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**‘Marriage is not an anti-viral agent’:
*The Transformation of Sexual Health
Policy in the Initial Decade of HIV/AIDS
in Ireland***

PhD Thesis, School of Social Work and Social Policy, University of Dublin,
Trinity College

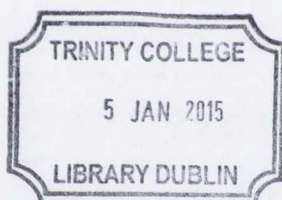
April 2014

Ann Marie Nolan, B.A. M. Soc. Sc.

Supervised by Professor Shane Butler

Declaration

I declare that this PhD thesis has not been submitted as an exercise for a degree at this
own work except where this is acknowledged.
the thesis upon request.



Thesis 10835

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T.D: Teachta Dála
UK: United Kingdom
UNAIDS: United Nations AIDS Programme
UNICEF: United Nations Children's Fund
USA: United States of America
WHO: World Health Organisation

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Dedicated to June: for forty years of friendship without which I would be incomplete.

Summary

The aim of this thesis, based on archival records and semi-structured interviews with key stakeholders, was to assess the extent to which HIV/AIDS may be said to have had a transformative effect on Irish sexual health policy between 1982 and 1992 – the first decade during which Ireland was exposed to this new threat to individual and public health. The thesis begins by reviewing historical and social science literature which confirms that the Catholic Church was a powerful influence on all aspects of social policy in independent Ireland (post-1922). Furthermore, the literature reveals that in exercising this political power, the Catholic Church in Ireland was preoccupied with those aspects of policy which were related to sexual morality, a preoccupation that had its origins in the nineteenth century and is commonly attributed to a combination of Victorian prudery and the influence of Jansenism – a theological heresy imported to Ireland by clergymen educated in Continental Europe. What emerges most clearly from the literature is that for the first fifty years of self-government, Irish public policy on this topic, while not unique, was generally reflective of the conservative and prudish preoccupations of the Catholic Church: including strict censorship of the arts, media and literature; a ban on school-based sex education; little or no provision of treatment for sexually-transmitted infections; legal prohibition of access to contraceptives; and a continuation of the criminalisation of male homosexuality.

The literature also indicates, however, that from the 1960s onwards the dominance of these conservative cultural influences began to be challenged by a range of modernist and secularist forces. The findings of this thesis indicate that during this first decade of HIV/AIDS a type of culture war existed between two main stakeholder groups in which sexuality and sexual health defined the vanguard of conflict: one group (which included gay activists) with liberal attitudes towards sexuality, the other conservative (mainly based within the Roman Catholic tradition) and prepared to resist any attempts at liberalising sexual health policy. What also emerges is that the Department of Health, which had the primary responsibility for adjudicating on these competing claims, engaged cautiously with this policy process, balancing the emerging findings of medical scientists on this new epidemic against its own perceptions of public willingness to liberalise sexual health policy. The findings indicate that both the Catholic Church and the Department of Health displayed a degree of pragmatism on this topic, with each

institution using a key individual at the periphery of their organisational systems (a liberal and entrepreneurial priest in the case of the Church, and a Deputy Chief Medical Officer in the case of the Department) to network with other stakeholder interests. What also emerges is that gay activist groups, almost certainly the best informed initially about AIDS, were relatively naïve about the policy process and disempowered by the negative construction of their sexuality. The study drew on a theoretical approach to policy analysis which discounts theories of policy rationality, such as those which might suggest that health policy makers would interpret the scientific data on this new disease as an obvious pointer to greater liberalisation in the sexual health area. Instead, this approach sees the policy process as political, with policy makers comparing different policy options both in terms of predictable instrumental outcomes and their fit with varying value systems – with a particular eye to shifting ‘national moods’. The findings deal with various aspects of sexual health policy change which occurred during the period studied, focusing particularly on the development of sex education and treatment services for sexually transmitted infections. Ultimately, the thesis concludes that while HIV/AIDS was neither the initial nor the sole factor in this process, it contributed significantly to changed policy discourse and practice in relation to sexual health in Ireland during this decade.

Glossary

AAA:	AIDS Action Alliance
AIDS:	Acquired Immune Deficiency Syndrome
ALF:	AIDS Liaison Forum
CAFOD:	Catholic Agency for Overseas Development
CSSC:	Catholic Social Services Conference
DAA:	Dublin AIDS Alliance
EEC:	European Economic Community
GHA:	Gay Health Action
HAART:	Highly Active Anti-retroviral Treatment
HEB:	Health Education Bureau
HIV:	Human Immuno-deficiency Virus
IDU:	Injecting Drug User
IGRM:	Irish Gay Rights Movement
IVDU:	Intra-venous Drug Use
LGBT:	Lesbian Gay Bisexual and Transgender
NASC:	National AIDS Strategy Committee
NGF:	National Gay Federation
NGO:	Non Governmental Organisation
PLAC:	Pro-life Amendment Campaign
RSE:	Relationships and Sexuality Education
RTE:	Raidió Telefís Éireann
SES:	Social Employment Scheme
SPUC:	Society for the Protection of the Unborn Child
STD:	Sexually Transmitted Diseases
STI	Sexually Transmitted Infection

Chapter 1 - Introduction

There has been a definite function of AIDS. Like war, it has crystallized issues and achieved change. (Virginia Berridge)¹

First identified among homosexual men in cities throughout the United States (US), Acquired Immune Deficiency Syndrome (AIDS) was officially classified a new disease on 5th June 1981 in Los Angeles, California by six physicians reporting a set of common symptoms among men with severely compromised immune systems². AIDS causation, while largely presumed a viral pathogen transmitted through sex and blood, remained elusive until Luc Montagnier, a virologist at the Pasteur Institute in Paris isolated the virus eventually known as Human Immunodeficiency Virus (HIV) in 1983, while Robert Gallo a researcher at the National Cancer Institute (NCI) in Maryland systematised the evidence to demonstrate that a single retrovirus was the cause of AIDS³. As with many major scientific discoveries throughout history, the discovery of the AIDS virus was overshadowed by controversy with the French and US institutions claiming initial discovery, although subsequent analysis and indeed a Nobel Prize awarded in 2008 decided in Montagnier's favour.

The epidemiology of HIV/AIDS was largely apparent from the outset with homosexual men, injecting drug users, haemophiliacs and blood transfusion recipients the groups primarily presenting with AIDS-defining illnesses in western contexts. While the epidemic was concentrated among these risk groups in Western Europe and North America, a generalised epidemic, largely heterosexually spread, was underway in Africa. Ireland was and remains characterised by a low incidence concentrated epidemic, and initial cases of AIDS identified in 1982 were gay men who had acquired the infection overseas⁴. However, between 1985 and 1986 a rising number of infections

were indigenously acquired across all categories of risk exposure. Injecting drug users (IDUs) were the group most particularly affected with the burden of disease presenting at a ratio of approximately 2:1, prompting concern that IDUs would act as a bridge to the general population – see Appendix 1A: *AIDS Cases by Transmission Category and Year of Diagnosis (1983-1999)*, and Appendix 1B: *HIV Cases by Year and Probable Route of Transmission (1985-2010)*. The epidemic of fear engendered by HIV/AIDS in the initial years was widespread: “fighting the hysteria with fact in the early days was nearly a full-time job for me”⁵ recalled one epidemiologist working for the National Institutes for Health (NIH) Clinical Centre in the United States, while the politicisation of AIDS was often divisive, fuelling moral panic and an adversarial response. Initial reaction was polarised between attempts that were punitive in the control of the spread of the virus and those that were centred on the protection of rights and liberties⁶. In most European democracies, a liberal consensus emerged from 1985 onwards to suppress pressure for a response rooted in exclusion and isolation, as AIDS awareness increased and fear proliferated. Despite the rise of the ‘New Right’ in Britain, the Margaret Thatcher-led government which extolled the virtues of traditional family values, advanced liberal non-punitive responses to the epidemic and presided over “...a resurgence and reaffirmation of homosexuality, as well, to a lesser extent, an assertion of liberal attitudes towards drug use.”⁷ In France, however, the 1980s was an era marked by political instability in which defining the response to AIDS “became a battlefield” between the ideological left and right, resulting in a partisan debate that ultimately delayed a policy response⁸. Increasingly in western societies, fears that a generalised heterosexual epidemic would emerge prompted a war-like response toward the latter years of the initial decade, mobilising political dialogue and participation at national and international levels. Like war, as highlighted by Berridge at the

commencement of this chapter, AIDS effectively became a catalyst for rapid social change across a range of areas⁹ and facilitated otherwise unlikely alliances between disparate groups and policy communities. It served, for instance, to legitimate homosexuality, as Altman has argued¹⁰, promote widespread support for the contentious area of school-based sex education¹¹ and make public the intensely private domain of sexual intimacy.

The Transformational Effect of HIV and AIDS

Social scientists have long been aware of the extent to which the science and application of medicine, particularly public health medicine, is historically, socially and culturally constructed¹² while also operating as an agent of social control and potentially influencing social change in its attempts to prevent disease or promote health. AIDS and the prevention of HIV infection drew largely on public health discourse which was dependent on the evolution of a liberal consensus in defining the response in western contexts. As health authorities sought to implement effective means of preventing transmission of HIV, the general public was to some degree persuaded by the liberalism of the public health model despite initial preferences for a more punitive response¹³. One very obvious example is that of public policy on illicit drugs, where the previous consensus in relation to integrated 'war on drugs' type policies gave way in most countries to a situation where health sectors developed and implemented harm reduction policies which, through their pragmatism and tolerance for working with active drug users, were at odds with criminal justice policies. In the area of human sexuality, however, equally radical transformational effects were in the offing, since the crisis engendered by HIV called for a more liberal approach to human sexuality than had previously been tolerated. Sexuality and gender were foregrounded in what Constance A. Nathanson argued, was a global discussion:

...never before have sexuality and gender been so publicly discussed and problematized, literally on a global scale, in relation to such a wide range of social, cultural, economic, and political issues as has been the case in relation to HIV and AIDS...¹⁴

It politicised, like nothing else, the intensely private nature of desire¹⁵ revealing the complexity of human sexuality and serving to negate to some extent the polarisation of gay and straight identities. Both positive and negative images of sexuality were engendered by AIDS: Watney has argued, for example, that AIDS reversed the political gains of the gay movement to the older connotations of contagion and degeneracy¹⁶, while others claim that it contributed to a “resurgence and reaffirmation”¹⁷ of homosexuality. In Brazil, HIV and AIDS served to progress Lesbian, Gay, Bisexual, Transgender (LGBT) and reproductive rights¹⁸, but correspondingly HIV/AIDS crowded out a focus on sexual and reproductive rights and services in Vietnam when HIV/AIDS took priority on the political and funding agendas of international donors¹⁹. International HIV and AIDS development research and funding through bilateral and multilateral organisations has contributed to an increased focus on human rights²⁰; gender equality and gender-based violence²¹; sexual and reproductive health and rights²²; education²³; livelihoods, food security and nutrition in developing contexts²⁴; community care and early child development²⁵, health systems strengthening²⁶, poverty, vulnerability and social protection²⁷. This list is far from exhaustive but it demonstrates that AIDS mobilised political commitment and resources on a truly global scale with unprecedented levels of international development cooperation unifying to realise the United Nations General Assembly Declaration of Commitment on HIV/AIDS in 2001, followed by the Political Declarations of 2006 and 2011. For all the positive international outcomes AIDS has yielded, however, there have been unintended negative consequences also that the tide of AIDS revisionism has brought to light. The

‘exceptionalist’ approach, defined by extraordinary or special measures, to the public health emergency that characterised HIV and AIDS was championed by prominent members of the AIDS community like Peter Piot, former Executive Director of UNAIDS, but revisionists argue that ‘exceptionalism’ has resulted in stand-alone HIV/AIDS-focused responses that do not integrate with general health systems, while political mobilisation and resources have, it is claimed, unduly focused on HIV/AIDS to the detriment of other health priorities²⁸.

Sexual transmission of HIV is one of the most efficient infection pathways, so that an understanding of sexuality is crucially important to a broader understanding of the transformative potential of AIDS. The era heralded by HIV/AIDS heightened an awareness of the particular risks associated with male homosexual practices and the rise of ‘serial monogamy’ in which individual sexuality is characterised by consecutive sexual pairings with various partners. Levels of sexual infidelity and ‘promiscuity’ were also in the spotlight generating a strong case for a cultural and policy shift in favour of a more liberalized approach to sex. For example, the HIV/AIDS era heightened public awareness of the particular risks associated with sexual practices involving multiple sex partners. Such practices might traditionally have evoked moralistic rebukes and demands for sexual fidelity within monogamous relationships, but in this new era they were just as likely to evoke pragmatic responses which were aimed at making them ‘safer’ rather than getting rid of them. Furthermore, educational campaigns which were aimed at promoting ‘safer sex’ might only succeed, it was argued, were they to use detailed, explicit language which heretofore would have seemed shockingly unacceptable. Despite commonly-felt fears of HIV transmission, by no means all countries or all sections of society accepted the legitimacy of liberalized sexual health policies, and religious conservatives, in particular, argued against such policy change.

AIDS emerged at a time when conservative ideologies were in the ascendancy in western democracies which promoted a resurgence of traditional family values and came into conflict with the wave of pragmatic public health policies adopted by health authorities to halt the spread of HIV²⁹.

Ireland: Sexual Health and HIV/AIDS

Irish society, since the mid-19th century, had been heavily dominated by the Roman Catholic Church; and post-1922 this influence on native governments was to become even greater. Whyte's³⁰ classic study of 'church and state' demonstrated just how great the influence of the church authorities was on social policy generally, as well as the church's specific and almost obsessive concern for anything which it considered sexually permissive. The evolving relationship between the church and state in Irish society will be explored more fully in Literature Review, Chapter 2. Irish culture and society in general appeared to be characterized by an unusual degree of sexual prudery in the post-1922 decades: usually thought to be a reflection of the peculiarly Jansenistic style of Irish Catholicism as well as a residual Victorian influence. Sex, sexuality and sexual health were, at the outbreak of AIDS, taboo subjects in Irish life, usually referred to in vague euphemistic terms. The concept of desire was suppressed, particularly among women, and subverted to the idealisation of marriage and motherhood³¹. As late in the twentieth century as 1982, the year that the first AIDS cases were diagnosed, social researcher, Michel Peillon observed that even public festivities were marked by strict adherence to the moral code: "no festivity in Ireland seems to threaten, even in a temporal and ritual way, the canons of morality."³² He noted few transgressions of the moral code³³, which is consistent with the view that greater participation in organized religion or self-perception as religious tends to be associated with lower frequencies of sexual activity.³⁴ DeLamater's³⁵ framework setting out three main normative

approaches – procreational, relational and recreational – to human sexuality is useful in this context, an approach also used by Levine & Troiden in their deconstruction of the pathology of sexual addiction³⁶. While cultures vary in terms of being ‘sex-positive’ or ‘sex-negative’, residual religious influences in many developed countries still tilted public policies towards the procreational aspect, with heterosexual monogamous unions upheld as the optimum in human sexuality. Ireland at the outbreak of AIDS was a “sex-negative” culture in which the “procreative script” prescribed by Judeo-Christian beliefs was committed to the view that “...sexual expression is dirty, sinful, and wrong except when it occurs in marriage and for reproductive purposes.”³⁷

Although a liberalising wave of individualism had begun to emerge in relation to sexual, reproductive health and rights in Ireland during the pre-HIV/AIDS era, this was a marginal movement, representing a minority view. Ireland was not unique among western cultures in terms of its adherence to a strict moral code and the extent to which sex was controlled, but it was distinctive in terms of how long this “...antisexual regime was linked to the absence of discourses and conduct that challenged or resisted the dominant obsession with purity.”³⁸ Into this society - which had poorly developed diagnostic and treatment services for sexually transmitted infections (STIs), where homosexual acts were illegal, in which there was no sex education in schools and the availability of contraceptives was restricted to married couples on prescription - AIDS emerged, bringing with it new public health expectations for the acceptance of a more liberal sexual health regime. This, then, became a type of culture war in which the forces of conservatism and liberalism clashed, with the state presiding uneasily over this conflict. Models of public policy making, such as Kingdon³⁹, are clear that despite the rhetoric of ‘evidence-based’ decision making and the sometimes implicit belief that policy making is essentially rational, such policy making remains largely ‘political’

which means that as often as not the state will reach a decision based upon its reading of the ‘national mood’. Policy making for sexual health is by its very nature fraught with difficulty, as healthcare beliefs and practices have the potential to come into conflict with dominant ideologies, value systems, and political priorities. While science and medicine may identify solutions to HIV and AIDS or other sexual, social or public health concerns, politics is the realm that will either realise or disregard proposals. In a predominantly Catholic post-colonial society like Ireland, the challenge of policy making for sexual health was intensified by the degree to which attempts to liberalise regulations were contested. In the case of HIV/AIDS, the “liberal consensus”⁴⁰ which Virginia Berridge identified as defining the response in the United Kingdom (UK), was problematised in an Irish context for historical, social and cultural reasons. Ireland was profoundly conservative in 1982 with in excess of 95% of the population identifying as Roman Catholic⁴¹. Consequently, putting unpopular items on to the policy-making agenda was fraught with challenges and in a country as small as Ireland balancing the demands of international stakeholders with the political culture at home generated a significant dilemma for the Department of Health. Sexuality and sexual health are problematised concepts, the meanings of which are constructed across a polemic of culturally defined ideologies and values. In Ireland, the deep rooted adherence to Catholic moral values, which advocated faithfulness to one sexual partner in marriage frustrated attempts to introduce a more liberal sexual health regime. When Catholic church leaders and conservative politicians claimed that AIDS vindicated their commitment to the value of fidelity within indissoluble marriage, it prompted one prominent gay rights campaigner and Senator, David Norris, to remark in exasperation, “It is clear to anybody with a titter of wit that marriage is not an anti-viral agent, however worthy it may be in its social form.”⁴²

Aims and Objectives

The aim of this thesis, therefore, is to explore the impact or transformational effect of HIV/AIDS on Irish sexual health policy during the initial decade of the epidemic. Disproportionate to its relatively low incidence, HIV/AIDS is central to an understanding of the factors and influences which challenged the dominant anti-sexual paradigm in Ireland at this time. The objectives of the study are threefold:

1) *To evaluate the impact of HIV/AIDS on two distinct sexual health indicators which emerged and gained traction throughout the period under review: a) school-based sex education; and b) STI treatment facilities:*

In evaluating the impact of HIV/AIDS on sexual health policy in Ireland, it must be understood that until relatively recently, the concept of sexual health was defined in Ireland in a minimalist disease-centred way. Many authors have contended that the disease-centred model or “management of sickness service”⁴³ in Ireland has not been confined to sexual health *per se* but characterises the evolution of a health system that some claim is marked by a dearth of investment in preventive health care⁴⁴. Burke suggests that unlike Britain or continental Europe where public health has been a driver of public policy, policies that promote population health and well-being have not found favour on the political agenda in Ireland⁴⁵. A health promotion group working under the auspices of the Health Education Bureau published a report in 1987 in which it stated that: “The present role of the Minister for Health is primarily one of providing services to deal with sickness rather than promoting health...”⁴⁶ In the era preceding AIDS, public health had extremely limited effect on policy for sexual health, while the concept of sexual health was subverted to the ideal outlined above: that sex was for procreative purposes between a man and woman in marriage. What Delamater termed

“recreational”⁴⁷ sexual relations in which commitment is not a precondition of sexual intimacy was largely considered an aberration in Ireland, and as such, neither Church-run hospitals, educational institutions, nor government saw fit to invest in facilities to serve the health and education needs of what were perceived to be a morally dissolute minority. The political and social reality of Ireland in 1982, therefore, was inimical to the application of liberal definitions of sexual health such as those included in Appendix 1C. Therefore, in order to evaluate the impact of HIV/AIDS on particular sexual health outcomes, this study has identified two distinct issues and trends which emerged and gained traction throughout the period under review: i) school-based sex education; and ii) STI treatment facilities. These key aspects of sexual health interfaced with other critical issues, including access to contraception, unwanted pregnancy and abortion, which feature repeatedly throughout this narrative, but it is primarily in terms of these two benchmarks that the transformation of sexual health policy during the initial decade of HIV/AIDS will be analysed and assessed in Chapter 8 herein.

2) To conduct an examination of specific interventions at church, state and civil society levels to realise transformational outcomes, while documenting the tensions which arose between liberal and conservative ideological perspectives:

AIDS gave rise to a sexual narrative that decades of sexual prudery in Ireland had previously precluded. Therefore this study will explore the emergence of that narrative through the actions of specific stakeholders within civil society, the Catholic Church and the state. Each sectoral response to AIDS will be examined in historical and social context, while broadly exploring how the advent of HIV/AIDS triggered a debate in Ireland between two stakeholder groups –one (mainly driven by gay activists) with liberal attitudes towards sexuality, the other conservative (mainly based within the Roman Catholic tradition) and prepared to resist any attempts at liberalising sexual

health policy. An examination of the collision of liberal and conservative ideological narratives as they operated at particular church and civil society levels to influence the actions of the state, is critical to an understanding of the era and the sexual health outcomes that evolved from the crisis.

3) To capture a policy history of the initial decade of HIV/AIDS in Ireland as it related to sexual health outcomes in accordance with Kingdon's⁴⁸ theoretical framework.

From the perspective of academic policy analysis, there are of course many models of policy making which might be applied to this study of what may be seen as a type of culture war - in which proponents of a liberal sexual health policy used the crisis associated with HIV/AIDS to advance their cause in the face of opposition from traditionalists, with the state presiding somewhat uneasily over this conflict. The Kingdon framework (which will be presented in more detail in Chapter 3) seems especially appropriate, since: 1) it makes no assumptions that policy decisions are essentially rational or 'evidence-based'; 2) it highlights the interactions of interests groups and competing forces who, alternatively, wish to get particular issues onto or keep them off the policy agenda; 3) it focuses on how, ultimately, official policy makers are swayed not just by the competing arguments to which they are exposed, but by their own assessment of the 'national mood' in relation to these matters; 4) it identifies the persistence of key individuals whose policy entrepreneurship, may, given the right conditions, drive an agenda forward. While the Kingdon framework is a lens through which policy and decision making for sexual health during the initial era of AIDS may be understood, this study also constructs an historical approach to AIDS in Ireland. It is, however, but one historical perspective; a fragment of an AIDS history in Ireland.

Structure of Thesis

This thesis is arranged in two sections, with the first providing the historical social and political context into which AIDS emerged in Ireland, followed by an overview of the theoretical policy literature and the challenges control and regulation of sexuality presents in other jurisdictions. The second section is comprised of four findings chapters and thesis conclusion.

Chapter 2 presents an examination of the historical, social and political determinants that shaped Irish society up to and including events that coincided with the emergence of AIDS in Ireland. The aim of this chapter is to situate AIDS within the social movements, activism and policy dialogue that proceeded in context;

Chapter 3 demonstrates international experience with regard to policy making for sexual health, while examining theoretical policy frameworks through which research findings may be interpreted and understood;

Chapter 4, the methodology chapter, which straddles two disciplines that are historical and social science based, will outline the archival, qualitative and documentary mixed methods approach to research adopted by this study, while considering some of the challenges inherent in the presentation of a contemporary history of HIV/AIDS;

Chapter 5 is the first findings chapter and presents data that describes the first response to AIDS as it emerged from within the gay community, while detailing their failed attempts to dialogue with government and the effect of fragmentation and “mission creep” within the voluntary AIDS community;

Chapter 6 is the second findings chapters and details the Catholic Church response to HIV and AIDS in Ireland, with particular focus on the Bishop's Task Force or National Task Force on AIDS initiative;

Chapter 7 captures the response of the Irish state to AIDS over two administrations, while exploring some of the characteristics of the Department of Health that precluded an initial response and then propelled it towards the end of the decade. The first government campaign will also be explored and reaction considered herein;

Chapter 8 is the final findings chapter dedicated to an analysis of the extent to which AIDS and indirectly the efforts of civil society and the National (Bishop's Task Force on AIDS) to promote a liberal response to HIV/AIDS in Ireland across that crucial decade from 1982 to 1992 promoted a transformative policy response to STI treatment and school-based sex education;

Chapter 9 will conclude with an examination of the policy context, stakeholder groups and the policy process as it related to the sexual transmission of HIV using Kingdon's study of policy *Agendas, Alternatives, and Public Policies* as a framework through which conclusions will be drawn on the policy process underscoring the transformation of sexual health policy in Ireland in the initial decade of HIV/AIDS.

A timeline of key historical events – both as a backdrop to the emergence of HIV/AIDS in Ireland and directly impacting on the HIV/AIDS policy narrative explored herein – is presented in a timeline which may be viewed at Appendix 1D.

- ¹ Berridge, V., *AIDS in the UK: The Making of Policy, 1981-1994*. 1996, Oxford: Oxford University Press, p.286
- ² Harden, V.A., *AIDS at 30*. 2012, Dulles, Virginia: Potomac Books, p. 1-2
- ³ Ibid, p.67
- ⁴ Dr. Kate O'Donnell Dr Mary Cronin Dr. Derval Igoe, *Review of the Epidemiology of AIDS in Ireland 1983-1999*. Unpublished, National Disease Surveillance Centre: Dublin, p.13
- ⁵ Harden, *Op. Cit*, p.78
- ⁶ *AIDS: A Moral Issue - 2nd Edition*, ed. B. Almond. 1996, London: Macmillan Press Ltd., p.2
- ⁷ Berridge, *Op. Cit*, p. 56
- ⁸ Steffan, M., *AIDS Policies in France*, in *AIDS and Contemporary History*, V. Berridge, Strong, P., Editor. 1993, Cambridge University Press: Cambridge, p.241-253
- ⁹ Berridge, *Op. Cit*, p. 84
- ¹⁰ Altman, D., *Legitimation Through Disaster*. *AIDS: The Burdens of History*, ed. E. Fee, Fox, D.M. 1988, Berkeley, p301-315
- ¹¹ Almond, *Op. Cit*, p.3
- ¹² Berridge, V., Gorsky, M., Mold, A., *Public Health in History*. 2011, Maidenhead: McGraw-Hill/Open University Press; Berridge 1996, p.55; Lewis, J., *What Price Community Medicine? The Philosophy, Practice and Politics of Public Health Medicine since 1919*. 1986, Brighton: Wheatsheaf; Zola, I.K., *Culture and Symptoms: an analysis of patients' presenting complaints*, in *A Sociology of Medical practice*, C. Cox, Mead, A., Editor. 1975, Collier-MacMillan: London.; John, S., *Why 'Health' is not a Central Category for Public Health Policy*. *Journal of Applied Philosophy*, 2009. **26**(129-143).
- ¹³ Berridge, 1996, p. 56
- ¹⁴ Nathanson, C.A., Sember, R., Parker, R., *Contested Bodies: The Local and Global Politics of Sex and Reproduction, in Sex Politics: Reports from the Front Lines*, R. Parker, Petchesky, R., Sember, R., Editor. 2007, Sexuality Policy Watch: Rio de Janeiro, p.390
- ¹⁵ Altman, D., *Political Sexualities: Meanings and Identities in the Time of AIDS*, in *Conceiving Sexuality: Approaches to Sex Research in a Postmodern World*, R. Parker, Gagnon, J., Editor. 1995, Routledge: New York
- ¹⁶ Watney, S., *Policing Desire: Pornography, AIDS and the Media (Third Edition)*. 1997, London: Cassell, p.15-16
- ¹⁷ Berridge, 1996, p. 56
- ¹⁸ Vianna, A.R.B., Carrara, S., *Sexual Politics and Sexual Rights in Brazil: A Case Study*, in *Sex Politics: Reports from the Front Lines*, P. R. Parker, R., Sember, R., Editor. 2007, Sexuality Policy Watch: Rio de Janeiro, p.27
- ¹⁹ Le Minh Giang Nguyen Thi Mai Huong, *From Family Planning to HIV/AIDS in Vietnam: Shifting Priorities, Remaining Gaps*, in *Sex Politics: Reports from the Front Lines* R. Parker, Sember, R., Editor. 2007, Sexuality Policy Watch: Rio de Janeiro, p.279
- ²⁰ Office of the High Commissioner for Human Rights (OHCHR). *HIV/AIDS and Human Rights* - <http://www.ohchr.org/EN/Issues/HIV/Pages/HIVIndex.aspx>. 2013 26th May 2013; United Nations General Assembly (UNGASS), *Political Declaration on HIV/AIDS: Intensifying our efforts to eliminate HIV/AIDS*. 10th June 2011;
- ²¹ UNIFEM, *Transforming the National AIDS Response: Mainstreaming Gender Equality and Women's Human Rights into the "Three Ones"*. 2008, UNIFEM: New York.; World Health Organisation (WHO), *Integrating gender into HIV/AIDS programmes in the health sector: Tool to improve responsiveness to women's needs*. 2009, WHO: Geneva; Sherr, L., Mueller, J., Varrall, R., *Evidence-based gender findings for children affected by HIV and AIDS - a systematic overview*. *AIDS Care*, 2009. **21**(1): p. 83-97; Martin, S.L., Curtis, S., *Commentary - Gender-based violence and HIV/AIDS: recognising links and acting on evidence*. *The Lancet*, 2004. **363**: p. 1410-1411; Bhana, D., *'AIDS is rape!' gender and sexuality in children's responses to HIV and AIDS*, in *Social Science & Medicine* 2009, Elsevier. p. 596-603.
- ²² Parker, R., Petchesky, R., Sember, R. (eds), *Sex Politics: Reports from the Front Lines*. 2007, Sexuality Policy Watch: Rio de Janeiro; World Health Organisation, *PMTCT Strategic Vision 2010-2015: Preventing mother-to-child transmission of HIV to reach the UNGASS and Millennium Development Goals*. 2010: Geneva; United Nations Family Planning Association (UNFPA), *Plan of Action on Sexual and Reproductive Health and Rights*, in *The African Union Commission*. 18-22 September 2006: Maputo Plan of Action.

- ²³ Action Aid, *Girl Power: The impact of Girls' Education on HIV and sexual behaviour*. 2006: London; Alldred, P., David, M.E., *Get Real About Sex: The Politics and Practice of Sex Education*. 2007, Maidenhead: Open University Press; Inter Agency Task team (IATT) on Education, *A Strategic Approach: HIV/AIDS and Education*. 2009, UNICEF: New York; Mobile Task Team (MTT), Health Economics & HIV and AIDS Research Division (HEARD), *Education Access and Retention for Educationally Marginalised Children: Innovations in Social Protection*. 2005, University of KwaZulu-Natal, South Africa, UNICEF.
- ²⁴ Food and Agriculture Organisation of the United Nations, *Food Security and Livelihoods - Thematic Brief*. 2007; UNHCR, WFP, *Integration of HIV/AIDS activities with food and nutrition support in refugee settings: Specific programme strategies*. 2004, UNHCR, WFP; Fergusson, P., Tomkins, A., Kerac, M., *Review: Improving survival of children with severe acute malnutrition in HIV-prevalent settings*. *International Health* 2009. **1**: p. 10-16.
- ²⁵ Overseas Development Institute (ODI), *Community-Based Worker Systems – a possible solution to more services, reaching many communities, and within budget*. 2007: London; Richter, L., Sherr, L., Desmond, C., *Learning Group 1 - Synthesis Report - An obvious truth: Children affected by HIV and AIDS are best cared for in functional families with basic income security, access to health care and education, and support from kin and community*, Joint Learning Initiative on Children and AIDS (JLICA), Editor. 2008; Sherr, L., *Evaluation of the Impact of Community-based Activities and Programmes Supporting OVC - A Discussion Paper on a Methodology and Evaluation; Too Little but is it Too Late?*. 2009, University of London: Unpublished.; World Bank, UNICEF, UNAIDS, *Operational guidelines for supporting early child development (ECD) in multisectoral HIV/AIDS programmes in Africa*, in *World Bank*.
- ²⁶ Van Damme, W., Kegels, G., *Health System Strengthening and Scaling Up Antiretroviral Therapy: The Need for Context-Specific Delivery Models: Comment on Schneider et al.* *Reproductive Health Matters* 2006. **14**(27): p. 24-26; Freedman, L.P., *Health System Strengthening: New Potential for Public Health and Human Rights Collaboration*. *Reproductive Health Matters* 2007. **15**(30): p. 219-220; Grundya, J., Khutb, QY, Oumc, S., Anneard, P., Kye, V., *Health system strengthening in Cambodia—A case study of health policy response to social transition*. *Health Policy* 2009. **92**: p. 107-115.
- ²⁷ Inter-Agency Task Team (IATT) on Children and HIV and AIDS Working Group on Social Protection, *Cash Transfers: Real benefit for children affected by HIV and AIDS*, UNICEF, Editor. 2007: New York; Inter-Agency Task Team (IATT) on Children and HIV and AIDS: Working Group on Social Protection, *Working Paper Expanding Social Protection for Vulnerable Children and Families: Learning from an Institutional Perspective*. 2008a, UNICEF: New York; Nolan, A., *Social Protection in the Context of HIV and AIDS*, Social Protection Task Team, Editor. 2008, Irish Aid, Development Assistance Committee of the OECD: Paris; Temin, M., *HIV-Sensitive Social Protection: What Does the Evidence Say?*, UNICEF, Editor. 2010 New York; Drimie, S., Casale, M., *Multiple stressors in Southern Africa: the link between HIV/AIDS, food insecurity, poverty and children's vulnerability now and in the future*. *AIDS care*, 2009. **21**(1): p. 28-33; Beard, J., Biemba, G., Ibrahim (Bram) Brooks, M., Bresnahan, M., Flynn, D., Simon, J., *Children of Female Sex Workers and Injection Drug Users: A Review of Vulnerability and Family-Centered Models of Care in Low and Middle-Income Countries*. Critical Review Paper Boston University OVC-CARE Project, 2010.
- ²⁸ De Waal, A., *Children and HIV/AIDS 2008-09: The Political Context and Challenges*. 2008, Social Science Research Council; Joint Learning Initiative on Children and HIV/AIDS, Learning Group 4. p.7; Pisani, E., *The wisdom of whores : bureaucrats, brothels and the business of AIDS* 2009, London: Granta.
- ²⁹ Harden, 2012, p.97-98
- ³⁰ Whyte, J.H., *Church and State in Modern Ireland*. 1980, Dublin: Gill and Macmillan Ltd
- ³¹ McLoughlin, D., *Women and Sexuality in Nineteenth Century Ireland*. *Irish Journal of Psychology*, 1994. **15**(2-3): p. 266
- ³² Peillon, M., *Irish Festivities in Comparative Perspective*. *Maynooth Review*, 1982. **6**(2): p. 46
- ³³ Ibid
- ³⁴ DeLamater, J., *The Social Control of Sexuality*. *Annual Review of Sociology*, 1981. **7**: p. 283
- ³⁵ Ibid
- ³⁶ Levine, L.P., Troiden R.R., *The Myth of Sexual Compulsivity*. *The Journal of Sex Research*, 1988. **25**(3): p. 347-363.
- ³⁷ Levine, L.P., Troiden R.R., *The Myth of Sexual Compulsivity*. *The Journal of Sex Research*, 1988. **25**(3): p. 353
- ³⁸ Inglis, 2005, p.11
- ³⁹ Kingdon, J.W., *Agendas, Alternatives, and Public Policies - second edition*. 2003, New York, London: Longman.

⁴⁰ Berridge, V., *AIDS in the UK: The Making of Policy, 1981-1994*. 1996, Oxford: Oxford University Press, p 10

⁴¹ *Census of Population of Ireland*, 1981, Volume 5, p8

⁴² Seanad Eireann Debate, *Information and Education Programme on AIDS: Motion - Vol. 118 No. 14*. Thursday, 25 February 1988.

⁴³ Burke, S., *Irish Apartheid: Healthcare Inequality in Ireland*. 2009, Dublin: New Island, p. 256

⁴⁴ Wren, M.A., *Unhealthy State: Anatomy of a Sick Society*. 2003, Dublin: New Island, p.11; Burke, S., *Irish Apartheid: Healthcare Inequality in Ireland*. 2009, Dublin: New Island, p. 231-259; *Health Policy and Practice in Ireland*, ed. D. McCluskey. 2006, Dublin: University College Dublin Press, p.12; Health Education Bureau, *Promoting Health Through Public Policy*. 1987, Department of Health: Dublin, p.56

⁴⁵ Burke, S., 2009, p. 231-259

⁴⁶ Health Education Bureau, *Promoting Health Through Public Policy*. 1987, Department of Health: Dublin, p.56

⁴⁷ Delamater quoted in Levine, L.P., Troiden R.R., *The Myth of Sexual Compulsivity*. The Journal of Sex Research, 1988. **25**(3): p. 353

⁴⁸ Kingdon, J.W., *Agendas, Alternatives, and Public Policies - second edition*. 2003, New York, London: Longman.

Chapter 2 – Literature Review One: The Historical & Social Context

Sex, sexuality and sexual health were, at the outbreak of AIDS, taboo subjects in Irish life. Diagnostic and treatment services for STIs were significantly underdeveloped; homosexual acts were illegal; there was no programme of sex education in Irish schools and the availability of contraceptives was restricted to married couples on prescription under the Health (Family Planning) Act, 1979. The emergence of AIDS, as identified in the introductory chapter, brought with it new public health expectations for the acceptance of a more liberal sexual health regime, resulting in a type of culture war in which the forces of conservatism and liberalism clashed. The historical, social and cultural factors which shaped political realities in Ireland at the outbreak of AIDS in 1982 are therefore the subject of this chapter. The first of two literature review chapters, it will initially chart the rise of Roman Catholicism as a social and political force in 19th century Ireland; it will then review chronologically the main social science and historical literature dealing with social policy in relation to sexuality in the post-1922 period, when 26 of Ireland's 32 counties had achieved self-government - the state being initially known as the Irish Free State and, after 1948, the Republic of Ireland.

The Rise of Roman Catholicism in Ireland

In 1904, Sir Horace Plunkett commented, “In no other country in the world, probably, is religion so dominant an element in the daily life of the people as in Ireland”¹; in 1926, 92.6% of the population identified as Catholic, rising to 94.9% in 1961 and 95.4% in 1981². Described as ‘uncultivated’ and ‘anti-intellectual’³, St. Patrick's College, Maynooth - the national seminary for the training of candidates for the Catholic priesthood - which was established in 1795, was the preserve of the rising rural tenant

farmer class in nineteenth century Ireland when the cost of sending a son to the seminary was almost double the average annual income for one year. Consequently, education in the seminary reflected the rural values in which young men had been reared⁴ and was characterised by sexual prudery and Victorian propriety championed by the middle classes and ruling elites. Social and political acceptance and mobility became inextricably linked with adherence to church teaching: journalists, politicians and those with a public profile were required to display open loyalty to the Church, while desisting from any suggestion of criticism, however justified such criticism may have seemed⁵. Understanding the historical events that anchored the dominance of the Roman Catholic Church is key to understanding the authority which it exercised over political, social and cultural aspects of Irish life. In the eighteenth century, the Catholic Church was weakened and disenfranchised under anti-Catholic Penal Laws imposed by a British colonial power. However, by the turn of that century, membership of religious orders had soared, religious practice was revitalised and regularised, with church-going becoming a routine part of Irish life across the country amongst all social classes⁶. This transformation occurred in less than eighty years, closely followed by Catholic emancipation in 1829, cementing the progressive dominance of Roman Catholicism in Irish life for the next two hundred years.

A number of factors contributed to the ascendancy of the Catholic Church in Ireland throughout the eighteenth century but primary among them was the outright failure of the Penal Laws. The British State was forced to accept that its policy of persecuting Catholicism in Ireland was not merely unsuccessful but counterproductive⁷. The consequential rise of the Roman Catholic Church began towards the end of the eighteenth century with relaxation of the Penal Laws, the subsidisation of religious education in Maynooth College, incremental Catholic emancipation and the consequent

emergence of a Catholic bourgeoisie. Inglis maintains that the Penal Laws failed largely because they did not stop the economic advancement of the Catholic middle-classes, which in their search for civility, morality and status, allied themselves with the Catholic Church in a relationship that would continue to mature after 1922 in the new Irish State⁸. While the failure of the Penal Laws and the rise of the Catholic middle classes undoubtedly contributed to the advancing dominance of Roman Catholicism, Irish people also seemed psychologically and socially ready for a 'devotional revolution' following the famine that was perceived by many as God's wrath made manifest⁹. Larkin suggests that economically and organisationally the Church was correspondingly ready and more significantly, able, after the famine to meet the religious and emotional needs of the Irish people.

By 1846, the Catholic Church had firmly established that it held moral jurisdiction over Catholic children and how they might be educated, while by 1869, Cardinal Cullen was instructing priests and bishops to deny the sacraments to parents who kept their children in 'the lion's den' of state-run National Schools rather than sending them to the Christian Brothers¹⁰.

The Catholic Church also became increasingly involved in the delivery of social services in the nineteenth century: being particularly active in health and education, spheres in which the British state gave unparalleled ownership, access and control to the Churches. This pattern of denominational management was also reflected and would persevere in many other areas of social service provision, although the financial and administrative burden for such services was largely carried by the state¹¹.

During the nineteenth century, three religious processes which had their origins in earlier centuries acquired major significance within the Irish Catholic tradition:

1. A scaled system of penance which dominated religious practice;
2. A shift from public confession and penance to the more private relationship between the penitent and the priest /confessor, which increased the latter's power while adding to the former's sense of shame and guilt;
3. An emphasis on celibacy and virginity, which devalued marital and sexual union¹².

The preoccupation with sexual morality within the Roman Catholic Church in Ireland has prompted the suggestion that this morality was Jansenistic – which refers to a theological obsession with sexual morality thought to have been, imported to Ireland by priests who trained in seminaries in France in the eighteenth century¹³. Inglis contends that a more complicated morality gained traction in Irish Catholicism as the Catholic Church began to institute standards of behaviour with regard to waking the dead, public order and, in particular, marriage and sexual behaviour¹⁴. He argues that this growing obsession with sexual morality was quietly pursued by Catholic clergymen, with control of sexual knowledge becoming an integral part of the Church's power base in Ireland¹⁵.

Throughout the 19th century, therefore, the Irish Catholic Church increased its ideological dominance, assisted in this process of influencing attitudes and behaviour by its practical control of health, educational and social services. The teachings, beliefs and values of the Catholic Church did not simply depend on historical loyalty or a particular religiosity or spirituality unique to the Irish, but rather on a systematic process of socialisation exercised at multiple levels in Irish life¹⁶. One of the most remarkable features of social policy since independence in 1922 has been the reluctance of the state to challenge the entrenched position of the Church in education, and the extent to which this became an issue in the context of AIDS will be discussed in

Chapter 8. The process through which the Catholic moral code became enshrined in the laws of the state was therefore not a coercive one. From the earliest days of independence, consecutive governments proved willing to use the power of the state to promote Catholic moral values, examples of which are elaborated below. The writer Sean O'Faolain, one of the most prominent ideological dissenters and critics of culture and society in the early decades of the Free State, described the era as "a time when the Catholic Church was felt, feared and courted on all sides as the dominant power"¹⁷. Equally, the Constitution of 1937 is, Whyte argues, the culmination of a process in which the Catholic Church was afforded a 'special position' in Irish life¹⁸. With minimal opposition from the Protestant minority, the Irish state was wholly committed to the maintenance of Catholic values, which continued to define Irish culture and society for much of the twentieth century.

The Construction of National Identity: Puritanism and Censorship

Throughout his life, Conor Cruise O'Brien was 'fascinated and puzzled' by both nationalism and religion "the interaction of the two, sometimes in unison sometimes antagonistic; and by the manifold ambiguities in all of this"¹⁹, while Tim Pat Coogan has claimed that Ireland has known two forms of colonialism; one is British, the other while less obvious but nonetheless pervasive, is religion: particularly the Roman Catholic Church²⁰. Until relatively recently, there can be little doubt that the dominant position of the Catholic Church in Ireland permeated political, social and cultural spheres, fusing experiences of national identity and nationhood with religion. Belief was sufficiently widespread and prevalent to influence and permeate a burgeoning nationalism at a time when the Irish language and culture were experiencing unprecedented decline²¹. Catholic faith became linked with nationalism and Irish

identity, and that relationship was mutually reinforced by church support for nationalist aspirations.

Political and cultural leaders of Irish nationalism prior to the formation of the Free State and many decades thereafter, sought to envision and define Irish national identity in antithesis to the British state. O'Toole suggests that the construction of Irishness and Britishness in opposing terms held some legitimacy in that Ireland was primarily rural, Catholic, with an agricultural economy that was inward looking and inculcated with values of self-sufficiency, whereas Britain, was largely urban, Protestant and primarily industrial, outward-looking and imperial²². The ethos of the new Free State served an Arcadian vision of a self-sufficient Ireland, resulting in policies which were anti-industrial and highly protectionist and which led ultimately to economic stagnation. In a St. Patrick's Day broadcast to the United States of America in 1943, the Taoiseach [Prime Minister] Éamon de Valera, unambiguously aligned Catholicism with Irish nationalism:

Since the coming of St. Patrick, fifteen hundred years ago, Ireland has been a Christian and a Catholic nation. All the ruthless attempts made through the centuries to force her from this allegiance have not shaken her faith. She remains a Catholic nation.²³

The construction of venereal disease in the decades post-independence provides important insight into the construction of a national identity: the presence of sexually acquired infection in the population was perceived as "being a sure sign of social breakdown"²⁴, a most 'un-Irish' condition. Nationalist discourse and propaganda unashamedly placed the blame for contagion and immorality on the occupying forces of the British Army, the 'most venereal of armies' claimed poet, author and politician, Oliver St John Gogarty²⁵. British soldiers were branded 'rampant syphilitics', in a process of abjection in which the occupier is maligned and juxtaposed against the purity

of the occupied. Ironically however, the 'Committee on Venereal Disease in the Irish Free State' established in 1926 would find to the contrary that the British forces and the 'debased' women, accused of unpatriotic promiscuity, who associated with them, were not causing the spread of the disease, but rather that the source was civil and rural including the idealised and pure western Gael²⁶. Prostitution had been associated with the British presence and not without some justification; Monto, an area in Dublin's north inner city, reputedly the largest red light district in Europe in the nineteenth century and early decades of the twentieth century, contained at its height 1,600 prostitutes and 132 brothels²⁷. The British military was dominated by a leadership which argued that army morale was contingent on sexual activity and which was, therefore, loath to allow civilian interference in shutting down brothels and was intolerant of any moral arguments against sexual promiscuity²⁸. The Joycean reference to the 'syphilisation' of Ireland in *Ulysses* echoes a popular anti-colonial metaphor linking prostitution, immorality and disease with occupation, while Professor Hayes in communication with Mary MacSwiney suggested that passing the treaty would 'remove from Ireland a more immoral influence on the young girls of Ireland, that is, the English garrison'²⁹. Murer maintains that post-colonial societies experience a fear of the abject returning to reclaim a place within the newly established collective identity, which leads to further debasement of the 'Other'³⁰ in propaganda, identity formation and discourse. While the Committee on Venereal Disease clearly established a strong correlation between civil society and the source of sexual transmission, these findings were suppressed to protect the collective, pure, innocent and fragile identity of the new Irish state.

The maintenance of Irish innocence was not merely promoted through ideology and religious propaganda but through the apparatus of the state in which the Catholic moral

code was enshrined. Successive Censorship Acts were important legislative instruments in the maintenance and propagation of Catholic and nationalist Puritanism. The Censorship of Films Act, 1923, established a film censor to refuse a licence to films which were deemed 'subversive of public morality', followed by the most famous measure to safeguard traditional moral values, the Censorship of Publications Act, 1929, which created a Censorship of Publications Board with power to prohibit any publication which it considered 'in its general tendency indecent or obscene'³¹. Finnane has argued convincingly that the new state was not just shaped by priests and politicians but also by the Garda Síochána, the police force, the overwhelmingly majority of which, 98.7%, were Catholic³². Commissioner of the Garda Síochána, Eoin O'Duffy, claimed to be actively seeking to give preference to Protestant applicants, while in practice he appeared to create an institution that was intended to maintain Catholic social order in Ireland³³.

