹² The following year, the American Medical Association (AMA) cautiously endorsed birth control, thus lending its professional authority to contraception. As birth control became more legally and medically acceptable, the birth control movement shifted its tactics: by the late 1930s, the BCFA turned its attention away from legal battles and focused instead on encouraging the spread and distribution of birth control.¹³

Clinics had always formed an essential part of birth control activists' work, but the crisis of the Great Depression drew new attention to the plight of the rural poor, who often could not benefit from the traditional clinic model.¹⁴ In order to reach this population, the BCFA began to experiment

with new methods of direct outreach. After the *One Package* decision relaxed the legal barriers to birth control, activists revived earlier efforts to frame birth control as a public health measure that deserved a place in social welfare programs.¹⁵ Many of these efforts targeted public health programs at the state level. In 1937, Dr. Clarence Gamble, a physician and vocal advocate of birth control, worked with North Carolina state health officials to establish a public health birth control program that would provide contraception to poor rural women. Under this program, Gamble would provide the salary for a nurse to work with local public health clinics to distribute birth control. North Carolina public health officials were receptive to the idea, and similar—though not as extensive—programs followed in South Carolina and Alabama.¹⁶

As birth controllers sought to establish relationships with state health departments, they also embarked on a more ambitious project: winning the support of the federal government. Since 1921, when the Sheppard-Towner Act had provided the Children's Bureau with funds for maternal and infant health programs, birth control advocates had tried and failed to make birth control a part of federal welfare programs. The New Deal—and its accompanying availability of new federal funds for welfare—revived these hopes. Though the Children's Bureau was still uninterested in taking up the issue, the BCFA located a more sympathetic audience in the brand-new Farm Security Administration.

THE FSA AND THE REHABILITATION 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.¹⁷ 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."¹⁸

The RA/FSA saw itself as addressing long-term structural problems, rather than just providing emergency assistance. The agency's goals evolved over time: 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 believed that any long-term solution

would have to involve the long-term restructuring of the agricultural economy and the rehabilitation of the American farmer.

The notion of rehabilitation permeated New Deal thought and rhetoric, functioning as an ideological counterpoint to the dreaded "dole." As Eileen Boris and Jennifer Klein have noted in their study of the WPA housekeeping program, rehabilitation combined a structural critique of poverty with a cultural one: New Dealers argued that some groups were culturally ill-suited for the accelerated pace of the modern economy. These people needed more than immediate relief; they also required social and economic rehabilitation so that they could rejoin the American economy.¹⁹

For FSA administrators, Okies seemed to be perfect candidates for rehabilitation: their supposedly "backward" ways had thwarted their economic development.²⁰ 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."²¹ 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 backward. 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 from entering the state.²² 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.²³

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, by contrast, found themselves excluded from this vision, and they were rarely allowed access to the facilities of the migratory camps.²⁴ Rehabilitation, then, was more than just rhetoric: it both shaped the FSA's programs and constrained their scope.

Migrant camps in many ways embodied this ethos of rehabilitation. 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.²⁵ 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.”²⁶ Many camp managers, for instance, had been trained in social work before entering the FSA.²⁷

In his study of the FSA's migrant camps, Walter Stein wrote that the camp program was an “experiment in ‘guided democracy.’” Camp managers hoped the camps would function as incubators of citizenship, curing migrants of their “rugged individualism” and inculcating principles of community and democracy.²⁸ To achieve that end, FSA camps were structured like quasi-democracies. Though camp managers ran the camps, they delegated some of their responsibilities to camp councils composed of migrants elected from the camp population. The camps were thus bastions of social planning, where managers, given an enormous amount of latitude from the FSA, could implement their own experiments in rehabilitation.