Sex and Society in Post-Famine Ireland

The rise of Catholic cultural hegemony which embodied a preoccupation with sexual prudery coincided with a post-famine pattern of marital delay or avoidance and high celibacy rates. The Catholic Church's influence was compounded by the prevailing ideology of Victorian Puritanism, which was characterised by repressive attitudes towards sex. Fahey has argued that the prominence of sexual prudery within Irish Catholicism arose, at least in part, from the tendency to compete for respectability in terms defined by British culture and to take pride in outdoing its colonial masters on these standards³⁴. The strict doctrine of discipline and 'civilised' behaviour which led to an increased control of sex and marriage, in turn complemented the regulation and control of property leading to increases in the general standard of living³⁵. The economic historian Cormac O'Gráda has claimed that by the early-twentieth century

socio-economic status had started to affect fertility patterns, with larger farmers and urban professionals practising some form of family planning³⁶. Generally, however, as witnessed by Synge and others in the West of Ireland, it appears as though sexual instinct was largely subordinated to morality³⁷. Shame and guilt about the body and sexuality, created through confession, Mass, pastoral care and in schools needed to be maintained in everyday social relations and the primary mechanisms of control were embedded within the family and wider community³⁸. Social mechanisms of control operated to discourage young people from sex and marriage: while the Church and schools regulated sexual morality, the pub also did so in a more convivial manner. Older males socialised younger ones into bachelor drinking group traditions and attitudes, which excluded women, while male sexual frustration was displaced by a pattern of excessive, compulsive drinking. It is perhaps of note that following the death of Fr. Theobald Mathew, a Capuchin monk devoted to the principle of total abstinence or teetotalism, the Catholic Church failed to institutionalise the temperance campaign he had initiated³⁹, perhaps considering indulgence in alcohol preferable to sexual indulgence. The male drinking group is not particular to Ireland but has a long history throughout Europe in sustaining marriage patterns by controlling celibacy and fertility⁴⁰.

In the decade immediately following independence, the Church became particularly concerned with sexual morality, deploring a growing predilection for pleasure and a slackening of parental control⁴¹. A joint statement condemning 'dance-hall evil' was issued by the Church hierarchy in 1925: 'The surroundings of the dancing hall, withdrawal from the hall for intervals, and the back ways home have been the destruction of virtue in every part of Ireland'⁴². While the Church's preoccupation with sexual morality was not new, it gained particular momentum in the post-war period. As

Alfred Kinsey found in his landmark study of sexual attitudes and behaviours in 1940s America, there is frequently a lacuna between the rhetoric of sexual morality and actual sexual behaviour; and it would be unwise to assume that the conservative sexual rhetoric of the Catholic Church was an accurate reflection of actual sexual behaviour during this period. Sexual histories are notoriously difficult to write and it is useful to recall Foucault's claim that it is important,

not to determine whether one says yes or no to sex, but to account for the fact that it is spoken about, to discover who does the speaking, the positions and viewpoints from which they speak, the institutions which prompt people to speak about it and which store and distribute the things that are said⁴³.

Numerous academic sources⁴⁴ present the official rhetoric of sexual morality and purity, which shaped social relationships in Ireland throughout the twentieth century, but within that discourse, minority histories may have been hidden or crowded out. In *Occasions of Sin*, Diarmaid Ferriter has sought to unearth that hidden archive to reveal minority individual, court and public health reports of sexual pleasure, disease, family planning regulation, sexual and sexuality discourse in the century that followed the famine. Many conflicting voices emerge in Ferriter's sexual history, including an older woman who attended a health seminar in 1979 and claimed that the earliest Irish language editions of Peig Sayers' autobiography of her life on the Blasket Islands, published in 1936, contained a reference to a primitive form of cap, or diaphragm made from sheep's wool - a reference which was expunged from later editions⁴⁵.

As noted above, the new state established a Committee on Venereal Disease in 1926 "to make inquiries as to the steps, if any, which are desirable to secure that the extent of venereal disease may be diminished"⁴⁶. The Committee found that venereal disease was widespread throughout the country, with syphilis, gonorrhoea and chancroid detectable in almost every parish. The Committee's finding was at odds with the

dominant ideology of a pure and chaste Ireland in which “All of us know that Irish women are the most virtuous in the world”⁴⁷. Following consultation with the hierarchy, Kevin O’Higgins, Minister for Justice, took the decision not to publish the report and it was “effectively and efficiently suppressed”⁴⁸. An earlier version of the report claimed that “It increases the difficulties which beset us in dealing with the disease which appears to be conveyed by apparently decent girls throughout the country”⁴⁹ an observation that was excised from the final version.

Of the 1,984 deaths from venereal disease recorded in Ireland between 1899 and 1916, 69% were children under the age of five who died of inherited syphilis, while the Irish Registrar General suggested a high death rate from syphilis among the adult population with 1.47 deaths per 10,000 population, compared to 0.51 in Belfast and 0.76 in London⁵⁰. The incidence of venereal disease continued to rise in the 1920s and 1930s, with treatment centres in Dublin recording 1,575 males and 662 females in treatment in 1927-8 and 1,719 males and 675 females in treatment in 1932-3. Treatment centres were poorly dispersed across the country with a corresponding lack of sexual health discourse, prevention education or medical personnel willing to specialise in treatment services in the Free State. Local authorities consistently refused to adopt venereal disease schemes and despite the Chief Medical Officer’s call for confidentiality with regard to the treatment of patients, Limerick’s Board of Public Health actually names people being treated for venereal disease in the region in their minutes from 1927 and 1930⁵¹. In June 1930 Ireland had acceded to an international agreement on the treatment of merchant seamen but, as Riordan has claimed, it was an action “which undoubtedly owed more to the campaign for a seat on the League of Nations Council than to the Department of Local Government and Public Health’s zeal in combating venereal disease”⁵². Despite reported increases in venereal disease throughout the

1940's and early fifties, the era was marked by sporadic if unsuccessful attempts to address the issue prompting Susannah Riordan to conclude that the Department of Health's record in this regard has been "an undistinguished one"⁵³. The failure of the Irish state to progress treatment services for sexually acquired infections in the decades post independence and the implications for HIV and AIDS in the 1980's will be further explored in Chapter 8.

In 1930 the Carrigan Committee was established to investigate the problem of juvenile prostitution. Chaired by William Carrigan KC, it focused on prostitution and illegitimacy but failed to connect with broader social conditions and social problems. Some civil servants at this time were scathing about Carrigan's willingness to accept a simplistic, Church-inspired link between immorality and the existence of unlicensed dance halls, as well the report's acceptance of a puerile obsession with moral decline brought about by the advent of the motor car – all at the expense of examining important social issues of housing, education and unemployment in the Free State⁵⁴. Commissioner of the Garda Síochána, Eoin O'Duffy, in his evidence to the Committee outlined the extent of paedophilia in the Free State, while providing detail on indecent assault, unlawful carnal knowledge of young girls, sodomy of young boys, and bestiality – offences punishable by sentences ranging from twelve to sixteen months. The Carrigan Committee proposed to increase the age of consent from sixteen to eighteen years, but proposals were overshadowed by attempts to prevent public discussion of the report with some calls for a small Catholic elite who should advise the government "without public discussion"⁵⁵. A departmental memorandum bemoaned what it perceived to be the failure of 'decency' and religion to regulate sexual behaviour, leaving the state with no option but to impose police action⁵⁶. Ferriter concluded, "Such focus suited the Catholic Church and the conservative middle class

social base of Irish politics” who sought to hide Ireland’s social problems, with opposition inhibited by the absence of a strong labour movement⁵⁷.

Writing in the 1920s and 1930s, the novelist Elizabeth Bowen described a range of relationships among women in which lesbian love is implied but never stated. In 1921 the British parliament rejected a bill on lesbianism on the grounds that such a measure might make women aware that such acts existed⁵⁸. But homosexuality between men was outlawed under the Offences Against the Person Act, 1861 and the 1885 Amendment and the prosecution of homosexual acts was actively pursued in the Irish Free State, with determined efforts to entrap and prosecute gay men resulting in a remarkably high number of committals, according to one observer⁵⁹.

“The future of the country is bound up with the dignity and purity of the women of Ireland” claimed the redoubtable Archbishop of Tuam, Dr. Gilmartin in a sermon delivered in 1926⁶⁰. Court records reveal that women were frequently considered culpable to a degree in the few cases of rape or sexual assault that appear before a judge, while the testimony of children was considered equally suspect⁶¹. Fears of declining moral standards were accompanied by a corresponding tendency to apportion blame on women, with the remedy bound up with the concept of chaste womanhood, motherhood and the domestic sphere that would be enshrined by de Valera in the 1937 Constitution. Concern was due in part to the rise in illegitimate births, which while recording a 29% increase between 1912 and 1927, were remarkably low compared to other European countries in the same period⁶². Births outside marriage continued to increase throughout the twentieth century, while ‘shotgun’ weddings, abortion, pregnancy emigration and infanticide remained part of Ireland’s hidden histories until later in the century.

From the earliest days of the Free State, the government proved willing to protect Catholic moral values through the state apparatus. When the Free State was established, divorce could be made available to Irish citizens by way of a private bill in Parliament at Westminster but this passed to the Irish parliament in 1922. The leader of Cumann Na nGaedheal, William T. Cosgrave moved to ensure that such bills could not be introduced in future:

I have no doubt that I am right in saying that the majority of people of this country regard the bond of marriage as a sacramental bond which is incapable of being dissolved. I personally hold this view. I consider that the whole fabric of our social organisation is based upon the sanctity of the marriage bond and that anything that tends to weaken the binding efficacy of that bond to that extent strikes at the root of our social life.⁶³

Fianna Fáil was equally as willing to enshrine Catholic moral standards in legislation and, led by Éamon de Valera, passed the Criminal Law Amendment Act in 1935 which prohibited the sale and importation of contraceptives; this was followed by the Public Dance Halls Act, 1935, further appeasement of the Catholic Church with its seeming obsession with 'dance-hall evil'⁶⁴. The constitution adopted in 1937 strongly encompassed Catholic moral teaching in articles pertaining to marriage, the role of women and the family. But as Fahey has noted, there were many less notable instances of Catholic Church influence on government including a concern regarding the introduction of tampons, which Catholic bishops decided in 1944 could harmfully stimulate girls at an impressionable age and lead to the use of contraceptives⁶⁵. Archbishop of Dublin, John Charles McQuaid subsequently requested the Department of Local Government and Public Health to ban their sale and the Department duly complied⁶⁶. Whyte concludes, however, that the number of times in which the Church interfered directly and explicitly in state affairs was minimal: 'It didn't need to, as the

products of an Irish Catholic education were instinctively willing to discharge duties as Catholic politicians...' on matters of mutual interest⁶⁷

Church and State remained preoccupied with sexual morality up to the mid-twentieth century in what Lee called "a callously efficient socialisation process" which served to postpone marriage, and within farming families disinherit all but the elder sibling while condemning the remainder to emigration⁶⁸. *The Great Hunger*, an epic poem written in 1942 by Patrick Kavanagh depicts sexual starvation as successor to the Famine of the 1840s. The overwhelming desolation and sexual sacrifice that characterised the lives of men and women in rural Ireland throughout the first half of the twentieth century is grimly imagined:

His dream changes like the cloud-swung wind
And he is not so sure now if his mother was right
When she praised the man who made a field his bride...

(from *The Great Hunger*)⁶⁹

The Catholic Church worked with the state to preserve the ideology of national purity, precluding any debate on marital breakdown, venereal disease, violence against women, prostitution, incest, suicide or infanticide. It remained particularly silent about the number of children born outside of marriage who were five times more likely to die prematurely, with one in three registered illegitimate children dying in their first year. The snobbery and hypocrisy that condemned women and children from lower socio-economic groups to Magdalen laundries and industrial schools was not the preserve of the Catholic Church alone but of a society, political and civil, complicit in the chastisement and exclusion of a whole class of people for the crime and shame of their poverty.

Industrialisation and Secularisation

Emigration was born of necessity but the lack of honest debate ensured that protectionism, rural idealisation and anti-industrial rhetoric continued to dominate political discourse well into the 1950s. While there was some minimal improvement in social conditions post-war, Ireland continued to lag considerably behind the rest of Europe in terms of social reform, living standards, employment, industrialisation or modernisation. In 1949, Ireland had the highest rate of maternal and infant mortality in Europe, poverty remained endemic and while Dublin Corporation began housing development on the outskirts of the city, eighty thousand people still lived in one room dwellings with twenty-three thousand of those in Dublin alone⁷⁰. Stagnation and political inactivity coupled with the protective mindset of the Departments of Finance, and Industry and Commerce ensured that economic growth was slow to emerge.

Séan Lemass succeeded de Valera as leader of Fianna Fáil and Taoiseach in 1958. His succession marked the beginning of a decade in which Ireland made the shift towards modernisation with a focus on growth, industrialisation, foreign direct investment and an application to join the European Economic Community (EEC). The pervasive mood of despair and malaise which characterised Ireland throughout the 1950s gradually facilitated the emergence of social and economic change. Critics raised key issues with regard to the paucity of policy debate and the necessity for a more self-critical and business-like civil service⁷¹. Lee claims that the second generation of civil servants came to prominence throughout this period, most notably T.K. Whitaker, who is largely credited with the transformation of economic policy in Ireland from the late-1950s. The 1958 *Programme for Economic Expansion* white paper was a landmark document that signalled a shift from protectionist policies to those promoting free trade and incentivising foreign direct investment in Ireland. Whitaker's approach was informed

by Keynesian economics and included support for increased state investment in industry and central bank intervention in directing investment by commercial banks. Economic growth became the new national imperative, replacing the focus of Irish language revival and the protection of values and tradition. The 1960s and 1970s brought improvements in living standards, rapid social and economic prosperity and most crucially (in 1973) membership of the EEC. There was a marked increase in skilled labour and a concurrent decline in the number of unskilled workers in Dublin, aided in part by the extension of free secondary education from 1967. Increased employment and rising prosperity resulted in expansion of the Dublin suburbs, which further prompted the building of thirty-four churches between 1940 and 1965 under the keen eye of the redoubtable Archbishop of Dublin, John Charles McQuaid⁷².

Ferriter has claimed that while the reported economic successes of the 1960s are sometimes exaggerated it is certainly the case that national poverty no longer sufficed as an excuse for social neglect⁷³. However, it is undeniable that aspiration for social and economic improvement facilitated transformative change in Ireland within a very short space of time. The 'vanishing Irish' of the 1950s became a thing of the past as emigration reduced significantly in the 1960s, resulting in net inward migration for the first time in Ireland's history between 1971 and 1979. The relative economic prosperity that marked the 1960s and 1970s in Ireland was, however, short-lived and, by the mid-1980s, recession once again loomed with unemployment and emigration once again on the increase.

The Censorship laws had ostensibly protected Ireland from the secularising effects of 'foreign', mainly British, influences. The Censorship of Publications Amendment Act, 1946 had included some minor modifications to laws banning publications considered indecent or obscene. However criticism of the excessive severity of the Board began to

mount reaching a peak between the period 1950 to 1955 when on average six hundred publications a year were banned. One librarian, described how the spirit that acquired independence transformed itself in the early decades of the Free State into one in which censorship perpetuated cultural poverty and 'Puritanical Philistinism' that thrived in the absence of serious contemporary literature⁷⁴. In 1956 the Irish Association of Civil Liberties organised a petition of enquiry into the working of the Censorship Board; this initiative, while not fully successful, contributed to a liberalisation of board members and effectively ended the practice of suppressing works of acknowledged literary merit⁷⁵.

However, attempts at liberalisation in the 1950s were not invariably successful and on occasion, prompted the old order to seize ever more tightly the reins of control. This is best illustrated by Minister for Health, Noel Browne's proposal for a nationwide Mother and Child Scheme to be provided free-of-charge in 1951, which was effectively thwarted by the Catholic Church, aided by conservative medical interests, on the basis that the Catholic principle of 'subsidiarity' precluded state intervention into family life⁷⁶. While old attitudes encountered increasing resistance in the nineteen fifties, conservative, narrow-mindedness remained widespread. Young women were still committed to Magdalen laundries run by Irish Catholic nuns for the 'crime' of conceiving a child out of wedlock.

Perhaps the most significant secularising influence on Irish society was initiated with the introduction of Teilifís Éireann Ireland's public service television channel, which began transmission in 1961. In the 1960s, television was a key player in Ireland's conversion to consumerism with 80% owning a television in Dublin but only 25% owning one in parts of rural Ireland: by 1978, however, 83% of all homes owned a television set. One of the most significant contributors to social reform in Ireland,

RTE's *Late Late Show*, which features in findings chapters 7 and 8, was hosted by renowned commentator Gay Byrne. Inglis identified the media and in particular RTE's *Late Late Show* as a major instrument of modernisation and catalyst for change⁷⁷. Byrne claimed, however, that he never imposed an issue on Irish society that it was not ready for⁷⁸. His remarkable influence on Irish life, spanning almost four decades, has yet to be fully established, but there is little doubt that he provided a platform through which women primarily, could debate issues of mutual concern previously hidden and silent within vernacular discourse. Until his retirement in 1999, he aired and discussed, often in controversial terms, sex in and out of marriage, abortion, contraception, feminism, Catholicism and homosexuality, and as will be explored in Chapters 7 and 8, the impact of AIDS on Irish society.

Sociological studies undertaken throughout the 1960s and 1970s pointed to changing patterns of fertility during this period of rapid transformation, industrialisation and urbanisation. The marriage rate rose by 20% between 1966 and 1970 and by over 40% between 1958 and 1970 and the rise in marriage was accompanied by a change in fertility patterns; growth of first and second births grew rapidly but the third and fourth declined significantly⁷⁹. *Humanae Vitae*, an encyclical letter by Pope Paul VI which condemned the use of 'artificial' contraceptives by Catholics, did not impact on the decline in large families. While the sale and importation of contraceptives was prohibited under the Criminal Law Amendment Act of 1935, the contraceptive pill was made available on prescription as a 'cycle regulator', and from the 1970s onwards condoms could be obtained 'free-of-charge' in some family planning centres. Young people spent longer periods in education, although this continued to be class defined. In 1967, Brian Lenihan, introduced a bill which allowed for Irish writers who had been

banned for decades to appear for the first time on bookshelves prompting a resurgence of intellectual energy in schools and universities⁸⁰.

Research conducted in the late 1960s found that 80% of those who were educated believed the dominance of the Church too strong, while at the same time almost 90% believed it was still a force for good in contemporary Ireland⁸¹. Throughout the 1960s and 1970s the Church continued to fear that industrialisation and economic growth would alter irrevocably the nature of Irish society, while losing what was valuable in the rural social fabric⁸²; as it transpired, their fears were well founded. Increased secular opportunities resulted in decreased vocations to the priesthood for the first time in the 1970s, while a small but significant number of priests sought laicisation⁸³. However, a survey conducted in 1969 among school leavers found that while 80% had considered religious life, 54% had decided against it and 20% postponed the decision. The Survey of Religious Practice, Attitudes and Belief conducted in 1973-4 found that although 90% of the population still attended mass once a week, 25% of single men and women in the eighteen to thirty age group had forsaken mass attendance altogether, while 30% of those aged twenty-one to twenty-five years had done so⁸⁴. This research also found that only 20% believed that sex before marriage was always wrong and 58% thought that contraception was morally acceptable⁸⁵. Despite the increasing secularisation of modern Ireland towards the latter decades of the twentieth century, it remained difficult to establish the extent of that secularisation, particularly with regard to changing attitudes to sex and sexuality. Rosita Sweetman's *On Our Backs: Sexual Attitudes in Changing Ireland* published in 1979 sought to capture some of those attitudinal and behavioural changes and found that 'bans on contraception and divorce' were effectively 'bans on reality'⁸⁶, while one young artist claimed that "If you become sexually aware of the world, of the sensuousness of living, according to Irish ethic

that's a surrender to hedonism. Nowhere else in the world do you get that"⁸⁷. Frank Crummey, one of the co-founders of family planning services in Ireland was sacked by his employer, the ISPC, on the basis that they felt it was inconsistent for a good social worker to be involved in family planning. Crummey subsequently claimed "At the time I was sacked, I was supplying two members of the National Executive of the ISPC with contraceptives for their own personal use"⁸⁸.

Equally, Mícheál MacGréil's landmark study of Irish attitudes published in 1977 revealed extraordinarily high levels of racism and intolerance in Irish society. Minority groups and those marked by alternative lifestyles were particularly despised, including travellers, socialists, unionists, heavy drinkers, alcoholics, criminals, atheists and agnostics. Attitudes towards religious non-membership and socially excluded groups including the unemployed were found to be moderately intolerant with the highest levels of prejudice found among poorly educated older women⁸⁹. Calling for legislation to protect minority groups, MacGréil points to the fact that 20% of the sample believed that black people are inferior and over 60% objected to inter-racial marriage⁹⁰. Ninety-one per cent of the sample was Catholic, a relatively high proportion of whom said that widows, a person living with a disability, or a deserted wife would be welcomed into the family, but only 69% would welcome an unemployed person and 36% a heavy drinker.

Relaxation of the censorship laws, increasing standards of education, inward migration and the advent of television contributed to increasing secularisation of Irish life in the 1970s, but the pervasive influence of Catholic morality preserved conservatism and an intolerance of difference. Resistance to the conservative order was carried on a tide of industrialisation, economic growth and the consequent process of secularisation described above. Threats to that established orthodoxy arose with membership of the

European Union and the increasing secularisation of Irish society, while issues of divorce, abortion and homosexuality acquired escalating prominence in civil society discourse.

Foucault contends that resistance is essential to the conception of power and exists in two forms: it is conceived to seek freedom from limitation when power is conceived as domination, while also contributing to self-formation⁹¹. In challenging the old order, resistance movements throughout the latter decades of the twentieth century in Ireland operated at a macro level, acquiring momentum and ensuring gains, oftentimes through the application of legislative instruments or policy discourse constructed by the dominant power, i.e. in this case, the Church and the State. As liberal resistance movements became established as a power in their own right, Catholic and ultra-conservative counter-resistance movements were established, particularly in the context of the abortion and divorce debates in 1983 and 1986 respectively. Foucault's political philosophy pertaining to the nature of power and resistance provides a useful foundation for understanding the transformation that took place in Irish society within a relatively short period of time. Five critical resistance and counter-resistance movements collided in 1980s Ireland and altered the political, social and cultural narratives that had dominated in the decades post-independence. The rise of the women's movement and equal opportunities for women; contraception; homosexuality, abortion and divorce debates pre-dated and/or coincided with the emergence of AIDS, and each are considered in the following sections.

The Rise of the Women's Movement

Whereas the 1922 Constitution was a liberal democratic document that might have suited a nation of any religious denomination, the 1937 Constitution of Ireland is

dominated by Catholic moral values which prioritise the family as the 'natural primary and fundamental unit of Society' and largely define the role of women in relation to family. Articles 41.2.1 and 41.2.2 state,

In particular, the State recognises that by her life within the home, woman gives to the State a support without which the common good cannot be achieved⁹².

The State shall, therefore, endeavour to ensure that mothers shall not be obliged by economic necessity to engage in labour to the neglect of their duties in the home.⁹³

Preoccupation with the concept of Irish women as good mothers and home-makers began in the nineteenth century with the introduction of the national school system. Women from lower socio-economic groups and small farms in rural Ireland had always worked, revealing a middle-class aspiration in de Valera's vision that may well have been desired but was unattainable for many women at the time. Some women's groups opposed clauses of the Constitution concerning women; a letter of protest was sent to the Government from the Joint Committee of Women's Studies and Social Workers, established in 1935, which made recommendations regarding women's access to jury service and the need for female members of the Garda Síochána⁹⁴. While the beginning of the twentieth century saw attempts by a minority of well educated women to challenge their formal exclusion from political culture, their attempts were fragmented and somewhat too genteel. The Irish Women's Franchise League, established in 1908, was, however, more militant and vigorously campaigned for the vote⁹⁵ resulting in the Local Government Act of 1898 in which women won the right to sit and vote at District Council level and, from 1911 onwards, they were permitted to serve as County Councillors. All of these groups were middle class in origin and membership as working class women did not have the leisure time or the standard of education necessary to participate. The Free State enacted successive pieces of

legislation to limit women's role in public life including curtailing the right of women to sit for examination in the civil service in 1925; the 1927 juries bill was designed to prevent women from sitting on juries, but a vigorous appeal by women's groups resulted in an amendment which permitted women to sit on juries if they specifically applied to do so. In 1932 compulsory retirement on marriage was introduced for female teachers and was subsequently extended to the entire civil service: called the 'marriage ban' this would only be lifted with pressure from the EEC in 1973 and with enormous opposition from male politicians who feared that the whole economic and social fabric of Irish society would disintegrate if married women were permitted to remain in statutory employment. Contemporary groups such as the Irish Women's Citizens' and Local Govt Association, the National Council of Women and the National University Women's Graduate Association frequently highlighted the imbalance of power between men and women in Irish Society, while pointing to their virtual exclusion from political and social spheres⁹⁶.

Up to the latter decades of the twentieth century, women largely married older husbands, where the power differential was unequal. According to Ardagh, the most ambitious men emigrated, while those who remained expected their wives to assume the role of their Mothers, coupled with the cult of the Virgin Mary which encouraged an idealisation of womanhood⁹⁷. Public debate in the 1950s was preoccupied with the role of women in the home but the Irish Countrywomen's Association, while keen not to declare a feminist agenda as such, campaigned for change including women's access to their own money⁹⁸. At one level, there was an understanding that women might have to work for economic reasons, while at another, it was considered improper that a woman should wish to work purely for the sake of her career. In 1951, women constituted 17% of doctors, rising from 10% in 1926, while the number of female

solicitors and barristers increased rather modestly from 1% in 1926 to 4% in 1951⁹⁹. Despite a campaign by the Association of Secondary Teachers of Ireland for equal pay in a profession in which women constituted 53% of the workforce, a special rate for married men was prioritised instead.

As discussed above, women had successfully used the existing apparatus of the state, including legislation, to secure gains and equality for women. In 1973, Mary McGee, a 27-year-old mother of four took a case against the Attorney General, the implications of which will be considered below, because she could not gain access to contraceptives. McGee had for health reasons, ordered contraceptive materials that were impounded by the Irish Customs service. Equally, in 1979, the European Court of Human Rights found Ireland to be in breach of the European Convention on Human Rights because it failed to provide legal assistance to Josie Airey in her attempt to obtain a judicial separation from her husband. Airey could not afford to pay lawyers but with the assistance of the Free Legal Advice Centres, she pursued her case all the way through to the European Court which insisted that the Irish state introduce a civil legal aid scheme in Ireland¹⁰⁰. In 1992 the Constitutional ban on abortion prompted the Attorney General to seek an injunction preventing Miss X (a 14 year-old girl who had been raped by a neighbour) from travelling to Britain to have an abortion. The High Court granted the injunction in spite of evidence that the girl was suicidal followed by a tide of public outrage. The Supreme Court overturned the ruling permitting Miss X to leave the jurisdiction prompting two subsequent referendums, both of which failed but the case established the right of women to travel to another jurisdiction to secure an abortion. More recently, the X-case ruling resulted in the Protection of Life during Pregnancy Bill, 2013 but protracted delay in legislating for X is an indication of how divisive the abortion debate remains in Irish society as captured below.

Throughout the 1960s, political rights and equality for women and elimination of discrimination against women became a dominant theme within the United Nations, forcing discourse internationally, which put the Irish Government under increasing pressure. Paddy Hillery commenting on the issue of equal pay in the civil service confided to Lemass, "I believe that we will be increasingly embarrassed by publicity and pressure for the adoption of international standards in relation to women's rights"¹⁰¹. With added pressure from the International Labour Organisation (ILO) and the Council of Europe, the Government was finally forced to adopt the UN Convention on the Political Rights of Women in 1968 with a reservation on the employment of married women, on the grounds that "public opinion in this country would not at present favour a general removal of barriers on employment of married women in public employment, particularly in view of the substantial extent of male unemployment"¹⁰². The Commission on Status on Women was established in 1969 by Charles Haughey, who was keen to assert that Ireland had no reason to be embarrassed of its record on the legal status of women, citing the Widows and Pensions Act, the Succession Act and the Guardianship of Infants Act, while conveniently avoiding the most salient issue at the time, that of equal pay¹⁰³.

The international mobilisation of women's rights prompted more focused and sustained debate in Ireland from the 1970s onwards. *Chains and Change* was published by the Irish Women's Liberation Movement in 1971 and cast a light upon the discrimination against women inherent in the institution of marriage: 'upon marriage a woman in Ireland enters a state of civil death'¹⁰⁴. Also in 1971 the Women's Political Association was established to support women seeking public office, while the First Commission on the Status of Women was appointed in 1970 and reported in 1972. By the end of the decade and despite some considerable gains, women still held only 7% of senior

positions in the civil service; five out of one hundred and forty eight Teachta Dála (TD) and no women appointed to either the High Court or the Supreme Court¹⁰⁵. There remained a small number of public houses scattered throughout the country that refused to serve alcohol to women, prompting the apocryphal comment by an American tourist on the number of ‘cute’ gay bars in Ireland!

Many of the issues raised by the Council for the Status of Women in the 1972 report, including equal pay and education, equality before the law, equality in taxation and social security were finally enacted by the end of the twentieth century. The campaign for reform of the laws contraception came from the women’s movement and the Commission on the Status of Women¹⁰⁶ and is the subject of the next section.

Contraception

Following the publication of *Humanae Vitae* in 1968, Kieran O’Driscoll, the Master of Holles Street Maternity Hospital, announced that the contraceptive pill would no longer be prescribed by the hospital. Up till then, a family planning clinic had been in operation at the hospital in anticipation that the papacy would lift the ban on contraception, and since 1967 had offered the pill to “couples who felt in conscience able to take it” – about half of whom were happy to do so according the hospital’s 1967 report¹⁰⁷. By 1965, an estimated 15,000 women were using the pill, which circumvented the legal ban on the import on contraceptives under the 1935 Act because it was prescribed as a “cycle regulator”¹⁰⁸ and not as a contraceptive. However, Archbishop of Dublin, John Charles McQuaid was both Chairman of the Board of governors and parish priest for Holles St. Shortly before his retirement in 1971 he expressed the view that:

Any contraceptive act is always wrong in itself, To speak, then, of a right to contraception, on the part of the individual, be he

Christian, or non-Christian or atheist, or on the part of a minority or of a majority, is to speak of a right that cannot exist.¹⁰⁹

The Censorship Act, 1929 had rendered it illegal to advocate the use of contraceptives, as it did to promote treatment for sexually acquired infection, but prohibition of the sale and importation of contraceptive devices was not prohibited until 1935 under the Criminal Law Amendment Act. In the 1940s the Seanad debated a book written by a Catholic gynaecologist and published by a Catholic publisher on the 'safe period' in family planning which had been banned by the Censorship Board, but the ruling of the board won out. The first family planning clinic was closed as a result of pressure exerted in the aftermath of *Humanae Vitae* but shortly afterwards in 1969, the Irish Fertility Guidance Company, later called the Irish Family Planning Association (IFPA) was established in Merrion Square, Dublin. The organisation sidestepped the law by providing contraception free-of-charge to clients, who were required to make a 'donation'¹¹⁰. Within a decade, there were five such clinics in Dublin and one each in Cork, Limerick, Galway, Bray and Navan¹¹¹. Privately, the Government acknowledged what it knew to be widespread prescription of the pill by General Practitioners (GPs) 'for medical reasons' and made reference to 'a matter for one's conscience'¹¹², reverting to the Irish political practice of shrouding potentially contentious issues in ambiguity¹¹³ as will be further explored throughout this thesis. Equally, access to family planning clinics was dependent on ability to pay, which precluded large sections of the population, while availability of contraception at these centres was passed by word-of-mouth. Consequently, access to contraception became the preserve of the middle classes and excluded many gay men who if they could not access a 'family planning' centre, were forced to acquire condoms from across the border or through friends in Britain.

The debate around contraception coincided with the rise in the women's movement and acquired momentum throughout the 1970s. In 1971, three independent senator's Mary Robinson, Trevor West and John Horgan attempted to introduce a bill that would relax the prohibition on the sale and importation of contraceptives but the Fianna Fáil government then in office "showed itself in no hurry to respond"¹¹⁴. Dáil deputies were resistant to change and unsurprisingly, Catholic Bishop's were strongly opposed to any change in the laws prohibiting the sale and importation of contraception. Archbishop McQuaid and the Dublin Dioceses remained 'under siege'¹¹⁵ throughout the first half of the 1970s because the contraception issue was debated and discussed so regularly in the media. A poll conducted by *This Week* in 1971 reported that 34% were in favour of the sale of contraceptives and 63% were against, with 58% of men in the sixteen to twenty-four year old age bracket favouring the sale of contraceptives. This prompted the article to declare that "the Poll must surely show that Ireland is set for a change some time in the future in its moral laws"¹¹⁶.

As outlined above, Mary McGee *versus* the Attorney-General in 1973 irrevocably altered the case with regard to contraception when the Supreme Court ruled that the relevant section of the 1935 Act was indeed unconstitutional in that it breached the right to privacy in marriage and as such that Mary McGee was entitled to import contraceptives. The McGee judgement was transformational: "The question was no longer whether the law should be relaxed. The law was relaxed. The Supreme Court had legalised the importation of contraceptives at least for married couples"¹¹⁷. Whyte reports that there were extreme elements, including the Irish Family League and the Knights of Columbanus, who will feature in Chapters 5 and 7, who considered the whole issue of contraception shocking, while finding the court judgement repugnant and a number of Dáil deputies agreed with them¹¹⁸. Others however, like Justin

Keating and Barry Desmond, Minister of Health in the 1982-1987 coalition government, claimed that the availability of contraceptives was a fundamental human right¹¹⁹. Public opinion appeared mixed with the majority seemingly in favour of some liberalisation of the law, but the debate centred around fears of increased promiscuity if contraception was made freely available, weakening of the stability of the family and legalisation of abortion, which it was claimed, would surely follow¹²⁰. The complexity of legislating for the availability of contraception became apparent when the Fianna Gael-Labour coalition attempted to introduce legislation in 1974 to licence chemists to sell contraceptives to married couples. In an unprecedented move, Taoiseach Liam Cosgrave and other Government deputies helped to defeat their own Bill by opposing it in a free vote without prior warning.

Under pressure to legislate for the McGee ruling, then Minister for Health, Charles Haughey introduced the Health (Family Planning) Act, 1979, which made contraception available to married couples on prescription from their doctor. The legislation to give effect to the Supreme Court ruling in the McGee case sought to provide, in Haughey's own words, "an Irish solution to an Irish problem"¹²¹. Haughey consulted the Catholic hierarchy in 1978 when drafting the legislation. During the course of this research a document came to light which revealed that Haughey, accompanied by Secretary at the Department of Health, Dr. Brendan Hensey met members of the Catholic hierarchy, notably the Most Rev. Dr. Cathal Daly, Dr. Lennon, Dr. Dermot O'Mahony and Dr. Kevin McNamara on 2nd June 1978¹²². The Minister and the Hierarchy agreed that the legislation would be both minimal and restrictive, while further concurring that it was appropriate for the state to fund research into natural contraceptive methods¹²³. The Hierarchy was opposed to the involvement of the Health Boards whom they feared would not give the same official status to contraception and rejected outright any

suggestion that contraception be made available to single people even if an age limit were imposed¹²⁴. Haughey undoubtedly sought to deflect conflict between the Church and the state: his solution, argued journalist Gene Kerrigan, was,

...not simply the hypocrisy of a politician wary of the Bishops. It was a genuine attempt to accommodate the old values and the new, an impossible task, breeding a piece of legislation ignored in practice and condemned on all sides.¹²⁵

The Health (Family Planning) Act 1979 governed access to contraception in the state at the outbreak of AIDS in Ireland in 1982.

Homosexuality

The *Offences Against the Person Act, 1861* and the 1881 Amendment governed homosexual acts in Ireland – “whosoever shall be convicted of the abominable crime of buggery, committed either with mankind or with any animal, shall be liable...to be kept in penal servitude for life”¹²⁶. As outlined above, sex between consenting adult males was regularly prosecuted in the early decades of the Free State, often carrying sentences that were harsher than those for rape, incest, or paedophilia. Homosexual repression was not confined to Ireland, but the dominance of Catholic moral values rendered Irish society intolerant for longer than many other European countries. In France, a gay rights movement was active from the 1950s and after 1968, it was no longer considered appropriate to refer to homosexuality as a ‘perversion’¹²⁷. Homosexuality was decriminalised in Britain in 1967 and throughout Australia in the mid-1970s.

Academic, gay rights activist and Senator, David Norris and others referred to the relative invisibility of gay people within Irish society throughout the 1960s, reflecting what Ardagh identified as peculiar tendency in Irish life to tolerate individual conduct as long as it is not named. Norris began the Gay Rights Movement in 1974 and the Irish Homosexual Law Reform Campaign with minimal support at the outset. In 1980

he took a case to the High Court challenging the constitutionality of laws on male homosexual acts, although he acknowledged himself that 'there was no groundswell of opinion for change in the law'¹²⁸ at the time. In his judgement, Mr. Justice McWilliams suggested that it was "reasonably clear that current Christian morality in this country does not approve of buggery or of any sexual activity between persons of the same sex"¹²⁹. Norris, who was represented by Mary Robinson, appealed to the Supreme Court which also rejected his case in 1983, with Justice Tom O'Higgins claiming:

...the deliberate practice of homosexuality is morally wrong, that it is damaging both to the health of individuals and the public and finally, that it is potentially harmful to the institution of marriage. I can find no inconsistency with the Constitution in the laws which make such conduct criminal.¹³⁰

Norris subsequently took his case to the European Court of Human Rights and was heard in 1988. There was, however, no political will or public appetite in favour of changing the law in Ireland and Barry Desmond, Minister for Health during the AIDS crisis, recalled "the advice available to the government from counsel was that the AIDS argument should be used if it was a factor in the government's thinking on the desirability of retaining present laws"¹³¹. Norris subsequently won his case in 1988 in the European Court of Human Rights, but Church opposition and conservative political opinion remained opposed to legislative change and the Irish state was consequently slow to legislate in line with the European decision. Sustained activism in the intervening years brought about the enactment of the Criminal Law (Sexual Offences) Act, 1993, which finally decriminalised consensual homosexual acts between adult men by the Minister for Justice, Máire Geoghegan Quinn. The protracted and slow pace of legislative reform of the laws governing homosexual acts impacted significantly on the

state's capacity to respond effectively to HIV and AIDS or to dialogue with gay groups to ameliorate the initial crisis, as is explored further in Chapter 5.

Abortion and Divorce Debates

Abortion has been a divisive issue in Irish life over the course of the last three decades. It was first raised in the context of the Mother and Child Scheme in 1951 when the church expressed a fear that the proposed provision of gynaecological care might in time lead to information on birth control and abortion being made freely available and this became a significant tenet of their objection to the scheme¹³². Otherwise, Ireland was quite unique in that, up to the 1980s, the Offences Against the Person Act, 1861, which outlawed abortion had widespread public support, prompted little debate and went virtually unchallenged for over a century¹³³.

The liberalisation of the laws on contraception was viewed by conservative groups as the issue that would 'open the floodgates' to divorce, abortion or euthanasia and this – in tandem with international developments, particularly the *Roe vs Wade* Supreme Court case in the US, and a small but significant pro-abortion lobby within the Irish women's movement - prompted a call for a pro-life amendment to the Constitution. The rationale for inserting such an amendment into the Constitution was that it would prevent any future government which wished to introduce abortion from doing so without first holding a referendum on this topic. The Pro-life Amendment Campaign (PLAC) became an umbrella group for a host of civil society organisations including, the Society for the Protection of the Unborn (SPUC), the Responsible Society, Family Solidarity, the League of Decency, Youth Alert and the Council for Social Concern, who gained phenomenal momentum with political backing, resulting in a referendum in 1983 in which the Irish electorate endorsed the eighth amendment to the Constitution of Ireland by a 66.45% majority. It has been described as one of the most 'bitter' and

divisive' campaigns in the history of the state while revealing a deep urban rural divide with attitudes and beliefs in the latter proving substantially more conservative¹³⁴. It was also to prove a pyrrhic victory for PLAC because in less than a decade, the Supreme Court in the X Case referred to above, reversed the eighth amendment prompting another two abortion referenda. In the eighteen years following the 1983 amendment to the Constitution, there have been four referenda on the issue of abortion, prompting Mary Holland, Irish Times Journalist, to plead in 1995, "It would be an enormous relief if some younger woman or women were to start writing about the issue of abortion from personal experience and leave me to the relatively easy task of analysing the peace process. Please."¹³⁵

The issue of divorce was raised in the earliest days of the Free State with Cosgrave's motion to abolish divorce bills carried in 1925. Protection of the institution of marriage would also be enshrined in the Constitution of 1937, with Article 41.3.2 firmly stating that 'No law shall be enacted providing for the grant of a dissolution of marriage'. The Protestant-backed *Irish Times* opposed the Constitutional ban on divorce as did some Protestant individuals and politicians, but their objection was not sufficient to sway the Catholic majority¹³⁶. Lemass established an all-party Dáil committee to review the Constitution in 1966. This committee argued on the basis that the existing ban on divorce was unhelpful in terms of North/South relations, suggested a revised wording which would relax the ban and permit citizens to opt for divorce in accordance with their religious persuasion. Predictably, this prompted a torrent of opposition from the Catholic hierarchy. McQuaid wrote to the *Irish Times*: "The experience of other countries has proved that civil divorce produces the gravest evils in society"¹³⁷. The proposal was dropped; not only as a consequence of Catholic hierarchical objection, but also because the proposed amendment was inoperable in reality.

Calls to lift the ban on divorce did not re-emerge for another decade, and then by, what Whyte called a 'radical fringe' of the women's movement¹³⁸. Garret FitzGerald's ill-timed proposal to remove the Constitutional ban on divorce was defeated in 1986, but within a decade the amendment was approved by referendum, carrying a majority of less than one per cent, and provision for divorce was signed into law in June 1996.

It is notable that unlike many of the debates discussed herein, the Catholic Church and Bishops were not particularly vocal throughout the course of these campaigns on divorce and abortion, and neither did they seek to influence the Government in this regard. The second Vatican Council between 1959 and 1965 marked a radical turning point in the Catholic Church's perception of its own role, which included an understanding that reform and renewal would only be realisable with the willing surrender of political power and influence¹³⁹. Unquestioning obedience to the teaching authority of the Bishops was greatly challenged by *Humanae Vitae* and consequently, post-Vatican II debates between church and state on contraception, abortion and divorce forced the Church in Ireland to realise that it could no longer rely on the laws of the state for enforcement of Catholic morality¹⁴⁰. Consequently, the most strident lobbyists in both the divorce and abortion campaigns were lay-Catholics, while the Bishops took a somewhat more moderate stance, simply stating the Catholic position on these issues but accepting the right of the electorate to vote according to conscience. However, the distinction between taking a position on the amendment to the Constitution and one's own personal view on abortion rendered it difficult for the Bishops to comment in 1983 without appearing to interfere in political matters; a concern that would not have arisen a decade earlier. Individual Bishops who were outspoken in favour of the amendment to the Constitution (no more than six of the thirty members of the hierarchy) were accused in the media of 'pulpit politics' and weakening the liberalism of Vatican II¹⁴¹

marking an initial decline in the moral authority of the Catholic Church in Ireland in the early 1980's.

Both issues of divorce and abortion dominated political discourse throughout the decade and a thorough analysis of the significance of these events in light of others raised herein is critical to an understanding of the context into which HIV and AIDS emerged in Irish society. Some of the traditional lay Catholic groups who established in the wake of the abortion referendum were central to the AIDS narrative that unfolded throughout the 1980's and will feature significantly in subsequent chapters.

Conclusion

This chapter has shown that throughout the nineteenth century the Roman Catholic Church in Ireland had become a dominant institution, not just in religious or spiritual terms but as a social and political force which influenced almost all aspects of Irish life. The increasing importance of the Catholic Church in Irish life, during a century when Ireland had lost its parliament and was an integral part of the United Kingdom, has been plausibly attributed to the role which Catholicism played as a badge of national identity: to be Irish at this time was to be Catholic. What the literature has also demonstrated, however, is the extent to which Catholicism in Ireland during this period was peculiarly concerned with sexual morality, a development which has been linked to the broader culture of sexual prudishness in Victorian Britain and the specific impact of Jansenism (a theological obsession with sexual morality) on Irish priests who had been trained in European seminaries in the late-eighteenth and early-nineteenth centuries. During the first forty years of self-government, therefore, the influence of the Catholic Church on independent Ireland was manifested very largely through the implementation of social policies which were aimed at presenting Ireland to itself and to the rest of the world as a country which was largely indifferent to material wealth, while fully committed to the

promotion of spiritual values, of which sexual values were of central importance. The chapter has also shown, however, that from the 1960s onwards a process of social change began, characterised by an increased interest in economic growth and by social and cultural modernisation. Some strands of this modernist project posed a secularist challenge to the previous dominance of the Catholic Church, and feminist groups and others emerged to lobby for change in relation to censorious and restrictive sexual health policies. What the literature indicates then is that by the early-1980s a type of culture war was evident, where religious traditionalist and secularist modernisers came into conflict over key social issues. The battle lines were most clearly drawn in relation to issues including birth control, abortion, divorce and homosexuality. For the present thesis the main question to emerge, therefore, concerns the impact which this newly-discovered virus had on this culture war. For the modernisers, the coming of HIV/AIDS was taken to be a sign of the necessity to implement a pragmatic, liberal agenda in relation to sexuality, since 'safer sex' was deemed to be of central importance in limiting the transmission of HIV. For the traditionalists, of course, the transmission of HIV was evidence of the essential correctness of Catholic views that sexual behaviours were only morally permissible between married heterosexual couples. What was unclear, and what this thesis will explore in detail, is how the advent of HIV/AIDS had an impact on this dispute and how much it transformed Irish sexual health policy in the initial decade of the AIDS epidemic.