The FSA's medical program played a large role in this mission. 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.”²⁹ Migrants, plagued by poverty and malnutrition, suffered from multiple diseases, including typhoid, dysentery, and tuberculosis. Infant mortality rates were high. Noting the poor health of the migrants who moved into the first FSA camps, many administrators decided that addressing the migrants' poor health was an essential first step in working toward their full rehabilitation: the FSA soon established health clinics at nearly all its permanent camps. There, nurses performed regular checkups, distributed vaccines, and hosted talks on health education. These clinics rapidly became a defining feature of the migratory camp program.

CREATING AN ALLIANCE

The FSA's work with rural rehabilitation quickly caught the attention of birth control activists eager to expand their outreach efforts. In 1937, Hazel Moore, a longtime lobbyist, approached FSA officials in Washington, D.C., to gauge their interest in integrating birth control education into their resettlement projects. Moore noted that, while these New Deal officials were “personally favorable to B.C.,” they were “afraid to cooperate openly.”³⁰ 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” impetus, and its reputation for being too radical threatened its funding.³¹ 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.³² 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."³³

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. Trained as an epidemiologist, Dr. Williams had worked for the U.S. Public Health Service for nearly two decades before joining the FSA as its Chief Medical Officer. Sympathetic to the cause of the birth controllers, he agreed to act as an unofficial adviser but made it clear that he would be unable to come out publicly in support of the program.³⁴

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's advice, the BCFA hired Mildred Delp. Delp's program was the BCFA's first attempt to target a 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.

These efforts were understaffed: Delp was tasked with singlehandedly educating the migratory women of California (and later Arizona) in birth control practices. Delp reported to Florence Rose of the Extension Department, which managed the BCFA's new rural health programs, but she worked mostly on her own—her job and the migratory women project in California were practically synonymous. In fact, Delp was almost the sole link between the BCFA hierarchy and 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.)³⁵ From 1939 to 1942, Delp logged, on average, more than eighteen hundred miles per month, distributing birth control to as many migrant women as she could.³⁶

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.”³⁷

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 semiofficial, since the President, congress, and Public Health Services have no official cognizance of the fact that a government bureau is promoting this service.”³⁸ 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.³⁹

As a “semiofficial” program, this project 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. As she made her way across the state, then, Delp began to lay out a working protocol for conducting this “semiofficial” program. 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-habilitation [*sic*] clients.”⁴⁰ 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.⁴¹ Next, she would introduce herself both to FSA officials and to the migrants themselves. Here she had to work within

the existing camp structures. According to the democratic setup of the camps, 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."⁴² 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 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."⁴³

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 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 canvas was made (by the women) in order to insure a representative gathering."⁴⁴ By contrast, 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."⁴⁵ 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. The variation among camps suggests that Delp's efforts were highly dependent on the quality of particular camp infrastructures. While political concerns had been foremost on the

minds of the FSA administrators in Washington, on the ground Delp found that her primary obstacles were practical rather than ideological.

By the second year of the program, Delp estimated that she reached about 135 mothers every month.⁴⁶ 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.⁴⁷ 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 foam powder. At the end of each clinic, Delp distributed packages of a spermicidal foam powder in small paper bags, along with a list of FSA camps where the women could refill their supplies.⁴⁸

Finally, the involvement of FSA nurses was an essential element of Delp’s project. Although Delp would contact a few doctors in each region and designate one doctor as a “sponsor” in each county, she quickly discovered that most migrants had very little contact with local doctors; rather, almost all the migrants’ interactions with the medical community were facilitated by FSA nurses. In order to reach migrant women, then, Delp found it necessary to win the support of the FSA nurses who treated them.

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.⁴⁹ 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.”⁵⁰ 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.⁵¹

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. Actively promoting, teaching, and distributing birth control would necessarily expand the nurses’ already sizable workloads, so Delp needed to persuade them that the work was worth their efforts; however, some nurses were significantly more interested than others in the program. “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."⁵² 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!⁵³

CHANGING THE DISCOURSE

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, she had to convince social workers of the importance of her work, thus placing birth control within a larger New Deal discourse about the causes of poverty. Delp's work integrated both the goals of the BCFA and the rehabilitation mission of the FSA. In many ways, she was the ideal person to bridge these two groups. Having briefly worked as an FSA nurse before joining the BCFA, she was already very familiar with the language of social work and rehabilitation, and she now set out to prove that birth control was an indispensable component of the New Deal. Thus, to convince local officials and nurses to support her efforts, Delp increasingly adopted the language of rehabilitation.