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- ¹ Whyte, 1980 p5
- ² *Census of Population of Ireland*, 1981, Volume 5, p8
- ³ Brown, T., *Ireland: A Social and Cultural History, 1922-2002*. 2004, London: Harper Perennial, p.20
- ⁴ *Ibid*, p20
- ⁵ Inglis, 1998, p74-75
- ⁶ Fahey, T., *Religion and Sexual Culture in Ireland*, p56, in Eder et al, *National Histories; Sexual Cultures in Europe*, Manchester: Manchester University Press, 1999.
- ⁷ *Ibid*, p102
- ⁸ *Ibid*, 117
- ⁹ Larkin, 1972, p639
- ¹⁰ O'Toole, 1998, p80
- ¹¹ Fahey, T., *Religion and Sexual Culture in Ireland*, p56, in Eder et al, *National Histories; Sexual Cultures in Europe*, Manchester: Manchester University Press, 1999.
- ¹² Inglis, 1998, p129
- ¹³ *Ibid*, p129
- ¹⁴ *Ibid*, 1998 p138
- ¹⁵ Inglis, 1998, p139
- ¹⁶ *Ibid*, p64
- ¹⁷ Whyte, 1980, p35
- ¹⁸ *Ibid*, p61
- ¹⁹ Ferriter, 2004, p 748
- ²⁰ Coogan, 1987, *Preface*
- ²¹ *Ibid*, p19
- ²² O'Toole, 1998, p15-16
- ²³ Brown, 2005, p139
- ²⁴ Howell, 2003, p. 336
- ²⁵ Ferriter, 2004, p322
- ²⁶ *Ibid*, p328
- ²⁷ Howell, 2003, p325
- ²⁸ Towers, 1980, p70
- ²⁹ Howell, 2003, p329
- ³⁰ Murer, 2009 p117-118
- ³¹ Whyte, 1980, p36-37
- ³² Finnane, 2001, p519
- ³³ *Ibid*, p519
- ³⁴ Fahey, T., *Religion and Sexual Culture in Ireland*, p59, in Eder et al, *National Histories; Sexual Cultures in Europe*, Manchester: Manchester University Press, 1999.
- ³⁵ *Ibid*, p175
- ³⁶ *Ibid*, p17
- ³⁷ *Ibid*, p14
- ³⁸ Inglis, 1998, p169
- ³⁹ Butler, 2010, p17-18
- ⁴⁰ Inglis, 1998, p170
- ⁴¹ Whyte, 1980, p24
- ⁴² Irish Independent, 7 October 1925, quoted in Whyte, 1980, p26
- ⁴³ Foucault, 1982, p11, quoted in Weber, 2010, p190
- ⁴⁴ Lee, 1980; Whyte, 1980; Inglis, 1998; Ferriter, 2004; Ferriter, 2009; Brown, 2004; Fahey, 1999; O'Toole, 1998
- ⁴⁵ Magill, May 1979, p40, *quoted in* Ferriter, 2009, p39.
- ⁴⁶ Howell, 2003, p321
- ⁴⁷ Arthur Griffith quoted in Ferriter, 2009, p11
- ⁴⁸ Howell, 2003, p.338
- ⁴⁹ Howell, 2003, p324
- ⁵⁰ Ferriter, 2009, p59
- ⁵¹ *Ibid*, p161

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- ⁵² Riordan, S., *Venereal Disease in the Irish Free State: The Politics of Public Health*. Irish Historical Studies, 2007. **35**(139): p. 363
- ⁵³ Ibid
- ⁵⁴ Ferriter, 2004, p324
- ⁵⁵ Ibid
- ⁵⁶ Ibid
- ⁵⁷ Ibid
- ⁵⁸ Ferriter, 2009, p163
- ⁵⁹ Thomas O'Malley quoted in Ferriter, 2009, p162
- ⁶⁰ Ferriter, 2009, p100
- ⁶¹ Ibid, p144
- ⁶² Ibid, p101
- ⁶³ Whyte, 1980, p37
- ⁶⁴ Fahey, T., *Religion and Sexual Culture in Ireland*, p61, in Eder et al, *National Histories; Sexual Cultures in Europe*, Manchester: Manchester University Press, 1999
- ⁶⁵ Ibid
- ⁶⁶ Barrington, 1987, p149
- ⁶⁷ Whyte, 1980, p36
- ⁶⁸ Lee, 1989, p71
- ⁶⁹ Kavanagh, 1996, p18-44
- ⁷⁰ Ferriter, 2004, p497
- ⁷¹ Lee, 1990, p342
- ⁷² Brown, 2005, p209
- ⁷³ Ferriter, 2004, p542
- ⁷⁴ Brown, 2005, p67
- ⁷⁵ Whyte, 1980, p316
- ⁷⁶ Ibid; Barrington, R., *Health Medicine and Politics in Ireland 1900-1970*. 1987 (Reprinted 2000), Dublin: Institute of Public Administration; Wren, M.A., *Unhealthy State: Anatomy of a Sick Society*. 2003, Dublin: New Island
- ⁷⁷ Inglis, T., *Moral Monopoly: The Rise and Fall of the Catholic Church in Modern Ireland*. 1998, Dublin University College Dublin Press, p.231-238
- ⁷⁸ Ibid, p602
- ⁷⁹ Brown, 2005, p245
- ⁸⁰ Ibid, p287
- ⁸¹ Ferriter, 2004, p583
- ⁸² Brown, 2005, p287
- ⁸³ Ibid, p288
- ⁸⁴ Ibid, p289
- ⁸⁵ Ibid, p289-290
- ⁸⁶ Ibid, p10
- ⁸⁷ Ibid, p121
- ⁸⁸ Ibid, p156
- ⁸⁹ MacGréil, 1977, p530
- ⁹⁰ Ibid, p524
- ⁹¹ Kelly, 2009, p105
- ⁹² Bunracht na hÉireann, Article 41.2.1
- ⁹³ Ibid, Article 41.2.2
- ⁹⁴ Ferriter, 2004, p421
- ⁹⁵ Ibid, 72-76
- ⁹⁶ Ferriter, 2004, p329
- ⁹⁷ Ardagh, 1995, p202
- ⁹⁸ Ferriter, 2004, p496
- ⁹⁹ Ibid, p497
- ¹⁰⁰ Ibid
- ¹⁰¹ Ferriter, 2004, p575
- ¹⁰² Ferriter quoting Patrick Hillary, 2004, p575
- ¹⁰³ Ibid, p575
- ¹⁰⁴ Ibid, p722

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- ¹⁰⁵ Ibid, p722
- ¹⁰⁶ Brown, 2005, p290
- ¹⁰⁷ Farmar, T., *Holles Street 1894-1994: The National Maternity Hospital - A Centenary History*. 1994, Dublin: A & A Farmar, p.152-154
- ¹⁰⁸ Maher, M., *A Short History of the Pill in Ireland*, in *The Irish Times*. 14th March 1968.
- ¹⁰⁹ Archbishop John Charles McQuaid, *In his Lenten pastoral letter*, in *The Politics of Sexual Morality in Ireland*, C. Hug, Editor. 28th March 1971, Macmillan: New York.
- ¹¹⁰ www. Ifpa.ie
- ¹¹¹ Whyte, 1980, p403
- ¹¹² Ferriter, 2004, p573
- ¹¹³ Butler & Mayock, 2005, p415
- ¹¹⁴ Whyte, 1980, p405
- ¹¹⁵ Ferriter, 2009, p415
- ¹¹⁶ Ferriter, 2009, p415
- ¹¹⁷ Whyte, 1980, p409-410
- ¹¹⁸ Ibid, p410.
- ¹¹⁹ Ibid, p411
- ¹²⁰ Ibid, p412-413
- ¹²¹ Ferriter, 2009, p423.
- ¹²² Barry Desmond Minister of Health and Social Welfare, *Papers*. 1987, University College Dublin Archives.
- ¹²³ Ibid
- ¹²⁴ Ibid
- ¹²⁵ Gene Kerrigan quoted in Ferriter, 2009, p423
- ¹²⁶ Ferriter, 2004, p715
- ¹²⁷ Ferriter, 2009, p395
- ¹²⁸ Ibid, p496
- ¹²⁹ Ibid, p497
- ¹³⁰ Ibid, p497
- ¹³¹ Ferriter, 2004, p715
- ¹³² Whyte, 1980, p215
- ¹³³ Hesketh, 1990,p1
- ¹³⁴ Ferriter, 2009, p466
- ¹³⁵ Ibid, p474
- ¹³⁶ Ibid, p57
- ¹³⁷ Ibid, p348
- ¹³⁸ Ibid, p385
- ¹³⁹ Lane, 2004, p81; Connolly, 1979, p766
- ¹⁴⁰ Lane, 2004, p81.
- ¹⁴¹ Hesketh, 1990, p318.

Chapter 3 - Literature Review Two: Regulating Sex & the Policy Process

Chapter Two presented a detailed review of the social science and historical literature on the influence of the Catholic Church in independent Ireland in relation to sexual health policy, while also noting the emergence of modernist and secularising forces from the 1960s onwards. This chapter will take a broader perspective on sexuality and sexual health policy in other cultures and contexts, and on the way in which policy in other societies involves tensions between traditional cultural perspectives on sexuality and medical scientific, 'evidence-based' views on this topic.

Sexual health policies are neither developed nor adopted in a socio-political vacuum¹ but are directly influenced by a range of variables not least among them competing ideologies, medical discourse and political imperatives. In order to explore the transformation of sexual health policy in Ireland in the initial era of HIV and AIDS, an exploration of the contested nature of sexuality itself is warranted. Its relationship to medical and scientific hegemony and the extent to which state regulation of sexuality has been contested across history and in other jurisdictions serves to contextualise the Irish experience. The primary objectives of this chapter are therefore to identify the relationship between sex, science and politics; to demonstrate that Ireland has not been unique in its struggle to respond to sexuality and sexual health, and to explore the tensions inherent in the policy making process more broadly through examination of political decision making and the contingent power of experts. The chapter will conclude with a presentation of the core elements which define Kingdon's² policy framework and its application herein.

Sexuality as a Contested Domain

Sexuality polemic embodies biological essentialism and social construction theory. While sexuality has long been associated with primordial natural and biological phenomena it has more recently been understood as ‘...a product of social and historical forces’³. Prominent nineteenth century sexual reformers including Richard Freiherr von Krafft-Ebing and Havelock Ellis propagated a largely essentialist view of sexuality as a natural, instinctual force, whose primary objective is human reproduction. This view complemented religious and moral discourse and upheld traditional family values. However, sexual essentialism has encountered sustained challenges since the 1970s from anti-essentialists including Gagnon and Simon⁴ and Kenneth Plummer⁵. The most prominent and influential anti-essentialist work in recent decades has been Michel Foucault’s *The History of Sexuality* which posits the view that sexuality is an historical construct, a consequence of historical discourse and ‘power-knowledge’⁶ and “sex is without any norm or intrinsic rule that might be formulated from its own nature.”⁷ Biology may condition human sexuality, but it neither causes the patterns of sexual relationships nor elucidates sexual diversity. Consequently, the social construction of sexuality is understood to evolve as a result,

...of diverse social practices that give meaning to human activities, of social definitions and self definitions, of struggles between those who have power to define and regulate, and those who resist. Sexuality is not a given, it is a product of negotiation, struggle and human agency.⁸

Both ideological positions prevail but the essentialist model has been in decline in the west in recent decades despite efforts to reignite it in the wake of HIV/AIDS and the dominance of conservative politics⁹, throughout the 1980s. It is perhaps one of the great ironies of that era of globalisation which promoted individualism and the exploitation of free market forces, that its proponents, Margaret Thatcher in Britain and Ronald Reagan

in the United States of America, were both moral conservatives with regard to private behaviour. The success of their economic policies in fact served to deconstruct the moral conservatism they sought to protect¹⁰. While the secularisation of sexuality may have triumphed in contemporary western societies, sexuality itself, however, remains an actively contested political and symbolic dimension in which various groups compete for dominance. It is the metaphorical battleground for opposing political forces on the front line of contemporary politics¹¹ on issues including gay marriage and abortion, while the ambivalent nature of sexual meaning has emphasised the problem of how to regulate and control sexuality. As Weeks suggests, "What we believe sexuality is, or ought to be, structures our responses to it."¹²

Sexuality is contested and fixated on a moral/immoral polemic, as witnessed in the previous chapter examining Irish culture and society post-famine. With the rise of venereal disease in Victorian England and HIV and AIDS more recently, sexuality discourse has been structured to suggest that 'promiscuous' or 'deviant' sex will result in disease¹³. Traditional moral values - or the conservative 'abstinence, be faithful or use a condom' models of HIV prevention - have tended to equate sexual abstinence with protection, an approach favoured in Ireland prompting Senator David Norris to the eponym of this thesis: "marriage is not an anti-viral agent."¹⁴

The Medicalisation of Sexuality

Increasing state involvement in the regulation of sexuality since the nineteenth century has been influenced by various social and political movements mobilised around sexually transmitted infections, prostitution, abortion, divorce, homosexuality and contraception. The medical profession became an influential body in the campaign for social reform providing the intellectual rationale for state intervention in the UK¹⁵. Consequently, state involvement in the urban and industrial environment was

increasingly enshrined in the language of health, affording physicians and scientists an important role in regulatory discourse¹⁶. Health concerns have been used to justify interventions into the lives of citizens and provide opportunities for the mobilisation of resources and assets. An epidemic inscription, as AIDS attained from the outset, functions as an authoritative discourse in which interventions which might not normally be sanctioned, are constructed to appear necessary in the wake of epidemic¹⁷: AIDS has prompted debate on compulsory testing of 'high-risk' individuals, border controls in some jurisdictions that exclude positive persons from entry, and criminalisation of sexual transmission.

The equation of poverty and immorality evident in surgeon William Clowes earliest treatise on the pathology of Syphilis in Elizabethan England¹⁸ was but a forerunner of the medico-moral narrative that would influence sexual regulation in Britain throughout the nineteenth century. It was only when Syphilis affected the power elite that treatments were explored by the medical profession¹⁹, and equally nineteenth century political reformers were mindful that improvements in the overall health of the workforce would realise commercial and industrial gains:

A clean, healthy, and morally ordered workforce increased the efficiency of labour-power, reduced manufacturers' costs and so promoted a general increase in comfort and wealth for all classes of society.²⁰

Little more than a century later, a similar narrative structured around the potential impact of HIV and AIDS on national security, the labour force and Gross Domestic Product²¹ proved a powerful catalyst for global action. Notwithstanding economic benefits to capital, sexual regulation in the nineteenth century was less about moralising than a consequence of changing patterns of social control and class alliances. Cooperation and engagement was forged between scientists, clerics and political forces

through collective involvement with public health campaigns. As Mort has argued, these alliances cut across class and party lines, but effectively secured an influential role for the medical profession, whose claim over the issues of health and hygiene would influence the professional gentry and industrial bourgeoisie²². Consequently, the state assumed formal responsibility for areas of sexual unorthodoxy with regard to the organisation of obscenity, prostitution, homosexuality and indecent advertising²³. Other areas of ecclesiastical jurisprudence were gradually assumed by the state, particularly in relation to marriage, separation and divorce, which had profound social consequences. Despite legislation, however, there was an underlying implicit acceptance of prostitution throughout the century, as was the case with the Monto area of Dublin described in Chapter 2. This double standard facilitated a reservoir of sexually transmitted infection in the population, which coupled with hygiene and sanitary concerns, led to the enactment of the Contagious Diseases Acts, 1864, 1866 and 1869.

Whereas punitive measures like those enshrined in the Contagious Diseases Acts, had failed to secure public support and proved largely counter-productive, a voluntary approach to the control of sexually transmitted diseases had been more effective. Confidentiality rather than forced testing, quarantine and stigmatisation had ultimately provided more effective management and control of both Syphilis and Gonorrhoea²⁴. Berridge argues that the lessons of history helped secure the liberal consensus in the response to AIDS with the liberal values of medical elites dominating HIV and AIDS discourse²⁵. The medical profession played a key role in health policy making in Britain throughout the crisis that was the AIDS epidemic, with relationships with doctors formed inside and outside government. In Ireland that relationship was more fractured and difficult to consolidate in the initial decade but was realised by the early 1990's as will be discussed in Chapters 7 and 8. Consequently, in the wake of the HIV and AIDS

epidemic, policy promoted safe sex rather than no sex and harm minimisation rather than prohibition²⁶, ironically at a time of particular political conservatism in Britain as Margaret Thatcher's 1983 election campaign promised a return to traditional moral and sexual standards which she defined as "Victorian Values"²⁷.

Conversely however, it has argued that the construction of AIDS discourse by science and medical disciplines has generated and legitimised in practice, widespread invasion of people's lives and sexual practices²⁸. The psychosocial aspects of living with a HIV positive diagnosis become secondary to the primacy of medical intervention despite the fact that research frequently demonstrates that living with HIV presents more psychological challenges than physical ones with depression a frequent consequence²⁹. If as Berridge infers that HIV and AIDS marked the triumph of medical science over traditional political and moral forces³⁰, it may equally be suggested that despite the ascendancy of a liberal policy response, medical discourse continued to inhabit "...historically produced meanings attached to sexuality, health and disease"³¹. These signifiers served to magnify differences between communities, 'gay/straight', 'moral/promiscuous', 'conservative/liberal' and to convey meaning about a disease that remains misunderstood and deeply stigmatised in most cultures. Such polarised moral concepts underpinned liberal and conservative narratives that conflicted and shaped the response to AIDS in Ireland as will be presented in Chapters 5 to 8. In that sense, as Mort concludes, "AIDS does indeed represent the front-line of sexual politics."³²

Regulating Sex

The HIV and AIDS pandemic created new discursive spaces and political movements that problematised like never before in history, a wide range of social, cultural, economic and political issues³³. In general, a health crisis like AIDS provides an entry point for transformation as identified in the introductory chapter. Equally, if not more

so, the rise of the women's movement and the impact of feminism on the progression of a global discourse centred on women's rights have profoundly shifted the debate on citizenship³⁴, while placing gender, sexual and reproductive rights at the heart of political systems. Governments around the world have had to respond to epidemic, cultural and social changes in the latter decades of the twentieth century:

...but they do so in a variety of ways depending on political traditions, the prevailing balance of cultural forces, the nature of political institutions, the day-to-day crisis that force some issues to the fore, and the pressure from below, whether from conservative or fundamentalist resistance to change, or from radical social movements.³⁵

As Weeks infers, sexuality regulation is governed, directed and made more uniform through the rule of law as well as diffuse state policies³⁶, but is also subject to the ebb and flow of pressure from interest groups, religious and medical hegemony, moral and diverse ideologies. Resulting regulations are fiercely contested and bitterly disputed in the virtually irreconcilable realm of private pleasures and public policies. Sexuality is perhaps too complex and elusive, indeterminate and ambiguous to be compartmentalised by policy and regulation. However, that has not prevented policy makers, responding to various pressures, ideologies and social movements, in Ireland and elsewhere, from attempting to do just that with problematic outcomes, as the following examples across history and geographic distance illustrate.

The Contagious Diseases Acts, 1864, 1866 and 1869

The Contagious Diseases Acts of 1864, 1866 and 1869 were a political response to increasing pressure from medics and military personnel concerned with the level of venereal disease and perceived sexual immorality among the lower ranks of the British armed forces³⁷. The Acts extended jurisdiction to naval ports and garrison towns in

England and Ireland. The 1864 Act permitted the compulsory inspection and detention of women suspected of prostitution, while ignoring men's considerable role in the spread of disease. No definition of the word prostitute was issued to the police or the courts, consequently in practice, all women were potential suspects³⁸. The subsequent Act of 1866 repealed the earlier legislation, incorporating all of its provisions with additional powers to enforce periodic examination of all women thought to be working in prostitution in an expanded number of jurisdictions.

The Contagious Diseases Acts were bitterly contested from both inside and outside Parliament, prompting the establishment of the *National Association for the Repeal of the Contagious Diseases Acts* and the *Ladies National Association* in 1869³⁹. Both men and women campaigned vigorously against their implementation from conflicting perspectives which on one hand questioned the role of the state in regulating women's behaviour, while on the other those who argued that the Acts legitimated prostitution through legal recognition. The most controversial aspect of the laws however, was that which made periodic medical examination obligatory, and in doing so it was claimed, violated the liberties of women⁴⁰. Influential women vehemently opposed the legislation on these grounds including the educator and philanthropist, Mary Carpenter, Elizabeth Blackwell, one of the first women to practice medicine in England, Harriet Martineau, respected for her articles on political economy and Florence Nightingale, celebrated nurse and writer. Josephine Butler, activist and political campaigner for higher education and Secretary of the *Ladies National Association for Repeal of the Contagious Diseases Acts* argued that the laws, if they had to be enacted at all, should apply to men as well as women. John Stuart Mill, political philosopher and economist, agreed adding that Government had no right to single out one disease and one group of

people, forcing them to undergo treatment⁴¹. Supporters of the legislation which included many of the medical ascendency, pointed not only to public health benefits, which were never realised in practice, but to laws that would render young girls fearful of the consequences of prostitution. As one commentator remarked, “attitudes on both sides were deeply entrenched”⁴² and as will be explored in this thesis in relation to the initial decade of AIDS, government presided uneasily over the ideological conflict.

Initially, the Contagious Diseases Acts were passed by Parliament in a quiet fashion and the media referred to them only briefly as the subject was deemed inappropriate for public discussion. Butler and Mayock have argued, specifically in relation to drug policy in Ireland, that a covert style of policy making has persisted, which serves to shroud contested issues in ambiguity, while precluding ideological opposition⁴³. Covert approaches to policy making might perhaps prove appropriate with regard to particular contested areas of policy-making in specific contexts, but implementation of the Contagious Diseases Acts by stealth ultimately undermined government as opponents argued that the Acts would never have been accepted by the British public had discussion not been stifled⁴⁴. The formidable opposition mounted to the Contagious Diseases Acts prompted parliamentary debates in 1870, 1873, 1875, 1876, 1883, and 1886 with two commissions established to inquire into the Administration and Operation of the Contagious Diseases Acts: A Royal Commission in 1870, and a Select Committee of the House of Commons in 1879. The Acts were fully repealed in 1886.

The Contagious Diseases Acts sparked a vehement debate about rights and civil liberties and the role of government in the regulation of moral and sexual behaviour. As Luddy concludes, these issues remain unresolved today⁴⁵ but bear striking resemblance to political and civil society debates that surrounded the sexual health crisis that was HIV and AIDS in the nineteen eighties. It bears witness to the contested domain of policy

and decision making for sexual health, and the bitterly entrenched ideologies that work to obscure the primary health concern. In the case of the Contagious Diseases Acts, the successful repeal struggle marked a victory for the reform politics of radical liberalism, for the development of nineteenth century women's rights and the politics of female sexuality⁴⁶. Mort has argued that:

The combined forces of opposition ruptured the earlier environmentalist consensus, making opponents out of former allies, staking out a new regime of sexual regulation and defining sexuality as a crucial site for feminist intervention. The consequences for state medicine were far-reaching and profound.⁴⁷

The moral panic resulting from an increasing pool of venereal infection in the latter half of the nineteenth century and government's draconian response prompted a reform movement that was transformational and which altered traditional alliances. But these gains were not easily won, secured as they were against a backdrop of bitter dispute and conflicting ideologies.

The Regulation of Sexuality Contested: International Examples

The contested political domain of the Contagious Diseases Acts is but a forerunner of similar attempts to regulate sexuality around the world in the last century. As Weeks has claimed, "Sex reform is always constructed across the dialectic of social control on one hand and individual freedom on the other."⁴⁸ resulting in policies that are often controversial and sometimes inconsistent. Inconsistencies in sexual reform arise from competing pressures that are rooted in opposing ideologies as will be documented throughout this thesis. Abortion is almost always controversial with debates constructed across an ideological polemic of the rights of the unborn and the rights of the mother to exert control over her own body. Left with the problem as to which rights are paramount poses an irresolvable dilemma for governments and legislative compromise

in such circumstances is virtually impossible to realise. The bitterly divisive case of abortion in Ireland has already been documented in chapter 2, while in Brazil, a country perhaps associated with *carnival* and sexual liberalism, abortion remains, with some exceptions, illegal, a position that is widely contested with parliamentary debates described as “...tense, with both sides assuming a defensive attitude...”⁴⁹. As has been the case with issues of contraception and abortion in Ireland, the law is inconsistently applied in Brazil to facilitate access to specialist clinics where upper and middle class women may procure an abortion at a cost which precludes the majority from accessing these privileges⁵⁰.

In Poland however, where abortion had been legalised under Communist rule since 1956, radical conservatives, supported by the Roman Catholic Church, used the collapse of Communism in eastern Europe to introduce abortion into the political agenda: “This atmosphere of political change and transition from the communist regime to democracy enabled the Church to present liberal abortion laws as a remnant of “godless” Communism”⁵¹. The debate in Ireland, while dominated by Roman Catholic doctrine, has similarly centred upon familiar issues which dichotomise the rights of the unborn and those of the mother; the rights of the individual and those of community, and the general absence of women’s rights, seen as subordinate to those of their families and wider Polish society⁵².

Homosexuality polemic is also contested and ideologically charged with attitudes that tend to be culturally specific with perspectives varying considerably across cultures and history. The British colonizers of India made direct and indirect references to “culturally degenerate” diverse sexualities, which they encountered in the six thousand year old Hindu religion. They found abhorrent non-heterosexual references in sacred

mythologies to transgendered individuals and the treatise on love making that includes references to oral sex and same-sex attraction in the *Kama Sutra*⁵³. “Of Unnatural Offences”, the anti-sodomy law, Section 377 of the Indian Penal Code was enacted under British rule in 1860 but only repealed in 2009, forty-two years after it had been repealed in the homeland of the colonial power who had originally enacted it. The emergence of AIDS provided the catalyst for the development of a campaign to repeal Section 377 of the Indian Penal Code but it met with severe resistance from all sections of society and the media over a fifteen year struggle to return to a pre-colonial tolerance of sexual diversity. The rapidly increasing HIV and AIDS epidemic and associated international pressure was the bulwark against which India’s government was forced to engage in dialogue with campaigners. Reporting a year after the decriminalisation of homosexuality in India, the Guardian newspaper reported that a challenge to decriminalisation was pending in the Supreme Court that had been lodged by various religious groups across the country, while the political establishment remained silent on the issue⁵⁴.

In Brazil, homosexuality was widely associated with immorality, dishonour, sin and disease, but the advent of AIDS created a space for the emergence and politicisation of sexual identities. State funding, while initially channelled through groups responding to HIV prevention, eventually funded Lesbian, Gay, Bisexual & Transgender (LGBT) political movements directly and in their own right. While not criminalised in Brazil, LGBT discrimination is nonetheless widespread but the achievement of rights, while contentious, has been realised through direct legal action against discrimination or civil rights campaigns. As a result of these civil and legal actions, a number of Brazilian states have enacted measures to protect LGBT rights resulting in some laws that explicitly prevent discrimination on the basis of sexual orientation, while others are

based on more general principles⁵⁵. Despite these hard won gains by the LGBT movement in Brazil, "...there was predictably strong public and political reaction..." to a 1995 federal bill to regulate civil union between same sex couples. The vote on the extension of full civil partnership has been withheld because those seeking to uphold traditional family values currently claim parliamentary majority on this issue⁵⁶. As Vianna and Carrara conclude however, the ongoing battle for sexual rights in Brazil has met with strong resistance from conservative groups at every stage especially towards LGBT and abortion rights and should not be forgotten⁵⁷.

The Offences Against the Person Act, 1861 and the Labouchère Amendment to the Criminal Law Amendment Act of 1885 rendered acts of gross indecency between men punishable by up to two years hard labour in England and Ireland. Ironically however, attempts in 1921 to introduce similar provisions against lesbianism failed with one contemporary complaining that Parliament is "...going to tell the whole world that there is such an offence, to bring it to the notice of women who have never heard of it, never thought of it, never dreamt of it. I think that is a very great mischief"⁵⁸.

The *Report of the Committee on Homosexual Offences and Prostitution*, better known as '*Wolfenden Report*' published on September 3, 1957 by the Home Office of the British government, marked a watershed in sexual regulation by a state. The Committee operated on the premise that, "...absolutist approaches were inadequate for regulating sexuality because there was no common morality to underpin them."⁵⁹ It proposed that the duty of the law is to protect the public sphere and to maintain public decency with consequential limits in its obligation to control the private sphere, the traditional arena of the family and personal morality. *Wolfenden* argued that the State had no role in the regulation of private standards, and in the absence of moral consensus, urged that homosexual behaviour should be decriminalised contending that

religious sanctions are not satisfactory grounds for bringing it to the attention of the secular. However, in *Bowers vs. Hardwick*, the United States Supreme Court ruled in 1986 that there was no constitutional right to privacy that included consensual sodomy by adults in private to be found in the Constitution⁶⁰. Whereas *Wolfenden* resulted in reform of law on obscenity, homosexuality, abortion, theatre censorship and divorce, the United States Supreme Court did not reverse *Bowers vs. Harding* until 2003. *Wolfenden* was endorsed by the Church authorities, who did not necessarily concur on moral grounds with the recommendations but recognised that they could no longer expect the laws of state to enshrine their moral position⁶¹. Not everybody was as conciliatory as the Churches however, with letters of concern from medics appearing in the wake of publication in the *British Medical Journal*⁶².

Implicit in the widely held and reforming belief that it was not the role of the state to enforce a moral position, was the understanding that medicine and welfare agencies provided the appropriate nexus upon which sexual regulation would occur. Hence, as Weeks has argued, “the idea of control was not abandoned.”⁶³ as medical hegemony regulated conditions upon which a woman might secure an abortion and welfare agencies patrolled the living arrangements of lone parents.

It may have appeared eminently sensible to acknowledge the unrealisable state of moral consensus, while arguing that the state had no role in the regulation of the private sphere, but *Wolfenden* failed to take cognisance of political imperatives. In 1985, the *Warnock Committee on Human Fertilisation and Embryology*⁶⁴ posited the concern that even if it were possible to secure consensus with regard to right or wrong, and even if unanimity were achieved, to what extent is it justifiable to enforce a moral view? With regard to the use of human embryos in research, the report argued that the liberal position between private pleasure and public policy become inoperable in practice as

research in this field is likely to be publicly funded and consequently the subject of political decision making. Equally, it asked if parents have the right to choose the gender of their child. *Warnock* raised ethical questions about the nature of life and the obligations of science, which are at once extremely difficult in theory and even more difficult in practice, prompting a political controversy that traversed traditional party divisions and liberal alliances⁶⁵. Weeks suggests that such questions and issues “...illustrate that politics, morality and sexuality do not inhabit separate spheres. They are intimately and inextricably connected in the actual political social climate in which we live.”⁶⁶

The actual social and political climate in Turkey in 2004 was the basis upon which the biggest crisis between the EU and Turkey, since the start of the accession talks, was realised as conservative forces in the Turkish parliament sought to introduce a bill criminalising adultery⁶⁷. The debate was hinged upon the right of Turkey as a sovereign state to enshrine its own values in statute, measured against women’s rights, the EU and international pressure. The debate “...split the nation in two, irrespective of traditional, political, or ideological positions”⁶⁸ and almost led to the rejection of Turkey’s full membership of the EU, demonstrating the “...role sexuality plays in political struggles and constructions of national or religious identities”⁶⁹.

Economic imperatives too dictate a state’s will to enforce sexuality regulation; paying lip-service to dominant cultural and social norms in legislation, while in practice operating a contradictory standard and failing to implement laws for financial gain. Pornographers have successfully influenced policy makers in Canada and many other jurisdictions to ensure that their activities are legitimated by connection to the film industry. The effect of their influence in economic terms has meant that the eleven billion dollar pornography industry, which generates revenue larger than the combined

revenues of all basketball, baseball, and football franchises, accrues enormous tax revenues for governments⁷⁰. The irony as Young has pointed out is that modern criminal law has permitted the development of a pornography industry in which participants are remunerated for engaging in sex acts while being filmed, yet the law prohibits acts in which one party remunerates the other for the provision of a sexual service when the camera is removed. This irrational distinction prompts question as to why the laws relating to prostitution have remained unaffected by liberalisation of the law in other areas of sexual conduct⁷¹. Equally, sex tourism, which generates enormous revenues for destination countries, involves a level of complicity on the part of governments who benefit significantly from tax revenues⁷².

Finally, sex education is contested in almost every jurisdiction and is highly politicised in that it invokes party political conflicts over policy, while in a general sense it reinforces specific meanings and power relations⁷³. The Irish experience will be explored in chapter 8 demonstrating that the school is a problematic site for the discussion of sex, with sex education dichotomised between a child's right to be informed and the retention of childhood innocence. In Australia and elsewhere, the content of sexuality education curricula, particularly in the age of HIV and AIDS, has been sacrificed to public health discourse on sexually transmitted infections to the detriment of more positive sexual discourses⁷⁴. Discourse tends to be structured around empowerment or protection with each claiming the moral high ground. In Britain, as in Ireland, parental discourse has tended to be focused on the protection of innocence and the view that sex education may promote early sexual activity. Whereas empowerment discourse is centred on public health pragmatism and the belief that being better informed helps protect children from infection or abuse⁷⁵. As is evident in Chapter 8 conflict between parental and professional opinions about sex education are

widespread. Commenting on the sex education debate in Britain, Alldred and David observe that, "It has been a site of highly politicised struggles in Britain between central and local government, right-wing moral traditionalists, the liberal left, conservative moralists and health promoters."⁷⁶ Their observation might equally have applied to Ireland demonstrating that the regulation of sexuality, in whatever form it may take, is almost always controversial in every jurisdiction because sex and sexuality are not value neutral but subject to the ebb and flow of ideological movements.

Policy Making Process

It is hard enough to design public policies and programs that look good on paper. It is harder still to formulate them in words and slogans that resonate pleasingly in the ears of political leaders and the constituencies to which they are responsive. And it is excruciatingly hard to implement them in a way that pleases anyone at all, including the supposed beneficiaries or clients.⁷⁷

Governments around the world have had to respond to the AIDS epidemic and the means through which they have done so has varied in accordance with political imperatives and the sway of conservative or liberal movements in each context.⁷⁸ Resulting policies have been controversial and/or inconsistent and Bardach herein succinctly captures the contested nature of policy formation and challenges facing public administrators who develop and deliver public policies. While policy making is notoriously fraught with challenges and the demands of competing priorities, policy making for sexual health, as described above, is inherently divisive and contested. The case of abortion illustrates the irreconcilability of rights constructed across a polemic of those of the mother and those of the unborn; an issue so culturally, socially and politically divisive that Hesketh termed it "the second partitioning of Ireland"⁷⁹. In the context of policy making, such paradoxes "...are nothing but trouble...and political life is full of them."⁸⁰ Theoretical approaches to the project of making public policy have tended to support a presumption of reason and rational⁸¹ that fails to explain some of

the fraught political initiatives and in part contradictory policies pursued and described above. Rationality theorists assume that policy makers operate within bounded or limited rationality that adopts a satisfactory solution once found, while realising that an absolute best course of action may be elusive. In the examples cited above however, and specifically in the case of abortion, sexuality polemic is devoid of incontestable solutions: "The perfectly rational decision maker is to politics what the saint is to religion – an ideal that everyone publicly espouses, most people would not want to live by, and precious few attain."⁸²

In reality however, evidence and reason may find themselves in conflict with dominant ideologies, value systems, and political priorities. While science and medicine may identify solutions to HIV and AIDS or other sexual, social or public health concerns, politics is the realm that will either realise or disregard proposals. As Lindblom identified,

When we say that policies are decided by analysis, we mean that an investigation of the merits of various possible actions has disclosed reasons for choosing one policy over others. When we say that politics rather than analysis determine policy, we mean that policy is set by the various ways in which people exert control, influence, or power over each other.⁸³

Far from rational, policy making is an incremental process or a process of "muddling through"⁸⁴ which is predicated on the limits of human intellectual capacity and consequent limits on policy makers' ability to be comprehensive. Complex decision making which involves multiple government departments and agencies, for example in the case of HIV and AIDS which cross-cuts departments of health, social protection, education, justice and foreign affairs, can result in fragmented decisions, unclear policies and unenforceable laws. Laws are often ambiguous because legislators may lack the information or skills required to design them with precision. Additionally, there

may be vague or even contradictory provisions because the legislation is intended to serve multiple goals⁸⁵. As Lindblom concludes in his treatise on “muddling through”, “A wise policy maker consequently expects that his policy will achieve only part of what he hopes and at the same time will produce unanticipated consequences he would have preferred to avoid.”⁸⁶

Essentially private actions like sexual behaviour are problematised by the dichotomisation of private and public spheres. The respectability and morality of the home is located in opposition with the corruptive influences of the public sphere, which is the basis upon which sexual regulation is situated. Mill argued that the only justification for the exertion of state power against any individual is the prevention of harm to others and that his own good, whether physical or moral, does not warrant intervention⁸⁷. However, with regard to the regulation of sexuality, this ideological position is irreconcilable with the reality that it may be relied upon to support individuals who pursue private pleasures, and equally those who condemn sexual pleasures on grounds of risk posed by potential disease transmission to the wider society.

Consequently, the protection and promotion of public health involves moral judgments that acquire legitimacy: an interaction between the idea and increasing likelihood of acceptance with time and familiarity⁸⁸. Politics-driven opportunities arise from changes in public opinion over time, election platforms, interest group pressure, and the ideological preferences and priorities of key officials. These opportunities are entry points for influence, but are equally subject to the unpredictability of the policy process where proposals, the personality of individual leaders, and the context of debate are often as influential as political interests in determining the scope and substance of the agenda and the translation of proposals into policy⁸⁹.

There is frequently a tension between reform efforts and unintended consequences while governments – for example the United States - who pay lip service to the ideal of individual autonomy correspondingly have a long history of regulating private behaviour⁹⁰. It has been suggested by some analysts that elected officials and interest group leaders are sometimes not informed by public opinion in setting priorities and formulating proposals, pursuing instead their own agenda to facilitate endorsement of policy proposals in which they have already invested resources⁹¹. In the case of sexuality regulation, policy makers are often out of step with changes to public attitudes tending to err on the side of caution, while delaying issues that are expected to be contested. This phenomenon is particularly evident in the Irish context described herein.

Schneider and Ingram have argued that public officials will enable policies favourable to those already advantaged because they are both powerful and positively constructed, whereas more punitive measures are reserved for those who are negatively constructed, with little or no power with which to alter the status quo⁹² as will be clearly demonstrated in Chapters 5 and 6. In the United States policy making with regard to HIV and AIDS mirrored Schneider and Ingram's social construction paradigm, with lower levels of government and the private sector assigned responsibility for the response with insufficient funding allocated from Congress. Those affected by HIV and AIDS at national level had little or no political power with which to influence decision makers⁹³. Paradoxically, in 2002, Senator Jesse Helms in alliance with conservative Christian groups, who had for decades opposed government assistance for people living with HIV in the United States, highlighted the infection of 'innocent' victims, children in sub-Saharan Africa infected through vertical transmission. Their campaign helped mobilise critical support within the Bush administration, resulting in

the Presidents Emergency Plan for AIDS Relief (PEPFAR), a \$15 billion fund to combat AIDS, tuberculosis and malaria, favouring abstinence and monogamy initiatives over those promoting safer sex and condom use⁹⁴. This global political initiative gained traction and widespread public and political support despite a large body of compelling evidence demonstrating that abstinence-only programmes show no indication of HIV risk reduction, and neither do they affect incidence of unprotected vaginal sex, frequency of vaginal sex, number of partners, sexual initiation, or condom use⁹⁵.

That policy makers chose to either ignore or adapt the weight of empirical evidence in their favour is not unusual. Steven's observational study demonstrates that the inconclusive nature of much academic research is problematic for policy makers, consequently resulting in the use of evidence to generate policy narratives that make policies institutionally and publically acceptable, while advancing their own careers. The construction of a policy narrative does not necessarily involve deliberate manipulation, but policy makers may utilise evidence to maintain and enhance the prevailing order and their own status within it, ensuring the maintenance of one way of thinking about the world⁹⁶.

Policy making is influenced by various actors, not least health related social movements, whose success is largely contingent on the articulation of a credible threat to public health, but which Nathanson concludes, "...has more to do with ideology than science."⁹⁷ Accessing the political agenda however is contingent on multiple factors, notwithstanding the weight of science or importance of the health concern. Despite the influence generated by medical and scientific discourse and explored above, even medical and scientific hegemony may not be successful in eliciting a response from policy makers to a recognised health problem. Drug policy is one such example in which the weight of evidence-based scientific discourse is largely subverted to a

“debate about culture and our sense of right and wrong”⁹⁸. Scientific consensus does not automatically lead to policy consensus, with the translation of scientific knowledge into public policy contingent on multiple social and political forces⁹⁹. Equally, interest groups play an important role in most aspects of health policy formation by lobbying policymakers, instigating or assisting with litigation in the courts and stimulating grassroots activism¹⁰⁰. They are subject to the same contingencies as medical and scientific interests, however, with perhaps even less bargaining power at the policy table. The crisis generated by HIV and AIDS, uniquely prompted participatory responses to policy making, rendering activists, people living with HIV and medical professionals, policy makers in their own right, with mixed levels of success. The promotion of participatory democracy in the fight against HIV and AIDS has been central to the United Nations-led international policy discourse, which while admirable in theory, does not operate in a social vacuum and as such is affected by social and class relations, sometimes proving challenging in practice.¹⁰¹

Policy makers will continue to construct decisions around competing claims and political needs, while taking cognisance of scientific and medical evidence. The process and resulting policy instruments may not always prove rational, but social and medical movements mobilising around sexual health or otherwise, must compete with horizontal and vertical pressures on government decision makers, while as Nathanson concludes, making their voices heard “in the cacophonic marketplace of knowledge”¹⁰². Stevens and Ritter¹⁰³ identified three different conceptualisations of the policy process. The first of these, the *authoritative choice* conceptualisation is a rational-linear model, which is closely associated with the concept of evidence-informed policy making but which often fails to acknowledge the challenges inherent in contested policy domains¹⁰⁴. Policy narratives underscoring contested domains like drug use and sexual

health tend, as described above, to be constructed across a moral polemic that reflects conflicting societal values and political imperatives and are not always rational. The second conceptualisation, *structured interaction* is a policy approach that acknowledges the interconnection between key stakeholders in the policy process¹⁰⁵ but, as with the rational-linear model, it is not necessarily useful to this study in that it assumes, “a common policy enterprise”¹⁰⁶ whereas this study is concerned with opposing and conflicting narratives in the construction of policy. Stevens and Ritter’s third conceptualisation, *social construction*, sees policy as a process that constructs problems, as opposed to responding to them¹⁰⁷ and, in terms of this study, lacks a clear framework with which to interpret the historical data. Despite the contested and sometimes irrational and contradictory domain that is sexual health policy, Buse *et al* postulate the potential for medical scientists to influence policy for sexual health, but argue that policy networks need to better understand decision-making environments and must not assume that the evidence will speak for itself¹⁰⁸. To that end, this chapter will conclude with an examination of John Kingdon’s policy framework through which research findings presented herein will be interpreted.

The Kingdon Framework: *Agendas, Alternatives and Public Policy*

The policy narrative that emerges from the data gathered throughout the course of this study points to the various elements involved in the first stage of the policy process, that of policy agenda setting. The Kingdon framework though not new to policy analysis, provides a lens through which the complex set of circumstances that prevented AIDS and sexual health from reaching the policy agenda initially may be interpreted. The framework is equally useful for evaluating the key success factors which eventually opened the “policy window”¹⁰⁹ to enable the “joining of streams”¹¹⁰ converging around sexual health in Ireland. Many study participants, both inside and outside government,

pointed to the importance of key individuals as enablers of policy dialogue and in this regard, Kingdon's focus on the role of policy entrepreneurs¹¹¹ is central to an appreciation of the policy process for sexual health in Ireland. Kingdon's framework does not describe a seamlessly rational model of policy agenda setting but is cognisant of the multiplicity of actors and complex factors which influence the policy process. He identified three main elements in agenda setting: problems, participants and the role of politics:

- Problems identify the process of persuading decision makers to pay attention to one problem over others - in this case AIDS and sexual health. Success is influenced by how the problems are perceived and defined, and by who is presenting and interpreting them;
- Participants are those actors on the inside of government, including the administration and career civil servants, and on the outside including interest groups, academics, researchers and the media, all of whom are central to the AIDS narrative presented herein;
- Politics is the final realm considered by Kingdon in which he includes key factors determining policy agenda setting: changes to elected officials, the political climate and critical to this study the "national mood" - which in this context refers to politicians' assessment of how proposed policy changes fit or are discordant with popular opinion ¹¹².

The complexity of situated practice, however, can never be fully reflected or explained by any one theoretical approach and, as such, the conclusion to this thesis will further elaborate outlier issues that emerged throughout the course of research and analysis.

Conclusion

This second literature review chapter has demonstrated that the regulation of sexuality and sexual health does not operate in a socio-political vacuum but is deeply embedded and constructed within dominant cultural and political discourses. Historical and international examples of regulation have established that sexuality is governed, directed and made more uniform through the rule of law as well as diffuse state policies¹¹³, but is also subject to the ebb and flow of pressure from interest groups, religious and medical hegemony, moral and diverse ideologies. Resulting regulations are often fiercely contested and bitterly disputed in the virtually irreconcilable realm of private pleasures and public policies. The HIV and AIDS pandemic is representative of “...the front-line of sexual politics.”¹¹⁴ and sexuality itself the “...battleground for contending political forces, a front line of contemporary politics.”¹¹⁵ Ireland has not been unique in its struggle to regulate sexuality and sexual health, and neither were its efforts to control sexuality in deference to dominant religious, moral and political ideologies as multiple examples contained throughout this chapter illustrate. The application of the Kingdon framework to interpret findings within that contested context is appropriate, as this chapter has demonstrated, as it provides a lens through which the multiplicity of actors and complex factors, promoting and impeding the policy process, may be viewed.

Policy making for sexual health is not defined by a rational unambiguous process. It is rather governed by competing vertical and horizontal pressures, resulting in policies that are sometimes inoperable, contradictory and irrational. Consequently, policy making for sexuality or sexual health is less likely to be influenced by evidence-based scientific discourse but rather “debates about our culture and our sense of right and wrong”¹¹⁶ frequently resulting in a battleground of contending political forces as will be depicted throughout this narrative. The following chapter will therefore detail the

methodological approach deployed to establish the impact HIV/AIDS had on aspects of sexual health policy formation in Ireland between 1982 and 1992.