BCFA nurses across the country who worked with the FSA used similar tactics. 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."⁵⁴ 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."⁵⁵ 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 control literature to Mr. Taft, the manager of the Arvin migrant camp, adding, "Our camp managers are all deeply interested in sociological problems."⁵⁶

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."⁵⁷ 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."⁵⁸ 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 Trent, a BCFA supervisor, pointed out, Delp's work with the migrant camps "[gave] birth control a part in a movement for social reform."⁵⁹

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.⁶⁰ 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 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.⁶¹ 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 noted, the discourse of rehabilitation was predicated on assumptions that excluded nonwhite migrants. In focusing her work on the camps, Delp limited her own audience. The exclusion of nonwhite groups does not seem to have been completely intentional on Delp's part. She did speak to some Mexican migrants, but these women lived in camps run by private growers, which she visited occasionally but not regularly. Because these migrants fell outside of the structures that Delp had made the cornerstone of her project, her 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.

MEASURING A MOVEMENT

By 1942, Delp's program had lost most of its momentum. The BCFA had always seen its outreach project as an experiment—an "entering wedge" for future programs—and it had never given up hope that the FSA would take over its administration.⁶² By the early 1940s, however, that prospect began to look increasingly unlikely. The "semiofficial" alliance had begun to fray. Under scrutiny from an increasingly hostile Congress, FSA officials continually told the BCFA to wait until the FSA's funding was more secure, but the FSA's fortunes never improved. Then, 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 the agency would not be able to accept responsibility for the program. In 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."⁶³ The BCFA's hopes of turning the experiment into a long-term program had largely disintegrated; the federal government was backing away from a birth control project that it had never claimed as its own.

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

As the camp program withered, FSA administrators scattered. The FSA migratory camps had provided young government administrators with a sort of training ground for political leadership. As the camps dissolved, these New Dealers found positions within a variety of new government agencies. On the ground, the New Deal had left an indelible impression on the political landscape.

As Delp's FSA contacts moved into a new set of federal wartime agencies, Delp followed. In 1943, she 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."⁶⁴

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."⁶⁵

The success of the semiofficial program may have been fleeting, but it, along with the BCFA's simultaneous work with state public health programs, demonstrated the potential success of discreet fieldwork efforts that would operate on the local level. Birth control advocates learned that by highlighting the economic impact of birth control they could capitalize on the expanding welfare state, adopting the rhetoric of economic reform and rehabilitation to

further their own ends. Indeed, Delp's experience framing birth control as an integral part of social work remained invaluable. In her post-BCFA career, Delp was simultaneously a "birth controller" and a "New Dealer." The discourses had merged, and at this lower level of public administration, the distinctions had blurred. Delp remained a birth control advocate, but she worked in a world the New Deal had created.

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NOTES

1. Mildred Delp, "Weekly Narrative from California Migratory Labor Camps," 27 February 1939. Sophia Smith Collection, Planned Parenthood Federation of America Records, 1918–74, Smith College (hereafter PPA I), Box 45, Folder 4.

2. James Gregory estimates that three hundred thousand migrants from Oklahoma, Arkansas, Texas, and Missouri came to California during this period. James Gregory, *The American Exodus: The Dust Bowl Migration and Okie Culture in California* (Oxford, 1989), 9.

3. Albert Croutch, *Housing Migratory Agricultural Workers in California, 1913–1948* (San Francisco, 1975). There were also a number of temporary, mobile camps, whose number varied with the seasons. Delp cites twenty-five 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 sixteen camps.