- ¹ C. A. Nathanson, *Disease Prevention as Social Change: Toward a Theory of Public Health*. Population and Development Review, 1996. 22(4): p. 610
- ² Kingdon, 2003
- ³ J. Weeks, *Sexuality - 2nd Edition*. 2007, New York: Routledge. p.6
- ⁴ G.H. Gagnon, W. Simon, *Sexual Conduct : The Social Sources of Human Sexuality* 1974, London: Hutchinson.
- ⁵ K. Plummer, *Sexual Stigma: An Interactionist Account*. 1975, London: Routledge and Kegan Paul.
- ⁶ 'The way in which power operates through the construction of particular knowledge'. J. Weeks, *Op. Cit.*, 1989, p.7
- ⁷ M. Foucault, *The History of Sexuality: Volume 1, An Introduction*. 1979, London: Allen Lane. p.149
- ⁸ J. Weeks, *Sexuality - 2nd Edition*. 2007, New York: Routledge. p.18-19
- ⁹ G. Gilder, *Men and Marriage*. 1986, Louisiana: Quadrangle/The New York Times Book Company.
- ¹⁰ Weeks, *Op. Cit.*, 2007, p.96
- ¹¹ Ibid, p.92
- ¹² Ibid, p.106
- ¹³ F. Mort, *Op. Cit.*, p.167
- ¹⁴ Senator David Norris, Seanad Eireann Debate, *Information and Education Programme on AIDS: Motion - Vol. 118 No. 14*. Thursday, 25 February 1988.
- ¹⁵ F. Mort, *Op. Cit.*, p.21
- ¹⁶ C.S. Vance., *Antropology Rediscovered Sexuality: A Theoretical Comment*, in *Culture, Society and Sexuality: A Reader*, R. Parker, Aggleton, P., Editor. 1999, UCL Press: London. p.43
- ¹⁷ L. Singer, *Erotic Welfare: Sexual Theory and Politics in the Age of Epidemic*. 1993, New York: Routledge, p.30
- ¹⁸ B.T. Boehrer, *Early Modern Syphilis*, in *Forbidden History: The State, Society, and the Regulation of Sexuality in Modern Europe*, J.C. Fout, Editor. 1992, University of Chicago Press: Chicago. p.12-13
- ¹⁹ Ibid, p.14
- ²⁰ F. Mort, *Op. Cit.*, p.28
- ²¹ A. Nolan, Irish Aid, *Social Protection in the Context of HIV and AIDS*, Development Assistance Committee (DAC) of the Organisation for Economic Cooperation and Development (OECD), Editor. 2009, OECD: Paris p.156; T. R. Oliver, *The Politics of Public Health Policy*. Annual Review of Public Health, 2006. 27: p. 198.
- ²² F. Mort, *Op. Cit.*, p.26-33
- ²³ J. Weeks, *Op. Cit.* 2007, p.83
- ²⁴ V. Berridge, *AIDS in the UK: The Making of Policy, 1981-1994*. 1996, Oxford: Oxford University Press. p.4
- ²⁵ Ibid, p.7
- ²⁶ Ibid, p.7
- ²⁷ J. Weeks, *Sex, Politics and Society: The Regulation of Sexuality Since 1800 - 2nd Edition*. Second ed. 1989, New York: Longman.p.294
- ²⁸ P. Treichler, *AIDS, Homophobia, and Biomedical Discourse: An Epidemic of Signification*, in *Culture, Society and Sexuality: A Reader*, R. Parker, Aggleton, P., Editor. 1999, UCL Press: London.p.357
- ²⁹ A. Wells, *Whispers and Closed Doors: The Experiences of Gay Men Living Long-term with HIV*, in *Supported by the Scottish Primary Care Mental Health Research and Development Programme and Waverly Care*. 2008, University of Edinburgh: Edinburgh. P.5; L. Sherr, J. Mueller, R. Varrall, *A systematic review of cognitive development and child human immunodeficiency virus infection* Psychological Health Medicine, 2009. 14(4): p. 387-404; E. King, M. De Silva, A. Stein, V. Patel, *Interventions for improving the psychosocial well-being of children affected by HIV and AIDS*, in *Cochrane Database of Systematic Reviews*. 2009, JohnWiley & Sons, Ltd.
- ³⁰ V. Berridge, *Op. Cit.*, 1996, p.70
- ³¹ F. Mort, *Op. Cit.*, p.168
- ³² Ibid, p.171
- ³³ C.A., Nathanson, R. Sember, R. Parker, *Contested Bodies: The Local and Global Politics of Sex and Reproduction*, in *Sex Politics: Reports from the Front Lines*, R. Parker, Petchesky, R., Sember, R., Editor. 2007, Sexuality Policy Watch: Rio de Janeiro. p.390
- ³⁴ J. Weeks, *Op. Cit.*, 2007, p.115; E. Bernstein, L. Schaffner, (eds), *Regulating Sex: The Politics of Intimacy and Identity*. 2005, New York: Routledge, p.15
- ³⁵ Ibid, 2007, p.115

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- ³⁶ E. Bernstein, *Op. Cit.*, p.15
- ³⁷ F. Mort, *Op. Cit.*, p 54
- ³⁸ M. Luddy, *Women and the Contagious Diseases Acts 1864-1886*. History Ireland, 1993. 1(1): p. 32
- ³⁹ Ibid, p.32; M. Hamilton., *Opposition to the Contagious Diseases Acts, 1864-1886*. Albion: A Quarterly Journal Concerned with British Studies, 1978. 10(1): p.15
- ⁴⁰ Hamilton, 1993, p16
- ⁴¹ Ibid, p.17
- ⁴² Ibid, p15
- ⁴³ S. Butler, and P. Mayock, 'An Irish solution to an Irish problem': *Harm reduction and ambiguity in the drug policy of the Republic of Ireland*. International Journal of Drug Policy, 2005. 16(6): p. 421-422
- ⁴⁴ Hamilton, *Op. Cit.*, p.18
- ⁴⁵ Luddy, *Op. Cit.*, p.34
- ⁴⁶ J. R. Walkowitz, *Prostitution and Victorian Society: Women, Class and the State* 1980, Cambridge: Cambridge University Press. p.6
- ⁴⁷ Mort, *Op. Cit.*, p.67
- ⁴⁸ J. Weeks, *Op. Cit.*, 1989, p.187
- ⁴⁹ Vianna, A.R.B., Carrara, S., *Sexual Politics and Sexual Rights in Brazil: A Case Study*, in *Sex Politics: Reports from the Front Lines*, R. Parker, Petchesky, R., Sember, R., Editor. 2007, Sexuality Policy Watch: Rio de Janeiro. p. 34
- ⁵⁰ Ibid, p.35
- ⁵¹ W. Nowicka, *The Struggle for Abortion Rights in Poland*, in *Sex Politics: Reports from the Front Lines*, R. Parker, Petchesky, R., Sember, R., Editor. 2007, Sexuality Policy Watch: Rio de Janeiro. p.194
- ⁵² Ibid, p.177
- ⁵³ Ramasubban, R., *Culture, Politics, and Discourses on Sexuality: A History of Resistance to the Anti-Sodomy Law in India*, in *Sex Politics: Reports from the Front Lines*, P. R. Parker, R., Sember, R., Editor. 2007, Sexuality Policy Watch: Rio de Janeiro. p.93
- ⁵⁴ Ravichandran, B., *India is Still in Denial on Homosexuality*, in *The Guardian Newspaper*. 2010, Guardian News and Media: London
- ⁵⁵ Vianna, A.R.B., Carrara, S., *Op. Cit.*, p.41-44
- ⁵⁶ Ibid, p.45
- ⁵⁷ Ibid, p.50
- ⁵⁸ J. Weeks, *Op. Cit.*, 2007, p.105
- ⁵⁹ Ibid, p.108
- ⁶⁰ E. Bernstein, *Liberalism and Social Movement Success: The Case of the United States Sodomy Statutes*, in *Regulating Sex: The Politics of Intimacy and Identity*, E.S. Bernstein, L. , Editor. 2005, Routledge: New York. p.10-12
- ⁶¹ J. Weeks, *Op. Cit.*, 2007, p.109
- ⁶² C.G. Learoyd, *The Wolfenden Report*. The British Medical Journal, 1959. 2(5159): p. 1099; M.B. Reddington, *The Wolfenden Report*. The British Medical Journal, 1959. 2(5161): p. 1256-1257; K. Walker, *The Wolfenden Report*. The British Medical Journal, 1959. 2(5156): p. 883.
- ⁶³ J. Weeks, *Op. Cit.*, 1989, p.109
- ⁶⁴ Report of the Committee of Inquiry into Human Fertilisation and Embryology, *A Question of Life: The Warnock Report on Human Fertilisation and Embryology* 1985: London.
- ⁶⁵ J. Weeks, *Op. Cit.*, 2007, p.111
- ⁶⁶ Ibid, p.111 & 112
- ⁶⁷ P. Ilkkaracan, *How Adultery Almost Derailed Turkey's Aspiration to Join the European Union*, in *Sex Politics: Reports from the Front Lines* R. Parker, Petchesky, R., Sember, R., Editor. 2007, Sexuality Policy Watch: Rio de Janeiro. p.248
- ⁶⁸ Ibid, p.271
- ⁶⁹ Ibid, p.272
- ⁷⁰ A. Young, *The State is Still in the Bedrooms of the Nation: The Control and Regulation of Sexuality in Canadian Criminal Law*. Canadian Journal of Human Sexuality, 2008. 17(4): p.204 and 212
- ⁷¹ Ibid, p.204
- ⁷² J. O'Connell Davidson, J. Sánchez Taylor, *Travel and Taboo: Heterosexual Sex Tourism to the Caribbean in Regulating Sex: The Politics of Intimacy and Identity*, E. Bernstein, Schaffner, L. , Editor. 2005, Routledge: New York. p.98
- ⁷³ P. Alldred, M.E. David, *Get Real About Sex: The Politics and Practice of Sex Education*. 2007, Maidenhead: Open University Press. p.1

- ⁷⁴ L. Harrison, L. Hillier, *What Should Be the 'Subject' of Sex Education?*. Discourse: Studies in the Cultural Politics of Education, 1999. **20**(2): p. 279
- ⁷⁵ P. Alldred, M.E. David, *Op. Cit.*, 2007, p.8-9
- ⁷⁶ Ibid, p.1
- ⁷⁷ E. Bardach, *The Implementation Game*. 1977, Cambridge: MIT Press. p.3
- ⁷⁸ Ibid, 2007, p.115
- ⁷⁹ T. Hesketh, *The Second Partitioning of Ireland*. 1990, Brandsma Books Ltd: Dublin.
- ⁸⁰ Stone, D., *Policy Paradox: The Art of Political Decision Making - Revised Edition*. 2002, New York: WW Norton & Company. p.1
- ⁸¹ J Bendor, *Bounded Rationality and Politics*. 2010, Berkeley, California: London: University of California Press; Simon, H., et al, *Economics, Bounded Rationality and the Cognitive Revolution*, ed. M. Egidi, Marris, R. 1992, Aldershot: Edward Elgar; Ibid.
- ⁸² Stone, *Op. Cit.*, 2002, p.233
- ⁸³ C.E. Lindblom, *The Policy-making Process*. 1968, London: Englewood Cliffs, NJ: Prentice Hall. p.105
- ⁸⁴ C.E, Lindblom, *The Science of "Muddling Through"*. Public Administration Review, 1959. **19**(2): p. 79-88.
- ⁸⁵ Oliver, *Op. Cit.*, 2007, p.220
- ⁸⁶ Ibid, p.86
- ⁸⁷ J.S. Mill, *On Liberty*. 2010, London: Penguin. p20-21
- ⁸⁸ C.S. Weissert, W.G. Weissert, *Governing Health; The Politics of Health Policy*. 2006, Baltimore: The John Hopkins University Press. p. 327
- ⁸⁹ T.R. Oliver, *The Politics of Public Health Policy*. Annual Review of Public Health, 2006. **27**: p. 217-218
- ⁹⁰ Ibid, p. 199.
- ⁹¹ Ibid, p.208
- ⁹² A. Schneider, H. Ingram, *Social Construction of Target Populations: Implications for Politics and Policy*. American Journal of Political Science, 1993. **87**: p. 334-347.
- ⁹³ Oliver, *Op. Cit.*, 2007, p.202
- ⁹⁴ Ibid, p.203
- ⁹⁵ K. Underhill, D. Operario, P. Montgomery, *Abstinence-only Programs for HIV Infection Prevention in High-income Countries*, in *The Cochrane Library*. 2007, John Wiley & Sons, Ltd.
- ⁹⁶ A. Stevens, *Telling Policy Stories: An Ethnographic Study of the Use of Evidence in Policy-making in the UK*. Journal of Social Policy 2011. **40**(2): p. 237 and 251
- ⁹⁷ C. A. Nathanson, *Social Movements as Catalysts for Policy Change: The Case of Smoking and Guns*. Journal of Health Politics, Policy and Law, 1999. **24**(3): p. 479
- ⁹⁸ MacGregor, S., *Barriers to the influence of evidence on policy: Are politicians the problem?* Drugs: Education, Prevention and Policy, 2013. **20**(3): p. 225-233.
- ⁹⁹ C.A. Nathanson, *The Contingent Power of Experts: Public Health Policy in the United States, Britain, and France*. Journal of Policy History, 2007. **19**(1): p. 88
- ¹⁰⁰ Oliver, *Op. Cit.*, 2007, p.201
- ¹⁰¹ C. R. De Castro-Silva et al., *AIDS-NGOs and political participation: Brazilian and Canadian experiences*. Journal of Community & Applied Social Psychology, 2008. **18**(6): p. 615; Campbell, C., et al., *Youth participation in the fight against AIDS in South Africa: From policy to practice*. Journal of Youth Studies, 2009. **12**(1): p. 93; UNGASS Declaration of Commitment for HIV and AIDS, 2001; UNGASS Political Declaration, 2006; UNGASS Political Declaration 2011.
- ¹⁰² Nathanson, *Op. Cit.*, 2007, p.89
- ¹⁰³ Stevens, A. and Ritter, A., *Editorial: How can and do empirical studies influence drug policies? Narratives and complexity in the use of evidence in policy making*. Drugs: Education, Prevention and Policy, 2013. **20**(3): p. 169-174.
- ¹⁰⁴ Nutley, S.M., Walter, I., Davies, H.T.O, *Using evidence : how research can inform public services* 2007, Bristol: Policy Press; Stevens, A., *Editorial: How can and do empirical studies influence drug policies? Narratives and complexity in the use of evidence in policy making*. Drugs: Education, Prevention and Policy, 2013. **20**(3): p. 169-174.
- ¹⁰⁵ Stevens, A. and Ritter, A., *Editorial: How can and do empirical studies influence drug policies? Narratives and complexity in the use of evidence in policy making*. Drugs: Education, Prevention and Policy, 2013. **20**(3): p. 169-174.
- ¹⁰⁶ Haas, 1992, p.3 quoted in Stevens and Ritter, 2013, p.170
- ¹⁰⁷ Stevens, 2013, p171

¹⁰⁸ Buse, K., Martin-Hilber, A., Widyantoro, N., Hawkes, S.J., *Management of the Politics of Evidence-based Sexual and Reproductive Health Policy*. The Lancet, 2006. **368**: p. 2103.

¹⁰⁹ Kingdon, 2003, p.166

¹¹⁰ Ibid, p.172

¹¹¹ Ibid, p.179

¹¹² Ibid, p.146

¹¹³ E. Bernstein, *Op. Cit.*, 2005, p.15

¹¹⁴ Mort, *Op. Cit.*, p.171

¹¹⁵ Weeks, *Op. Cit.*, 2007, p92

¹¹⁶ MacGregor, S., *Barriers to the influence of evidence on policy: Are politicians the problem? Drugs: Education, Prevention and Policy*, 2013. **20**(3): p. 225-233.

Chapter 4 - Methodology

Previous chapters have introduced the focus, aims of objectives of the thesis, while situating the emergence of AIDS in an historical context. The last chapter demonstrates that policy making for HIV/AIDS, sexuality or sexual health is frequently contested and fraught with difficulty in many jurisdictions. The emergence of AIDS and the rise of a liberal consensus in defining the response in Britain and elsewhere, posed a challenge to policy makers in Ireland caught between the need to respond effectively to HIV/AIDS in an otherwise 'sex-negative' society. At the outbreak of AIDS, Ireland had poorly developed diagnostic and treatment services for STIs; homosexual acts were criminalised; the availability of contraceptives was restricted to married couples on prescription, and there was no provision in the state for school-based sex education. Within a decade, however, all of these areas had been developed and transformed. Consequently, the purpose of this study is to establish to what extent the emergence of AIDS in 1982 contributed to the evolution of STI treatment facilities and school-based sex education, while exploring specific interventions at church, state and civil society levels. This chapter will detail the methodological approach deployed to establish the impact or effect HIV/AIDS had on these aspects of sexual health policy in Ireland between 1982 and 1992. It will also present an understanding of the historical narrative inherent in each sectoral response as it unfolded and emerged from the data. The research method straddles two disciplines that are historical and social science based. Consequently, the research overview will document the operationalisation of each approach, while detailing the multiple sources of evidence used to inform the narrative herein, followed by sampling and recruitment strategies employed to engage key stakeholders in the research. Writing a contemporary history of AIDS is fraught with

difficulty because as one author has described, “AIDS is an overwhelming subject”¹ not least owing to the almost insurmountable volume of material that has been written on the subject. It is therefore necessary to situate this historical narrative as but one fragment of an AIDS history in Ireland. The chapter will include an overview of the analytic process informed by grounded theory and historical methodologies before concluding with consideration of the study’s ethical issues and limitations.

An Overview of the Research Methodology & Sources of Evidence

This study draws on qualitative research methods in the social sciences but is primarily informed by the literature on historical research².

The primary aim of historical research is to look for connections between events so that a meaningful pattern or structure can be discerned³.

While historical researchers may commence a project with a general perception of the possible contribution of a set of events to an historical outcome, the level of significance will only become evident through exploration and data collection. Grounded theory operates on a similar premise in that the theory is ‘grounded’ in the data itself⁴. Historians tend to make a distinction between primary and secondary source material, with a contemporary written record - like minutes of a meeting, a letter, diary or report - deemed more reliable than documentation produced subsequent to the historical event.⁵ Consequently, the primary source material in this study is the archive material, neither catalogued nor indexed, uncovered in Dublin AIDS Alliance (DAA) Ltd., twenty boxes of which had been held, unopened and unexplored for over twenty years, in the basement of the organisation. This wealth of rich archival data documenting the earliest response to HIV/AIDS in Ireland by Gay Health Action (GHA) and the institutions they engaged with will join the Queer Archive in the National Library of

Ireland on completion of this research. Other primary sources of documentation were held by key stakeholders in the initial era of AIDS who offered their personal collection of papers, correspondence, film material and minutes of meetings in various settings for use in this research. The collections of the National Library of Ireland and the National Archive were also utilised by this study. The 'thirty year rule' relating to the transfer of government records to the national archives precluded access to official documents for much of the period under review in this study. Unpublished source material, as contained in these uncatalogued archives, is often regarded by historians as a more reliable and accurate record, but their usefulness must also be considered critically in the context of who wrote them, why they were written and when they were compiled⁶. However, as Powell contends,

It is to the primary sources that you must turn to extend the boundaries of historical knowledge.⁷

In that regard, the findings narrative presented herein is built largely on that primary archival data, supported by secondary sources. However, while such material is valued by historians, it has "not been given a great deal of attention by social researchers"⁸ and conversely, while oral evidence is increasingly used in historical research to enhance the interpretation of the written record, "Some professional historians do not attach the same status to recorded tapes as they do to written transcripts."⁹ The tension operating between the two disciplines is clear. However, Elizabeth Ann Danto suggests that social science research which has taken an historical approach has potential to inform public policy and programme planning, while enabling "new evaluative strategies from the standpoint of an agency's shifting concerns for service and its political responses over the decades."¹⁰ Evidence gathered through interview is central to qualitative research methods in the social sciences and it may be argued, serves herein to strengthen and

reinforce the historical record. Consequently, eighteen semi-structured key informant interviews were included in this study both to enhance the written record and to fill in the documentation gaps in knowledge. Participants were drawn from a variety of eras, sectors and professions to ensure wide coverage of issues and perspectives, which will be discussed in further detail in sampling strategies below – a full list of key stakeholders interviewed is available at Appendix 4A. Other secondary sources included government reports and statistical data, a privately held film collection, personal memoirs and political biographies, contemporaneous leaflets and pamphlets, and the Irish Times newspaper archive used largely for the purposes of accurate dating of events, capturing contemporaneous commentary, confirming sometimes unreliable recollections of key contributors, and in the preparation of interview schedules. The opportunity to utilise so many different sources of evidence is a key strength of this research, resulting in greater accuracy and reliability of findings.

The veracity of Virginia Berridge's claim that:

AIDS is an overwhelming subject...Those who attempt to research and document even one country's history are quickly deluged with published material, from cultural analysis through to reports, guide-lines, and working papers. The cultural sensitivities of the issue at all levels make academic interpretation a minefield.¹¹

is borne out by this research. The sheer volume of data generated by this investigation, not least of which was neither catalogued nor indexed but held in attics, basements and garages over two and more decades, was overwhelming. The fear generated in the 1980s by AIDS gave way to a chaotic and sometimes frenzied response that was not always well-planned, project managed and documented, and did not operate in isolation from sexual and other rights-based activism. Consequently, the task of researching the history of AIDS in any jurisdiction is "...far from the cloistered calm of a record office or a learned library, the normal haunts for historians."¹² and as such is dependent on

chance as much as it is a systematic exercise, for some key documents have been found to reside in the course of this study in the most unlikely of places. By such reckoning, it must also be concluded, that others remain hidden.

Formulating the Research Questions

Formulation of the research questions was reached initially following a thorough reading of historical literature spanning the period of interest in Ireland, the AIDS and policy literature, while noting the dearth of exploration with regard to HIV/AIDS and sexual health in Ireland. Having worked as a technical specialist in HIV/AIDS at national and international levels over the course of a decade, the author was aware that at the outbreak of AIDS, Ireland had poorly developed diagnostic and treatment services for STIs; that homosexual acts were criminalised; contraceptives were restricted to married couples on prescription, and there was no provision in the state for school based sex-education. It was also clear that within a decade all of these areas had been developed and transformed either by policy instrument or legislative change, promised and/or enacted. Review of documentary sources revealed that some authors¹³ subscribed to the view that AIDS directly impacted on some of these developments while others appeared to attribute no connection whatsoever¹⁴. The impact of HIV/AIDS on drug policy had been well established¹⁵ but on sexual health in an Irish context, the literature review undertaken yielded but one study. Fiona Smith's qualitative analysis undertaken in the mid-1990s had explored the cultural constraints that impeded the development of an effective HIV prevention strategy in Ireland through stakeholder interviews but did not examine the impact of AIDS on broader aspects of sexual health policy or the content of debate throughout that critical initial decade.¹⁶ A review of the literature undertaken at the outset of the study, therefore,

prompted an awareness of the dearth of information with regard to HIV/AIDS and sexual health policy in an Irish context but highlighted the historical context into which AIDS emerged. Ultimately this led to the generation of the following research questions, which in their development were also influenced by grounded theory¹⁷, particularly the emergence of concepts emanating from documentary sources and initial key informant interviews¹⁸:

1. To what extent did HIV/AIDS in the initial decade promote the development of sexual health policy in Ireland?
2. What was the content of debate which took place at the level of media, interest groups and policy makers in relation to the sexual transmission of HIV and wider sexual health policy?
3. Which institutions were established (committees, services, lobby groups) which could be seen to promote a liberal sexual health policy agenda?
4. How explicit was the countering response by traditionalist religious groups to attempts to introduce a more liberal sexual health policy?
5. What other factors influenced the evolution of sexual health policy in Ireland between 1982 and 1992?
6. How rational and unambiguous was the policy process that advanced sexual health policy?

Key Informant Interviews

The primary data source was supported and enhanced by eighteen semi-structured key informant interviews. Recruitment of key informants was determined by their level of stakeholder involvement in the response to HIV/AIDS at civil society and statutory levels and, as such, the sampling approach was purposive, also known as expert

sampling. The historical nature of this research coupled with the specificity of the topic dictated that the qualitative research interview was directed primarily by biographical method:

(Biographers)...can be more interested in working with people who have potentially rich experience to share while samples may be constructed with the potential intensity of experience and the possible quality of the insights generated in mind.¹⁹

The researcher's insider status facilitated easy access to a range of key stakeholders who had been central to the evolution of the AIDS response from the outset and whose 'rich experience' served to reinforce and indeed fill in the gaps generated by the primary data source. As Merrill and West²⁰ indicate however, there can be a tension between orientations informed by the humanities and the social sciences where the former seeks to capture the unique and subjective experience. However, that is not to say that questions of representativeness are not important in the humanities, and this research project straddles both disciplines. While the study is rooted in historical method, it also seeks to answer questions with regard to sexual health policy and as such it is also a research endeavour in the social sciences. John Creswell writes that criterion sampling "works well when all individuals studied represent people who have experienced the phenomenon. All individuals meet this criterion."²¹ and the sample of eighteen participants was so selected in this study on the basis of their experience from multiple perspectives. Consequently, the participant sample selection process was largely informed by the research questions and in that regard is consistent with what Bryman terms 'generic purposive sampling'²². A generic purposive sample approach dictates that a set of criteria inform the selection process which in this study was, i) that participants had been engaged in the policy response to HIV/AIDS and sexual health during the period under review; ii) that multi-sectoral stakeholders central to the response were represented i.e. civil society, church, medical, civil servants and

politicians to enable a multi-source assessment to emerge. Snowball sampling, a method in which selected participants propose other key informants²³ was used in only one case in relation to policy making for school-based sex education.

All participants agreed to be identified by name and occupation in the narrative and signed consent forms to that effect. A full list of research participants is available at Appendix 4A with participant consent and invitation forms available to view at Appendix 4B. Interview schedules were prepared using historical background material and contemporaneous newspaper reports or documents in which participants' were either directly involved or may have influenced in some way. The research questions were woven into each schedule to ensure that common themes would be facilitated whether they emerged from participants situated in the Departments of Health and Education, Church or civil society. The semi-structured nature of the interview allowed for the participants' recollection of events to emerge while occasionally directing the interview with main questions, follow-ups and probes²⁴.

Analysis of Qualitative Data

The sheer volume and diversity of the data set presented significant challenges to the research process, not least in terms of coding. In grounded theory, coding is an important first step in the generation of theory²⁵ and works to synthesise and distil data. Charmaz argues that a grounded theory approach "offers an interpretive portrayal of the studied world, not an exact picture of it"²⁶ which is also professed here because the production of minutes, letters and other key documents which form the basis of this study's primary data, were generated for a particular audience with its own frame of reference and as such is problematised. Consequently, meaning generated by narrative or omission, bias or favour, is no longer possible for the researcher to interpret because

the materials shared common values with their audience and contain assumptions that potentially are not longer revealed.²⁷ Notwithstanding, the primary source material provides the cornerstone of analysis in this study of which there was significant volume. Additional sources that include oral evidence, film transcripts and documentary evidence were subsequently incorporated into the primary source material to build and reinforce an historical narrative across the relevant timeline, the sheer volume of which lends credibility and authenticity to the study. Historical researchers suggest that the quality of the project depends to a significant extent on the type and range of primary sources available for use²⁸ and in that regard, this study has benefitted from a wide range of archival, documentary and oral history sources resulting in more convincing and accurate findings. Yin suggests that one significant advantage of using many different sources of evidence is that it facilitates the development of multiple and converging lines of enquiry, which enable triangulation and realisation of 'fix' on an event viewed from two or more positions.²⁹ Synthesis of all the evidence streams in chronological sequence was a challenge, however, given the sheer volume of data generated and the fact that much of the archival data had never been catalogued. Hence, the process of coding was both labour and time intensive. As coding of data progressed, subjects became further divided into three specific sectors, i.e. civil society, church and state, and arranged chronologically to facilitate emerging themes within each sub-sector as per historical research method³⁰. These sub-sectors form the basis of three findings chapter headings, with a fourth dedicated to an exploration of the transformative effect of HIV/AIDS on sexual health policy.

Ethical Issues and Limitations of the Study

This study involved interviewing and recording eighteen adults of mixed gender generally retired from or continuing to occupy senior level professions. Consequently

issues of vulnerability or sensitivity did not arise in this research. Each invitation to interview provided a full explanation of the research, its aims and objectives, and the purposes for which the data would be used. Consent was sought and acquired in writing in each case. All participants consented to be named in the study with three participants withholding consent until they were afforded an opportunity to review and in all cases, amend the transcript.

My 'insider status' was a clear advantage at all stages of this study, facilitating easy access to, in some cases, difficult to reach stakeholders. My reputation as Executive Director of Dublin AIDS Alliance (DAA) followed by a number of years working as a Technical Specialist in HIV/AIDS for both the Irish government and the United Nations Children's Fund (UNICEF), lent credibility to the study and provided access to the privately held papers not hitherto available to other researchers in this area. As former Executive Director of DAA and Chairperson, unlimited access to the data set that foregrounds this study was realised solely on the basis of my insider status, without which the wealth of documentation uncovered there might not have come to light for some time. Notwithstanding those benefits, disadvantages must be acknowledged in my capacity for objectivity which can be difficult to maintain when interviewing colleagues or interpreting data. As Fuller and Petch recognise, "practitioners may through habit-blindness have difficulty seeing the wood for the trees."³¹ This potential was offset by my Supervisor who maintained vigilant and rigorous challenge to my objectivity, becoming the agency through which I sounded ideas and hypotheses as they emerged.

Throughout this chapter I have alluded to a number of limitations contained in this study. The challenges of writing a history of AIDS have already been noted, as indeed have the enormous challenges inherent in managing the volume of material that has been written on the subject of HIV/AIDS. Furthermore, this study became quickly

deluged with documentation that had been concealed for decades and while as already stated that contributes to the strength of this study, the sheer volume of material also risked unmanageability. Equally as Berridge has observed, “The political and cultural sensitivities of the issue at all levels make academic interpretation a minefield.”³² and that remains a challenge to the dissemination of the research findings herein. No two individuals will recall an event in similar terms, not least because of their individuality³³ but in the context of HIV/AIDS interpretation is further polarised by the political and cultural sensitivities which marked the decade between 1982 and 1992 in Ireland.

Ireland’s ‘thirty year rule’ relating to the transfer of government records to the national archives precluded access to official documents for much of the period under review in this study. Consequently, the findings chapter focusing on the state’s response is heavily reliant on oral histories, newspaper archives and other secondary sources of documentation thus raising issues of reliability less manifest in other chapters. In addition to inevitable issues of recall, as respondents were recollecting events some of which occurred up to thirty years ago, “the realisation that representations of reality and reality itself cannot always be praised apart.”³⁴ is an important consideration here.

History is recalled and written by those who know what the outcomes were and in that regard there is a risk that oral sources have presented more liberal views than they might have expressed in 1982, when homosexual acts were still criminalised, contraception prohibited and the Catholic Church in Ireland still maintained a high degree of political credibility and influence. This research encountered greater difficulty recruiting those who espoused conservative views throughout the decade under review than those inclined towards a more liberal position. Former proponents of conservative views were also more inclined to qualify past remarks or reinterpret their intent. Triangulation with documentary and archival sources has sought to rectify this potential tendency to an

extent but cannot hope to eliminate it in full. It must be argued, however, that the enhanced value of the oral evidence in strengthening and reinforcing the historical narrative herein far outweighs any weaknesses that may exist.

Conclusion

The chapter has provided an account of the conduct of research for the present study, and in doing so has outlined the methodological approaches, sources of evidence available and challenges related to this project. It has established the extent to which the research project straddles the two disciplines of historical and social science research methods. It has documented the multiple sources of evidence available to this study and traced the evolution of the research questions. In documenting the method applied to selection and interview of participants, this chapter has detailed the ethical standards adhered to, followed by an account of the process of analysis privileging historical method across chronological, sub-sectoral and thematic lines. Importantly, it has also highlighted the ethical issues and limitations of the study, which realise one fragment of an AIDS history in Ireland. The multiple sources of data and historical methods applied to the analysis generated sub-sectoral themes which form the basis of the findings chapters herein. The first of these, charting the rise of the initial civil society response to the emergence of AIDS and the countering response follows hereafter.

- ¹ Berridge, 1996, p.vii
- ² Kuppuram, G., Kumadamani, K., *Methods of Historical Research*. 2002, New Delhi: Sundeeep Singhal for Sundeeep Prakashan; McDowell, W.H., *Historical Research: A Guide*. 2002, Edinburgh: Pearson Education Ltd.; Danto, E.A., *Historical Research*. Pocket Guides to Social Work Research Methods. 2008, New York: Oxford University Press; *Analysing Social and Political Change*, ed. A. Dale, Davies, R.B. 1994, London: Sage Publications; Berridge, V., *The History of AIDS*. AIDS 1993. 7 (Suppl. 1): p. 243-248.; Berridge, V., Strong, P. (eds), *AIDS and Contemporary History*. 1993, Cambridge: Cambridge University Press.
- ³ McDowell, 2002, p.77
- ⁴ C. Charmaz, *Invitation to Grounded Theory: The SAGE handbook of grounded theory*, ed. A. Bryant, Charmaz, K.C. 2007, London: Sage, p.4
- ⁵ McDowell, 2002, p.55; Danto, 2008, p.61
- ⁶ Danto, 2008, p.94
- ⁷ Ibid, p.55
- ⁸ Bryman, A., *Social Research Methods: 4th Edition*. 2012, Oxford: Oxford University Press., p.544
- ⁹ McDowell, 2002, p.59
- ¹⁰ Danto, 2008, p.5-7
- ¹¹ Berridge, 1996, p. vii
- ¹² Berridge, V., *The History of AIDS*. AIDS 1993. 7 (Suppl. 1): p. 246
- ¹³ Mayock, P., Kitching, K., Morgan, M., *Relationships and Sexuality Education (RSE) in the Context of Social, Personal and Health Education (SPHE): An Assessment of the Challenges to Full Implementation of the Programme in Post-primary Schools* 2007, Crisis Pregnancy Agency, Department of Education and Science: Dublin, p.24
- ¹⁴ Ferriter, D., *Occasions of Sin: Sex and Society in Modern Ireland*. 2009, London: Profile Books Ltd, p.503-506
- ¹⁵ O'Hare, P., Newcombe, R., Matthews, A., Buning, E.& Drucker, E. (eds.), *The Reduction of Drug-Related Harm*. 1992, London: Routledge; Butler, S., *Alcohol, Drugs and Health Promotion in Modern Ireland*. 2002, Dublin: Institute of Public Administration.
- ¹⁶ Smith, F., *Cultural Constraints on the Delivery of HIV/AIDS Prevention in Ireland*. Social Science Medicine 1998. 46(6): p. 661-672.
- ¹⁷ Birks, M., Mills, J., *Grounded Theory: A Practical Guide*. 2011, London: Sage Publications Ltd.; Corbin, J., Strauss, A., *Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory 3e*. 2008, Thousand Oaks, California: Sage Publications; Charmaz, C. *Grounded Theory Coding Workshop*. 28th March 2012. Trinity College Dublin.
- ¹⁸ C. Charmaz, 2007, p.4
- ¹⁹ Merrill, B., West, L., *Using Biographical Methods in Social Research*. 2009, London: Sage Publications Ltd., p.104
- ²⁰ Ibid, p.105
- ²¹ Creswell, J.W., *Qualitative Inquiry and Research Design: Choosing Among Five Traditions*. 1998, Thousand Oaks, CA: Sage, p.118
- ²² Bryman, 2012, p.422
- ²³ Ibid, p.424
- ²⁴ Rubin, H.J., Rubin, I.S., *Qualitative Interviewing: The Art of Hearing Data*. Second Edition. 2005, Thousand Oaks, CA: Sage Publications, p.140
- ²⁵ Bryman, 2012, p.568; Charmaz and Bryant, 2007, p.5
- ²⁶ Charmaz and Bryant, 2007, p.19
- ²⁷ Bryman, 2012, p.546
- ²⁸ McDowell, 2002, p. 93
- ²⁹ Yin, R.K., *Case Study Research: Design and Methods - 2nd Edition*. 1994, London: Sage Publications, p.92
- ³⁰ McDowell, 2002, p.135
- ³¹ Fuller, R., Petch, A., *Practitioner Research: The Reflexive Social Worker*. 1995: Open University Press, p.49
- ³² Berridge, 1996, p.vii
- ³³ McDowell, 2002, p.112
- ³⁴ Crawford, A., Goodey, J., *Integrating a victim perspective within criminal justice* 2000, Aldershot: Ashgate, p.482

Chapter 5 - The Civil Society Response to AIDS

Preceding chapters have contextualised the emergence of AIDS in Ireland from an historical, social and cultural perspective, while situating the regulation of sexuality within the wider context of contested policy domains. Importantly, Chapter 2 documented the extent to which Irish culture and society appeared characterized by an unusual degree of sexual prudery in the post-1922 decades, while Chapter 4 provided an overview of the methodology utilised in the present study - including the multiple sources of evidence available that have worked to both enhance and impose limitations on the scope of the historical narrative. This first findings chapter explores the civil society response to AIDS: a response that was, in the initial decade, characterised by a minority, liberal political platform. It charts the emergence of Gay Health Action (GHA), the first response to HIV/AIDS in Ireland at a time when homosexual acts remained criminalised under the *Offences Against the Person Act, 1861*. In describing the gay community response to AIDS in the UK, Berridge remarked that the liberalisation of the legal status of homosexuality in the 1960s and gay liberation in the 1970s had realised greater openness and democracy there¹. In Ireland however, gay sexuality, as discussed in Chapter 2 was relatively muted and barely tolerated. Consequently, this chapter will document the uneasy alliance that operated between GHA and statutory health agencies, while assessing the Department of Health's operation of a policy of protracted non-engagement with the group. GHA's unapologetic use of sexually explicit language at a time when sexual health promotion was prohibited under the *Censorship of Publications Act, 1929* served to further alienate statutory agencies rendering policy dialogue more difficult. Between 1986 and

1987, the crisis-led and underfunded liberal AIDS-activist arena had become overcrowded resulting in fragmentation, mission-creep and a disorganised policy platform. This chapter will conclude with an overview of the multiple well-funded, well-organised conservative lobbyists who emerged in the wake of the abortion and divorce referenda in 1983 and 1986 respectively who obstructed the ascendancy of the liberal platform. Subsequent chapters will reveal, particularly in the case of school-based sex education, that they gained considerable political ground but as the crisis engendered by AIDS escalated towards the end of the decade, conservative gains were relatively short-lived.

The Gay Community Response

On 20th January 1982, Charles Self, a gay man, then working as a designer with the national broadcaster, RTE, was found murdered in his Dublin home. Gardaí operating from Pearse Street station mounted an extensive investigation with approximately 1,500 gay men interviewed. As noted above, homosexual acts were still criminalised and while groups like the National Gay Federation (NGF) and the Irish Gay Rights Movement (IGRM) advocated co-operation with the Garda investigation, others accused Gardaí of intimidation and the accumulation of an “...extensive dossier on Dublin’s gay community compiled by the police.”² While accounts differ, ‘Dublin Lesbian and Gay Men’s Collectives’ clearly emerged in the wake of this murder investigation and controversy surrounding it. Initially called the Gay Defence Committee, their objective was to defend gay men and lesbians from “...attacks from the police, the courts and the media.”³ Described as a “militant group”⁴, the Defence Committee was eventually absorbed by the Dublin Lesbian and Gay Men’s Collective, which situated itself on the political left and was sympathetic to Irish Republicanism. Members actively campaigned on a broad range of social issues in favour of women’s

rights and reform of the laws regulating contraceptives; this group was also pro-choice in the abortion campaign of 1983 and favoured the introduction of divorce. Its political position on such issues firmly situated the Collective on the margins of mainstream Irish society, to such an extent that the more established gay rights groups including the NGF and IGRM considered them somewhat extreme:

...the Collective was in operation for a number of years and we took part in different things like, against Reagan's visit and left stuff... but we were seen, were kind of seen as the loonies of the left, loony left in the gay scene as well... there was the Norris case happening in the Supreme Court and then there was the divorce referendums and the abortion referendum. So we were involved in that...⁵

A growing awareness of AIDS prompted a meeting of all the gay groups in Cork on 30th January 1985 out of which GHA emerged primarily in response to AIDS but, initially at least, with the aim of providing medical and social support services on all aspects of gay health.⁶ Staffed by volunteers proceeding largely from the Dublin Collective, GHA was from early 1985, a primary source of information and education on HIV and AIDS to the gay community and other groups affected by AIDS and the general public:

From the beginning GHA saw its role in alerting gay and bisexual men to the risk of HIV transmission and promoting a change to safer sexual practices to limit the spread of the virus. We also recognised the need to provide information on AIDS and its impact in the gay and bisexual population, to the media and public at large.⁷

The activism which had characterised its formation propelled initial activity as the group formed partnerships and alliances with similar gay community endeavours in the UK and US. As AIDS acquired increasing momentum and greater media attention, GHA provided the only education and prevention response at the outbreak of the epidemic in Ireland. The first AIDS leaflet was developed and widely distributed in

early 1985 followed by a HIV Testing leaflet in September. A hitherto unheard of 'safer sex' card in Ireland was developed in October 1985 with a print run of 40,000 copies that proved so popular it was immediately reprinted. In subsequent years, GHA produced a regular newsletter, two editions of a general information booklet about AIDS and a guide to AIDS for lesbians, as well as organising numerous education and safer sex workshops for various groups representing civil society and professional bodies nationally. GHA remained to the forefront of AIDS activism in Ireland until it was disbanded in 1990, campaigning on multiple social issues which directly or indirectly impacted on HIV/AIDS, and successfully attracting much media attention. As with comparable groups in the UK, it was motivated by a sense of the necessity to respond immediately to the crisis of HIV/ AIDS⁸; in the Irish context, however, this response was specifically hampered by the legal status of male homosexuality, restrictions on the availability of condoms and the underdeveloped state of sexual health service provision. Both in the UK and Ireland, this mid-1980s period was characterised by scientific uncertainty and increasing anxiety, and 'bottom up' policy making defined the response as *ad hoc* groupings among the gay community, clinicians and scientists struggled to come to terms with the pending threat. In the UK, the Gay and Lesbian Switchboard secured a small grant from the Health Education Council in May 1983 to organise the first national conference on AIDS which convened an embryonic 'AIDS policy community' of various stakeholders⁹. In Ireland, however, these groups did not converge until 1987 and consequently GHA largely operated in a policy vacuum, the unlawful status of homosexuality hindering effective policy dialogue with the state and other agencies.

GHA and the Funding Paradox

Throughout its short existence GHA succeeded in accessing small project-specific government grants but it never acquired core funding. Consequently, initiatives were primarily funded by voluntary effort and fundraising contributions. One internal report bemoaned the fact that many volunteers were paying for small items, e.g. postage stamps, out of their own pocket and proposed the imposition of a levy on gay groups around the country to support the work of the group. The minutes of a meeting relating to concerns regarding finance held in August 1985 concludes in block capitals:

IF THE MAIN GAY ORGANISATIONS WHO HAVE
FACILITIES TO RAISE MONEY FAIL TO SEE THEIR
OBLIGATION IN THIS WE MAY AS WELL STOP NOW.¹⁰

Evidence suggests however that GHA continued to be self-funding for the duration of its short existence with the exception of limited but expedient state support. The HEB, a now defunct semi-state health promotion agency of the Department of Health, funded the first AIDS information leaflet produced by GHA, which will be explored in greater detail below. GHA also successfully secured a Social Employment Scheme from June 1985 from the Department of Labour, which permitted employment of up to four people on a part-time basis or two full-time posts. When challenged later in 1985 regarding his decision to provide GHA with a social employment scheme, a spokesman for then Minister for Labour, Ruairí Quinn, defended the decision while making no reference to the group's unlawful status by virtue of their homosexuality:

...the action group met the requirements of the social employment scheme. The proposal went before and was approved by a monitoring committee made up to a great extent by trade unionists.¹¹

While project-specific funding to GHA had clearly been controversial for other government departments, its status did not preclude payment of £55 from the

Department of Justice for video and other educational material supplied to Arbour Hill prison¹².

An international medical conference held at Trinity College Dublin between 1st and 6th September 1985, focused on the spread of HIV and AIDS, an opportunity that GHA were quick to capitalise upon. Glen Margo, a public health doctor at the Office of Health Promotion and Education in San Francisco and John Dupree, Director of Education for the East Bay AIDS Project, contacted Tony Walsh at the National Gay Federation operating from the Hirschfeld Centre in Fownes Street, Dublin, at that time, and offered to share their experience of responding to AIDS in the Bay Area of San Francisco with the gay and lesbian community in Dublin. Culturally enlightening, the resulting three day workshop, which was held at Trinity College over the course of the conference, shared educational, support and training materials from the Shanti Project in San Francisco, which Dupree and Margo had part founded, with Irish gay activists:

...they offered do to an intensive workshop over Friday, Saturday and Sunday, in Trinity, well we got Trinity to do it and then I got loads of people, we got about 20 people together and it was about setting up supporting people with AIDS and who were dying which was quite extraordinary because I mean it was like jumping in quickly with both feet...it was very emotional as well because it was such a mix of people...but the two guys were extraordinary and there was also this other side of the Shanti project which was lots of hugs and stuff which was quite alien to us, never mind being gay, being Irish and being from Ballyfermot.”¹³

On request, the two public health doctors also provided a safer sex workshop targeting the gay community at the Hirschfeld Centre during the course of their visit. Mick Quinlan, co-founder and active volunteer with GHA who attended recalled,

...it was very funny because they had a video and it was an American video, so it was in that region, so they had to get money to change it to an Irish context. Now it was porn, (a) safe

sex porn video and they succeeded in getting money off the Department of Health to get that reverted at the time.¹⁴

According to Quinlan they approached Dr. James Walsh, deputy Chief Medical Officer and National AIDS Co-ordinator,

They told him about the video but I suppose they (Department of Health) didn't want to know. It cost quite a lot of money to get it converted to the Pal system from the American system but it was worth it.¹⁵

Two years previously Mr. Justice O'Higgins, in rejecting the Norris challenge to the constitutionality of the laws against male homosexuality had argued that the state had a responsibility to discourage, "... conduct which is morally wrong and harmful to a way of life and to values which the state wished to protect"¹⁶. Now, however, in the face of the perceived crisis associated with HIV/AIDS, a central government department, it is claimed, provided funding for a safer gay sex video¹⁷.

For GHA, the workshop marked the commencement of a consistent information-sharing relationship with the Shanti Project in San Francisco. The DAA Archive clearly reveals that many information and education materials developed by HIV and AIDS-focused civil society organisations in Ireland were significantly influenced in content and style by materials developed by the Shanti Project, which were far more sexually explicit, than anything that had hitherto appeared in Ireland. The partnerships with similar organisations which GHA rapidly formed, was a significant factor in its success and widened its access to funding streams outside Ireland. When the HEB informed GHA in August 1985 that it had a budget to retrospectively fund the AIDS leaflet but not a 'fact pack', GHA promptly contacted the Terrence Higgins Trust in London which pledged funding for the development of the pack on the premise that the resource would also be made available in the UK. GHA also established close partnerships with groups

in Belfast one of which sourced printing options which were notably cheaper in Northern Ireland than in the Republic¹⁸.

The funding paradox seemingly operated by various government departments in their dealings with GHA reveals something of the tension experienced by government and their ambivalence in responding to the AIDS epidemic in Ireland. Oliver has argued that the construction of gay men as deviant throughout the initial course of the AIDS epidemic in the US resulted in significant delay in federal assistance for many years¹⁹; consequently, the experience of GHA in this regard is not unique. The criminal status of homosexual acts in Ireland at the outbreak of AIDS ensured that the gay community was negatively viewed and consequently held very little power to influence the policy agenda. The decision to fund certain GHA initiatives was almost certainly driven by the threat of AIDS and an imperative to serve the public interest, albeit to a limited extent. Department of Health officials were in denial about the threat posed by AIDS²⁰ with one RTE report declaring in 1987:

It is a disease that is often regarded here as a problem for other countries and there is an impression that Ireland is unlikely to face a serious epidemic. Our report will challenge any such sense of complacency about AIDS²¹.

Equally however, pressure was mounting in other European jurisdictions and from the World Health Organisation (WHO) favouring a non-coercive response that relied on public education and voluntary testing. Government departments in Ireland were consequently caught between the imperative to serve the public interest, manage international pressure to respond in a liberal way, while endeavouring not to alienate the conservative Catholic majority. In funding a minimum number of GHA's activities, while publicly stating as outlined below that the unlawful nature of homosexual acts precluded government funding, it would appear that they were "playing both sides".²²

Ireland's First AIDS Information Leaflet

As outlined in the introduction above, Irish culture and society was characterized by an unusual degree of sexual prudery in the decades post-independence which extended to a prohibition of sexual health promotion of any kind under the *Censorship of Publications Act, 1929*. Evidence of rising sexually transmitted infections (STIs) had prompted criticism from some clinicians which will be further explored in Chapter 8²³. GHA's sexually explicit AIDS Information leaflet was produced at a time when sex education was not facilitated in schools; contraceptives were unavailable except to those who were married and homosexual acts remained criminalised. Despite these obstacles to a more liberal policy approach to sexual health, GHA opted to produce an AIDS information leaflet which was unequivocally frank and explicit in its descriptions of various sexual behaviours and the relative risks of HIV transmission attaching to such behaviour:

Possibly Risky: French (wet) kissing; anal or vaginal intercourse with a condom; sucking – if you stop before your partner comes; cunnilingus (mouth to vaginal contact); watersports (urinating) on skin without cuts or sores.

Very Risky: Anal or vaginal intercourse without a condom; swallowing semen; IV drug users sharing needles; sharing dildoes, toys or douches; rimming (mouth to anus contact); watersports in your mouth or on broken skin.²⁴

Explicit sex education information of this kind undoubtedly seemed provocative in the context of the previously-described sexual health culture of Ireland, but its promoters could argue that clear and unequivocal language was necessary and that coyness and ambiguity had no place in efforts to prevent the transmission of this frightening new virus. Civil servants in the Department of Health, according to Dr. James Walsh, National AIDS Co-ordinator, held an opposing view however: “[They] didn’t see if you didn’t go into details you would fail.”²⁵

As outlined above, the Department of Health through the HEB provided GHA with funding in the region of £700-£800²⁶ to produce the first AIDS information leaflet printed in May 1985. The HEB had been established in 1974 under the Health (Corporate Bodies) Act, 1961 on the recommendation of the Committee on Drug Education. Charles Haughey, during his time as Minister for Health – 1977/1979 – greatly increased its funding and generally raising its profile. Described as “very liberal, very progressive”²⁷, the HEB operated a substantial budget and as a semi-state body, enjoyed relative autonomy from the Department. However – as will be explored in Chapter 8 - this “very liberal, very progressive”²⁸ position began to evoke substantial opposition from conservative groups within Irish society which actively opposed HEB attempts to introduce school-based sex education. Given the cultural climate of the time, one can readily understand that the HEB’s financial support of the AIDS Information leaflet met with opposition. Minister for Health, Barry Desmond recalled however that the Department of Health were in favour of supporting the leaflet through the HEB which, he suggested, had substantial funds with which to finance production:

The Department was very much in favour of giving the money because at that time, the HEB had a budget which was between 750,000 and one million...²⁹

GHA volunteers and staff had emerged from a background in grass-roots activism and lacked administrative and political skills. They were part of a response that was energised by crisis and, similar to the initial gay community response in the UK, early GHA activity might equally have been termed “rough and ready”³⁰. The sexually explicit nature of the leaflet was an unequivocal departure from the norms that characterised sexuality in Irish society at the time with opponents of such an approach taking the view that GHA were promoting sexual acts not widely practiced which Dr. James Walsh maintained had some validity:

...explicit sex is alright but, there's a certain amount of truth in the people who oppose explicit sex because they made the point that by making an issue of these sexual practices you were informing people, in fact educating people towards these things...³¹

However, limited funding precluded widespread distribution of the leaflet while Ireland's conservative approach to sexual morality rather guaranteed GHA a predominantly sexually innocent audience for the leaflet:

...we had the first little card on safer sex and included watersports and...people to this day, people still thought we were talking about skiing, you know, and it was fascinating and we were ahead of our times...³².

An equally sexually explicit safer sex card targeting gay and bisexual men developed in October 1985 and reprinted in May 1986 sparked a row when GHA applied to the HEB once again to fund production. A report which appeared in the Irish Times on 9th June 1986 conveyed some of the tensions inherent in the HEB's financial support of the first AIDS leaflet:

The Health Education Bureau has told the Department of Health that it would require a written directive signed by the Minister before it would provide funding for the production of "safe sex guidelines" designed to prevent the spread of AIDS among homosexual men...when £700 of Health Education Bureau money was spent a couple of years ago on a leaflet produced by the Gay Health Action group there was a small political row about it. Dr. James Walsh, the Department's National AIDS Co-ordinator told a meeting...that subsequently members of the bureau had demanded a written Ministerial directive before committing more resources to such AIDS-related preventive education.³³

The 'small political row' largely reflects the ambivalence of statutory authorities and individual political leaders who struggled to reconcile preservation of the status quo with the adoption of more liberal and pragmatic responses to HIV prevention, while simultaneously avoiding public controversy. A Sunday Independent story of this period describes how the then Minister for Labour, Ruairí Quinn, had defended his

Department's decision to allocate a social employment scheme to the Gay Health Action group, while distancing himself from the content of the educational leaflet produced by GHA in what was clearly a very fraught policy situation:

[The Minister]... has denied involvement with a controversial leaflet, about the sexually transmitted disease, AIDS...The unemployed person taken on by the GHAG, said that the AIDS leaflet was drawn up by the group itself. It was then submitted to the Health Education Bureau, which did not seek, or make any changes....A check made by the Sunday Independent found that a number of hospitals and doctors don't wish to handle it on the grounds that it might have the effect of spreading the disease rather than containing it. The leaflet does not advise against homosexual activity, it even encourages it in certain circumstances, such as with "regular partners" and men who had fewer partners. Homosexual activity is still illegal in Ireland. One doctor who specialises in sexually transmitted diseases said: "Certain homosexual activity helps spread AIDS and any leaflet paid for by Department of Health funds should have made that clear instead of doing the opposite. Psychotherapy treating homosexuality as an anxiety or phobia towards the opposite sex, can cure, at least the younger patients, but only with their co-operation. The leaflet made no mention of this." The Health Education Bureau refused to confirm or deny if they had vetted the contents of the leaflet...³⁴

Recalling the incident in interview, then Minister for Health, Barry Desmond, and Minister Quinn's Labour Party colleague suggested that the Department of Health, while supportive of the HEB's decision to fund the printing of the AIDS leaflet as outlined above, was fully prepared in the face of controversy to let the semi-state body fight its own battles:

They (the HEB) were lacerated for giving those small amounts of money to the gay organizations. They were subjected to huge attack and we maintained that it was up to them to stand their ground. They had a board – I appointed the board of the HEB which was quite a good board...³⁵

The sexually transmissible nature of AIDS presented a significant challenge to the Department of Health with regard to the provision of information. Kingdon found that political leaders and high level departmental officials tend not to lead from the front on

contentious issues displaying a tendency "...to duck hot issues or throw them to administrative agencies..."³⁶ As a semi-state body, the HEB was responsible for any recommendations made but it was a matter for the Minister for Health, to accept or reject them³⁷. It appears that the Department of Health managed the issue in granting permission to an external agency to fund a leaflet generated by a group whose dubious legal status prevented official recognition by the Department. As Barry Desmond recalled it, the Department had been in favour of HEB support for the production of the first and relatively explicit AIDS information leaflet by GHA, but was also prepared to support a benign inoffensive version for distribution via the health boards a year later. When the HEB developed an AIDS Information resource for the general public launched at the beginning of August 1986, it was claimed that some explicit details contained in earlier drafts were removed "...because of fears that some health boards would refuse to distribute it."³⁸ According to an Eastern Health Board spokesperson, the decision was taken on the basis of an earlier publication entitled 'The Book of the Child' which detailed information with regard to artificial contraception:

After that experience it was felt that if the information on AIDS was too explicit, the booklet would be effectively banned, that the health boards would refuse to distribute it.³⁹

The difficulties encountered in drafting it were apparent in an RTE news report in which broadcaster Richard Crowley asked Dr. James Walsh why the HEB had not yet prepared an AIDS leaflet to which he responded, "the HEB hasn't produced a leaflet because it is very difficult to know what kind of leaflet you can produce."⁴⁰ The controversial details were those relating to how AIDS is spread among homosexual men by means of anal sex and oral sex, and the risks posed to men and women by promiscuous homosexual and bisexual men. Consequently the amended text referred only to "unsafe forms of sexual activity"⁴¹ without any explanation or definition of

what that might entail. Commenting on the incident, Workers Party Teachta Dála (T.D. or member of the lower house of the Oireachtas or Parliament) and Eastern Health Board member, Prionsias de Rossa, said that there was a lot of tension between the HEB and the Eastern Health Board, claiming that many members felt that the HEB should be wound up while adding, "...I have encountered strong opposition myself as a board member to making more information available to the public about contraception."⁴². GHA were critical of the HEB for its watered down version of the public information leaflet, and almost a month later on 30th August 1986 launched its own sexually explicit "play safe" cards and safer sex posters. Proving insensitive to the delicate sensibilities of Health Board and other statutory agencies, GHA pushed the boundaries of sexual health promotion even further in the February/March 1988 issue of their newsletter in which they provided explicit information on bondage, spanking and the use of sex toys with safer sex advice as follows:

"Fucking" or being "Fucked" between the legs is perfectly safe...Watersports: urine on the outer skin is safe but make sure there are no cuts or grazes. Piss shouldn't enter the body and never swallow it...Sucking cock is regarded as low risk...Finger Fucking... may pose a small risk...the gentler and slower the fuck, the less risk of the condom breaking...Anal intercourse, fucking or being fucked without a condom with an infected person is considered to be the highest risk for contracting the virus...Rimming: mouth to anus contact, is risky as blood or faeces (shit) can easily carry the virus.⁴³

By way of comparison, the government national AIDS awareness campaign in 1987 which will be discussed in Chapter 8, described homosexual and heterosexual routes of transmission as simply and ambiguously "intimate sexual contact"⁴⁴.

The production of the first AIDS information leaflet in Ireland reveals, therefore, the tensions inherent at government level in supporting the work of an organisation which

promoted sexual acts that were unlawful. Equally problematic was the generation of information on how HIV is transmitted when that required a foray into the hitherto uncharted territory of sexual health promotion. GHA's unapologetic use of progressively explicit language further alienated statutory agencies, rendering policy dialogue even more difficult. In reality, the Department of Health maintained a cautious foothold in both liberal and conservative camps by, as Kingdon might argue, deploying a "well-known tendency"⁴⁵ to avoid contentious issues by delegating the responsibility for them to external agencies. The HEB was forced to manage the controversy, while ensuring that its own publication was tailored to the requirements and conservative culture of the Health Boards. The issue that was the unlawful status of GHA's activities was simply ignored by the Departments of Health and Labour and the HEB; but while each of these official bodies supported the work of the GHA, they did so from a cautious distance. The GHA's first AIDS information leaflet, while perhaps indicative of the group's political naiveté, remains historically significant in that it marked a departure from a culture which spoke of sex in vague, euphemistic terms.

Communication with the Department of Health

As indicated by the production of the AIDS information leaflet, the Department of Health maintained a cautious distance from GHA. Documents contained in the archives of DAA reveal that GHA persistently wrote to Minister for Health, Barry Desmond, to request a meeting about funding but also about prevention education and other issues. In early 1985⁴⁶ Chris Robson and Donal Sheehan (two GHA activists) met to agree GHA's lobbying and political priorities, identifying the following:

- the need to challenge insurance discrimination towards people affected by HIV/AIDS;
- the importance of GHA representation on policy committees;
- core funding for the work of GHA;

- provision of healthcare which was sensitive to the interests and needs of the gay community;
- reform of laws criminalising homosexual acts.

The first letter dated 16th May 1985, was sent by Chris Robson from his home to Minister for Health, Barry Desmond informing the Minister that the group had been formed:

Gay Health Action is a newly formed group, which has the active support of almost every gay and lesbian organisation in Ireland. Our programme is to provide information to our community on all aspects of gay health, to campaign for medical and social support services and to provide support groups for people who need them.⁴⁷

The letter requests that gay advisors be appointed to the hospitals in order to ensure that staff is sensitive to gay lifestyles and AIDS, citing positive experiences of such initiatives in England and America. The letter sought clarification from the Department as to its planned course of action in response to AIDS and concluded with a request for a meeting with the Minister and/or the Department's person with special responsibility for AIDS, which at this time was Dr. Jimmy Walsh, National AIDS Co-ordinator. A response was received to this letter on 6th June 1985 and signed by the Minister's private secretary. The letter claims that the Department "...has been keeping the situation with regard to Aids (sic) under review at the national and international level."⁴⁸ continuing with an outline of the monitoring system that had been put in place while further reporting that a representative of the Department had recently attended an international AIDS conference in Atlanta. The Department's letter further acknowledges that it is reviewing information obtained at the conference in Atlanta and considering, with information from other sources, what steps would to be taken with regard to HIV prevention. The Minister's private secretary makes no reference to the request for a meeting, or for that matter, the request for the employment of gay advisors in the hospitals, but does in conclusion state that "The Minister will write to you again

when the specific action to be taken has been determined.”⁴⁹ A follow-up letter from the Department was not located in the DAA archive. GHA corresponded regularly with the Minister’s office throughout 1985 and 1986, offering updates on its own work, and repeating its request for a meeting with the Minister or his senior officials. For instance, on 6th October 1985, Robson wrote again to the Minister querying why no reference had been made to issues raised in their previous correspondence:

...the standard of STD [Sexually Transmitted Diseases] facilities; an information and training programme for health workers; special counselling for people at STD clinics and the need for absolute confidentiality with regard to HTLVIII tests...We are also concerned with the wider issues of gay health generally and particularly with the gravely inadequate STD facilities, clinics, laboratories, staffing that prevail throughout the country. We will soon be writing to you soon (sic) giving the results of a survey on STD clinics which we undertook and which dramatically illustrates their shortcomings...We suggested that skilled gay advisors might be employed at the clinics: we are certainly willing to try this out on an initial voluntary basis, using members of our group who have been trained in AIDS counselling...⁵⁰

Robson reminded the Minister that while a representative of the Department of Health was heard on radio telling the general public that homosexual acts remain ‘technically illegal’:

... [this] has not prevented the Health Education Bureau from helping us with our leaflet or the Department of Labour from funding part-time workers with GHA and it should not prevent your Department from working with you on the above programme. We again state our willingness, eagerness, to meet with people in your Department to discuss these and any other matters.⁵¹

The ‘willingness, eagerness’ expressed by Robson for a meeting with Department officials was not reciprocated. On 14th February 1986 Robson wrote again to Barry Desmond in a letter that commences, “we are deeply disappointed to have received no reply to our letter of 6th October 1985”⁵². The tone of this letter does little to hide

GHA's exasperation with the Department of Health and following a lengthy summary of GHA's activities to date, concludes:

In short, virtually the entire responsibility for public education and training on AIDS in Ireland has landed on our shoulders: to put it bluntly, we are doing your Department's job.⁵³

In a claim unlikely to have endeared GHA to the Minister for Health, Robson continues that staff and volunteers "...know at least as much about AIDS (and frequently a great deal more) than most doctors..."⁵⁴ Reiterating his awareness of the hypocrisy and policy paradox in operation with regard to the state's dealings with GHA, he reminds the Minister again in conclusion:

At a public meeting on Thursday 6th February, Dr. Walsh...agreed that we were the best people to do all this work and he stated that we should be properly funded. He then for the third time repeated the statement of which we complained in our last letter: that your Department could not fund gay men while our sexual activity is still criminal. Frankly this is absurd. Not only are you yourself publicly committed to changing this law, but the Health Education Bureau and the Department of Labour have at different times funded us without any such quibble...We repeat our request to meet with you or your officials...⁵⁵

The three-page, closely-typed letter concludes with a plea to be consulted in the drafting of the forthcoming HEB AIDS leaflet:

...in view of all our work and experience, we should be consulted about the way such information should be presented, particularly in its references to the gay community...We repeat this request to be consulted.⁵⁶

Contemporary newspaper reports however with regard to the controversial HEB AIDS Information leaflet discussed above suggest that GHA were not consulted or at least not in the final drafting which removed any reference to gay or bisexual men.⁵⁷ The Department's response was predictable:

Dear Mr, Robson, Barry Desmond TD, Minister for Health has asked me to acknowledge with thanks receipt of your letter of

14th February 1986 and enclosures concerning the question of AIDS and to assure you that your letter is receiving attention. A further letter will be sent to you as soon as possible.⁵⁸

No 'further letter' was located in the DAA archive. Undeterred, Chris Robson wrote again to Barry Desmond exactly one month later on 14th March 1986 sending him a breakdown of the costs incurred in printing an updated AIDS information leaflet and safer sex card and informing him that a retrospective claim had been submitted to the HEB, which we now know was never granted. The Department of Health responded on 18th March 1986 with an acknowledgement that repeated exactly what it had written on 20th February.

GHA contacted a Department official on 28th May 1986 in a letter expressing disappointment at its failure to engage the Department in detailed discussion:

We are (again) deeply disappointed that we have received no replies other than brief acknowledgements to our letters of 14th February and of early March and that our continuous efforts to contact you by telephone have been in vain. It seems to us extraordinary that the Department of Health is prepared to publicly acknowledge our "magnificent efforts at education and information" (Dr. Walsh at the Bord Altranais Conference) and yet, at the same time, refuse to meet us to discuss any aspect of this work, or ways in which it can continue to be funded. The office from which we currently work has been sold, and we have to find alternative accommodation immediately. As a matter of extreme urgency we request a reply to our long standing queries, so that we may make proper plans to continue our desperately necessary work.⁵⁹

This letter was copied to the Minister Barry Desmond the following day while taking the opportunity to inform him that,

...the British Government has recently given a specific 1986 funding grant to the Terrence Higgins Trust (THT), the London group, equivalent to our one. The grant was immediately described by the medical press, researchers and the THT itself as "totally inadequate". The sum involved was £100,000.⁶⁰

By 1987, GHA's attitude to the Department of Health was openly hostile. On the renewal of the SES scheme, Bertie Ahern, then Minister for Labour, a Fianna Fáil minister who took office following that party's success in the election of 1987, acknowledged the value of GHA's work, which prompted the following reaction:

We could paper the walls with statements from the Department of Health about the importance and quality of the work GHA has done but we have yet to receive a single penny towards that work from the Department.⁶¹

Meanwhile, the new Minister for Health, Rory O'Hanlon, moved quickly to abolish the HEB, perhaps motivated at least partially by a desire to control its dalliances with liberal causes, which will be explored more fully in Chapters 7 and 8. A GHA newsletter⁶² reports that almost one year following the last letter on file from the Department of Health promising GHA that they will be in contact to arrange a meeting, no such meeting had in fact occurred: "The need for such a meeting has been avoided by the simple tactic of not answering our letters!"⁶³ The newsletter also claims that GHA had been informally advised by the Department that it could not be seen to fund a group whose status is unlawful. In a handwritten letter to Michael D. Higgins, then T.D. for Galway West and member of the Labour Party, dated 6th November 1987, Donal Sheehan for GHA wrote:

Further to our chat in the Dáil today, the situation is that we (Gay Health Action) are aware that the HEB took legal advice on the question of providing 'safe sex' advice for gay men. The opinion received was basically that anyone advocating sexual activities (safe or otherwise) between men could be prosecuted for 'Conspiracy to Corrupt Public Morals'. ...David [Norris] wants very much to explore this issue in his European case but GHA would prefer to avoid any confrontation with the Department of Health. The best way forward seems to ask a question in the Dáil to elicit the relevant information in a form that David can use. I would suggest the following format:

1. Have the Department of Health or the Health Education Bureau at any time taken legal advice on the implication

of providing materials to promote safer sexual practices among the gay community and, if so, what was the content of such opinion (s);

2. Has the current state of our laws in any way impeded the Department of Health or the HEB in taking steps to promote safer sexual practices among the gay community or providing support for organisations within the gay community undertaking such work?

We would be very grateful if you could send a copy of the reply you received to your recent question to us at P.O. Box 1890, Sherriff Street, Dublin 1. I hope this is legible; our typewriter is out of action due to the recent fire at the Hirschfield Centre.”⁶⁴

Whether or not GHA's letter of the 6th November 1987, was ever sent or received by Michael D. Higgins cannot be ascertained and no record of the questions GHA suggest might be asked in the chamber, may be found in the Dáil record around that time. However, in a question and answers session almost a year later, 2nd November 1988, Michael D. Higgins specifically asked then Minister for Health, Rory O'Hanlon why GHA had been refused funding and:

...if it is a fact that his Department took a legal opinion or if his Department refused assistance to those working in the voluntary sector offering information on AIDS because they suggested the use of condoms? Further, will he specifically answer the question as to why groups working with the gay community were refused assistance —I am referring to the Gay Health Action Group?⁶⁵

Dr. O'Hanlon replied that he was unaware of any such legal opinion being sought and deflected the question as to why GHA had not been funded by the Department of Health:

As regards the Gay Health Action Group, I am sure that in the booklet we produced reference was made to the Gay Health Action Group as one of those groups that persons who felt they might need assistance in combating or avoiding AIDS could approach for information.”⁶⁶

Clarifying the issue and suggesting that Michael D. Higgins was confused in the matter in a letter to the Irish Times on 30th November 1988, Robson for GHA, confirmed that

according to his information, the legal opinion received by the Department of Health informed them that the Government could be sued for condoning criminal behaviour if state funds were extended to GHA for the purposes of producing educational materials describing safer sex practices⁶⁷. Robson concluded with criticism of government AIDS information material that omits specific safer sex information for the 'tens of thousands'⁶⁸ of men throughout Ireland whose sexuality was undisclosed.

GHA claimed the seemingly ambiguous and inconsistent approach between government Departments as follows:

The Department of Labour meanwhile has no problem in funding workers under the SES to do exactly what the Department of Health claim is illegal. The fact that the SES is part funded by the EEC and monitored by Trade Union representatives largely explains the difference in approach.⁶⁹

Unproductive correspondence continued throughout 1986 but closed with an acknowledgement by P. Moore, Private Secretary to Minister of Health, Barry Desmond who assured GHA "that your letter is receiving attention."⁷⁰ An Irish Times report dated 30th July 1986, confirms that a statement issued by the Department of Health on 24th June announced that it would be contacting GHA about a meeting in the near future⁷¹. The same report claims that on 24th June 1986, GHA made a public appeal to the Minister for a meeting and placed their correspondence with the Department of Health in the public domain in order to demonstrate that GHA had received no substantive replies. Citing "primitive prejudices" for the failure of the Irish health authorities to respond to the need for education programmes to prevent the spread of HIV, GHA claimed:

It is our opinion that the only explanation is that the Department is conforming to anti-gay prejudices that are still so prevalent in Irish society. Indeed officials of the Department have stated that they cannot fund an organisation of gay men while our sexual

practices are still illegal. It is intolerable that this crucial work which we are doing on behalf of everyone in Ireland should suffer because of primitive prejudices.⁷²

Within a few months of this article appearing in the Irish Times, another Irish Times report highlighted the refusal of RTE, the national broadcaster, to publish an advertisement for fundraising events in aid of GHA in the *RTE Guide* - because as Mr. Peadar Pierce, sales controller for RTE, explained:

Homosexuality in this country is still illegal and putting it in a family magazine like the RTE Guide would seem to be giving the whole question of gays some normality, putting it in as if it were a normal situation.⁷³

When asked about funding for GHA (in a research interview on 3rd February 2011) Dr. Jimmy Walsh conceded that there might have been a reluctance to fund the gay community. He recalled an incident in which he met Senator David Norris following a fire which had burnt down the Hirschfeld Centre in Fownes Street in 1987, the headquarters of the NGF and from where GHA initially operated. Dr. Walsh claims that Senator Norris was seeking financial support from the Department of Health to rebuild the centre on the basis of the work being conducted by GHA:

It was very difficult because although I commended the gays, the gays turned on me a bit. They decided I wasn't sufficiently pro-gay...I said [to Senator David Norris] my job is to control infectious disease not to promote homosexuality. I don't particularly care, I said, whether you are homosexual or not but it is not my function...and it is possible that I - I can't remember now - that I possibly told the Department to go easy on funding them.⁷⁴

Equally however, Dr. Walsh refused to support the Department of Foreign Affairs in their defence of the state against David Norris at the European Court of Human Rights in 1987:

I went in [to the Department of Foreign Affairs] and they were all sitting around, and they said, 'we wonder Dr. Walsh would you assist us in defending the Norris case?' I says, 'yeah, how

could I defend?’ and they said ‘you could point out’ they said, ‘to the fact that homosexuality is a criminal offence in this country, and is a major factor in controlling AIDS in this country’. ‘You can’t be serious’ I said. I said ‘first of all I won’t do it, no; secondly I said, if you try it, you’ll be laughed out of court’.⁷⁵

Recalling the same incident, then Minister for Health, Barry Desmond described it similarly:

Foreign Affairs legal advisors advanced the argument against the Norris case that there was a danger of HIV for consenting persons and in fairness to the Secretary of the Department, Liam Flanagan and Jimmy Walsh, they advised the Department of Foreign Affairs that this particular defense was very flawed - that reference is a guarded reference in my book – we said to Foreign Affairs, look it’s about the only argument you are advancing, public morality, this, that and the other, but if you want to advance this argument, don’t rely on us to go over to Strasbourg and make complete eejits of ourselves but as you know, the case was lost. The state lost... I virtually enjoyed saying to Foreign Affairs, ‘look, do you really want to advance this argument? If you do, you won’t find me as a witness, you won’t find any Minister of my Department as a witness’ - none of them were called, they had more sense.⁷⁶

While it may have been shortsighted of government not to recognize that the state’s failure to reform the laws on homosexual acts may have been more likely to create a society conducive to the spread of HIV rather than to its prevention, that it was actively anti-gay or operated ‘primitive prejudices’ as claimed by GHA is much more difficult to ascertain. It may be argued that the Irish state’s failure to reform the laws on homosexuality reflected at some level the Catholic Church’s official teaching that homosexuality was a ‘disorder’, an ‘intrinsic moral evil’⁷⁷. Indeed Justice McWilliams’ ruling at David Norris’s High Court case which challenged the constitutionality of the laws on homosexuality heard in June 1980 concluded that it was “reasonably clear that current Christian morality in this country does not approve of buggery or any sexual activity between persons of the same sex”⁷⁸. Ferriter suggests that both tolerance and prejudice characterised the limited debate about homosexuality in the 1980s⁷⁹ and it

may be reasonable to surmise, that Departmental officials might have represented a similar diversity of views. Then Minister for Health, Barry Desmond wrote in his autobiography, "As Minister for Health in the early 1980s, I was thoroughly ashamed of the draconian laws on our statute books relating to homosexuality"⁸⁰ while adding that the advice available at the time against repealing the law in this regard was that the 'AIDS argument'⁸¹ should be used. However, of senior civil servants, Dr. Walsh recalled:

They were titillated and amused by homosexuals when they would come to meetings and so on, they'd be eyeing them up and down and eyeing the poor fellows' clothes.⁸²

Recalling some of the meetings GHA eventually had with senior civil servants at the Department, Mick Quinlan, Manager of the Gay Men's Health Service and founding member of GHA said:

I don't think we ever met a minister but we did have meetings with (senior civil servant named); ... he always remembered us going in and we were the fighters....give us this, give us that, give us the other and you should be doing that...so that's how we were seen I would think and the other side of it was...we were the exotic side of the work...⁸³

Quinlan also acknowledged that the explicitness of the safer sex message they were promoting was not only problematic for the Department of Health but even sometimes for the gay community itself:

It wasn't only in (government) Departments; it was also on the scene that there was a bit of reluctance and a bit of denial going on about, you know, who are we going in with cards and leaflets...⁸⁴

GHA's November/December 1987 newsletter notified readers that, "GHA had a meeting (finally!) with the Department of Health on 16th November."⁸⁵ The meeting

was attended by three senior officials from the Department of Health and GHA report that it "...did not produce any firm conclusions but was useful and informative..."⁸⁶. The Department made clear that its priority was limiting the spread of HIV among drug users and the development of educational materials for schools. GHA report that it expressed dissatisfaction with the level of commitment to gay and bisexual men, but welcomed the fact that the Department announced a £450,000 allocation from the National Lottery to support the work of voluntary groups.

It took over two and a half years for the Department of Health to finally concede to a meeting with GHA and as subsequent findings chapters will reveal, it did so at a time when the public mood was shifting towards a more liberal response to the crisis engendered by HIV and AIDS. The European Court of Human Rights ruled against the Irish state and the laws criminalising homosexual acts on 26th October 1988 but, as Chapter 7 reveals, the Department of Health by this time, had anticipated such an outcome. Up to that point however, it operated a policy of protracted non-engagement with GHA. The dominance of the Catholic Church in prescribing and regulating sexual morality coupled with the state's complicity in that endeavour undoubtedly hindered the emergence of a more liberal sexual health regime demanded by GHA. The clash of ideological perspectives that AIDS presented and the fact that the first response grew out of a largely militant branch of the gay rights movement presented government in Ireland with an irreconcilable dilemma. GHA's claim that the Department of Health operated from a position of 'primitive prejudice' may be exaggerated: in practice the administration was clearly constrained by the legislation, however unpalatable that reality was to GHA. As Ferriter's analysis concludes, evidence of both tolerance and prejudice of homosexuality is evidenced in 1980's Irish society and it is therefore likely and indeed probable from the recollections of both former Minister for Health Barry

Desmond and deputy Chief Medical Officer, Dr. James Walsh above, that both attitudes prevailed in the Department of Health at that time. As one contemporary commentator reflected, “Painful choices lie ahead for us as public policy tries to come to terms with AIDS.”⁸⁷

Mission Creep⁸⁸

The Department of Health’s strategy of protracted non-engagement, coupled with the ambivalence which characterised attitudes to gay sexuality in Irish society and the extraordinary number of civil society organisations then growing up around the issue of HIV and AIDS, soon convinced GHA of the need for an umbrella organisation. AIDS Action Alliance (AAA) was founded in October 1986 to co-ordinate resources, information and fundraising among AIDS-service organisations. AAA’s management structure was comprised of representatives from each of the agencies linked to the network – a list of affiliated organisations may be viewed at Appendix 5A.

The list of organisations affiliated to AAA continued to grow throughout the remainder of the decade, to include trade unions, the Irish Association of Social Workers, the Union of Students in Ireland and many other organisation with a direct or indirect interest in HIV/AIDS⁸⁹. There were, however, an equal number of AIDS-service organisations, such as those working with injecting drug users or with haemophiliacs, who opted not to affiliate to AAA. Indeed the field became so overcrowded and problematic that a conference held in 1988 highlighted the fact that individual groups with a variety of agendas were causing tension in the sector, as groups competed for funding, duplicated programmes and operated differing policy priorities, thus discouraging the statutory sector from engaging in dialogue with them.⁹⁰ The vast array of organisations that developed around HIV and AIDS is not unique to Ireland⁹¹ and

their activism became characterised by what Berridge referred to as ‘missionary’⁹² in terms of the informal networks through which information was shared, scientific knowledge interpreted and talks given in schools, parishes and at conferences. AIDS as a policy issue was driven, as in the UK, from the ‘bottom-up’ instead of from the ‘top-down’ as was customary in Ireland’s centralised system of governance. The clinicians and scientists who constructed a parallel policy community in the UK did not emerge here to the same extent until the appointment of a genito-urinary specialisation in 1987. Before that time, a small number of GPs were actively campaigning to improve sexual health service provision in the state and advanced their rationale throughout the initial decade of AIDS as will be explored in Chapter 8. The policy community constructed by gay activists propelled the response in the initial years and was instrumental to the formation of subsequent groups focusing on befriending, women’s sexual and reproductive health, lesbian health, HIV positive peer support and the establishment of AIDS information helplines. AAA, as an umbrella body, forged a nationwide alliance of campaigners for improved sexual health services, the introduction, amongst other things, of AIDS education both within the school system and for the general public. Recalling civil society activism of the era, Professor Fiona Mulcahy, Ireland’s first GU Consultant at St. James’s Hospital said that in terms of mobilising sexual health service development and engendering more open dialogue about sex, “I think they were good.”⁹³ The activism which underpinned GHA and all the groups associated with AAA converged around the need for government to provide an effective response on multiple fronts but was disparate in other respects. The Irish AIDS Initiative, a conference organised on an unknown date in 1988, brought together positive people, voluntary and statutory workers from both sides of the border, aiming to:

...lay the groundwork for a strategy plan in both Northern Ireland and the Republic and begin political lobbying for a positive and determined approach to care and education as well as a commitment to adequate funding...⁹⁴

Brian Murray, Chairperson of AAA, urged statutory agencies to make greater use of the voluntary sector in overcoming 'political entanglements' that can hinder an effective statutory response in public education and other contested areas of public policy. He called on government to fund voluntary efforts and was critical of the fact that they had successfully avoided doing so thus far. Of the voluntary sector itself, he concluded:

Finally, I want to say something about the multiplicity of voluntary organisations which exist in the field of AIDS. Not only does every so far recognised risk group have its own support group, but even the provision of information to the public has to be categorised into groups...This is an expensive and illogical way of tackling the problem. There is a need and it is a need which I think and I hope the AIDS Action Alliance is addressing, to rationalise the number of organisations providing similar services to people. There is no need to have organisations competing with each other to raise funds. We all need to set out what we are doing and what we are best able to do and where we cannot agree to join together, we can at least agree to limit what we are doing to those areas for which we have an expertise and to open the way for others to do things we cannot do well. AIDS...requires a co-ordinated response led by the statutory agencies working with the voluntary sector. One of the objectives of this conference must be to find ways in which the gap which exists between statutory and non-statutory agencies can be bridged and just as importantly, how the non-statutory agencies can co-operate with each other.⁹⁵

The matter of fragmentation and internal tensions within the voluntary response was also raised in the workshop exploring opportunities for voluntary and statutory liaison.

Donal Sheehan from GHA reported:

One of the major issues that were discussed was the perception of the voluntary sector by people outside the sector but particularly in the statutory sector and the difficulty in working in any way with the voluntary sector because of certain perceptions they had. Issues mentioned were the plethora of different voluntary groups linked together under the umbrella of AIDS Action Alliance. The perception that there were hidden

political agendas within different groups. That individual groups had a variety of agendas with which there could be conflict in different ways.⁹⁶

While Kingdon found that interest groups are key players in terms of agenda setting and policy formation, he believed that their effectiveness is “seriously impaired” when there is dissension between such groups.⁹⁷ Reflecting on the various activists who formed the AIDS Liaison Forum (ALF), a network of statutory and voluntary AIDS service providers, Maeve Foreman, former senior social worker from St. James’s Hospital, commented on what became a crowded agenda with various groups lobbying from various different ideological perspectives:

...because of the disparate nature of the group, I think on certain issues, it was considered more effective for the individual constituent groups to do their own lobbying because people were going to take different tactics of varying degrees of radicalness.⁹⁸

Mick Quinlan also raised the issue of fragmentation and lack of cohesion both within the gay lobbyists and the AIDS policy community in which there was competition for meagre funds and various political perspectives in operation, at times in conflict.⁹⁹ Between 1985 and 1988, Quinlan argues, much of the work was focused on fire fighting crises:

...between '85 and '88, of course, with the tests coming in for HTLVIII as it was called and then HIV, more and more people then were identified, and then of course you had the crisis in the prisons and in the community and so the whole reaction against people with HIV and AIDS and donning of uniforms and stuff like that, and masks in the prison. So that was going on as well at the same time. So we were trying to tackle that.¹⁰⁰

The need to constantly fund-raise may also have contributed to an over-emphasis on operational matters to the detriment of more strategic engagement with government. Towards the end of the decade, the coalition that GHA established as AIDS Action

Alliance in 1986 became so fragmented that it split into Cork AIDS Alliance, Galway AIDS Alliance, Limerick AIDS Alliance and Dublin AIDS Alliance. GHA became smaller as volunteers drifted between the Alliance organisations or other independent groups like the help lines. In 1990 a meeting was called and it was decided to disband GHA, a decision which Quinlan did not support. The closure of GHA coincided with the subsequent formation of a fully participatory National AIDS Strategy Committee which was convened by the Department of Health in 1991 and which will be discussed in Chapter 7. Reflecting on GHA's policy engagement with the Department of Health Quinlan concludes in retrospect that they may at times have been 'over the top':

I don't think we ever met a minister but we did have meetings with Michael Lyons [Principal Officer]; with the secretaries ... and he would say, he always remembered us going in and we were the fighters, you know us...blah, blah, blah, 'give us this, give us that, give us the other' and 'you should be doing that', you know; so that's how we were seen I would think...you forget, you know, when you go into a situation like that, you forget that the Minister for Health has so much things to deal with and that AIDS or HIV mightn't be a priority...So, and I realise as I'm talking now and it's probably because I'm mellow, so do you know with hindsight, yes you were working really hard then but really sometimes it was over the top as well, the way we were.¹⁰¹

From the difficult and adversarial position which typified civil society engagement with officials within the Department of Health throughout the 1980s, the participatory policy democracy of the National AIDS Strategy Committee in the 1990s led to greater understanding, and even to an acknowledgement that "civil servants could also be on your side."¹⁰² In summing up civil society activism which developed around AIDS in the 1980s many key informants who contributed to this research¹⁰³ concluded that the establishment of the Eastern Health Board first needle exchanges in 1989, the Women's Health Project (a clinic for women working in prostitution) and the Gay Men's Health

Service in 1992 and explored in Chapter 8, would never have happened without the AIDS crisis and the activism that developed around it. In the final analysis of GHA, Quinlan concluded, “in one way we got a lot done and in another way we didn’t, of course.”¹⁰⁴

The Conservative Backlash

Any analysis of the civil society response to AIDS throughout the 1980’s would be incomplete without reference to those groups who were not specifically AIDS focused, but who were nonetheless important contributors to an AIDS historical narrative. This section therefore, while continuing the general theme of ‘civil society’, will focus on those at the opposite end of the ideological spectrum from those introduced above.

Now senior civil servant in the Department of Health, Mary Jackson, who was appointed to the National AIDS Strategy in 1991 recalled:

...you’ve got both ends of a spectrum, you’ve got the very liberal and you’ve got the conservative. I would be happy to say ultra-conservatism didn’t have a negative impact on the groundswell of opinion and the public health need that outweighed everything else to move forward in implementing the recommendations of NASC to tackle what we knew would be a very serious problem if not tackled appropriately.¹⁰⁵

As outlined in detail in Literature Review Chapter 2, however, a decade earlier as the first cases of AIDS were being diagnosed in Ireland, a vituperative debate was raging over the pending abortion referendum. Labeled by some as “ultra-conservative”¹⁰⁶ and “Catholic right-wing”¹⁰⁷ a number of conservative groups established around the Eighth Amendment to the Constitution of Ireland Act, 1983, which was better known as the pro-life amendment campaign. These groups included but were not confined to the Society for the Protection of Unborn Children (SPUC); the National Association of the

Ovulation Method of Ireland; the League of Decency; the Responsible Society; the Irish Family League; the Society to Outlaw Pornography, and the Christian Political Action Movement¹⁰⁸. Formed just weeks after the Eighth Amendment to the Constitution in 1983, Family Solidarity was probably the best known, most widely supported and most influential of the conservative Catholic lay groups throughout the 1980s, declaring itself committed to the preservation of family values. While these groups did not tend to engage with the AIDS debate specifically, their conservative ideological position cross-cut many of the issues that were central to the AIDS debate including sex education and reform of the laws on contraception and homosexuality. They stood vociferously in opposition to abortion, divorce and liberalization of the contraceptive laws, opposing at every stage, the passage of the Health (Family Planning Amendment) Act 1985 and David Norris's campaign for reform of the laws on homosexuality¹⁰⁹. As is outlined more specifically in Chapter 8, they held the view that sex education was the responsibility of parents and not the state, while blaming the media for promoting a permissive way of life.¹¹⁰ Family Solidarity was established in 1984 and claimed up to one thousand branches nationwide, which they hoped to grow¹¹¹. Membership included representation of Ireland's middle classes including some doctors and academics, and while they maintained that the group was neither "officially or formally"¹¹² associated with the Catholic Church, meetings were held in parish halls and their teachings reflected Catholic morality. The reach of Family Solidarity was considerable throughout the 1980s and their influence on events documented in subsequent chapters was appreciable. As will be further explored in subsequent chapters, some questioned the tactics deployed by these groups to promote their agenda. Former Minister for Health, Barry Desmond, whose government presided over the abortion referendum in 1983, recalled of Bernadette Bonar, member of the Catholic Guild of Pharmacists, Vice-

Chairwoman of the Pro-life Amendment Campaign, Committee Member of the Society for the Protection of Unborn Children, and Vice-Chairwoman of Family Solidarity:

Bernie Bonar above in Leopardstown, she was one of the Chairpersons of the pro-life and there were another half dozen people out in Dun Laoghaire who were virulent and wherever you'd go you'd be attacked if you were handing out leaflets, abusing you, you know, so in the end, it was better not to be too public...If I had lost my seat they would have regarded it as a major victory, you know, and there's a few more people they'd like to have got rid of.¹¹³

In early 1988 Family Solidarity circulated an information leaflet on AIDS in which they claimed that ordinary social contact with an infected person was unsafe. Former TD and now President of Ireland, Michael D. Higgins raised the issue in the Dáil on 9th February 1988 asking then Minister for Health, Dr. Rory O'Hanlon, how he proposed to protect the public from such misinformation¹¹⁴. The leaflet sought to blame 'sexually active homosexuals' for the AIDS crisis and urged its readers to:

Have a will of your own. Don't allow yourselves to be pressurised by others. For a happier future, indeed any future, choose a wholesome lifestyle. Learn the real meaning of love. You deserve to know, so that you can love without fear of AIDS.¹¹⁵

By far the primary complaint of Catholic groups committed to the retention of traditional family values is that liberals were using the AIDS crisis to further their own agenda. In the course of a debate on AIDS in Seanad Éireann, Senator Don Lydon complained:

AIDS has suddenly appeared as a dreadful consequence of particular sexual practices which the sexual libertarians have been determined to establish as just as valid as any other but...AIDS has been harnessed to the very cause it first seemed to threaten.¹¹⁶

Senator Lydon was particularly opposed to the introduction of school-based sex education that used AIDS as a justification:

The first news of the AIDS plague must have been deeply disconcerting to the sex educators and so-called family planners who have worked so hard to tell adolescents, children and adults that no sexual activity of any sort can be morally wrong in itself provided a person, however young, freely wishes to do it and given that no unwanted pregnancy results...the (AIDS) disease was quickly seen as providing a new opportunity by a conglomerate of sex educators, libertarians, some vested interests and those who go along unquestioningly and unreflectingly with the fashion of the moment. Thus, we now have a demand for what is called explicit advice in the schools about AIDS.¹¹⁷

As will be explored in greater detail in Chapter 8, Senator Lydon was not alone in his opposition to the introduction of school-based sex education notwithstanding the crisis engendered by AIDS. The HEB's attempts to introduce morally-neutral life skills programmes earlier in the decade had met with intense resistance by conservative Catholic groups. Of all the actions throughout the initial decade of the AIDS crisis in Ireland which could be construed as supportive of a more liberal sexual health agenda, the introduction of school based sex education was by far the most controversial.

Commenting on the influence on of the conservative lobbyists for this research, Senator Don Lydon expressed the view that "I would say they were influential enough. No party could afford to alienate so many people at that time who would hold these views."¹¹⁸ In much the same way that the rise in popularity of the extreme right in France throughout the 1980s impeded the advancement of the kind of liberal consensus adopted in the UK¹¹⁹, the emergence of extremely vocal conservative Catholic groups in the wake of the abortion and divorce referendums in Ireland served to tie the hands of government considerably. The literature review has already pointed to historical and social factors which hindered the advancement of a liberal response to sexual health in Ireland, but the fact that AIDS coincided with the conservative backlash resulting from two referenda perhaps negatively impacted the pace at which a liberal approach might otherwise have emerged. National archives recently released by the UK government,

more explicitly quoted in Chapter 7, reveal that the head of the Anglo-Irish division in the Department of Foreign Affairs in Dublin informed his British counter-part in 1983 that the outcome of the abortion referendum in Ireland in which there was a two-thirds vote in favour of a “prolife” amendment to the Constitution, precluded for the time being, the advancement of a more liberal Republic.¹²⁰ This revelation points to that fact that in the interests of Anglo-Irish relations, politicians of the era were disposed to a more liberal society in Ireland. But groups like Family Solidarity boasted a well-educated, articulate and influential membership, and as Kingdon found, if policy makers are going to listen to interest groups at all they are more likely to “...pay more attention to those who are relatively well-to-do...”¹²¹ Unlike GHA and other liberal AIDS-activists of the era, they were well funded, well organised and intensely vocal, factors which Kingdon’s study demonstrated, ensured a higher place on the policy agenda¹²². One contemporary commentator suggested that Minister for Health, Dr. Rory O’Hanlon’s¹²³ decision making was influenced and informed by Family Solidarity and suggested he widen his realm of influence to take account of broader needs in Irish society¹²⁴.

Conclusion

This chapter has charted the first response to AIDS, which emerged in Ireland as elsewhere in the gay community. As with comparable groups in the UK, the initial gay response was motivated by the sense of impending emergency and the pressing need to address the prohibition of condoms and the dearth of sexual health service provision in an Irish context that underdevelopment prevented from effectively meeting the challenge posed by AIDS. In a climate in which homosexual acts were criminalised and sexual health promotion prohibited, the gay community was largely negatively constructed and consequently held very little power to influence the policy agenda. The

production of the AIDS information leaflet revealed the tensions inherent at government level in supporting the work of an organisation which promoted sexual acts that were unlawful. Equally problematic was the generation of information on how HIV is transmitted when that required a foray into the hitherto uncharted territory of sexual health promotion. GHA's unapologetic use of progressively explicit language further alienated statutory agencies, rendering policy dialogue even more remote. The clash of ideological perspectives that AIDS presented and the fact that the first response grew out of a largely militant branch of the gay rights movement presented government in Ireland with an irreconcilable dilemma. The state, and particularly the statutory health sector, was compelled to respond to and – to some extent at least – adjudicate between two polarized world views. On the liberal side, those groups representing the gay community were seeking to use the crisis of HIV/AIDS to get their liberal views on sexual health onto the official health agenda; on the conservative side, religious or faith-based groups were campaigning strongly against any concessions towards the liberal sexual health agenda. Despite the illegal status of male homosexuality, the statutory health sector made some limited pragmatic concessions towards the gay lobby – undoubtedly influenced in this by genuine concerns to limit the spread of HIV. From the perspective of groups like GHA, such concessions were insufficient and unsatisfactory in that they did not publicly and transparently accept the gay community as a legitimate stakeholder in this evolving policy process. Instead they operated in a relatively covert and oblique way by channeling funds through the HEB and generally keeping the gay lobbyists at arm's length. From the perspective of the traditionalist religious groupings – which were well-funded and articulate, and which had achieved their goals in two constitutional referenda – any concession towards sexual liberalism was unacceptable. This obviously created a dilemma for the health sector since, amongst other things, it

was unclear what the 'national mood'¹²⁵ really was, and so it displayed considerable ambivalence on these issues until such time as the AIDS crisis gained momentum from 1987 onwards.

The proliferation of AIDS activism, some of which originated with GHA, encompassed multiple social issues in Irish life, resulting in an overcrowded and fragmented liberal policy platform, which the establishment of AAA as an umbrella organisation failed to ameliorate. The policy community which evolved much earlier in the UK was not fully realised in Ireland until the emergence of the National AIDS Strategy Committee, a Department of Health-led participatory policy response, which was established in 1991. The intractable position of government in enabling a participatory policy community in response to the AIDS crisis was exacerbated by what was in essence a culture war between two polarized world views, in which the conservative Catholic lobby – at least up to 1987 – maintained dominance. It may seem surprising then that a solution of sorts to this policy impasse was eventually presented to government in 1987 by Catholic Bishops. Chapter 6 will chart the evolution of the National (Bishop's) Task Force on AIDS initiative, which while short-lived, served to open channels to policy dialogue between AIDS activists, the science and medical community and the state, becoming a forerunner to the National AIDS Strategy.