4. In his book *Freedom from Fear*, David Kennedy argues that, because the emergency of the Great Depression necessitated a speedy response, local administrators in programs such as the Federal Emergency Relief Administration (FERA) were given a large amount of latitude. More recently, Ira Katznelson's work has probed the discriminatory implications of placing power in the hands of local administrators. Katznelson, unlike Kennedy, argues that this move to the local was deliberate, driven by Southern Democrats who feared federal intrusion. See David M. Kennedy, *Freedom from Fear: The American People in Depression and War, 1929–1945* (New York, 2001), 104; Ira Katznelson, *When Affirmative Action Was White: An Untold Story of Racial Inequality in Twentieth-Century America* (New York, 2005); Katznelson, *Fear Itself: The New Deal and the Origins of Our Time* (New York, 2013).

5. Linda Gordon's 1976 overview of the birth control movement, *Woman's Body, Woman's Right: A Social History of Birth Control* (revised in 2003 as *The Moral Property of Women: A History of Birth Control Politics in America*) formed the foundation of the field. Gordon's book traces the shifts in the birth control movement over the twentieth century but focuses on national organizations. While subsequent works elaborated on Gordon's narrative, most maintained the focus on the national level. For example, James Reed's 1978 *From Private Vice to Public Virtue* looks at three significant individuals who had inordinate influence on the twentieth-century birth control movement: Margaret Sanger, Robert

Dickinson, and Clarence Gamble. Reed concentrated on these individuals to highlight the different themes and shifts of the movement, but his subject is limited to those who wielded national influence. In a similar vein, Carole McCann's *Birth Control Politics in the United States, 1916–1945* examines the political conflicts among the leaders of the birth control organizations. See also Linda Gordon, *The Moral Property of Women: A History of Birth Control Politics in America*, 3rd ed. (Urbana, 2003); David M. Kennedy, *Birth Control in America: The Career of Margaret Sanger* (New Haven, 1970); Ellen Chesler, *Woman of Valor: Margaret Sanger and the Birth Control Movement in America* (New York, 1992); and James Reed, *From Private Vice to Public Virtue: The Birth Control Movement and American Society Since 1830* (New York, 1978).

6. Rose Holz, *The Birth Control Clinic in a Marketplace World* (Rochester, N.Y., 2012), 4.

7. The exception to this rule is Johanna Schoen's *Choice and Coercion*. Although she focuses on birth control in state public health programs, Schoen looks briefly at the FSA's relationship to the birth control movement. Johanna Schoen, *Choice and Coercion: Birth Control, Sterilization, and Abortion in Public Health and Welfare* (Chapel Hill, 2005).

8. Cathy Moran Hajo, *Birth Control on Main Street: Organizing Clinics in the United States, 1916–1939* (Urbana, 2010), 39, 154.

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

10. *Ibid.*, 87.

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

12. *United States v. One Package of Japanese Pessaries*, 86 F.2d 737 (2d Cir. 1936).

13. The Comstock Act had prohibited the mailing of "obscene matter," including contraceptives and information about contraceptives. In *U.S. v. One Package*, the U.S. Court of Appeals for the Second Circuit ruled that the Comstock Act could not prevent doctors from mailing contraceptives. While the decision did not completely overturn the Comstock Act (and state laws still continued to place constraints on birth control), the decision shifted the priorities of the movement. Cathy Moran Hajo argues that the impact of *One Package* on the birth control movement was mostly symbolic. In the 1920s and 1930s, birth control clinics had thrived, very rarely facing prosecution under the Comstock Act. However, the presence of the act "left a shadow over almost every aspect of a clinic's work." Cathy Moran Hajo, *Birth Control on Main Street: Organizing Clinics in the United States, 1916–1939* (Urbana, 2010), 157.

14. *Ibid.*, 122.

15. Peter Engelman, *A History of the Birth Control Movement in America* (Santa Barbara, 2011), 173.

16. Schoen, *Choice and Coercion*, 33, 37.

17. Michael Grey, *New Deal Medicine: The Rural Health Programs of the Farm Security Administration* (Baltimore, 1999), 38.