- ¹ Berridge, 1996, p.15
- ² Dublin Lesbian and Gay Men's Collectives, *Out for Ourselves: The Lives of Irish Lesbians and Gay Men*. 1986, Dublin: Dublin Lesbian and Gay Men's Collectives and Women's Community Press, p.194
- ³ Ibid, p193
- ⁴ Merriman, B., *Address by Brian Merriman, Head of Communications and Legal Services at the EGPA Conference in European Gay Police Association Conference*. 29th June 2012: Dublin Castle - http://g-force.ie/files/8313/4255/5528/brian_merriman_speech.pdf, accessed 4.12.2012
- ⁵ Mick Quinlan in interview, 6th April 2011
- ⁶ Dublin AIDS Alliance archive. Uncatalogued. *Funding a Community Based AIDS Prevention Programme* – undated and unauthored, circa 1987.
- ⁷ Dublin AIDS Alliance archive. Uncatalogued. *Funding a Community Based AIDS Prevention Programme* – undated and unauthored, circa 1987.
- ⁸ Berridge, 1996, p.14
- ⁹ Ibid, p.18
- ¹⁰ Dublin AIDS Alliance Archive, Uncatalogued – Minutes of an Organisational Meeting held in Trinity College Dublin on 17th and 18th August 1985.
- ¹¹ Moore, Kevin, *Quinn in AIDS Leaflet Rumpus*, Sunday Independent, 25th August 1985
- ¹² Nowlan, D, *Gay Group Sees Prejudice in AIDS Response*, in *The Irish Times*, 25th June 1986
- ¹³ Mick Quinlan in Interview, 6th April, 2011
- ¹⁴ Ibid
- ¹⁵ Interview with Mick Quinlan, 6th April 2011
- ¹⁶ Toibin, *A Brush with the law*, pp 11-34 quoted in Ferriter, 2009, p.497
- ¹⁷ This incident claimed by Mick Quinlan could not be verified. In a conversation by telephone with Dr. James Walsh on 23rd July 2013 at 20.21 hours I asked if he could recall the circumstances of the incident but he could not but suggested that it was possible that the Department had funded the video. He is now 90 years old and these events are claimed to have taken place 28 years ago.
- ¹⁸ Nowlan, D, *Gay Group Sees Prejudice in AIDS Response*, in *The Irish Times*, 25th June 1986
- ¹⁹ Oliver, T.R., *The Politics of Public Health Policy*. Annual Review of Public Health, 2006. 27: p. 201
- ²⁰ Interview with Dr. James Walsh, 3rd February 2011
- ²¹ Private Video Collection of Dr. Derek Freedman, *Today Tonight hosted by current affairs presenter, Brian Farrell*. April 1987 - actual date of broadcast unknown.
- ²² Ibid
- ²³ Freedman, Derek, *Sexually Transmitted Diseases – The Irish problem*; Paper delivered to the Federated Dublin Voluntary Hospitals and St. James's Hospital Annual Conference, 15th February 1984
- ²⁴ Gay Health Action, AIDS Leaflet 1, printed May 1985
- ²⁵ Telephone conversation with Dr. James Walsh, 23rd July 2013 @ 20:21 hours
- ²⁶ Accounts vary between £700; £790 and £800.
- ²⁷ Interview with former Minister for Health, Barry Desmond, 14th February 2011
- ²⁸ Ibid
- ²⁹ Ibid
- ³⁰ Berridge, 1996, p.16
- ³¹ Ibid
- ³² Mick Quinlan in Interview, 6th April, 2011
- ³³ Nowlan, D, *Campaign to Focus on Drug Abuse*, The Irish Times Ltd, 9th June 1986
- ³⁴ Moore, Kevin, *Quinn in AIDS Leaflet Rumpus*, Sunday Independent, 25th August 1985
- ³⁵ Interview with former Minister for Health, Barry Desmond, 14th February 1985
- ³⁶ Kingdon, 2003, p.38
- ³⁷ Dáil Éireann Debates, *Ceisteanna - Questions. Oral Answers - Health Education Bureau - Vol. 357 No. 2*. 21st March 1985.
- ³⁸ Armstrong, J., *AIDS Details Cut From Health Booklet*, The Irish Times, 14th August 1986
- ³⁹ Ibid
- ⁴⁰ Private Video Collection of Dr. Derek Freedman, *RTE News: Interview between Richard Crowley, RTE Broadcaster and Dr. James Walsh, National AIDS Co-ordinator*. 1986 - broadcast date unknown.
- ⁴¹ Ibid
- ⁴² Ibid
- ⁴³ Dublin AIDS Alliance Archive - Uncatalogued, *AIDS News Action – Newsletter of GHA*. February/March 1988

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- ⁴⁴ Maeve Foreman, Personal Archive, Uncatalogued, HEB AIDS Information Booklet 1987, p.7
- ⁴⁵ Kingdon, 2003, p.38
- ⁴⁶ The year is unknown but the content of the document and subsequent events strongly suggest that the meeting took place in 1985
- ⁴⁷ Dublin AIDS Alliance Archive, Uncatalogued – Letter from Chris Robson, Gay Health Action to Minister for Health, Barry Desmond, dated 16th May 1985
- ⁴⁸ Dublin AIDS Alliance Archive, Uncatalogued – Letter from Private Secretary to Minister of Health, Barry Desmond, to Chris Robson, Gay Health Action, dated 6th June 1985
- ⁴⁹ Ibid
- ⁵⁰ Dublin AIDS Alliance Archive, Uncatalogued – Letter from Chris Robson, Gay Health Action to Minister for Health, Barry Desmond, dated 6th October 1985
- ⁵¹ Ibid
- ⁵² Dublin AIDS Alliance Archive, Uncatalogued – Letter from Chris Robson, Gay Health Action to Minister for Health, Barry Desmond, dated 14th February 1986
- ⁵³ Ibid
- ⁵⁴ Ibid
- ⁵⁵ Ibid
- ⁵⁶ Ibid
- ⁵⁷ Armstrong, J., *AIDS Details Cut From Health Booklet*, The Irish Times, 14th August 1986
- ⁵⁸ Dublin AIDS Alliance Archive, Uncatalogued – Letter from Alan Smith Private Secretary to Barry Desmond, Minister of Health, to Chris Robson, GHA – dated, 20th February 1986
- ⁵⁹ Dublin AIDS Alliance Archive, Uncatalogued – Letter from Chris Robson, GHA, to John Collins, DoH, dated 28th May 1986.
- ⁶⁰ Dublin AIDS Alliance Archive, Uncatalogued – Letter from Chris Robson, GHA, to Barry Desmond, Minister for Health, dated 29th May 1986
- ⁶¹ Dublin AIDS Alliance Archive, Uncatalogued – AIDS Action Alliance Newsletter October 1987
- ⁶² Ibid
- ⁶³ Ibid
- ⁶⁴ Dublin AIDS Alliance Archive; Uncatalogued; Letter from Donal Sheehan for GHA to Michael D. Higgins, TD, 6th November 1987
- ⁶⁵ Dáil Éireann - Volume 383 - 02 November, 1988, Ceisteanna—Questions. Oral Answers. - AIDS Campaign
- ⁶⁶ Ibid
- ⁶⁷ Robson, Chris, AIDS Education, *The Irish Times (1921-Current File)*; Nov 30, 1988; ProQuest Historical Newspapers: The Irish Times (1859-2011) and The Weekly Irish Times (1876-1958)
- ⁶⁸ Ibid
- ⁶⁹ Ibid
- ⁷⁰ Dublin AIDS Alliance Archive, Uncatalogued – Letter from P. Moore Private Secretary to Barry Desmond, Minister for Health, to Chris Robson, for GHA, dated 26th November 1986
- ⁷¹ Nowlan, D., *GHA Report prejudice in AIDS Response*, The Irish Times, 25th June 1986
- ⁷² Ibid
- ⁷³ Pollak, A., *AIDS Ad Refused by RTE Guide*, The Irish Times, 22nd November 1986
- ⁷⁴ Interview with Dr. James Walsh, 3rd January 2011
- ⁷⁵ Ibid
- ⁷⁶ Interview with former Minister of Health, Barry Desmond, 14.2.2011
- ⁷⁷ Joseph Cardinal Ratzinger, *Letter to the Bishops of the Catholic Church on the Pastoral Care of Homosexual Persons*, Congregation for the Doctrine of the Faith, Editor. Given at Rome, 1 October 1986, http://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_19861001_homo_sexual-persons_en.html; Vatican; Vatican issues sexual guidelines, *The Irish Times (1921-Current File)*; Dec 2, 1983; ProQuest Historical Newspapers The Irish Times (1859-2009)
- ⁷⁸ Ferriter, 2009, p.497
- ⁷⁹ Ibid p.495
- ⁸⁰ Desmond, B, 2000, p294
- ⁸¹ Ibid, p295
- ⁸² Interview with Jimmy Walsh, 3rd February 2011
- ⁸³ Interview with Mick Quinlan, 27th July 2011
- ⁸⁴ Ibid
- ⁸⁵ Dublin AIDS Alliance Archive, Uncatalogued – AIDS Action Alliance Newsletter Nov/Dec 1987

- ⁸⁶ Ibid
- ⁸⁷ Private Video Collection of Dr. Derek Freedman, *Today Tonight* hosted by current affairs presenter, Brian Farrell. April 1987 - actual date of broadcast unknown.
- ⁸⁸ **Mission creep** is the expansion of a project or mission beyond its original goals often after initial successes - The Encyclopaedia Britannica Company, in <http://www.merriam-webster.com/dictionary/mission%20creep>. Accessed 22nd August 2013.
- ⁸⁹ Maeve Foreman's Personal Archive; Uncatalogued – document listing AAA affiliated organisations.
- ⁹⁰ Dublin AIDS Alliance Archive; Uncatalogued; Irish AIDS Initiative Conference Report, Workshop on Voluntary & Statutory Liaison, undated 1988
- ⁹¹ Berridge, 1996; Harden, 2012; Garfield, 1994; National Research Council, 1993.
- ⁹² Berridge, 1996, p.34
- ⁹³ Interview with Professor Fiona Mulcahy, 30th May 2011
- ⁹⁴ Dublin AIDS Alliance Archive and Maeve Foreman's Private Papers - Uncatalogued. *Irish AIDS Initiative Conference Report*. 1988.
- ⁹⁵ Ibid
- ⁹⁶ Ibid
- ⁹⁷ Kingdon, 2003, p.52
- ⁹⁸ Interview with Maeve Foreman, 15th March 2011
- ⁹⁹ Interview with Mick Quinlan, 6th April 2011
- ¹⁰⁰ Ibid
- ¹⁰¹ Ibid
- ¹⁰² Ibid; Interview with Deirdre Seery, 13th June 2011
- ¹⁰³ Interview with Mick Quinlan, 6th April 2011; Interview with Joe Barry, 31st March 2011; Interview with Deirdre Seery, 13th June 2011; Interview with Professor Fiona Mulcahy, 30th May 2011; Interview with Dr. Jimmy Walsh, 3rd February, 2011; Interview with Maeve Foreman, 15th March 2011.
- ¹⁰⁴ Interview with Mick Quinlan, 6th April 2011
- ¹⁰⁵ Interview with Mary Jackson, 30th March 2011
- ¹⁰⁶ Ibid
- ¹⁰⁷ Siggins, L., *The New Crusaders*, in *The Irish Times*. 24th May 1985, ProQuest Historical Newspapers: The Irish Times (1859-2011) and The Weekly Irish Times (1876-1958).
- ¹⁰⁸ Siggins, L., *The New Crusaders*, in *The Irish Times*. 24th May 1985, ProQuest Historical Newspapers: The Irish Times (1859-2011) and The Weekly Irish Times (1876-1958).
- ¹⁰⁹ Ferriter, 2009, p.502
- ¹¹⁰ Ibid
- ¹¹¹ Walsh, C., *The hard liners; who's and what's what in Family Solidarity*, in *The Irish Times (1921-Current File)*. 14th December 1984, ProQuest Historical Newspapers: The Irish Times (1859-2011) and The Weekly Irish Times (1876-1958): Dublin.
- ¹¹² Ibid
- ¹¹³ Interview with Barry Desmond, 14th February 2011
- ¹¹⁴ Dáil Eireann Debate, *Written Answers - Leaflet on AIDS: Vol. 377 No. 6* Tuesday, 9 February 1988.
- ¹¹⁵ Dublin AIDS Alliance Archive - Uncatalogued, *Family Solidarity AIDS Information Leaflet* quoted in *AIDS News Action - Newsletter of GHA*, February/March 1988.
- ¹¹⁶ Seanad Eireann Debate, *AIDS - Volume 118*. 3rd March 1988.
- ¹¹⁷ Ibid
- ¹¹⁸ Interview with Don Lydon, 2nd March 2011
- ¹¹⁹ Steffan, M., *AIDS Policies in France*, in *AIDS and Contemporary History*, V. Berridge, Strong, P., Editor. 1993, Cambridge University Press: Cambridge.
- ¹²⁰ Bew, J., *Year of rapprochement ended on grim note as IRA bombers targeted Harrods* in *The Irish Times*. 1st August 2013, The Irish Times Plc: Dublin.
- ¹²¹ Kingdon, 2003, p.53
- ¹²² Ibid, p.49
- ¹²³ Minister for Health 10 March 1987 – 14 November 1991
- ¹²⁴ Holland, M., *Virgin takes risks on safe sex*, in *The Irish Times (1921-Current File)*; ProQuest Historical Newspapers: The Irish Times (1859-2011) and The Weekly Irish Times (1876-1958). 23rd May 1990.
- ¹²⁵ Kingdon, 2003, p.146

Chapter 6 – The National (Bishop’s) Task Force on AIDS

At a time when homosexual acts were criminalised and sexual health promotion generally circumscribed, the capacity of the Irish gay community to influence the policy agenda was limited by the negative views of homosexuality which dominated popular culture in Ireland. Chapter five has documented the evolution of the gay community response to the emergence of AIDS and the proliferation of organisations that were established in its wake. AIDS presented an irreconcilable dilemma to the Department of Health, and the initial response - which grew largely from a militant wing of the gay community – served to intensify government alienation, prompting a policy of protracted non-engagement with GHA and other Non Governmental Organisations (NGO). The emergence of AIDS was however, equally problematic for the Catholic Church in Ireland whose preoccupation with sexual morality has been described at length in earlier chapters. As outlined in Chapter 2, one of the most remarkable features of policy since independence had been the reluctance of the State to challenge the entrenched position of the church in education, which ensured that Catholic cultural hegemony and the preoccupation with sexual morality continued to endure in Ireland throughout the twentieth century. At the outbreak of AIDS, *Humanae Vitae*, an encyclical issued by Pope Paul VI during 1968, governed the church’s rejection of all forms of ‘artificial’ birth control, while in 1986 a pastoral letter written by Cardinal Ratzinger (who would go on to succeed Pope John Paul II in 2005) reiterated the Church’s rejection of homosexuality as an “objective disorder”¹, with a strong tendency towards an “intrinsic moral evil”². Despite this show of moral absolutism, the first practical steps towards bringing together the major stakeholders in a policy process

aimed at responding to HIV/AIDS in Ireland were taken not by the Department of Health but by the Church; and this chapter will chart the emergence of the Catholic Bishops' response to AIDS in Ireland under the co-ordination of a Dublin Diocesan priest, Fr. Paul Lavelle. A church-led forerunner to the government's National AIDS Strategy, the Bishops' National Task Force on AIDS acquired immediate recognition and importance across multiple levels in Irish society and served to bring together diverse stakeholders responding to AIDS - forming the first effective AIDS policy community in Ireland. Membership combined grassroots activists with more mainstream and reputable medical, scientific and high level professionals. The result was that the Department of Health was immediately engaged in dialogue with the Task Force, and within a very short space of time, deployed representation to it. It was critically important in that it bridged the impasse between the gay community response and the state, while actively promoting dialogue between the various stakeholders who had forged responses in their respective areas of specialisation and governance.

Adopting a role usually expected of the state, the National Task Force on AIDS under the leadership of Fr Paul Lavelle brought together "collective entrepreneurs"³ who served to persuade the policy community of the need to act strategically and in accordance with liberal, non-punitive principles⁴. Lavelle himself was a 'modern' priest with a former career in advertising, whose seminary formation in the spirit of the Second Vatican Council led him to believe that the Church in the modern world should read and respond progressively to what were known as the 'signs of the times'⁵. He was, consequently, a man of vision with the business acumen necessary to identify the most advantageous decision-making routes and procedures for pursuing the Task Force's aims and objectives, while the very fact of his priesthood served to generate support and reduce opposition to proposals⁶. This chapter will conclude that the

relatively short-lived National Task Force on AIDS coincided with a change in the national mood that combined with international influences and other efforts explored herein, served to engender greater acceptance for a liberal response to HIV/AIDS in Ireland.

The Initial AIDS Task Force:

Historians and social scientists tend to be wary of attributing too much causal importance to individuals in shaping the course of events⁷. However, there are obvious cases in which individuals have played a pivotal role in the realisation of social change, and policy analysis points to the importance of key individuals, who while sometimes at the periphery of their parent institutions, have worked "...through their drive and imagination...the matching of problems, policy options, and political support occurs to move issues higher on the governmental agenda and improve the chances for successful reform."⁸ Fr. Paul Lavelle is one such individual. As indicated above, he was a late vocation who came to the priesthood after a career in advertising and the cinema business. He was ordained in 1972 at the age of thirty-two and spent the first ten years of his priesthood in the Dublin City Centre parish of Sean McDermott Street. He later served as curate at Haddington Road on Dublin's South side before being returned to the North Inner City and appointed by the Dublin Archdiocese to establish and run its Drugs Awareness Programme, operating under the auspices of the Catholic Social Services Conference (CSSC)⁹. The North Inner City had received virtually no investment since the foundation of the state and was characterised by high unemployment, low levels of educational attainment, poor housing and social conditions, with a significantly higher than average concentration of injecting drug users living within its boundaries. Lavelle's work was important in persuading reluctant civil servants that this area had a high prevalence of heroin use. In 1983, Michael

Woods, then Minister for Health commissioned a drug prevalence study in Dublin's North Inner City that was undertaken by Dr. Geoffrey Dean, Director of Medico-social Research Board; Dr. John Bradshaw, a senior researcher, and despite having no education or training in the health or social sciences, Fr. Paul Lavelle, who served as field investigator on the study¹⁰. It was the first study of its kind in Ireland to make the connection between a high prevalence of problematic drug use and communities ghettoised by poverty. Its authors adopted a classic public health approach to their analysis which marked a departure from those that had adhered to an individual pathology model of drug use¹¹.

Lavelle's early career in advertising and show business was relatively unusual for priests of this period in the Dublin Archdiocese: he networked like a businessman, and was completely at ease in the way in which he formed alliances, beyond church circles, with a range of individuals motivated to tackle HIV and drug-related issues. His late vocation to the seminary in Holy Cross College, Clonliffe, coincided with the Second Vatican Council, which addressed relations between the Roman Catholic Church and the modern world; this meant that he was inevitably engaged with the sense of change and renewal in Church affairs associated with the Council. He was more particularly, a 'modern' priest whose seminary formation at this time led him to believe that the Church in the modern world should read and respond progressively to what were known as the 'signs of the times'¹². It was through his work with the Drugs Awareness Programme that he first encountered AIDS:

I remember it very distinctly. I was in the drug scene as it were. We set up a committee for the diocese trying to use all the resources we had, whether medical or educational or whatever, because there are huge resources available to the church, as you know, so we set up the programme in 1984. But I remember being at some sort of get together around '86 and this kid came

up to me and he said 'I have got AIDS, so what are you going to do about it?' and I said 'What's AIDS?,'¹³

The young man in question was twenty-four and had been diagnosed with full-blown AIDS in a hospital in London. He told Fr. Lavelle that he regretted that he was not gay because he felt that the gay community supported members of their group living with AIDS¹⁴. Approaching then Archbishop, Kevin McNamara, Paul Lavelle said "I'd like to do something about AIDS"¹⁵ and was funded to attend conferences, learn about the social and medical impacts of AIDS, and "...set up a programme in the Church premises there near Clonliffe College. I set up a committee, with 12-15 people on the committee."¹⁶ In September 1986, Lavelle established the Task Force on AIDS, a multidisciplinary group representing a wide range of interests, under the Chairmanship of Dr. Geoffrey Dean, former Director of the Medico Social Research Board and with whom he had previously worked on the survey of heroin use in Sean McDermott St. parish. The Task Force operated under the auspices of the Drugs Awareness Programme affiliated to the CSSC of which Lavelle was Director. The aim of the group was to, "...study the AIDS issue and identify how the Archdiocese of Dublin might be best able to minister and service individuals, families and communities affected by the AIDS crisis."¹⁷ Lavelle was pragmatic, and aware that the Church was not, "...easy with AIDS because it raises a whole lot of issues of sexuality, homosexuality, drug abuse, condoms...it's a tricky one for the Church."¹⁸. He consequently selected people with knowledge, skill and experience of AIDS, including representatives of GHA, Cáirde, and others not directly involved in AIDS but high ranking and well respected individuals across a range of medical, research and legal professions, the list of whom may be viewed at Appendix 6A. Lavelle's careful selection of prominent professionals for membership of the Task Force coupled with the fact that it was a church-led

initiative, lent it an authority that could not be ignored by the Department of Health and other key government agencies. As Kingdon observed, interest groups can be very important in terms of agenda setting and if policy makers are to take account of organised interests, they are more likely to do so if they are “relatively well-to-do”¹⁹. That the group constituted prominent individuals with the power to influence policy makers, was important at a time when the response to AIDS in Ireland appeared to have stagnated. One audience member on a prominent RTE programme focused on AIDS commented in May 1987:

...we have the Catholic Church don't want to talk about condoms because it is for the Department of Health; the Department of Health can't deal with it because it is for the politicians; the politicians can't deal with it because the Church is on the wings waiting on them to make a decision...²⁰

This contemporary observation encapsulates some of the fear and tension operating between the Church and the state in the first decade of AIDS in Ireland. The lack of high level leadership meant that the management of AIDS up to the establishment of the Task Force was reactionary, piecemeal, uncoordinated and not at all strategic - resulting in a response characterised by confusion, obfuscation and uncertainty between all sectors. The Fianna Fáil government which took office following that party's success in the election of 1987 was certainly not characterised by a more liberal approach to social policy issues, and its health minister, Dr. Rory O'Hanlon, was generally viewed as a conservative and cautious politician. Hence, the period between 1986 and 1987 as the new administration took office was marked by uncertainty as to the future of the AIDS response in Ireland. The National Task Force on AIDS defined itself and its campaigning agenda from the very outset in liberal terms and, in doing so, served to dissolve some of the tension which precluded politicians and the Department of Health

from responding to HIV/AIDS in the interests of public health without fear of recrimination from the Catholic Church.

Power and Influence: The Initial Task Force on AIDS

The initial Task Force on AIDS first met on 9th October 1986 commencing with an overview provided by Professor Irene Hillary, then Director of the Virus Reference Laboratory in UCD, of the epidemiology of AIDS in Ireland. It was agreed that the Task Force should focus on targeting opinion leaders in Ireland and utilising the Catholic Church network of parishes and schools to educate young people and the general population. The group further agreed to the dissemination of information to ‘at-risk’ groups including haemophiliacs, homosexuals, and heterosexuals particularly those “...who obviously take risks in sexual relations.”²¹ and in that sense made clear their intention to address sexual issues from the outset. They identified a need to educate those who were HIV positive in how to protect their own partners while investigating the possibility of opening a confidential helpline for positive people²². The Chairman, Dr. Dean, argued that the Church was well placed to educate people about AIDS because, he believed, the public tended to be suspicious of statutory efforts, including those of the Eastern Health Board, in this regard²³. His observation is noteworthy not least because in most other jurisdictions in Europe the response to AIDS was state-led, but it is very much indicative of Irish culture and society at the time that Dr. Dean should hold the view that the Church rather than the state was better placed to educate people about HIV and AIDS. It was the final decade in which the Roman Catholic Church in Ireland would maintain an inviolable moral authority: before the full reality of institutional and child sexual abuse became apparent from 1993 onwards, with initial cracks in that authority evident from 1992 when it was revealed that Eamon Casey, Bishop of Galway and Kilmacduagh, had fathered a child in 1974.

The group quickly recognised that “a moralistic approach by the Church would be a real danger.”²⁴, marking a clear departure with the formal Church which had taken a strong moralistic approach to abortion, divorce and issues of contraception and sex education in schools as outlined in Chapters 2, 7 and 8. The Catholic Church had addressed AIDS as a pastoral issue, preaching a gospel of compassion towards those affected while strictly adhering to the doctrine of *Humanae Vitae* and the expressed belief that a tendency to homosexuality constituted an “intrinsic moral evil”²⁵. The AIDS Task Force, however, was more inclined to situate itself in an acceptance of the reality of sexual risk taking and homosexuality, than the formal Church tended towards at that time, and this was in itself a reflection of Lavelle’s own commitment to the ideology underpinning the Second Vatican Council - namely the belief that the Church should respond progressively to the ‘signs of the times’²⁶. One contemporary critic, Olivia O’Leary, journalist and political commentator noted while presenting *Today Tonight* a current affairs programme broadcast by RTE in 1987 that:

For policy makers such as those on the Catholic Bishops Task Force, human and philosophical difficulties arise. But policy must be based on realities, painful or otherwise.²⁷

Working in an underdeveloped and impoverished north inner city community, Lavelle was motivated by the reality that confronted him daily, not by ideology or philosophy.

While the Department of Health operated a policy of non-engagement with GHA over a number of years as discussed in the previous chapter, Fr. Lavelle included GHA as equal and active participants in policy dialogue in spite of the Church’s claim that homosexuality was an ‘objective disorder’²⁸.

The group’s second meeting in November clarified formal Church support and a letter from Archbishop Kevin McNamara and Bishop Carroll was minuted in this regard.

However, objectives initially agreed reflecting the group's intention to use the Church network of priests to educate the general public were reversed by Lavelle at this meeting, on the basis that such a plan might be untenable as "some clergy would find it hard to cope with the situation vis-a-vis AIDS and giving information to the public."²⁹ He reaffirmed that the group needed to define the role of the Church, bearing in mind the fact that it had considerable resources at its disposal that are both financial and facilitative, because: "The state is not moving fast in this matter."³⁰ While both mindful and critical of the delayed state response to AIDS, the Task Force from the outset sought to create a strong relationship with the Department of Health, and in particular with Dr. James Walsh, the Department's National AIDS Co-ordinator. As outlined above, the composition of the group had ensured an attentive ear at government level while interpersonal relationships and shared social values played an equal role. In his study of the psychology of cooperation in relation to public policy, Tom Tyler suggests that research into "people's rule-related behaviour is most strongly influenced by their sense of responsibility and obligation to defer to legitimate authorities and follow moral principles."³¹, while co-operation between people and groups is more effective when social motivations including values, attitudes and a sense of trust are shared³². Reflecting Tyler's analysis, Dr. James Walsh and Fr. Paul Lavelle shared similar backgrounds, had attended the same private school and both enjoyed rugby – "Jimmy and myself got on great. Both ex-Castleknock and Lansdown rugby and we used to meet for lunch and socialise a little..."³³. Their relationship with each other undoubtedly aided by the "...sense of responsibility and obligation..." to defer to the "legitimate authorities"³⁴ they each represented, generated an immediate and propitious relationship between the Department of Health and the AIDS Task Force from the very outset. Chapter 5 documents the various failed efforts by GHA to secure a meeting with the

statutory authorities, but within two months of the establishment of the AIDS Task Force, Fr. Paul Lavelle was invited by the Eastern Health Board to attend its monthly Task Force meeting and the minutes record that the invitation should be accepted: "It was agreed that the Task Force must link with them – the more we can inform ourselves as to what is going on elsewhere, the clearer our role will be."³⁵ Lavelle was in no way naive about the doors that could be opened in Ireland by virtue of social relationships and more particularly his membership of the Catholic Clergy, which he used to the group's advantage, acknowledging that,

It opened doors that if you weren't a priest you couldn't.
There's no question of that. The fact that I got on so well with
Jimmy was a good thing too and with Geoffrey Dean.³⁶

Some members of the Task Force were health professionals working within the health services and minutes record members' emphatic determination that the statutory services and the Department should be kept informed of the work of the group at every opportunity. Of the three meetings held by the initial AIDS Task Force, two report keeping Dr. James Walsh abreast of "progress and development", while the meeting on 9th December 1986 to agree draft recommendations to the Catholic Social Services Conference (CSSC) on the future of the working group minutes that:

It was agreed that Fr Lavelle should meet with Dr Walsh and the Department of Health and inform him of the recommendation that there should be a National Co-ordinating Committee and of the recommendation that this would come from the Department of Health...³⁷

Such immediate access by the AIDS Task Force to the Department of Health within remarkably short duration of operationalisation is almost undoubtedly attributable to the fact that it was a Catholic Church-led initiative, co-ordinated by a very able, competent and well connected priest, coupled with the weight and influence of the individual members themselves. The minutes of the group meetings suggest a high level of

administrative competence and professionalism that is absent from minutes of meetings of other AIDS organisations of the period located during the course of this research: One of GHA's minuted reports by way of example, ran up to sixteen pages with a financial report signed, rather unusually, "Love. [The name of the financial reporter]."³⁸

The AIDS Task Force concluded its work in December 1986 with a report that was issued to the CSSC on 10th February 1987. The Task Force made recommendation to the CSSC that there was an ongoing need for the,

...Church to be concerned with the question of AIDS. It was felt that in the Dublin Diocese any ongoing response should be expressed through a new agency rather the Drugs Awareness Programme. The most suitable agency for the committee may be the CSSC...the Task Force also agreed that there was a need for a National Co-ordinating Committee which would come under the aegis of the Department of Health and would be independent of the CSSC.³⁹

Compared to other networks or groups forming at the time, the Task Force on AIDS commenced as a Catholic Church initiative and was constituted with a combination of AIDS activists and highly respected professionals in Irish life. It consequently exerted a degree of influence which could not be matched at this time by the relatively disadvantaged gay community in Ireland. The Eastern Health Board's invitation to Lavelle to join its own internal Task Force response to AIDS in the eastern region is indicative of the esteem in which the group was held at a time when, as Butler observed, the statutory health agencies were generally loathe to share power with communities or external agencies⁴⁰. While national leadership from the Department of Health was recommended by the Task Force on AIDS no such moves were afoot in 1986 as will be discussed in Chapter 7.

The National Task Force on AIDS

While the AIDS Task Force may have envisaged that a national response would be led by the Department of Health, the Bishop's made provision for a national Church response instead:

...the standing committee of the Catholic Bishops Conference of Ireland requested the CSSC to establish a National Task force to advise on particular measures which should be taken by the church in response to the problems associated with AIDS. A full-time coordinator will be appointed and the Task Force will be chaired by Justice Gillian Hussey.⁴¹

Originally called the Bishops' Task Force on AIDS, a designation from which the Bishops' later wished to be disassociated, preferring the less partisan title of the 'Catholic Social Services Conference (CSSC) National Task Force on AIDS', was established following the Annual General Meeting of Catholic Bishops in Ireland in early 1987. A letter sent from Bishop Desmond Williams to GHA on 24th March 1987 points to the fact that Ciarán McKinney (a member of GHA) had been a member of the temporary AIDS Task Force, adding that "I would be pleased if he could again assist us."⁴² An initial budget of £20,000 was assigned to support the work of the National Task Force on AIDS and it was envisaged that it would operate for a period of three years. The Catholic Press and Information Office followed two days later and informed the public that the National Task Force on AIDS was established by the "Catholic Bishops"⁴³ at their annual general meeting and that Fr. Paul Lavelle would serve as co-ordinator of the Task Force. Clearly reflecting Catholic moral teaching, while cautiously avoiding potentially controversial issues prompted by AIDS, the press release stated:

The Bishops have given the Task Force the function of encouraging and guiding the necessary response to AIDS

required from the dioceses, parishes, groups and individuals within the Church. The emphasis will be on prevention and care. It is envisaged that the Task Force will make available information to priests, religious, seminarians, community and church workers about the medical, psycho-social and pastoral issues. The Task Force will also provide information to prevent discrimination and ensure just treatment of sufferers. It will support continuing church programmes to combat drug abuse. In the area of education, the Task Force will help schools to provide accurate information within the context of a programme for positive Christian living...The Bishops said: "We trust that the establishment of the new task force will mark the beginning of a response from the Irish Church which will be generous, practical and compassionate."⁴⁴

Membership, which remained by invitation only, was included in the Press Statement with most participants transitioning from the temporary AIDS Task Force structure. The notable additions were the inclusion of Dr. Fiona Mulcahy who had recently taken up post as Ireland's first Genito-urinary Consultant assigned to St. James's Hospital and Mr. John Collins representing the Department of Health, the latter an indication of the significance and importance of the Task Force from government's perspective. Replacing Dr. Geoffrey Dean, Justice Gillian Hussey adopted the role of chairperson (for further details of membership of the National Task Force on AIDS, see Appendix 6B).

While the Terms of Reference prescribed by the Bishops envisaged an initiative that operated within Church networks, in practice the reach of the Task Force was infinitely wider. From the outset, the Task force was prodigiously active, with subgroups formed to deliver outcomes on the three primary objectives of counselling and befriending; health care, and education and prevention⁴⁵. In its first year, members of the Task Force, but particularly Fr. Paul Lavelle, provided training and education about HIV and AIDS to countless institutions nationwide, including training centres for religious, parishes, communities, hospital and prison staff. In partnership with the HEB and with

then Minister for Health, Dr. Rory O'Hanlon in attendance, the Task Force organised a two day seminar in November 1987 at which workers across the multiple sectors responding to the needs of people affected by HIV and AIDS shared knowledge, skills and experience. They organised information days at parish level which sought to alleviate the stigma associated with AIDS and promote understanding among the general population. These were targeted in areas of Dublin with higher than average concentrations of problematic drug use. Lavelle himself was indirectly associated with the establishment of the AIDS Fund, which was launched in the Incorporated Law Society on 13th July 1987 by a group of professionals: he served on its Board with Dr. James Walsh and others. Lavelle and Justice Hussey both met with the National Parents Council, Primary Section and the Christian Brothers Primary Schools Parents Association, and it may be speculated that the openness with which these groups responded to the introduction of the AIDS Education Resource discussed in Chapter 8, may have been influenced, at least in part, by their intervention. The National Task Force advised the Departments of Health, Education and the HEB with regard to their preparation of an AIDS information resource for post-primary schools, and played a role in ensuring co-operation between health board Directors of Community Care and post-primary schools throughout the country. It campaigned in opposition to segregation in prisons, shared experiences with the Catholic Agency for Overseas Development (CAFOD), conducted research into the need for hospice accommodation, shared information gained at international conferences, and was a consistently visible media entity on the subject of AIDS in Irish life throughout 1987 and 1988. The Task Force operated with a generous but nonetheless limited budget of £20,000 allocated by the Bishops in 1987, while in 1988 the Bishop's Conference provided a sum of £10,000 with a further £10,000 provided by the CSSC and once-off payment of £5,000 was

provided by the Department of Health⁴⁶. Lavelle was clear from the outset that the Task Force was not in a position to fund particular initiatives but exceptions were made on occasion, most notably in support of a HIV-positive women's group run by the clinic in St. James's Hospital⁴⁷ and the Belfast AIDS Helpline group which was trained over a weekend by Cáirde, the befriending service, with sponsorship from the Task Force⁴⁸. The latter intervention prompted a letter from Bishop Cathal Daly, requesting "...to be kept in contact with developments on the Task Force and how it will operate in Northern Ireland"⁴⁹ suggesting that the group may have seen their remit as an all-Ireland one although that is not specifically claimed in documentation made available to this study.

Regular media interest in the work of the group was maintained and facilitated by then journalist and media advisor to the committee, Fintan Drury. Plans were discussed at great length around the need to educate the media about AIDS, so that they might promote "caring for people rather than scaring people."⁵⁰ Despite close connections and ongoing dialogue with the Department of Health, the Task Force did not shy away from using the media to air its criticism of the perceived slow pace of the government response. It called, for instance, on government to "treat AIDS as a priority"; argued that a "national plan of education on AIDS and the care of sufferers is overdue"⁵¹, and criticised the government's campaign for failing to be "explicit enough"⁵². The group operated multiple strategies to achieve its aims and objectives: identifying, as Oliver points to, the most advantageous venues and procedures for pursuing its proposals⁵³. On the one hand, therefore, the Task Force publicly criticised perceived government inactivity, on the other, it engaged in high level policy dialogue with key personnel within the statutory system.

On Tuesday, 15th December 1987, a meeting was facilitated by the Task Force between Superintendent Community Welfare Officers (employed by the Department of Social

Welfare to assess applicants' eligibility for welfare payments), Prison Welfare Officers and staff of STD and Drug Treatment Centres,

...to determine how community welfare officers and professionals working in prisons, STD clinics and drug treatment centres can co-operate to meet the needs of people with HIV related problems and in particular, prisoners.⁵⁴

That the Task Force, effectively a civil society organisation, was in a position to bring such a diverse range of statutory workers together to increase opportunities for mutual referral, while reconciling some of the difficulties and challenges inherent within and between the various sectors is quite remarkable. In effect, therefore, the National Task Force on AIDS, a Church-based initiative, fostered debate and created intersectoral collaborative relationships in a way that might conventionally be expected of a state institution. As one former GHA member commented in interview:

Government were represented on that and that was the extraordinary thing, that this conference was kind of doing something that the Government should have been doing and I think that's where they copped on then.⁵⁵

The National Task Force, under the progressive leadership, energy and drive of Lavelle, successfully kept AIDS in the national consciousness through an aggressive and persistent media campaign, while working to co-ordinate the response among key stakeholders. The group opened dialogue between unlikely partners and successfully engaged the Department of Health in participatory policy dialogue with those stakeholders. In that respect, the National Task Force formed the first AIDS policy community in Ireland providing a forum through which community activists, medical and scientific stakeholders could speak with and learn from each other. Importantly, it

acted as a bridge between the Department of Health and the AIDS community, previously alienated from policy dialogue.

Relationship with Gay Health Action

GHA's relationship with the National Task Force on AIDS was understandably hesitant and underscored by a measure of mistrust. The Catholic Church's moral rejection of homosexuality rendered it a less than favourable partner for the gay community, and it is perhaps a measure of the character of Fr. Paul Lavelle, representing the Catholic Church, and Ciarán McKinney, Mick Quinlan and Donal Sheehan representing GHA, that they endured together in partnership. It was not an easy relationship however, and internal reports which were produced by GHA members following Task Force meetings belie the impression of consensus which the public image of the National Task Force presented. At the very first meeting of the National Task Force on AIDS on 2nd April 1987, GHA represented by Ciarán McKinney, called on the Task Force to "...recognise the specific needs of the gay community" and a requirement to,

...recognise the present alienation of many, perhaps most gay and lesbian people in Ireland, and ensure that the Task Force does nothing to add to it. It is a fact that for most lesbians and gays to achieve human self-acceptance, it is a real necessity to distance themselves from the institutional church: this is something for the Church itself to solve, not those who are alienated. This would imply that if possible the Task Force should show a positive viewpoint on gay and lesbian sexuality, and at very least that it would make no policies or statements that imply a negative viewpoint. An example might be: "We must show compassion towards gay people while in no way condoning the objective immorality of homosexuality" - this sort of comment is very derogatory towards people who know very well that they express their sexuality in a moral way, respecting others, taking responsibility for their own and their partners health, and respecting relationships...⁵⁶

The response of Committee members is not recorded in the minutes, and while speculation with regard to the prejudices of individual members is not generally

possible, it is clear from documentation that Lavelle himself held no such prejudices and in fact publicly stated his clear support for the decriminalisation of homosexual acts. The minutes of Task Force meetings point overwhelmingly to the predominance of a liberal, non-punitive response to AIDS, with Lavelle himself very clearly in support of promoting that position. He took every opportunity to publicly praise the work of GHA and lent his support to those calling for law reform, which was something of a risk given Catholic teaching highlighted herein. Against that backdrop, three weeks after the first National Task Force on AIDS meeting took place Des Cryan from the Catholic Press and Information office wrote to the Irish Times with a view to clarifying the *Letter from the Vatican Congregation for the Doctrine of the Faith on the Pastoral Care of Homosexual Persons* issued on 1st October 1986:

Although the particular inclination of the homosexual person is not a sin, it is a more or less strong tendency toward an intrinsic moral evil, and thus the inclination must be seen as an objective disorder.⁵⁷

Referring to Archbishop John R. Quinn of San Francisco who claimed that the document was written in the form of a letter in a technical language never meant for the general public, Cryan makes clear that the Catholic Church's position distinguishes between homosexual orientation, which is not deemed a sin and homosexual acts, which are in accordance with Catholic moral teaching, "an intrinsic moral evil"⁵⁸: The Irish Bishops' pastoral calling for sympathy and compassion, which Cryan quoted at length, had failed to satisfy McKinny who referred to it as at the first meeting of the Task Force as "derogatory"⁵⁹ of gay people.

At the July meeting, GHA represented by Donal Sheehan requested the support of the Task Force with regard to three skilled workers on its SES scheme whose contracts had been served to the maximum duration allowed under the conditions of the community employment contract and who were to be replaced. The consequence of this for a small

NGO would have been considerable in that they would lose three skilled and experienced staff members at once. The minute simply notes that Fr. Lavelle, Fr. Frank Brady, Fintan Drury and Dr. Ann O'Connor agreed that GHA should be supported by the Task Force, and Paul Lavelle undertook to write a letter to the Minister for Labour on their behalf⁶⁰. Whether other members of the Task Force were in agreement or disagreement is not clear from the minute; however, Donal Sheehan's internal report to GHA notes that the Chairperson, Gillian Hussey "immediately said no"⁶¹ but that the four members referred to in the official minutes of the meeting felt that they should be supported although the Committee was keen not to set a precedent. Lavelle reported at the next meeting of the Task Force which took place in September that contracts for the three workers at GHA had been extended for another year, as had those in the Ana Liffey Drug Project. That confirmation was so soon received and extension of employment scheme contracts approved by the Department of Labour is indication in itself of the Task Force's power of persuasion and Fr. Paul Lavelle's own particular elite influence on decision makers.

In a contribution to *AIDS: The Problem in Ireland* by Dr. Derek Freedman published in 1987, Lavelle somewhat cautiously addressed homosexuality, and condom use in the context of AIDS, in a manner that differed from the traditional Catholic Church's view:

The Church's view is that sexual relationships outside of marriage are morally wrong. I would ask if homosexual activity, adultery or fornication are any more sinful or morally wrong if protection is taken against transmitting a deadly disease. It is difficult to see how this could be.⁶²

In July of the same year, Lavelle reported to the National Task Force on AIDS that Veritas, the Catholic publisher in Ireland, had withdrawn from its shelves at the request of Bishop Comiskey, President of the Episcopal Commission for Social Communications, an audio tape about AIDS that had been jointly made by Fr. Lavelle,

Fr. Bernard Lynch, an openly gay Catholic Priest working with people living with HIV and AIDS in New York, and Andy O'Mahoney, an RTE radio presenter. Launched by Bishop Williams on 14th May 1987, it was removed from the shelves eighteen days later. The minute states that while Lavelle is unsure of the reason why the tape was withdrawn, "he presumed the reason to be Bernard Lynch's statement that homosexuality should be legalised."⁶³ While the minutes record varying comments provided by individual members, largely disappointed by the Bishop's decision, GHA and the Cairde representative Carl Berkeley were of the view that if the Task Force was to comment on the withdrawal of the tape it must also be prepared to make a statement about sexuality; however, it was largely felt that to raise the issue of sexuality would detract from the main focus on the group. Justice Hussey said "...she was loathe to embarrass Bishop Williams, Chairman of the Catholic Social Services Conference, by approaching him directly on the matter."⁶⁴ but added that the Task Force needed to return to the Terms of Reference in this matter which stated that "...if intolerance of homosexuality is permitted, it is indirectly permitting the spread of AIDS."⁶⁵ It was decided that a copy of the tape would be given to all members of the Task Force for their comments, while Justice Hussey would write to Bishop Comiskey on the matter, copying Bishop Williams⁶⁶. However, the next meeting in September 1987 was attended somewhat unusually by Bishop Williams in which it became apparent that the Chairperson had not in fact written to Bishop Comiskey. Bishop Williams advised the Task Force at the September meeting "...that it would not be appropriate if there was bad publicity and the Task Force was seen to take a stance against the Church. The Task Force does not want to be bogged down on the issue of the tape when it is AIDS that is the real issue for the Task Force"⁶⁷. The minute records his advice to the Task Force as follows:

By taking the issue further it is taking on the whole issue of the Church and censorship. There had been a substantial negative reaction to the tape as well as a positive one. For the Task Force to campaign for a reform of Church policy in his opinion would be inadvisable. The tape is available [on request]; the marketing strategy of Veritas is their own business, it would not be a good idea to tell them how they should market their products. The Task Force should be positive about AIDS and the issues involved with it. Hopefully, the controversy will die down. Neither Veritas nor the Church will change its mind. The image of the Task Force would be one which is battling against the Church. Justice Hussey endorsed the view of Bishop Williams.

And the Task Force concurred with her, signalling the end of the issue despite Fr. Lavelle's concerns that someone had leaked the details of the Task Force's discussion in this regard to the Sunday Tribune, which had fuelled a media furore. Reflecting on the incident in interview, Fr. Lavelle recalled of Bishop Williams, now deceased:

...he launched that [the tape] and he got into trouble for that, for the content, for launching it. He never said much about it but he backed off [from involvement with the National Task Force on AIDS] after that too.⁶⁸

Asked with whom Bishop Williams may have got into trouble, Lavelle speculated "Possibly the Archbishop, I am not sure."⁶⁹ Notwithstanding Lavelle's clear stance on the decriminalisation of homosexuality, which was to all intent and purpose at odds with the organisation he represented, and his support for funding to GHA, the latter continued to view him with scepticism as internal reports continuously reveal. The speedy response of the Department of Health and other key stakeholders to Lavelle's Task Force may have frustrated GHA whose own substantial efforts went largely unacknowledged by the Department. Equally, while contextual analysis clearly reveals Lavelle's liberal beliefs this was not apparent to GHA who tended to view him as a mouthpiece for the institutional church.⁷⁰ Lavelle was not ignorant of this tension and understood it as a natural consequence of Catholic teaching on homosexuality:

That you are not that accepted by some groups because the Church is telling them that they are not normal and natural and a whole lot of other things, but there were some very prominent guys in the gay community and they were on our Committee. They might not have liked the Church but we were on the Committee together, although they might not have liked the Church.⁷¹

He largely concluded that despite their differences, AIDS enabled people to look past whatever prejudices their individual organisations represented to build relationships as people who needed to work towards a shared goal.⁷²

Courting Controversy: The *Late Late Show*, 15th May 1987

Inglis, as identified in Chapter 2, claimed that the media and in particular RTE's *Late Late Show* was a major instrument of modernisation and catalyst for change in the Catholic Church⁷³. He has argued that the advent of television from the 1960s onwards was in itself instrumental in the decline in influence of the Catholic Church in Ireland:

The social process where moral discourse was limited to what was taught in the school, read in the occasional newspaper, heard on the radio and from the pulpit every Sunday, was changed by the little box which appeared in the corner of Irish homes.⁷⁴

Indeed, one contemporary conservative commentator is popularly believed to have lamented that there had been no sex in Ireland before the advent of television⁷⁵. The *Late Late Show*, Ireland's weekly live entertainment and chat show, hosted by Gay Byrne, was a forum where controversial topics including contraception, homosexuality, the women's movement, abortion, divorce and other previously taboo subjects in Ireland were frequently debated and discussed. A dedicated special on HIV/AIDS was broadcast on Friday 15th May 1987 during 'AIDS Week'. The panel of experts included Fr. Paul Lavelle, representing the National Task Force on AIDS who made the

following contribution in support of GHA, revealing something of his own personal views on homosexuality:

I would just like to say that I think the Gay Health Action group have made an enormous contribution to preventing the spread of this virus: they are the people who have had the knowledge. I myself think the church has to look at the whole question of sexuality and possibly a greater understanding of homosexual men and women.⁷⁶

Gay Byrne in response asked him directly, “Do you mean legalising homosexuality?”⁷⁷ which Lavelle answered positively if cautiously:

I wouldn't see it at criminal behaviour, that's only a personal opinion and I also think that in some way they [GHA] should be funded.⁷⁸

It was nonetheless a personal opinion at odds with the official Church as the statute criminalised homosexual acts not homosexuality *per se*, which is precisely Catholicism's issue as outlined above. The Late Late Show panel was immensely difficult for Fr. Lavelle on both a personal and professional level most notably when a caller to the show asked if a pregnant woman with full-blown AIDS should terminate her pregnancy; Gay Byrne fielded this question to Lavelle, adding a note of caution “Sticky one, Father, watch yourself.”⁷⁹ Lavelle answered with due caution that it was a decision for medical practitioners, but he did not condemn abortion in all circumstances as was the Catholic moral position. The incident is yet another indication of the extent to which AIDS shone a whole new light on issues that were fraught with tension for historical and religious reasons. Recalling his involvement with the programme in interview, Lavelle lamented, “The difficulty with that programme was that it was very tense, very difficult for me”⁸⁰ - precisely because the issues brought to the fore by HIV and AIDS directly challenged the moral authority of Catholic teaching. Supporting the public health position, other panellists represented the medical sciences and were in no

doubt as to the efficacy of their liberal approach, a position which Lavelle clearly shared on a personal level, but being a priest, struggled to articulate as a representative of the Roman Catholic Church.

Lavelle was equally controversial when it came to a discussion regarding the use of condoms. In Freedman⁸¹ he had addressed the moral issues head on, acknowledging at the outset that AIDS presented difficult moral issues:

For many people, especially for Catholics, the use of condoms is morally wrong, but there is a theological opinion that the use of condoms in marriage can be justified where the intention is not to prevent conception but to prevent spread of an infection. The intention re-defines the use of a condom in marital intercourse: because there is no contraceptive intent it is not a contraceptive act.⁸²

Humanae Vitae, 1968 advises that “...sexual intercourse which is deliberately contraceptive and so intrinsically wrong”⁸³ and makes no distinction between the intention to prevent conception and the transmission of disease. Therefore, Catholic moral teaching stipulates that any form of contraception even if the intention is to prevent disease is an “intrinsic evil”⁸⁴, and it was only in November 2010 in his book entitled *Light of the World* that Pope Benedict conceded that while he did not favour condom use that there may be circumstances, including transmission of HIV, in which their use may be the lesser of two evils. Lavelle’s, carefully worded, argument with regard to the issue of intent was re-stated in the much more public domain of the *Late Late Show* when asked very directly by presenter, Gay Byrne:

Gay Byrne: Father, I have quoted you this morning [on RTE radio programme] saying that there is a case for condoms as a disease preventative rather than a contraceptive. Have you had any flak within or without the church for this pronouncement?

Fr. Paul Lavelle: Not really, Gay. I think the condom has to be seen as a disease preventer and nothing to do with contraception at all. You see what happens is, if two people outside of marriage are having sexual relationships, the church would say that that is immoral. Does it matter if they are using a condom if there is a risk of transmitting a deadly virus to another person? I would think that it would be more responsible in that situation if they did. Now if you look at the marriage situation, it is possibly a little more difficult – the intent in using a condom would be again to prevent infection of your partner, nothing to do with contraception. So, there would be a school of theology that would say that it changes the intent of the act and so would be a moral act in that particular circumstance....

Gay Byrne: So at the moment of using a condom then if the intention is disease prevention it's OK, if it is contraception it is not. It's a bit 'angels on head of pin', Father, is it not?

Fr. Paul Lavelle: Well, you see, what difference does it make if from the moral point of view if they are being sexually active outside of marriage? It doesn't make any difference to the morality. Whereas from a medical point of view, it would seem a responsible thing to do because it gives a degree of protection: it doesn't give 100% protection. It's not the answer to the AIDS problem but the situation is so serious, em, that people must be advised, it's a government responsibility, to let them know that there is a way of reducing the potential of spreading the virus, so in that sense, it has nothing to do with the morality of that particular action.⁸⁵

One contemporary commentator rather astutely described Lavelle's appearance on the *Late Late Show* as an attempt to "...delicately walk the razors edge with compassion and theology. With his right hand he clutched at the condom as a preventative for disease. With his left hand he threw it away as a contraceptive"⁸⁶ which is precisely the obfuscation Gay Byrne alluded to. Subsequent to the media furore and public outrage which followed Gay Byrne's condom demonstration in the closing minutes of the same *Late Late Show*, with one regional newspaper calling the incident "a new low"⁸⁷, Lavelle defended the demonstration of their use on RTE's programme and criticised the government's campaign leaflet which he said should have referenced condoms on page

one rather than page nine⁸⁸. It should be noted that five months previously, Cardinal Tomás Ó'Fiaich was asked by Shane Kenny on RTE Radio's 'This Week' programme if he would object to the state giving advice which said to young people in the context of AIDS "if you are going to have an affair or union of some kind, do use condoms in order to protect yourself"⁸⁹ to which the Cardinal replied:

Well, I think you see, the Catholic Church can never condone advice which says do use condoms...anything that tends to either encourage or promote casual sex, promiscuity, call it what you will, is in fact also promoting AIDS...one of the great factors in the spread of AIDS at the moment is, of course, casual sex and, therefore, I think we have got to hold out before people the highest ideal.⁹⁰

Notwithstanding Lavelle's defence of condom use in or outside marriage, which are directly opposed to those expressed by the Cardinal, there is no evidence to suggest, that Fr. Paul Lavelle encountered censure for any of these statements. The tape he made with Fr. Bernard Lynch (and Andy O'Mahony) was the only controversy in 1987, while the Church appeared to turn a proverbial blind eye to Lavelle's liberal position which was clearly at odds with Catholic moral teaching. There is no official censure from the Church on record following Lavelle's appearance on the *Late Late Show* and indeed in interview he asserted more than once:

I had great support from the Church and great freedom but there was a line you didn't cross. That crossed the line [pointing to the *Understanding AIDS* booklet] but in a pretty mild way⁹¹.

Lavelle's appearance on the *Late Late Show* prompted significant media comment, some in praise and some in criticism of the liberal position on both homosexuality and condom use he espoused. There is cautious ambiguity in some of his statements promoting the use of condoms for disease prevention purposes but his position and that

of the National Task Force on AIDS is diametrically opposed to the conservative views espoused by other Catholic-affiliated lay groups described in Chapter 5. His elite position, the broad realm of his influence and the extent to which he commanded media attention by that time served to ensure that the Catholic Church in Ireland enjoyed a prominent position in the response to AIDS in Ireland. The failure of the official church to censor Lavelle's promotion of a liberal response to AIDS suggests that the institution, like the Department of Health as will be discussed in Chapter 7, was "playing both sides"⁹². On one hand the church seemed to support lay groups described in Chapter five which defended the official church position on homosexuality, sex education, and condom use, while Lavelle and the National Task Force on AIDS were promoting the decriminalisation of homosexuality, deregulation of condoms and the introduction of school-based sex education. When drawn on these issues, the official Church remained true to its doctrinal position. It may be speculated, therefore, that the Catholic Church in Ireland worked to maintain a foothold in both liberal and conservative responses to AIDS as the national mood was showing increasing signs of change.

The Line Crossed

In the latter half of 1988, Fr. Paul Lavelle began writing a booklet for publication by Veritas, the official publications agency of the Catholic Church in Ireland. Entitled *Understanding AIDS*, the booklet addressed multiple aspects of infection and in answer to the question 'What is wrong with using condoms?' Lavelle espoused the view he had so publicly aired on the *Late Late Show* broadcast on 15th May 1987 and had written in Dr. Derek Freedman's book in 1987. The text of the original version provided by Father Lavelle for the purposes of this research was as follows:

It is sometimes asked whether it might be permitted to use a condom in marriage where one of the partners has the AIDS

virus. This is a more delicate question. The strong teaching of the Church on contraception would seem to go against the condom even in this situation. However, an argument might be made which would turn upon what is called the 'intention' of the couple. In this situation, the argument runs, the couple are not seeking to prevent the conception of a child but rather to prevent the spread of infection from one partner to the other. If this argument is valid, and this may or may not be an open question, then the use of the condom could be considered allowable if both partners in the marriage were in agreement about having sexual intercourse.⁹³

The booklet to be launched on the morning of 25th November 1988 was removed the previous day with a press notice reported briefly in newspapers, which simply claimed that it was withdrawn "pending the inclusion of alterations to the text"⁹⁴; this notice also said that it might not have been fully studied by the Archbishop's censor, but according to a spokesperson for Archbishop Desmond Connell, the delay in publication would allow for "further elaboration of the Church's teaching"⁹⁵ in relation to AIDS. Lavelle had been scheduled to present a copy of the booklet to President Patrick Hillery at Áras an Uachtaráin on the scheduled day of release and when he heard on radio that the book was being withdrawn, he phoned Archbishop's House to be told that his appointment with the President had been cancelled:

...it was Cardinal Connell (pointing to the booklet) who took it off. He was tipped off by a media guy who rang him up and said 'you know what's in this booklet?' He saw I had an appointment with the President at 11 O'Clock to give him a copy of it so that's how Archbishop's House found out...I have a photograph outside with President Hillary where I gave him a copy of a drugs booklet that I wrote, so I was giving him a copy of the AIDS because he was supportive and it was because I was a priest too I bet that I got away with it in that sense too, you know.⁹⁶

As stated earlier *Humanae Vitae* teaches that all forms of contraception are intrinsically evil, which Fr. Paul Lavelle was well aware of, but he was also a pragmatist responding to the reality of poor peoples' lives in the North Inner City of Dublin; those who were

affected by poverty, problematic drug use and the consequences of HIV and AIDS. Referring to *Humanae Vitae*, he said, "It didn't bother me because I knew common sense would tell you what to do for-gods-sakes: I wasn't depending on the Church to tell me what to do there."⁹⁷ He was aware of religious in other jurisdictions working in similar, even more challenging conditions throughout the AIDS epidemic,

...they just got on with their work, like in Africa, some of the nuns there, the Medical Missionaries of Mary, Duggan [religious sister working in a missionary community] and a few others; sure they were doing this stuff years ago. They just ignored Rome, some of the clergy...and some of the Bishops came out and said this is all nonsense. However, Rome has never really weakened on that [*Humanae Vitae*].⁹⁸

Lavelle wholeheartedly acknowledged in interview that Archbishop, now Cardinal Desmond Connell, was fundamentally correct in his criticism of the booklet and decision to withdraw it:

...strictly speaking, Des Connell was right. There was strict Church teaching and he had just come back from Rome and had given a talk on *Humanae Vitae* and the Pope was part of the audience, as it were, so Des was up to here with *Humanae Vitae* at the time. So when he saw this, because the church teaches that contraception is intrinsically evil and that's an important one. *Humanae Vitae* is 1968 I think, so it's intrinsically evil and there are no circumstances in which it can be right.⁹⁹

According to Lavelle, the primary issue for the Church was the fact that he had made reference to the use of condoms "within marriage"¹⁰⁰ but in fact, he had made a similar point on the *Late Late Show* over a year earlier from which there had been no apparent consequences. It may be argued that while Catholic doctrine was clearly at odds with the line Fr. Paul Lavelle had taken in his role as Pastoral Care Co-ordinator of the CSSC's National Task Force on AIDS, the institutional Church, found itself in a position that was difficult to maintain in the context of the health crisis associated with

HIV and AIDS throughout the 1980s. The clerical Church had consistently regarded itself as the guardian of faith and morals, and on this basis traditionally refused to compromise on doctrinal matters regardless of whether its stance was popular or not, which contextualises its position on contraception from the 1960s onwards. As will be similarly documented in the following chapter exploring the role of the state throughout the first decade, AIDS was a difficult issue for the Catholic Church in Ireland. There was an inevitable tension between the need to respond pastorally and with compassion to the HIV-related problems facing real people and the theological imperative to maintain its doctrinal position on the use of condoms. Butler documents a similar contradictory tension in the introduction by the state of harm reduction policies for drug-related problems: namely the retention of prohibitionist legislation and policy while covertly introducing needle exchange and expanding drug substitution therapy, interventions that were clearly at odds with the dominant war-on-drugs policy narrative¹⁰¹. It would appear that Fr. Paul Lavelle was permitted, in the interests of pastoral flexibility, to explore and develop some of the more controversial areas, but it was deemed a 'red line' issue when he explicitly contradicted official Church teaching in a Veritas publication.

Understanding AIDS was relaunched on 3rd March 1989 with the offending section replaced with an explanation of why the use of condoms, even between HIV sero-discordant couples¹⁰² in marriage, prevents "openness to the procreation of new life"¹⁰³ and is therefore morally wrong. The booklet advised such couples to "...find in the Church, and especially from its pastors, the spiritual help and compassionate support they will need to face the immense difficulties involved in coming to terms with their situation."¹⁰⁴

The line that Fr. Lavelle had crossed, by his own admission, marked the end of his role as Pastoral Care Co-ordinator of the National Task Force on AIDS: he was not replaced and funding was not renewed to the Task Force beyond 1988. Fr. Lavelle would not be drawn by media interest at the time into whether or not his transfer to the parish of Lusk, on the outskirts of County Dublin, was in part as a result of his clash with Archbishop's House and in interview while he acknowledged that the "general view"¹⁰⁵ was that there was a relationship between the two incidences stating, "If you asked Geoffrey Dean he'd say I was shafted. But not really: it was probably time to go. But I wasn't replaced."¹⁰⁶

Conclusion

The National Task Force on AIDS was the forerunner to the Department of Health-led National AIDS Strategy Committee upon which the latter was modelled. This chapter has charted the emergence of the Catholic Bishop's response to AIDS in Ireland under the co-ordination of Fr. Paul Lavelle. The National Task Force on AIDS as it became known acquired immediate recognition and importance across multiple levels in Irish society and served to bring together diverse stakeholders responding to AIDS forming the first effective AIDS policy community. Membership combined grassroots activists with medical, scientific and high level professionals who were well respected in Irish life. Consequently the Department of Health immediately engaged in dialogue with the Task Force and ensured representation on it, reflecting the finding that "relatively well-to-do"¹⁰⁷ organised interests are more likely to be recognised by policy makers.

The short duration of the National Task Force was disproportionate to its influence in that it served to bridge the impasse between the gay community response and the state, while actively promoting dialogue between the various stakeholders who had forged a

disparate and piecemeal response in their respective areas of specialisation and governance. Importantly, it adopted a co-ordinating role usually expected of the state, and persuaded the policy community of the need to act strategically and in accordance with liberal, non-punitive principles¹⁰⁸. Lavelle himself was a 'modern' priest with a former career in advertising, whose seminary formation in the spirit of the Second Vatican Council led him to believe that the Church in the modern world should read and respond progressively to what were known as the 'signs of the times'¹⁰⁹. He was entrepreneurial in his approach to the realisation of the Task Force's aims and objectives, while the very fact of his priesthood served to generate support and reduce opposition to the Task Force's liberal proposals¹¹⁰. The failure of the official church to censor Lavelle's promotion of a liberal response to AIDS that was at odds with Catholic doctrine suggests that the institution, like the Department of Health as will be discussed in the next chapter, was in fact "playing both sides"¹¹¹. While on one hand espousing the conservative nature of official Catholic doctrine, the Church's pastoral response was firmly rooted in a liberal tradition. From a Department of Health perspective, however, perhaps what was most important was that the work of the Bishops' Task Force now made it possible for the this central government department to go ahead with its policy-making activity in this highly contentious area – happy in the knowledge that it was unlikely to be attacked by the Catholic Church which had itself taken a liberal initiative in this sphere.

¹ Congregation for the Doctrine of the Faith, *Letter to the Bishops of the Catholic Church on the Care of Homosexual Persons* 1st October 1986: Vatican

² Ibid

³ Oliver, 2006, p.219

⁴ Ibid, p. 218

⁵ Butler B C Bishop. *Popes of Vatican II: The Voice of the Church* - <http://vatican2voice.org/4basics/papal.htm>. 2011 [cited 2013 1st August].

⁶ Oliver, 2006, p.219; Interview with Fr. Paul Lavelle, 27th January 2011

⁷ *William James: Essays and Lectures*, ed. R. Kamber. 2007, London: Pearson Longman; Hook, S., *The Hero in History: A Study in Limitation and Possibility*. 1945, London: Secker and Warburg.

⁸ T. R. Oliver, *The Politics of Public Health Policy*. Annual Review of Public Health, 2006. 27: p. 218

⁹ Dublin AIDS Alliance Archive - Uncatalogued, *Press Release – Catholic Press and Information office: A Commission of the Irish Bishops Conference*. 26th March 1987.

¹⁰ Dean, G., Bradshaw, J., Lavelle, P., *Drug Misuse in Ireland, 1982-1983: Investigation in a North Central Dublin Area and in Galway, Sligo and Cork*, The Medico Social Research Board, Editor. 1983.

¹¹ Butler, 2002

¹² Butler B C Bishop. *Popes of Vatican II: The Voice of the Church* - <http://vatican2voice.org/4basics/papal.htm>. 2011 [cited 2013 1st August].

¹³ Interview with Fr. Paul Lavelle, 27th January 2011

¹⁴ Dublin AIDS Alliance Archive, Uncatalogued, CSSC – Report of the AIDS Task Force, 10th February 1987

¹⁵ Interview with Fr. Paul Lavelle, 27th January 2011

¹⁶ Ibid

¹⁷ Dublin AIDS Alliance Archive. Uncatalogued. Letter from Rev. Paul Lavelle, Director Drugs Awareness Programme to Mr. Carl Berkely, GHA, 10th September 1986

¹⁸ Interview with Fr. Paul Lavelle, 27th January 2011

¹⁹ Kingdon, 2003, p.53

²⁰ Dr Derek Freedman, Private Papers, Uncatalogued – Video Tape converted to DVD by TCD containing the Late Late Show Broadcast by Radio Telefis Éireann (RTE) on 15th April 1987

²¹ Dublin AIDS Alliance Archive, Uncatalogued, Minutes of the First Meeting of the AIDS Task Force, 9th October 1986

²² Ibid

²³ Ibid

²⁴ Dublin AIDS Alliance Archive, Uncatalogued, Minutes of the Second Meeting of the AIDS Task Force, 18th November 1986

²⁵ Joseph Cardinal Ratzinger, *Letter to the Bishops of the Catholic Church on the Pastoral Care of Homosexual Persons*, Congregation for the Doctrine of the Faith, Editor. Given at Rome, 1 October 1986,

http://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_19861001_homosexual-persons_en.html: Vatican.

²⁶ Butler B C Bishop. *Popes of Vatican II: The Voice of the Church* - <http://vatican2voice.org/4basics/papal.htm>. 2011 [cited 2013 1st August].

²⁷ Private Video Collection of De. Derek Freedman, *Today Tonight – Programme Two – 2nd of two part special programme on AIDS*. 1987 (actual broadcast date unknown), Radio Telifis Éireann (RTE).

²⁸ Joseph Cardinal Ratzinger, *Letter to the Bishops of the Catholic Church on the Pastoral Care of Homosexual Persons*, Congregation for the Doctrine of the Faith, Editor. Given at Rome, 1 October 1986,

http://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_19861001_homosexual-persons_en.html: Vatican.

²⁹ Dublin AIDS Alliance Archive, Uncatalogued, Minutes of the Second Meeting of the AIDS Task Force, 18th November 1986

³⁰ Ibid

³¹ Tyler, T., *The Psychology of Cooperation: Implications for Public Policy*, in *The Behavioural Foundations of Public Policy*, E. Shafir, Editor. 2013, Princeton University Press: Princeton and Oxford, p.79-85

³² Ibid

³³ Interview with Fr. Paul Lavelle, 27th January 2011

- ³⁴ Tyler, T., *The Psychology of Cooperation: Implications for Public Policy*, in *The Behavioural Foundations of Public Policy*, E. Shafir, Editor. 2013, Princeton University Press: Princeton and Oxford, p.79-85
- ³⁵ Dublin AIDS Alliance Archive, Uncatalogued, Minutes of Meeting, AIDS Task Force, Tuesday, 9th December 1986
- ³⁶ Interview with Fr. Paul Lavelle, 27th January 2011
- ³⁷ Dublin AIDS Alliance Archive, Uncatalogued, Minutes of Meeting, AIDS Task Force, Tuesday, 9th December 1986
- ³⁸ Dublin AIDS Alliance Archive, Uncatalogued, Letter from Mick Quinlan to Members of GHA – Minutes of Meeting August 1985 – actual date is not recorded.
- ³⁹ Dublin AIDS Alliance Archive, Uncatalogued, Catholic Social Services Conference, Report of the AIDS Task Force, 10th February 1987
- ⁴⁰ Butler, 2001, p.205
- ⁴¹ Dublin AIDS Alliance Archive, Uncatalogued, Letter from Bishop Desmond Williams to Gay Health Action, 10 Fownes Street, Dublin 2, 24th March 1987
- ⁴² Ibid
- ⁴³ Dublin AIDS Alliance Archive, Uncatalogued, Press Release – Catholic Press and Information office, A Commission of the Irish Bishops Conference, 26th March 1987
- ⁴⁴ Ibid
- ⁴⁵ Dublin AIDS Alliance Archive, Uncatalogued, National Task Force on AIDS – 2nd Meeting, Minutes of Meeting, 23rd April 1987
- ⁴⁶ Dublin AIDS Alliance Archive, Uncatalogued, National Task Force on AIDS – Minutes of 7th Meeting, 1st December 1987
- ⁴⁷ Dublin AIDS Alliance Archive, Uncatalogued, Minutes of 5th Meeting National Task Force on AIDS, 5th September 1987
- ⁴⁸ Dublin AIDS Alliance Archive, Uncatalogued, Minutes of the National AIDS Task Force 4th Meeting, 16.7.1987 in Avila House, Morehampton Road D4
- ⁴⁹ Ibid
- ⁵⁰ Dublin AIDS Alliance Archive, Uncatalogued, National AIDS Task Force 3rd Meeting 27th May 1987 in Avila House
- ⁵¹ Group says plan on AIDS is overdue, *The Irish Times (1921-Current File)*; Apr 3, 1987; ProQuest Historical Newspapers The Irish Times (1859-2009)
- ⁵² AIDS campaign 'not explicit enough', Padraig Yeates *The Irish Times (1921-Current File)*; May 18, 1987; ProQuest Historical Newspapers The Irish Times (1859-2009)
- ⁵³ Oliver, 2006, p.218
- ⁵⁴ Dublin AIDS Alliance Archive, Uncatalogued, National AIDS Task Force – Meeting between Superintendent Community Welfare Officers, Prison Welfare Officers, STD Clinics and Drug Treatment Centres on Tuesday 15th December 1987 in the Red House
- ⁵⁵ Interview with Mick Quinlan, 6th April 2011
- ⁵⁶ Dublin AIDS Alliance Archive, Uncatalogued, National Task Force on AIDS, Minutes of Meeting 2nd April 1987
- ⁵⁷ The Church and Homosexuality, Cryan, Des, *The Irish Times (1921-Current File)*; Apr 23, 1987; ProQuest Historical Newspapers: The Irish Times (1859-2011) and The Weekly Irish Times (1876-1958)
- ⁵⁸ Ibid
- ⁵⁹ Dublin AIDS Alliance Archive, Uncatalogued, National Task Force on AIDS, Minutes of Meeting 2nd April 1987
- ⁶⁰ Dublin AIDS Alliance Archive, Uncatalogued, National Task Force on AIDS, Minutes of Meeting 16th July 1987
- ⁶¹ Dublin AIDS Alliance Archive, Uncatalogued, National Task Force on AIDS, Minutes of Meeting, 16th July 1987 – Internal Report of the Meeting provided by Donal Sheehan for GHA, Undated.
- ⁶² Freedman, D., *AIDS: The Problem in Ireland*, 1987, Town House: Dublin, p97
- ⁶³ Dublin AIDS Alliance Archive, Uncatalogued, National task Force on AIDS, Minutes of Meeting, 16th July 1987
- ⁶⁴ Ibid
- ⁶⁵ Ibid
- ⁶⁶ Ibid
- ⁶⁷ Dublin AIDS Alliance Archive, Uncatalogued, National task Force on AIDS, Minutes of Meeting, 5th September 1987

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- ⁶⁸ Interview with Fr. Paul Lavelle, 27th January 2011
- ⁶⁹ Ibid
- ⁷⁰ Dublin AIDS Alliance Archive, Uncatalogued, National Task Force on AIDS, Minutes of Meeting, 16th July 1987 and 5th September 1987 with GHA internal reports attached – undated and in some cases unsigned.
- ⁷¹ Interview with Fr. Paul Lavelle 27th January 2011
- ⁷² Ibid
- ⁷³ Inglis, T., *Moral Monopoly: The Rise and Fall of the Catholic Church in Modern Ireland*. 1998, Dublin University College Dublin Press, p.231-238
- ⁷⁴ Ibid, p.93
- ⁷⁵ Oliver J. Flanagan, T.D.
- ⁷⁶ Dr Derek Freedman, Private Papers, Uncatalogued – Video Tape converted to DVD by TCD containing the Late Late Show Broadcast by Radio Telefis Eireann (RTE) on 15th May 1987
- ⁷⁷ Ibid
- ⁷⁸ Ibid
- ⁷⁹ Ibid
- ⁸⁰ Interview with Fr. Paul Lavelle 27th January 2011
- ⁸¹ Freedman, D., *AIDS: The Problem in Ireland*, 1987, Town House: Dublin, p97
- ⁸² Ibid
- ⁸³ Encyclical Letter of Pope Paul Vi, *Humanae Vitae*, Vatican, 1967
- ⁸⁴ Ibid
- ⁸⁵ Dr Derek Freedman, Private Papers, Uncatalogued – Video Tape converted to DVD by TCD containing the Late Late Show Broadcast by Radio Telefis Eireann (RTE) on 15th May 1987
- ⁸⁶ RTE medium AIDS message, Anne Harris, Sunday Independent, May 17th 1987, Irish Newspaper Archive, Accessed 12th March 2013 @ 21:52
- ⁸⁷ Editorial Commentary, Donegal News, Saturday, May 23rd 1987, Irish Newspaper Archive, Accessed 12th March 1987 @ 21:58
- ⁸⁸ AIDS campaign 'not explicit enough', Padraig Yeates, *The Irish Times (1921-Current File)*; May 18, 1987; ProQuest Historical Newspapers The Irish Times (1859-2009)
- ⁸⁹ Dublin AIDS Alliance Archive, Uncatalogued, Catholic Press and Information Office – A Commission of the Irish Bishop's Conference – 169 Booterstown Avenue, Co Dublin – PARTIAL TRANSCRIPT – AIDS: Cardinal O'Fiaich interviewed by Shane Kenny on RTE Radio's 'This Week' Programme, 21st December 1986
- ⁹⁰ Ibid
- ⁹¹ Interview with Fr. Paul Lavelle, 27th January 2011
- ⁹² Interview with Dr. James Walsh, 3rd February 2011
- ⁹³ Lavelle, Paul, *Understanding AIDS*, 1988, Veritas Publications: Dublin, page number unknown
- ⁹⁴ AIDS book withdrawn, *The Irish Times (1921-Current File)*; Nov 25, 1988; ProQuest Historical Newspapers The Irish Times (1859-2009)
- ⁹⁵ Ibid
- ⁹⁶ Interview with Fr. Paul Lavelle, 27th January 2011
- ⁹⁷ Ibid
- ⁹⁸ Ibid
- ⁹⁹ Ibid
- ¹⁰⁰ Ibid
- ¹⁰¹ Butler, 2002, p.180-185
- ¹⁰² Couples in which one partner is HIV-positive and the other HIV-negative
- ¹⁰³ Lavelle, Paul, *Understanding AIDS*, 1989, Veritas Publications: Dublin, p25
- ¹⁰⁴ Ibid
- ¹⁰⁵ Interview with Paul Lavelle, 27th January 2011
- ¹⁰⁶ ibid
- ¹⁰⁷ Kingdon, 2003, p.53
- ¹⁰⁸ Ibid, p. 218
- ¹⁰⁹ Butler B C Bishop. *Popes of Vatican II: The Voice of the Church -* <http://vatican2voice.org/4basics/papal.htm>. 2011 [cited 2013 1st August].
- ¹¹⁰ Oliver, 2006, p.219; Interview with Fr. Paul Lavelle, 27th January 2011
- ¹¹¹ Interview with Dr. James Walsh, 3rd February 2011

Chapter 7 – The State Response to AIDS

The National Task Force on AIDS, the subject of the previous chapter, was the forerunner to the Department of Health-led National AIDS Strategy Committee (NASC) which will be documented in this chapter. Previous findings chapters have focused on the AIDS response from the civil society and the Catholic Church's perspectives while this chapter will document a series of key events through which the Irish state's response to AIDS is illustrated. Commencing with the passage of Health (Family Planning Amendment) Act, 1985, an analysis of debate will provide a lens through which the moral compass of the era may be determined, while revealing the lack of political priority afforded to AIDS in 1985. Further analysis of the initial era between 1982 and 1985 makes it clear that – as in the UK - the political response only began to mobilize when the potential for heterosexual spread through the blood supply and the pool of infection identified by the emergence of the antibody test in 1984 became apparent.¹ Added to the latent pool of infection in Ireland and contaminated blood supply was the increasing number of IDUs testing positive whom it was feared would act as a bridge to the heterosexual community.² Against the backdrop of the divisive and vituperative abortion and divorce referenda, the greater separation of Church and State favoured by the administration led by Garret Fitzgerald could not be realised. Consequently, Irish politicians struggled to respond to an emerging health crisis without alienating grassroots political support among a largely conservative and predominantly Catholic voting electorate. The chapter will examine claims that conservative Catholic organisations had infiltrated the Departments of Health and Education, resulting in reluctance to progress areas of sexual health policy. As revealed in the previous

chapter, the Department of Health was “playing both sides”³ in an attempt to keep liberal and conservative forces on side. While on one hand espousing the traditional principle of remaining faithful to one sexual partner in marriage and prioritising abstinence in the national AIDS information campaign, the Department of Health was using the role of National AIDS Co-ordinator, to promote an opposing liberal public health view to selective audiences. Dr. Rory O’Hanlon’s tenure as Minister for Health was generally marked by conservatism with regard to sexual health, but the modernising tide of liberalism gained momentum despite him and O’Hanlon was eventually replaced by Mary O’Rourke, whose determination to lead from the front was key to the establishment of the first national AIDS policy response. This chapter will further chart O’Rourke’s critical leadership, which coincided with the “opening of a window of opportunity”⁴ in relation to the crisis that was AIDS. Importantly, it will conclude with an examination of some of the critical factors which contributed to the transition from a conservative to a relatively liberal response – a process that will be further elaborated in the final chapter. Policy making for HIV and AIDS, and indirectly sexual health, was realised by multiple actors and influences that synchronised around a liberal public health agenda by the end of the initial decade of AIDS. This penultimate findings chapter will therefore document a trajectory of key events to demonstrate that the body politic was prevented from the realisation of an effective technical response because conservative ideologies constructed the grand narrative in Irish life, until towards the end of the 1980s liberal influences acquired the ascendancy.

Health (Family Planning Amendment) Act 1985 in Context

Garret FitzGerald, Taoiseach and leader of the Fine Gael and Labour coalition parties that governed Ireland between 1982 and 1987 was committed to constitutional reform: specifically to a clear separation of Church and State⁵. According to Barry Desmond,

Minister for Health and Social Welfare in that administration, FitzGerald held four prevailing interests on entry to Dáil Eireann, one of which was "...to define more clearly in the Constitution the separate roles of Church and State in relation to major social questions."⁶ The recent release of documents from the UK National Archives in London pertaining to negotiations leading to the Anglo Irish Agreement in 1985, which aimed to bring an end to the troubles in Northern Ireland, confirm that the Fine Gael/Labour coalition was in favour of the introduction of a more liberal and secular regime in Ireland. In 1983, Michael Lillis, the head of the Anglo-Irish division in the Department of Foreign Affairs in Dublin and a close associate of Garret FitzGerald, informed his British counter-part, David Goodall, that the outcome of the abortion referendum in Ireland in which there was a two-thirds vote in favour of a "prolife" amendment to the Constitution "would put paid, at least for the time being, to any prospect, of early success for the Irish government's policy of seeking to remove Protestant and liberal concerns about the Republic's Catholic ethos".⁷ The political reality that Lillis refers to is an indication of the extent to which Catholic moral values continued to shape Irish culture and society in the early-1980s as detailed in Chapter 2. While some members of FitzGerald's administration were clearly in favour of greater separation of church and state, other prominent members of Irish society did not concur: for example, Bishop of Limerick Jeremiah Newman reminded politicians in the course of debate on the Health (Family Planning Amendment) Bill in 1984 that those "who profess to be Catholics ... have a duty to follow the guidance of their Church in areas where interests of Church and State overlap"⁸

Barry Desmond, Minister for Health and Social Welfare was committed to social reform in the areas of sexual health and family planning: a married man with a young family, he was strongly influenced by the debates on contraception which were initiated in the

early-1970s by Mary Robinson and others. Notwithstanding his failure to engage with GHA as outlined in Chapter 5, his tenure as Minister for Health was notably liberal in sexual health terms in that the Sexual Assault and Treatment Unit at the Rotunda Hospital was established as was the Family Planning Clinic in Dun Laoghaire. Equally strong was his commitment to the introduction of school-based sex education in collaboration with then Minister for Education, Gemma Hussey, which is documented in Chapter 8. In legislative terms, however, he may be best remembered for the Health (Family Planning Amendment) Act, 1985, which reformed Charles Haughey's now infamous 1979 Act which had restricted condoms to married couples on prescription as described in Chapter 2. Haughey's Health (Family Planning) Act, 1979 had sought to placate the Bishops with vague references to *bona fide* family planning: a qualification so vague that it could not be defined in law, let alone in practice⁹. Desmond was of the view that the need for a prescription to purchase condoms, as required by the Health Family Planning Act, 1979, should be removed and that such contraceptives should be made available through community pharmacies, licensed family planning clinics, health centres of Health Boards and GP surgeries to all persons over the age of eighteen years¹⁰. However, as one contemporary commentator noted, the legislation was in keeping with Ireland's "wink and a nod"¹¹ approach to contentious areas of policy making, since Desmond and others must have been acutely aware that the eighteen year old age limit would be virtually impossible to enforce in practice: thus in reality making condoms available to anybody who wanted them. It may be argued, that while Haughey's Act maintained a social commitment to "procreative" sex as prescribed by Catholic doctrine, Desmond's reform created a paradigm shift towards "recreational" sexual behaviour in which commitment is not a precondition of sexual intimacy¹².

It is striking that despite a growing level of awareness of AIDS in the media, coupled with small but significant increases in the number of people testing positive for HTLVIII, public and political debate surrounding the Health (Family Planning Amendment) Bill did not extend to any comprehensive analysis of the impending impact of AIDS in Irish society. Barry Desmond explained the failure of government to debate the amendment of the Health Family Planning Act in the context of AIDS as follows:

No, there wasn't a huge emphasis on it because in particular on the question of STDs, the question of AIDS, the question of HIV, within the Dáil there was a profound ignorance at government level and in opposition¹³.

Civil servants were equally of the view according to Dr. James Walsh, deputy Chief Medical Officer and National AIDS Co-ordinator from 1985, that Ireland would not encounter a problem with AIDS because of broad adherence to Catholic morals and traditional family values. He added that they tended to the view that he as medical advisor was inclined to exaggerate the seriousness of the threat¹⁴. Desmond added that the following view prevailed at administrative and government levels with regard to AIDS:

... the cultural, sociological attribution to the person of the disease or infections was regarded as self ordained or self responsible. If a person got HIV, the attitude, the social attitude which was, so to speak that was affecting the politicians, that it was their responsibility, it was their quote unquote, "their fault" and that it was their problem and that if they suffered grievously from it, in the age-old Catholic social mores, it was their outcome, their responsibility, their punishment – punishment is the word that I was looking for...That was the social attitude at the time¹⁵.

The Health Family Planning (Amendment) Bill was debated across narratives that focused on abortion, teenage pregnancy, sexual promiscuity and fears that relaxing the laws, would result in a more permissive society. Catholic Bishops, while

acknowledging the right of the state to legislate, preached in opposition to law reform from the pulpit, suggesting that "...a great evil would be visited on the people."¹⁶ if condoms were made more freely available. Conservative lobbyists brought "the whole question of abortion into the debate as well..."¹⁷ which served to muddy the waters and render the debate divisive and sectarian from the very outset. Tensions between the Church and government persisted throughout the passage of the Bill, and it was even suggested by Desmond that there was a conspiracy led by the Catholic hierarchy to remove him from office – a suggestion to which the hierarchy reacted with dismissal and "amazement"¹⁸. Recalling the divisive, malicious and sometimes personal nature of the debate, Barry Desmond, said that while the Bill proposed relatively modest amendments to the 1979 Act,

...it was enough to bring the forces of reaction forward and within the Catholic Church in particular. People like Bishop MacNamara were virulent in their hostility, utterly virulent. They campaigned, they contacted deputies, they spoke to deputies, they spoke to senators, and there was also a personal campaign - I mean, Stella [Barry Desmond's wife], we had four sons at the time...they were all subjected to these pressures, letters coming in the door here, people ringing up and you know, people meeting Stella.¹⁹

The row reached vituperative levels by early 1985, with some Labour Party, Fianna Fáil and Workers' Party politicians accusing the Bishops of attempting to impose a theocracy. For instance, Fianna Fáil deputy Charlie McCreevy T.D. (whose party voted against the Bill in the final stage) was forthright in his criticism of the Bishops:

I strongly resent the declaration of the Bishops who state that Catholic politicians are strictly bound to take account of what the Bishops' teach, where that touches on faith and morals. To follow that argument to its logical conclusion has frightening implications for Irish parliamentary democracy and society. The pronouncements of the Bishops in the last week are in the main responsible for inciting many decent people to this hysterical, sectarian, and narrow-minded approach to the current debate on the family planning bill. There is undoubtedly a sickness in

society where the lives and livelihood of elected representatives were threatened if they vote in a certain way.²⁰

On the other hand, official Catholic teaching with regard to the Bill, found favour among a substantial number of politicians both within government and on opposition benches. One particularly vociferous voice of opposition within the government was that of Oliver J. Flanagan, a Fine Gael T.D. well-known for his conservatism who argued:

This Bill will hurry the people down the slippery slope of moral decline. I as a legislator will have no hand act or part in speeding up the moral decline of the nation. We need men and women of courage to halt the rot which is setting in to our cultural traditional and moral values... This is not an ordinary everyday political venture. This is tampering with the work of creation. This Bill is contrary to moral law... This Bill will lead to abortions, which are murders as sure as we are here.²¹

Alice Glenn T.D., also of Fine Gael, opposed the Bill on the basis of a perceived threat to traditional family values,

If we are not re-defining the family and we are saying we are going to make these available to all and sundry, what we are doing is advocating adultery and fornication.²²

Similarly, deputies Sean Treacy and Frank Prendergast within Desmond's own Labour Party also sympathised with conservative lobbyists. Leader of the opposition, Charles J. Haughey T.D. who had been Desmond's predecessor in the Ministry of Health and the politician responsible for the first Health Family Planning Act, 1979, urged his party, Fianna Fáil, to oppose the Bill. Haughey's opposition to this amendment of the family planning legislation would appear to have been based on his kneejerk tendency as leader of the opposition to oppose all government legislation, rather than on any obvious religious or ideological grounds – although Fianna Fáil spokesman for Health, Dr. Rory O'Hanlon argued strongly that access to contraception should remain confined to

married couples, adding that many doctors would concur with the Church's position²³. In many instances, those in favour of the amendment argued their case on the basis of a rising incidence of teenage pregnancy and increases in the number of women travelling to the UK for an abortion; while others, including deputy Nuala Fennell T.D., took a pragmatic stance which argued the right of citizens to access contraception if they chose to be sexually active and accused the opposition leader of wanting to keep women "pregnant and ignorant".²⁴ Senator Catherine Bulbulia situated the importance of the Bill against the backdrop of the Ann Lovett case discussed in Chapter 8, and other high profile cases which documented the plight of abandoned infants and the harsh judgement of women which it was claimed, lay behind Ireland's restrictive contraceptive laws²⁵.

Deputies Flanagan and Glenn voted against their own party as did Labour Party deputies Treacy and Prendergast. The decision of the Fianna Fáil leader, Charles Haughey, to impose the whip and compel all of his parliamentarians to vote in opposition to the Bill provoked the expulsion from the party of prominent politician, Desmond O'Malley, who voted with the government and shortly afterwards went on to found the Progressive Democrats. In the final stage, the Bill was passed by a narrow margin of eighty-three to eighty votes and signed into statute on 26th September 1985, thus permitting family planning clinics to sell condoms to the general public and legitimising a service they had been providing anyway since the 1970s.

The furore which characterised the passage of the Health (Family Planning Amendment) Bill through the houses of the Oireachtas provides a lens through which the moral compass of the era may be gauged, while providing some insight into the challenges facing even a relatively liberal government in responding to the emerging health crisis that was HIV and AIDS. It also demonstrates that AIDS in 1985 was not on the political

agenda, as it did not surface to any extent in debates in either of the houses of the Oireachtas. As Desmond and Walsh indicate, neither politicians nor civil servants were at this time prepared to take seriously the issue of AIDS believing that it would not take hold in a country like Ireland. The debate further illustrates that notwithstanding residual strength of traditional conservative values, liberal views with regard to sexual health policy were increasingly articulated at this time – albeit by a minority of politicians and others:

There was a liberal agenda but it was confined to a handful of politicians and a handful of social commentators – you are talking about Mary Robinson, Gemma Hussey, Nuala Fennel, Monica Barnes, there were quite a few Fianna Gael women who were on the progressive side...²⁶

Reflecting on the legislation, Barry Desmond, now retired, lamented that the legislation was but an incremental step:

Now, the measures were very, very conservative, they were very minimal; I knew they were, but even then, I had to keep on the minimum line to cross the line.²⁷

However, it may be argued that in reality the eighteen year old age limit would have been virtually impossible to enforce in practice - consequently making condoms available to anybody who wanted them. In that regard, while Haughey's legislation maintained a social commitment to "procreational" sex as prescribed by Catholic doctrine, Desmond's reform may be seen as marking a paradigm shift towards recognition of "recreational" sexual relations in which commitment is not a precondition of sexual intimacy²⁸. The Health (Family Planning Amendment) Act 1985 was the subject of divisive debate between the church and state in Ireland and contemporaneously viewed as "the first victory of politicians against the church in matters of public morality"²⁹.

1982-1985: Inaction, Ignorance and the Competition for Priorities

While the debate surrounding the Health (Family Planning Amendment) Act, 1985 suggests that AIDS was not a political priority for government up to that time, within weeks of signing the Act into law, Barry Desmond made the government's first official announcement about AIDS. Addressing the annual dinner of the Royal College of Physicians on 25th October 1985, Desmond, quoted in a press release issued by the Department of Health said:

This evening I wish to refer to the phenomenal spread of the Acquired Immune Deficiency Syndrome disease. This is my first occasion to comment on the situation. A.I.D.S. has aroused much controversy and apprehension; we know it is a complicated and serious disease and it is essential that we do everything possible to avoid unnecessary media and public hysteria...I have initiated a number of measures which I hope will help in this regard...An A.I.D.S. monitoring system was set-up in my Department last year. This system has worked well and has provided accurate information about the incidence of the disease in Ireland...The haemophiliac population is now protected through the use of only heat treated products. Steps are now being taken to ensure that the disease is not spread through blood transfusion and steps have been taken to set-up and anti-body screening service for at risk groups. Until a vaccine is available education remains the only other weapon in our arsenal against this disease. No one can underestimate the complex problems and issues which this disease has raised. It will continue to place a great weight of responsibility on those responsible for planning and providing health care services... As Minister for Health I am acutely conscious of the vital role which the members of your faculty will play in the control and monitoring of this insidious and fatal disease and despite the current constraints and difficulties in the funding of health services, every effort will be made to provide all resources necessary to enable you to meet this latest challenge to public health.

Six of the seven cases of A.I.D.S., so far, could be described as "imported" cases – the other case is a haemophiliac. However,

recent research has indicated that the virus is now indigenous in this country. This research which was carried out by the virus laboratory in U.C.D. and intra-venous drug abusers, homosexuals and haemophiliacs showed: of 256 haemophiliacs tested, 33% proved positive; of 101 drug abusers tested, 24% proved positive and of 139 homosexuals attending S.T.D. clinics, 13% were positive. Research to monitor the presence of the A.I.D.S. virus in (sic) continuing and is an integral part of our general strategy relative to the prevention of the spread of this syndrome...I would therefore emphasize that persons who suspect that they have the disease should report to S.T.D. clinics or to the general practitioners for testing. Such persons should not present themselves as donors to the Blood Transfusion Service Board. Steps are being taken at present to strengthen S.T.D. services throughout the country.³⁰

It is noteworthy that while Desmond identified the importance of education in the absence of a vaccine, he made absolutely no reference to the establishment of GHA earlier that year, whose aim was expressly to educate, nor did he inform the assembled physicians that the HEB, with his full knowledge, had supported publication of the GHA's first AIDS information leaflets. Given that in every other regard, the statement is keen to convey that the Department of Health is responding with due consideration for public health, this omission illustrates the extent to which the establishment of GHA and the Department's support of its work was problematic. The medical profession in Ireland had historically been aligned with conservative Catholic interests³¹ and as such it may have been impolitic for Desmond to disclose the HEB's arrangement with GHA. In interview Desmond explained that in the initial years between 1982 and 1985, two factors prevented the Department of Health from responding more comprehensively and earlier to the AIDS crisis:

I mean, in the '83/'84 period Tuberculosis (TB) was there. There were at that stage about 1,000 cases every year of TB and there were – it's hard to believe it - there were four or five thousand people getting treatment for TB – 1,000 new cases every year. There were four, five and six thousand people

getting treatment for TB in '83 and that as an infectious disease was notifiable, was treated very seriously and you had to put HIV/AIDS in that context. And the other factor which we ignored particularly relating to mother and child services and child care services, there were 30 or 40,000 – it was close to 40,000 cases of measles notifiable every year at that time. And GPs were run off their feet testing for Tuberculosis and looking after measles and then the occasional case where, Jesus! There's a HIV!

I remember the other context which a lot of us tend to forget about nowadays, right through the 1980's there was a huge security problem in the State. We had multiple armed robberies, several Gardaí were murdered, drug seizures were very few, the Provos (Provisional IRA) were rampant right through the 80's and the Garda resources in terms of control of illicit drugs, searching premises and all the rest, hugely limited...the Government was spending a fortune, 3-400 million a year on policing the border. Garda overtime, huge expenditure and my demanding of money for the health services relating to drug abuse – I didn't stand a prayer when it came to the Minister for Defence looking for an additional 30 or 40 million or the Minister for Justice looking for another 60 or 70 million towards the end of the year and for Garda overtime to deal with the subversion which would be attempted at that time. We tend to forget that.³²

The relatively small numbers testing positive for HIV and those diagnosed with AIDS in the state prior to 1985, when taken in the context of other infectious diseases, were not sufficient to alarm Department of Health officials at that time – Appendices 1A and 1B document cumulative numbers testing HIV positive or diagnosed with AIDS respectively up to 1985. Equally, Ireland was in deep recession throughout the 1980s with, as Desmond reveals above, state security a national priority, which precluded the possibility of increased spending on health care. The decade was marked by unprecedented levels of economic constraint with public spending on health declining to 6.7% of national income in 1989 with EU average spend on health almost twice as high as Ireland³³. Irish per capita spend on healthcare fell to 57% of the EU average by 1989 with cutbacks most acutely affecting hospitals. In Desmond's era as Minister for Health, between 1982 and 1987, 704 acute beds were cut and in his successor's, Dr.

Rory O'Hanlon's first term in office, 3,244 acute beds were cut, an overall 19% reduction³⁴. AIDS thus contextualized was not a priority for politicians up to 1985.

While not explicitly stated by Desmond in interview, but clearly inferred in the official Press Release of October 1985 and confirmed by Dr. James Walsh in interview³⁵, the fact that up to 1985 AIDS was not perceived to be an indigenous problem - in so far as it was imported by homosexuals returning from other jurisdictions - facilitated a level of complacency among politicians and civil servants alike. The first two cases of AIDS presented in 1982 and both were homosexual men thought to have contracted their infections outside Ireland³⁶. Suggesting that denial was thought among civil servants to be "the best option"³⁷, Deputy Chief Medical Officer, Dr. James Walsh, recalled that the very fact that initial infections had been contracted overseas suggested to civil servants in the Department of Health that AIDS was not indigenous but imported by homosexuals and therefore unlikely to become problematic in a traditional Catholic country like Ireland³⁸.