18. Sidney Baldwin, *Poverty and Politics: The Rise and Decline of the Farm Security Administration* (Chapel Hill, 1968), 246.

19. In her book *Poverty Knowledge*, Alice O'Connor argues that economic and cultural explanations for poverty coexisted in the 1930s: "If there was some tension between economic and cultural understandings of poverty, the differentiation was not at all as sharp

or politicized as it would later become." Alice O'Connor, *Poverty Knowledge: Social Science, Social Policy, and the Poor in Twentieth-Century U.S. History* (Princeton, 2001), 55; Eileen Boris and Jennifer Klein, *Caring for America: Home Health Workers in the Shadow of the Welfare State* (New York, 212), 34.

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

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

22. These efforts were later invalidated by the U.S. Supreme Court in *Edwards v. California*, 314 U.S. 160 (1941), in which the Court asserted an individual's freedom to move across state lines. Alexander, "Citizenship Contested," 186.

23. *Ibid.*, 202.

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

25. Stein, "A New Deal Experiment with Guided Democracy," 134.

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

27. One of the notable examples was Fred Ross, who trained in social work before he was hired by the FSA as camp manager for the Arvin camp. After leaving the FSA, Ross became involved in community organizing and worked with Saul Alinsky organizing Mexican American workers in California. He went on to train Cesar Chavez and Dolores Huerta in community-organizing techniques in the 1950s. For more on Fred Ross' career as a community organizer, see Cesar Chavez, *Cesar Chavez: Autobiography of La Causa* (Minneapolis, 1975).

28. Stein, "A New Deal Experiment with Guided Democracy," 137.

29. Grey, *New Deal Medicine*, 4.

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

31. Grey, *New Deal Medicine*, 3.

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

33. *Ibid.*

34. *Ibid.*

35. Mildred Delp, "My Day," 17 October 1940. Sophia Smith Collection, PPFA I, Smith College, Box 45, Folder 4.

36. Mary S. Melcher, *Pregnancy, Motherhood, and Choice in Twentieth-Century Arizona* (Tucson, 2012), 81.

37. Moore, "Resettlement Project, Interview with Mr. Mitchell."

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

39. *Ibid.*

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

41. *Ibid.*

42. Irving Wood, "Confidential: Instructions to Camp Managers," 1 August 1935, 1. BANC MSS 77/111c., Box 1. Irving Wood Papers, Bancroft Library, University of California, Berkeley.

43. *The Weedpatch Cultivator*, 28 April 1939. Doe Library, University of California, Berkeley.

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

45. Delp, "My Day, 30 October 1940."

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

47. *Ibid.*

48. *Ibid.* 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. Thus, 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 in their use revived when Dr. Clarence Gamble promoted a spermicidal powder that turned to foam when it was placed on the sponge and inserted into the vagina. According to Gamble, the central advantage of foam powder 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 more on the controversy surrounding foam powder, see 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. John W. Ward and Christian Warren (Oxford, 2007), 290.

49. Grey, *New Deal Medicine*, 94.

50. *Ibid.*

51. Delp, "Baby-Spacing Report on California and Arizona (inclusive)."

52. Delp, "My Day," 8 August 1940.

53. Delp, "Baby-Spacing Report on California and Arizona (inclusive)."

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

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

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

57. *Ibid.*, 16 May 1939.

58. Delp, "My Day," 12 March 1940.

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

60. Delp, "My Day," 21 July 1941.

61. Delp, "My Day," 20–25 April 1942. For more on the War Relocation Authority, see Mae Ngai, *Impossible Subjects: Illegal Aliens and the Making of Modern America* (Princeton, 2004), 178–79. Ngai claims that many 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.

62. Moore, "Resettlement Project, Interview with Mr. Mitchell," 18 March 1937.

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

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

65. Mildred Delp, "Planned Parenthood Progress Report," 15 January–15 June 1944. Sophia Smith Collection, PPFA I, Box 45, Folder 7.