Contrary to a belief expressed by civil society stakeholders, however, Ireland did not lag significantly behind the UK in responding to the epidemic: certainly Ireland's health care infrastructure was underdeveloped, particularly in sexual health, while the dominance of Catholic moral teaching presented a barrier to the realization of an effective public health response in the initial decade. In her analysis of the AIDS response in the UK, Berridge notes that while gay men and the medical and scientific communities were responding to AIDS from 1982, the political response only mobilized when the potential for heterosexual spread through the blood supply and pool of infection identified by the emergence of the antibody test in 1984 became apparent.³⁹ Added to the latent pool of infection in Ireland and contaminated blood supply was the increasing number of IDUs testing positive that it was feared would also act as a bridge

to the heterosexual community.⁴⁰ There was dialogue and cooperation between the British and Irish authorities, and Desmond liaised with Richard Needham, Under-Secretary of State for Northern Ireland in 1986 about the issue of AIDS and the success of the UK's first information campaign. While there was considerable cooperation and dialogue between clinicians and gay activists north and south of the border, the tensions between both governments in advance of the Anglo Irish Agreement of November 1985 appears to have precluded effective political collaboration around the issue of AIDS on the island of Ireland⁴¹. Despite the threat posed by AIDS, it did not escape entanglement with sectarian hostilities, with one Ulster Television (UTV) documentary noting that homosexuals in Northern Ireland tended to lead a more righteous existence than their counterparts in Dublin or London; one gay male contributor to the programme suggested that "...gay people in Northern Ireland don't live the type of lifestyle associated with AIDS. As the slogan goes, 'this is Northern Ireland not Sodom'"⁴².

As stated earlier, while some politicians were committed to a liberal approach on public health grounds, they were in the minority, with most deputies in Dáil Eireann representing a rural majority largely committed to the retention of traditional family values⁴³. The challenge for political leaders was to gauge whether or to what extent fears about HIV/AIDS had changed the 'national mood' and made the public more accepting of a liberal sexual health agenda⁴⁴. However, while the state may have triumphed over the church in passing the Health (Family Planning Amendment) Act, 1985, it was a marginal victory underscored and characterised by a bitter debate. The even more divisive and opprobrious abortion and divorce debates discussed in Chapter 2, "put paid" as Lillis commented to his UK counterpart, any prospect of removing "Protestant and liberal concerns about the Republic's Catholic ethos"⁴⁵ Consequently, Irish politicians struggled to respond effectively to an emerging health crisis while

simultaneously maintaining grassroots political support among a largely conservative and predominantly Catholic voting electorate whose mood had clearly not changed by 1985.

The Influence of Opus Dei and the Knights of Columbanus

In addition to the influence openly exerted by bishops and other Catholic Church leaders, it was commonly believed at this time in the 1980s that a more subtle influence was covertly wielded by well-placed members of Catholic lay organisations – which allegedly had a role comparable to that attributed to Freemasonry in other societies. Barry Desmond, for instance, claimed that attempts to liberalise the sexual health agenda were thwarted through the influence of senior civil servants who were members of the secretive society of Knights of Columbanus, a conservative order of Catholic laymen:

The Department (of Health) had been dominated by right though (sic) since its formation by Knights of Columbanus, very conservative civil servants and administrators...⁴⁶

Dr. James Walsh similarly claimed the Department of Health was “rife with Opus Dei and the Knights of Columbanus”⁴⁷. Other contributors to this research contended that Opus Dei, also a conservative institution of the Roman Catholic Church, held significant power in both Departments of Education and Health.⁴⁸ Desmond contends that there was a “huge history of downright opposition”⁴⁹ in the Department of Health to dealing with matters related to sexual or reproductive health and recalled both in interview and in his memoir that the Secretary of the Department from 1973 to 1981, Dr. Brendan Hensey, was “commonly known to be a Knight of Columbanus”⁵⁰. It is claimed that Hensey advised Haughey in the course of preparation of the Family Planning Act 1979 that this legislation ran contrary to his personal views and that, on conscientious grounds, he did not wish to be involved in its planning – a position which Haughey apparently

accepted.⁵¹ Dr. Rory O'Hanlon, who served as Minister for Health subsequent to Barry Desmond and whose term of office came under sharp criticism from colleagues and the media for his conservative approach to HIV and AIDS, conceded that he had been accused of membership of the Knights of Columbanus, an accusation he denied in interview, adding "I know of nobody who is Opus Dei in the Department (of Health). I know of nobody who was Knights of Columbanus."⁵²

Journalist, author and currently European Ombudsman, Emily O'Reilly wrote of the Knights in 1992:

Their fundamental aim is the creation and maintenance of a catholic state for a catholic people and to have enshrined in state the legislation, the ethos of just one church. A second key aim of the group is the promotion of an employment network for members and for their relatives and friends. A special group within the Knights, the Industrial, Commercial, and Professional Panel (ICPP) takes care of their employment interests, looking out for openings for their sons or other relatives, and ensuring that employed Knights will give preference within their particular workplace either to Knights or to those who toe a strict Catholic line. The Knights are encouraged to join social, community, political and other organisations and attempt to direct group policy in a Catholic direction.⁵³

Membership of the Knights is largely secretive she maintained so to better infiltrate organisations and institutions:

Such a network if well motivated and highly confidential could do wonders quietly without coming out openly as Knights. An organisation or a group is never more powerful than when it influences events without itself being regarded as the initiator.⁵⁴

O'Reilly claims that the Knights of Columbanus held influential positions both nationally and within their own communities and were sufficiently powerful to influence the outcome of elections. She quotes one memorandum issued in 1982 by a senior member of the order to 'All Grand Knights' reminding them of the ethical and economic

importance of the imminent general election⁵⁵. The Knights, it appears, were instructed to investigate the views of their local political representatives with regard to ‘unchristian practices’ including “...artificial contraception, divorce, abortion, and euthanasia. They were also advised to ‘target the undesirable candidates for the good of society’.”⁵⁶ If, as O’Reilly claims, the Knights held positions of considerable influence throughout the state, and if as Desmond, O’Rourke and Walsh asserted in interview, senior civil servants in the Departments of Education and Health were affiliated to the Knights and similar conservative Catholic organisations, it would help to explain the difficulties and delays which beset attempts to liberalise sexual health policy at governmental level. HIV/AIDS, however, presented a new and substantial threat to public health, putting Irish policy makers under pressure to decide whether, in the face of emerging scientific understanding of this new syndrome, traditional deference to the dominant religious culture should be replaced by more liberal or pragmatic approaches to sexuality. Reflecting on his experience as a medical officer in the Department of Health, Dr. James Walsh believed: “There’s a lingering fear all the time if the word sexuality comes into something, a light goes on the head of senior civil servants and politicians – ‘this might bring us into direct conflict or clash with the Catholic Church.’”⁵⁷

The culture of resistance which prevailed in the Departments of Health and Education to the development of sexual health policy may, therefore, have been intensified and protracted as a consequence of infiltration by conservative Catholic organizations like the Knights of Columbanus and Opus Dei, as claimed by some contributors to this research. As the passage of the Health (Family Planning Amendment) Act 1985, and the campaigns surrounding the abortion and divorce referenda discussed in Chapter 2 demonstrate, Ireland in the 1980s was generally a conservative society marked by strict adherence to Roman Catholic principles: so that civil servants may have been reflecting

a larger social and cultural reluctance to address sexuality and sexual health. HIV/AIDS opened a “window of opportunity through crisis”⁵⁸ to move towards a more liberal regime as was clearly the aim of the 1982-1987 administration. However, multiple factors conspired to delay the emergence of a more liberal and pragmatic response to sexual health, not least of which may have been a lingering loyalty among civil servants to conservative Catholic institutions. On the other hand, the regulation of sexuality and sexual health is contested in multiple jurisdictions as discussed in Chapter 3, “with an added emotional and moral aspect that is not seen in other policy areas.”⁵⁹ Consequently, civil servants’ preference to “do nothing”⁶⁰ in response to HIV/AIDS up to 1987 may have had very little to do with membership of Opus Dei or the Knights of Columbanus but may have reflected a general reluctance to “duck hot issues”⁶¹. As one senior civil servant concluded on the matter: “You don’t have to be aligned with the forces of darkness to be very reticent to take on board progressive or change issues.”⁶²

Policy Entrepreneur as Insider

While Barry Desmond suggested that the pragmatism of two Secretaries in the Department of Health, Dermott Condon and Liam Flanagan, had facilitated the development of a public health response to AIDS towards the end of the 1980s, the person he most readily identified as an insider ‘policy entrepreneur’ was Dr. James Walsh, Deputy Chief Medical Officer, who he had appointed National AIDS Co-ordinator. While many professional grade civil servants may take on the caution and discretion which has been associated with senior civil servants in the Westminster tradition (and which has been parodied in the person of Sir Humphrey in the television comedy series *Yes Minister*), Jimmy Walsh was temperamentally different. Described by one contemporary as a person who “...wouldn’t be a great man for your conservative

civil servant behind the desk”⁶³, he was a maverick not given to political manoeuvring whose commitment was primarily to medicine – “I was a medical doctor first, last and before I went in.”⁶⁴ Of Dr. Walsh, Barry Desmond recalled:

I’ll start with a couple of unsung heroes – one of them was certainly Dr. Jimmy Walsh... he specialised very considerably from ‘83/’84 onwards on the developing crisis on AIDS/HIV/STIs right through, and we had sent him to the WHO and he went to all of their conferences. He became acquainted with all the, certainly the experts, some American but most of them European and he had a passionate interest in developing services in Ireland. He was hugely progressive in the area, hugely...Jimmy was, well I maintained, a bit of a breath of fresh air...he was hugely supportive but Jimmy Walsh was the man who in the teeth of, I won’t say opposition, but in the teeth of lethargy, he drafted, for example, the first AIDS booklet in the Department, which was circulated to all doctors in the country and he supported the Health Education Bureau, gave them considerable support – now whole segments of the medical profession, pharmaceutical profession, hospitals, executives, they were all very reluctant to get involved in that area. But Jimmy Walsh was very very helpful.⁶⁵

James Walsh first came to media attention in August 1985 when he announced on behalf of the Department of Health that preparations were in process to introduce screening of all blood donations in the state⁶⁶. From then on up to the beginning of the 1990s, he was the government’s spokesperson on AIDS and co-ordinator of the national response. Irish civil servants, like their British counterparts, have usually been wary of direct engagement with the media, preferring to keep a low profile – in the ‘faceless bureaucrat’ tradition. However, in his role as a professional civil servant, James Walsh displayed no coyness or reluctance in speaking about sexual health, and appeared quite happy to court controversy in his forthright media comments on safer sex.

Both by virtue of his professional education, training in public health medicine and his temperament, Dr. Jimmy Walsh was quite clearly the right man, in the right place at the right time. By conventional civil service standards, Jimmy Walsh had almost certainly

been seen as too indiscreet to occupy the senior – Chief Medical Officer – post in his field; but with the coming of AIDS, his hour, as it were, had come. His capacity to cut through the politics and the religious ideology to deal pragmatically and dispassionately with a sexually acquired infection rendered him of enormous benefit to the Department of Health in their response to the AIDS epidemic. In practice, the role that he played enabled the Department of Health to hold the line between the liberal public health advocates (who argued for access to condoms and clean needles, improved sexual health services and school-based sex education) and the conservatives who argued for sexual abstinence and a return to family values. In his own words he described how his position was utilised by the Department as follows:

...SKY television ran a big programme – oh God, it was so stupid – anyway, they were making a point. They showed the Wicklow mountains and a big black thing hanging over it – like a kind of a horror film or something and it said ‘this is Ireland, a beautiful country’ you know, ‘but in Ireland they’re going to spread AIDS to the rest of Europe’. They lashed onto the no condoms and homosexuality being a criminal offence. I saw the programme and I lived in Clontarf then and I knew when I looked at it that I would get a phone call in 15 minutes or half an hour and sure enough, it was O’Hanlon (Minister for Health 1987-1991), would I see him immediately or first thing tomorrow morning and, when I went in, it was would I be willing to go on a programme and defend the situation...What they were doing was they were using me when it suited them. It would be ‘oh don’t take all that [the traditional conservative agenda] seriously, you’ve heard James Walsh talking and he’s with us’ but at the same time they could say to the Catholic Church ‘oh don’t mind him; we’ll keep an eye on him, don’t you worry’. They were playing both sides.⁶⁷

Walsh became Ireland’s representative on the issue of AIDS at European monitoring and global levels. He recalls that towards the mid-1980s:

...our relationship with the centre (European Monitoring Centre) in Paris became very difficult because we were beginning to look

silly, before the world, literally silly, people just couldn't understand it... no condoms and the only country in which homosexuality was a criminal offence. People would say to me when I would go to these meetings in Paris, 'Dr Walsh, how are you getting on in this strange country you are in – how do you prevent AIDS?'...But there was that pressure, there was European pressure, there was media pressure so the pressure was coming on and on and we were made a laughing stock...⁶⁸

Pressure was applied from international sources to reform laws which stood to preclude an effective response to AIDS but if the government had learned anything from the Health (Family Planning Amendment) Act 1985, it was that reform of the laws criminalising homosexuality or greater liberalisation of the contraceptive laws at that time would most likely have met with a hostile reception at home. Caught between the need to engage in the liberal public health narrative rapidly emerging in Europe as the most effective response to AIDS and the political demands of a largely conservative voting electorate at home, the Department of Health found itself in an impossible position. While Minister Barry Desmond supported a more liberal approach to sexual and reproductive health - and refused to permit his Department support the Department of Foreign Affairs in defence of the Norris case in Europe as outlined in Chapter 5 - politics dictated that he stop short of actively promoting a liberal response to the AIDS crisis. Desmond's successor, Dr. Rory O'Hanlon, tended to even greater conservatism, and so Dr. James Walsh became the lever through which political stability might be maintained, Europe and the WHO appeased, and the liberal agenda tolerated to a limited extent at home.

As Deputy Chief Medical Officer at the Department of Health, Jimmy Walsh had considerable influence on health policy and practice, but only insofar as his ideas were ideologically and financially supported by the Minister and senior colleagues at the Department. While he had recommended improved sexual health services in the state discussed in Chapter 8 – "I advocated for the development of STD services because

STD services were primitive.”⁶⁹ – these recommendations, prior to the advent of AIDS, had fallen on deaf ears. The media interest that surrounded Walsh as National AIDS Co-ordinator permitted him to air his views about sexual health, which were strongly rooted in a public health approach:

... some people said I loved being on television, I probably did, so I saw my chance, I suddenly said, ah, sure I can run a kind of thing on my own – if I can get on these programmes I can lash out, safe sex and the whole lot. So I did that, and the Department were very funny about that – I wondered would they pull me up and say hey, you’re not to do this – but they didn’t!⁷⁰

Kingdon⁷¹ suggests that policy entrepreneurs usually have something to gain when they invest themselves in the promotion of a particular policy position but Walsh did not. It was really more a case that he had nothing to lose. Nearing retirement and having been passed over for the top job of Chief Medical Officer, AIDS provided Walsh with the ‘policy window’⁷² that in effect lent validity to the position he had been promoting within the Department of Health for many years. Walsh repeatedly and publicly advocated safer sex and condom use, and at times his policy position entirely contradicted that of the Department of Health. A core message of the government’s first education campaign in May 1987 was to ‘stay with one faithful partner’ reflecting Catholic teaching on fidelity within marriage. In the same week that the campaign was launched, he appeared on a television panel discussion hosted by RTE broadcaster and journalist, Marian Finucane, on which he said:

...everyone would have a different definition of promiscuity. Is promiscuity the homosexual who had 24 or 25 partners in a weekend? Is it a student who lives with three girls in his lifetime or are we saying to a young man or a young woman, ‘you must just have one sexual partner right through your life’? If you are saying the latter, you are talking idealistic nonsense in my view.⁷³

Such “idealistic nonsense” was, however, central to the government’s AIDS campaign, relying almost solely on the principle of faithfulness to one sexual partner. Butler⁷⁴ refers to another incident that was reported by the Irish Times on 19th November 1988, in which Minister for Health, Dr. Rory O’Hanlon claimed that there was insufficient evidence to support the introduction of free needles or condoms for injecting drug users and James Walsh took the opposite view:

Dr. O’Hanlon’s remarks seem to cut across those made by the head of the Government’s AIDS programme, Dr. James Walsh, who earlier in the day had come out in favour of free condoms and needles for drug abusers.⁷⁵

In relation to health service responses to problem drug use, Walsh’s view prevailed and – despite the Minister’s stated objections – harm reduction services were increasingly introduced in the drugs sector from 1987 onwards. In relation to sexual health, however, Walsh found himself in the firing line between liberal activists like GHA, who didn’t think he was liberal enough and the conservatives who thought the reverse.

His tendency and inclination to - “Rock the boat? I kicked the bottom out of the boat!”⁷⁶ - did not make him popular with civil servants - “...I think I made more enemies than friends over the years. Many of the civil servants actually actively disliked me...”⁷⁷ but towards the late-1980s Walsh maintains that general fear of AIDS promoted a shift as public opinion gathered momentum behind what he had been saying.

Between 1987 and 1991 Walsh reported to Desmond’s replacement as Minister for Health, Dr. Rory O’Hanlon who he remembered as “a terribly honest man”⁷⁸ who held the view that “...the answer to AIDS is you tell people that they must remain with the same partner sexually throughout their lives and that’s the answer and that is all, full stop.”⁷⁹, a view which Walsh fundamentally disagreed with. Caught between a conservative Minister for whom he had enormous respect, a recalcitrant civil service

which didn't particularly have a lot of time for him, and disaffected civil society groups representing liberal and conservative sides, Walsh persevered with a largely value-neutral and pragmatic public health response to AIDS. Like Fr. Paul Lavelle, he had the capacity to persuade participants in the policy community of the necessity, appropriateness and efficacy of proposed actions while identifying the most advantageous route, which in his case was the media, to the realisation of his public health objectives⁸⁰. Towards the end of the 1980s Walsh believes that he managed to convince his Department that what Kingdon refers to as the 'national mood' had shifted and that changes needed to occur, albeit on a piecemeal and covert basis:

I think they [politicians and government] try to read the public mind and they never quite do it. And they want to be careful and they think things are getting a bit radical, they hold back and in a sense they are happy to do that, because it's safer to do that than go out on a limb. ...but there's no doubt about it but the public were ahead of the politicians on this one. One of the most puzzling things of all, I always understood when politicians were careful because they had careers to think of and I understood the attitude of people like Hanlon; I had great admiration for that man, he's entitled to his opinions, but I couldn't understand the senior civil servants, why they held things up? What motivation was there?⁸¹

Walsh herein reflects Kingdon's finding that politicians are in the main quite conservative and tend not to "go out and lead their publics a whole lot."⁸² AIDS presented many challenges to civil servants, however, not least in terms of rolling back long held views about zero tolerance of drug use to make way for more liberal harm reduction methods. It demanded radical policy changes to areas that were highly contested at home with pressure for reform coming from multiple sources that were local and global, as one former Department of Health official noted: "Progressive or change issues are probably frightening enough for your average public servant without...the assistance of outside organisations."⁸³ Even as O'Hanlon was decrying the validity of needle exchange and condom distribution in the fight against AIDS in 1988,

plans were already in train by the Eastern Health Board to establish such an outreach service in Baggot Street Hospital⁸⁴. The divisive and polarising nature of debate on moral issues in Irish life had rendered policy and law reform in these areas highly problematic for politicians and civil servants, to the extent that reforms to sexual health, sexuality and sex education were largely driven from the ground up as is demonstrated in Chapter 8, and were frequently shrouded in ambiguity.⁸⁵ Walsh was entrepreneurial in his approach to the realisation of the aims and objectives of public health, and his professional standing served to generate support and reduce opposition to his proposals amongst the general public. The failure of the Department of Health to censor Walsh's promotion of a liberal response to AIDS, which was ostensibly at odds with official Department of Health policy, suggests that as with the Church in Chapter 6, the Department was ambivalent on this issue and was strategically "playing both sides"⁸⁶. While on one hand espousing the traditional principle of remaining faithful to one sexual partner in marriage, the Department of Health was, through the mouthpiece of Dr. Walsh, promoting an opposing public health view. Amid this set of unusual circumstances, Dr. James Walsh occupied the 'middle ground', having gone farther than traditional Catholics would have wished, but not quite as far as liberals might have wanted. He himself best described the tensions inherent in his position when interviewed for a newsletter produced by the Irish Family Planning Association in 1988:

I first came across this in the [United] States and I thought it would never happen in Ireland but we tend to catch up or go backwards... The born again Christians had a very right wing attitude towards AIDS, the people suffering from it and homosexuals. On the other side I came across homosexuals who were attempting to convince everybody that the answer to the whole AIDS question is safer sex. Both sides are pushing their own interest group. I am neither a born again Christian nor a homosexual. I am just trying to hold the middle line and deal with this problem. As a result you are crucified by both sides.

The moralistic right accuse you of condoning such dreadful things as condoms and not doing your Christian duty. My public health duty I do not see in conflict with my Christian duty. On the other side of the fence you have those who want to teach everybody safer sex...The heterosexual side of life, as I remember it, nearly always involves the desire for penetrative sex...I thought in Ireland that our compassion would override our particular prejudices. I regret to say that in recent days I have heard the sound of distant drums as the extremists line up to fight each other. They can beat their heads together as far as I am concerned. I'm only interested in controlling the spread of the virus.⁸⁷

Political Prioritisation: 1987 and the First Government Campaign

It is clear from interviews with key stakeholders that prior to 1987, the government response to AIDS might have been defined as minimalist: the Department of Health relied on the expertise of Dr. Jimmy Walsh in collaboration with a small group of civil servants who operated an internal committee charged with the task of orchestrating the response to HIV and AIDS in Ireland.⁸⁸ As outlined in Chapter 6, the National Task Force on AIDS had established itself in late 1986 and following the Bishops' formal endorsement in 1987, the Department of Health sent a civil servant to represent them on that forum. The HEB were somewhat independently endeavouring to develop a sex education module for schools, and civil society organisations were responding to the various people living with and affected by HIV and AIDS, often in accordance with their particular ideological priority as discussed in Chapter 5. Consequently, the policy response was piecemeal and fragmented and marked by poor channels of communication between civil society, government and the medical profession. This fragmented 'policy community' which evolved around AIDS was convened by the Catholic Church rather than the Department, with the latter operating a traditional model response that was informed by scientists and the medical profession. Ger Philpot, a gay activist whose partner had died of AIDS in the initial years of the epidemic, excoriated

Department of Health officials and in particular Minister for Health, Barry Desmond, for what he saw as their inaction in the first decade of the epidemic in Ireland⁸⁹. Philpott is not alone in that view and it tends to be the impression among civil society activists in Ireland that the UK government was considerably more advanced in its approach to the epidemic. Is that criticism of the Irish government justified however? Berridge puts paid to that perception and demonstrates that, no less than our own politicians, UK parliamentarians were also reluctant to engage with the issue of AIDS, believing that such a contentious issue could seriously damage their political careers⁹⁰. AIDS in the UK coincided with the 'New Right' agenda of Prime Minister Margaret Thatcher's Tory government and as such was initially marked by moral conservatism and resistance to liberal collectivist responses⁹¹. Towards the end of 1985, American film star Rock Hudson died, increasing global awareness of HIV/AIDS. High-profile AIDS case in both Ireland and the UK claimed headlines at that time, but it was not until the question of heterosexual spread through the exponential rise of new infections among injecting drug users became apparent that the political response was mobilised. Quoting a senior civil servant interviewed in March 1992, Berridge argues that AIDS did not attract high level political attention "Until the end of 1986, Ministers would have nothing to do with it..."⁹² and as such the evidence compiled in this study suggests that Irish politicians were as cautious for reasons that were also political but equally historical and religious. As Desmond argued in interview:

The UK and Ireland were on a similar path, and one would have thought that in the UK things would have been far more advanced but they weren't.⁹³

In many ways, the social and cultural forces which militated against a speedy and pragmatic response to AIDS in Ireland were similar to those prevailing in the UK; in Ireland, however, the religious mores which underpinned these forces were more deeply

rooted, and Catholic bishops were accustomed to being treated with deference by state authorities in a society where 92% of the population professed this faith⁹⁴.

In 1986 following the UK's AIDS awareness campaign, Desmond met the Under-Secretary of State for Northern Ireland, Richard Needham to learn lessons that might be applied to the development of the Irish campaign, which was at that time under development. The large scale British campaign is likely to have reached the vast majority of people in Ireland, as multi-channel TV was then available to 75% of the population⁹⁵.

The Irish campaign had a protracted start not least because the Fine Gael/Labour coalition government whose Cabinet had approved Barry Desmond's campaign collapsed in March 1987.⁹⁶ Reports in advance of the launch heralded "a passing reference"⁹⁷ to the controversial issue of condoms, news of which met with criticism from AIDS activists demanding an explicit campaign. Launched by Desmond's Fianna Fáil successor, conservative Minister for Health, Rory O'Hanlon, on 1st May 1987, the Irish AIDS information campaign operated on two levels: to reinforce public knowledge of HIV and AIDS through the media, and secondly through booklets that were made available to individuals in various outlets. The campaign's main slogan - "AIDS: Don't Bring It Home. Casual Sex Spreads AIDS." – reflected Ireland's predominantly homogenous society: with in excess of 93% of the population born in Ireland at that time⁹⁸, a demographic that altered considerably in subsequent decades. The message served to reinforce the perception that civil servants preferred, that AIDS was something that was imported by a small minority and not likely to become problematic in a predominantly Catholic country like Ireland⁹⁹:

...the only kind of propaganda or education they were keen on was one which said, 'don't bring the disease back' – this is the

truth. O'Hanlon agreed that posters would be put up at the airports as you got on the plane or as you got on the boat that said 'AIDS: do not bring this back'! That was the world I had to contend with.¹⁰⁰

The second interpretation served to reinforce fidelity, which was the campaign's primary message: "Stay with one partner. Remain faithful to that partner."¹⁰¹, while adding that the alternative might be to, "...abstain from sex altogether..."¹⁰² These were concepts which Dr. James Walsh had earlier described as "idealistic nonsense"¹⁰³, and their use suggests that his more pragmatic public health approach was not favoured by civil servants or government in the development of campaign material. Former Minister for Health Barry Desmond welcomed the campaign at this time, adding that the text was broadly in line what the previous government had drafted, if less explicit¹⁰⁴. In interview he added:

...unquestionably in my view there was some change of tone and Rory O'Hanlon also was, he was, very, very careful not to offend the sensibilities of what he regarded as the legitimate interest of the Church.¹⁰⁵

O'Hanlon, a rural General Practitioner by profession, contested any such inference in interview and stressed that he at all times acted on available medical advice and in the best interests of the general public¹⁰⁶. It is clear, however, both from contemporaneous reports and discussion with Dr. James Walsh, that he was not informed by the advice of the deputy Chief Medical Officer who claimed that O'Hanlon believed it was sufficient to recommend that people to "stick to the 7th commandment"¹⁰⁷ if they wished to avoid AIDS. Predictably, the campaign was denounced by the vast majority of liberal civil society activists of the era who were primarily critical of the fact that the role of condoms was downplayed and did not feature as a mechanism to prevent HIV in the campaign booklet until page 9. In a nationally representative follow-up survey however, 51% of the population thought that television advertisements provided sufficient

information on condoms, 24% thought there was too much emphasis on condoms and 21% thought not enough emphasis was given to the issue of condoms.¹⁰⁸ Forty-one per cent of those surveyed strongly agreed with the statement that the accompanying booklet should have put more emphasis on condoms as a means of HIV prevention but 35% strongly disagreed¹⁰⁹. The data reveals deep divisions with regard to condoms as a means of prevention within Irish society, and while it may be speculated that the more liberal views were held by younger members of the population more likely to be affected by AIDS, the reality for government was that in a nationwide campaign it would have been impolitic to alienate older, more conservative elements of the voting population. Consequently, it may be legitimately argued that, with regard to condoms, the government of 1987 accurately reflected the national mood.

Unlike GHA's first AIDS leaflet of 1985 (discussed in Chapter 5) which had presented routes of HIV transmission in explicit detail, the official 1987 information campaign referred much more vaguely to "intimate sexual contact"¹¹⁰. The UK government, however, was equally challenged by issues of wording, with Donald Acheson, CMO with responsibility for AIDS, particularly mindful of the political delicacy inherent in the choice of wording for its campaign in 1986. He argued that had there been public outrage in reaction to the campaign, there was little doubt that he and other senior colleagues within the Department of Health would have paid the price with their jobs¹¹¹.

The campaign in Ireland was vastly aided by media collaboration, particularly during the first week in May 1987 – designated AIDS Week - when the state broadcaster, RTE, focused all of its current affairs programming during that first week in May 1987 to matters relating to AIDS. Equally the HEB ran a telephone helpline and Dr. Derek Freedman launched his book *AIDS: The Problem in Ireland*. While the start may have been protracted, when the wheels were at last set in motion, AIDS saturation took effect,

dominating all aspects of debate in Irish society throughout 1987 and to a lesser extent in 1988. Following what became known as the “AIDS Awareness Blitz”¹¹², responsibility for maintaining information and awareness at local level was passed to eight regional health boards – none of which were allocated additional funds for this purpose at a time of significant cuts in health service budgets. O’Hanlon was keen to emphasize that the media campaign was but a first step in raising awareness about HIV/AIDS in Ireland, adding somewhat enigmatically that “special measures”¹¹³ would be required to reach the drug community, without specifying what this might entail.

Critiquing the campaign in 1987, *AIDS Action News*, the newsletter of AAA reported on what they called “The Politics of Ignorance” in which, they argued, government had absorbed the HEB’s entire AIDS budget, £500,000, on a campaign that in taking a general approach had failed to target those at particular risk. There was also criticism of the failure of government to allocate resources to the work of voluntary groups which, AAA claimed, had experienced significant increased demand for services, oftentimes from the ‘worried well’ following the campaign.¹¹⁴ The HEB conducted a baseline survey of AIDS knowledge in March 1987 and found that while 96% of the population had heard of AIDS, up to two thirds misunderstood what it was¹¹⁵. A follow-up survey was conducted in September 1987, after the Irish information awareness campaign, indicating that “...general changes in people’s knowledge about AIDS since before the campaign were in the desired direction...”¹¹⁶ although public opinion remained divided on the condom issue.¹¹⁷

Like many AIDS information campaigns of the era, the Irish government AIDS awareness campaign was rooted in a message of fear, while reinforcing Catholic morality that advocated sexual abstinence or fidelity to one life partner. Those who chose to engage in casual sex were left under no illusion as to the potential

consequences of their actions. One forty second RTE radio script located in the Dublin AIDS Alliance uncatalogued archive read as follows:

RTE 40 second radio commercial: Male Voice Over – “Once you develop AIDS, there is no known cure and you will die slowly and unpleasantly. Casual sex, sleeping around is one way you can get AIDS, and remember, just one act of intercourse with an AIDS carrier may be all it takes. Why risk AIDS with high risk behaviour? Sleeping around is a gamble even if condoms are used and – if you lose – not only will you die but the partner you ‘really’ (emphasise) care about could die too. Stay with one faithful partner. Contact your health board or Pharmacist for the Health Education Bureau’s AIDS Information Booklet or consult your doctor or clinic if you are worried about AIDS. Remember – casual sex spreads AIDS.”¹¹⁸

The fear engendered by such advertising served to reinforce AIDS-related stigma, with people remaining as concerned about social or personal contact with a person living with AIDS as they were before the campaign¹¹⁹.

One may conclude, therefore, that the Irish government’s first AIDS Information campaign largely erred on the side of caution: attempting to balance the facts of sexual transmission with a Catholic moral ethos. The highly contentious condom issue was presented late in the supporting publication, and was factually correct but heavily imbued with a moral agenda. The promotion of safer sex through condom use was deemed to be less preferable to abstinence and faithfulness to one partner, while the Department took some trouble to repeatedly highlight the lack of efficacy inherent in condom use. The vagueness and coyness of the language used to describe sexual routes of transmission may even have served to cloud the issues, as the follow up survey found that the percentage of people who were aware that AIDS cannot be transmitted by casual social contact showed no improvement¹²⁰. From a political perspective however, the campaign was a success in that there was no public outcry and no objections from the Catholic hierarchy. It may be argued that as discussed above, while Desmond’s

Health (Family Planning Amendment) Act, 1985 potentially marked a shift in how Irish culture and society defined itself sexually, moving tentatively from “procreative” to “recreational”¹²¹ scripts, O’Hanlon, who it may be remembered vociferously opposed and voted against the Bill, returned to a “procreative” grand narrative in defining AIDS prevention. One of O’Hanlon’s more vocal critics, Senator David Norris, reminded him in 1988 in what is the eponym of this thesis, that “Marriage is not an anti-viral agent.”¹²²

Post-1987: Resistance and Momentum Towards a Liberal Response

The Fianna Fáil administration under Dr. Rory O’Hanlon’s tenure as Minister for Health was marked by a conservative approach to HIV and sexual health, exemplified by the first national AIDS information and awareness campaign. One contemporary analyst rallied Irish society “to keep reminding him that the needs of Irish society extend far wider than the demands of Family Solidarity”¹²³, while his colleague, Dr. James Walsh said of him:

He was a very conservative man – no doubt about that. He was an ardent Roman Catholic – I would say a doctrinaire Roman Catholic – he really kept the rules. Basically, he wouldn’t be moved from that... Hanlon was, he was the wrong man in the wrong place, there’s no doubt about that...¹²⁴

The Fianna Fáil administration also came under criticism for what was perceived to be a lack of prioritisation of AIDS: Dr. Raymond Maw, Genito-urinary (GU) Consultant at the Royal Victoria Hospital in Belfast welcomed the Republic’s appointment of a “superb consultant”¹²⁵ in Genito-urinary medicine, Dr. Fiona Mulcahy, where none had existed in the past, but added his criticism of Fianna Fáil at a conference in 1988, whom, he said “seem reluctant to give the issue any worthwhile consideration.”¹²⁶ He added that this “highlighted the difference between the North and the South. AIDS has been extensively discussed and funded in the UK and this is reflected in the services

provided.”¹²⁷ O’Hanlon continued to resist deregulation and distribution of condoms and consistently stated his opposition to needle exchange programmes. His publicly stated objections to harm reduction in the drugs sphere, however, did not materially delay the introduction of harm reduction strategies, as Jimmy Walsh quietly pursued a public health agenda in harm reduction. Equally, Trinity Court Drug Treatment Centre was given a clear instruction to increase availability of methadone maintenance for injecting drug users – which it did¹²⁸. Similarly, the Eastern Health Board was urged to develop its own services, and the opening of the AIDS Resource Centre at Baggot St. in 1989 offered the country’s first needle exchange. The health board also supported a new voluntary drugs agency, the Merchants Quay project, which opened in 1989 (based in a Franciscan monastery and directed by a priest) and became immediately involved in needle exchange. In interview, O’Hanlon asserted that the department would never “... give them (the Health Boards) the directive, don’t do this, don’t do that.”¹²⁹ suggesting further that both Dr. Jimmy Walsh and the health boards had considerable autonomy at that time. Importantly, the introduction of harm reduction occurred covertly and incrementally thus precluding public debate but also objection¹³⁰. The absence of explicit debate on the issue permitted the Department of Health to publicly maintain its prohibitionist position with regard to drug policy while introducing a more liberal harm reduction approach by stealth. Reforms in sexual health were, however, slower to emerge.

Brain Murray, Chairperson of AIDS Action Alliance, claimed that O’Hanlon’s greatest flaw was resisting advice from his own civil servants¹³¹. Dr. Walsh recalled that:

Hanlon would have preferred if there was no strategy at all and we’d all float along, keep the head down and don’t get involved in controversy – we have Dr, James Walsh and we’ll deflect anything we can’t deal with over to him to sort out.¹³²

O'Hanlon was also criticised by Dáil colleagues, the media and civil society for his perceived failure to deal effectively with the question of reasonable compensation for haemophiliacs infected with the HIV virus; this ultimately resulted in a vote of no confidence in February 1990 that he narrowly survived¹³³. Cutbacks on spending in health throughout his tenure prompted people who were HIV-positive to travel to the UK for treatment and care, as St. James's Hospital's Genito-Urinary Medicine (GUM) clinic – with its limited resources - was simply unable to deal effectively with patient needs¹³⁴. In 1989, Dr. Fiona Mulcahy, the only genito-urinary consultant in the state at that time, concurred with criticisms of the GUM clinic by a group of HIV positive people called Body Positive. She informed a reporter that when St. James's Hospital had taken over treatment for STIs from Sir Patrick Dun's Hospital in 1987, there were 3,000 patients which by 1989 had increased to 10,000 without any increased funding from the department¹³⁵. HIV and AIDS cases had risen exponentially in the state between 1985 and 1990 (See Appendices 1A and 1B), while cases of notifiable STIs more than doubled, rising by 153% between 1982 and 1988 (see Appendix 7A) with no additional resourcing. The number of Irish people accessing treatment, care and support in London escalated to such an extent that a dedicated organisation was eventually established, *Positively Irish Action on AIDS* (PIAA), which sought funding from Minister Michael Noonan in 1996 and was refused on the basis that “there is no mechanism through which such funding can be made available in respect of services outside Ireland.”¹³⁶

Persistent calls for reform of the Health (Family Planning Amendment) Act 1985, which would facilitate deregulation of condoms, permitting sale through vending machines and in facilities other than pharmacies and health boards, consistently fell on deaf ears. A commitment to reform, however, followed what was probably one of the most

embarrassing episodes of O'Hanlon's term as Minister. Businessman, Richard Branson, permitted the Irish Family Planning Association (IFPA) to set up a condom retail and safer sex information counter in the Virgin Megastore on Aston Quay in February 1988. Both Branson and the IFPA were aware of the legal risks. It was suspected by the IFPA that a "conservative lay Catholic group"¹³⁷ made a complaint to the Gardaí which resulted in a decision by the Director of Public Prosecutions to charge the IFPA with a breach of the family planning legislation. The case was initially dismissed on a technicality in October 1989, but in May 1990 the IFPA was again summonsed to the Dublin District Court where it was fined £400. Ironically, on the very day that the District Court ruled against the IFPA, a European Community AIDS monitoring group was meeting in Dublin. The IFPA appealed to the Circuit Court and the fine was increased to £500: a fine which Richard Branson paid on its behalf, commenting to journalists that he found it incredible that while the rest of Europe was spending vast sums trying to encourage young people to use condoms, attempts were being made in Ireland to stop them¹³⁸. He also announced, in defiance of the law, that the IFPA would thenceforth retail condoms at Virgin Megastore premises rent free on six days a week instead of only one as had been the practice from 1988. The embarrassment proved too much for government and within two days of the Circuit Court ruling, February 26th 1991, Charles Haughey, Taoiseach, announced on radio "We will certainly be amending the law to bring it more into line with the realities of today"¹³⁹ and the following day Dr. O'Hanlon reversed his intractable position on contraceptive law reform, confirming that condoms would be made more freely available in the context of the ongoing AIDS campaign¹⁴⁰. It was singularly the most important victory for civil society in the fight against AIDS and while legislation deregulating condoms was not in fact enacted until 1993, the IFPA continued to retail condoms at the Virgin Megastore as did many other

HIV and sexual health organisations and clinics. Conservative Catholic lay groups and the Catholic hierarchy were opposed to the change in legislation, with Archbishop of Armagh and Primate of Ireland, Cathal Daly, accusing legislators of failing to “...respect the moral convictions to which people adhere...”¹⁴¹; Archbishop of Dublin, Dr. Desmond Connell found it “...extraordinary that no political party was prepared to defend what so many people regard as fundamental values of family life.”¹⁴²; and Bishop of Ferns, Dr. Brendan Comiskey condemned the “spiritual and moral bankruptcy” of Ireland¹⁴³. Marking a significant departure with policy and practice in the formation of family planning legislation, Taoiseach Charles Haughey told RTE reporters on 10th March 1991 that he saw no need to consult the Catholic hierarchy in formulating government policy in this regard¹⁴⁴: a statement that marked the beginning of the end of Catholic Church influence in the formation of Irish sexual health policy. Only twelve years previously, the Catholic hierarchy had been the most important stakeholder group consulted by Haughey in the development of the Health (Family Planning) Act 1979, as discussed in Chapter 2. While the church was consulted in the formation of the Health (Family Planning Amendment) Act 1985, it was, as outlined above, the subject of divisive debate between the church and state in Ireland and contemporaneously viewed as “the first victory of politicians against the church in matters of public morality”¹⁴⁵. The Health (Family Planning) (Amendment) Act 1993, which deregulated condoms, was passed without any consultation with the Catholic Church. The hierarchy issued a statement only after the passage of the act, which said that sexual intercourse outside marriage was sinful but “there are many things that are sinful which the law cannot reasonably be expected to prohibit”¹⁴⁶. Labour Party Minister Brendan Howlin concluded the condom saga later in 1993 with legislation that

no longer defined condoms as contraceptives, permitting their sale from vending machines, to any age group, and the bill was passed without opposition in the Dáil.

The National AIDS Strategy Committee (NASC)

By the end of the decade, Dr. James Walsh was, it was reported, sounding “war weary”¹⁴⁷ on the question of a national programme for HIV and AIDS, which as noted above, O’Hanlon stubbornly resisted. In interview, the latter seemed to argue that the government information campaign of 1987 was the national strategy in operation¹⁴⁸ but it was clear that tensions were building in the Department of Health towards the end of the decade. “I am trying to push and pull people but they are not willing to go along”¹⁴⁹ Walsh told reporters on World AIDS Day in 1988, following an incident in which he had supported the distribution of condoms and needle exchange on the same day that the Minister expressed his opposition to such a scheme. The people who were “not willing to go along”, however, included reluctant civil servants:

I think some of the delay was due to a bureaucratic reluctance to act on behalf of the senior civil servants, and what AIDS pointed out was the fallacy with final executive power in government departments, not just health, who are not trained in a particular area. And that’s what happens and you are advising a Director or Secretary General of the Department and you have no say...as I say, it was beyond me what happened.¹⁵⁰

Walsh had assumed that in a situation such as that presented by AIDS, the influence of professional or scientifically trained civil servants such as himself should be given precedence. However, policy analysts would largely concur, as has been outlined in Chapter 3, that professional civil servants exaggerate the importance of research evidence, while failing to understand that policy making is a political process – not a rational, scientific one¹⁵¹. The Irish civil service is composed of people with varying beliefs and life experiences, not all of whom would have shared Dr. Walsh’s views:

“Embedded in the civil service are a whole bunch of conservative people as well as liberal people and so a battle goes on...”¹⁵² Walsh’s inability to sufficiently influence the policy process, coupled with reluctant civil servants and a recalcitrant Minister resulted in policy stagnation, disparaging media and frustrated civil society towards the end of the decade – “It was like swimming against two or three different currents going in different directions.”¹⁵³ A cabinet reshuffle on 14th November 1991, however, transferred Rory O’Hanlon to the Ministry of the Environment and Mary O’Rourke, T.D., from the Department of Education to the Department of Health for just three months until the government collapsed in February 1992.

When Mary O’Rourke got it, there was a bit of hope...that’s all we could think of because she was with her school teaching background, but also as a woman, and the way she was, that we found, I think people thought of her as being more practical.¹⁵⁴

As will be described in Chapter 8, Mary O’Rourke T.D was not a woman to be gainsaid and her determined stand against considerable opposition from the Catholic hierarchy and conservative Catholic lay groups who resisted her introduction of the AIDS Education Resource stood her in good stead when she arrived in Health. The most pressing need was the development of a National AIDS Strategy and, unlike her predecessor, she was not put off by the contentiousness of the subject matter. Recalling taking up the health brief, albeit for short duration, in her biography she noted:

Rory O’Hanlon, my predecessor in health had started the government’s AIDS campaign, and I took it up in a very upfront, in-your-face way. While everyone was worried about AIDS, there was also a really unhelpful attitude prevailing at the time – a ‘don’t-talk-about-it-because-it-has-to-do-with-sex’ approach.¹⁵⁵

Frank and pragmatic, O’Rourke was not afraid to talk about sex and recounted in interview a personal experience with a young Mother in her constituency whose multiple pregnancies were causing distress and marital breakdown. She put the woman

and others in similar circumstances in touch with family planning services and faced down the disapproval of local clergy who were informed of her actions.¹⁵⁶ The incident strengthened her determination with regard to sexuality and sexual health, particularly with regard to education as will be discussed in Chapter 8:

Well I do think issues like that you have to lead from the front. You just have to lead from the front. If you wait until 95% of the population are in agreement with you, you'd be long dead. I think if you feel strongly about a thing yourself, but you must have your own belief in it and you must have your own belief in yourself. That's hugely important. And once you'd have that, well then you should fire off.¹⁵⁷

A strong personality, she clashed with Dr. James Walsh¹⁵⁸ but he was not reluctant to afford her due credit and indeed, vice versa, for moving the AIDS response towards a more liberal agenda that was by 1991, widely adopted in Europe:

...she was going to put the whole thing right and I think she meant well, she was strong minded and her attitude was, 'Mary has decided so, what are we having a meeting for?'¹⁵⁹

As she claimed above, O'Rourke took the view that when issues are divisive it is important to lead from the front, which characterized her approach as Minister in both Departments of Health and Education. In that regard, she was not a typical public representative inclined to "duck hot issues"¹⁶⁰ as discussed above and largely challenged the stereotype of policy analysts:

...it is not in the nature of the legislative animal to get out there in front. They're quite conservative in that sense and they don't go out and lead their publics a whole lot¹⁶¹.

At a conference to mark World AIDS Day in 1991, O'Rourke announced that the first meeting of the National AIDS Strategy Committee would take place before Christmas that year. While the model she described reflected the participatory forum developed by the Church-led National Task Force on AIDS, voluntary sector participation was initially to be decided at the Department's discretion; but Mick Quinlan, formerly of

GHA, said of her that "...she did listen and she did change it."¹⁶² Equally, Deirdre Seery, Director of the Cork AIDS Alliance, now the Sexual Health Centre recalled:

...I wrote to her and I said that it was great that she was setting up the National AIDS Strategy Committee and I wasn't sure if she was aware that there were a number of voluntary sector organizations working on HIV and that the person she was thinking of having on to represent the voluntary sector actually was a solicitor and not able to represent the voluntary sector. So she invited me up to Leinster House to meet her and I brought Anne-Marie from Cairde and Evelyn I think came from AIDS West, Galway AIDs Alliance as it was then, and I think, yes, Donal from Dublin AIDs Alliance. And so we told her about the voluntary sector in Ireland and she was very hospitable, very impressed. So then she replied that she would give us, was it, 3 or 4 places in the initial offer? Anyway, in the end we got 4 places...¹⁶³

Mary O'Rourke as Minister for Health represented a sea change in approach that was welcomed by the voluntary sector:

I remember Mary O'Rourke coming to visit groups when she was made Minister for Health and actually there was a meeting in the Dublin AIDS Alliance office in Parnell Square and we were all sitting around in a circle. Definitely, she lived up to her name in school but she was great...So there was that dialogue and I think people brought across to her how important it was to have the NGO participation and people diagnosed with AIDS or HIV and then they tried to do that on the NASC...¹⁶⁴

She was willing to dialogue and engage with civil society in a way that neither her predecessor, O'Hanlon nor Barry Desmond - who had actively practised a policy of non-engagement with voluntary groups, - had done. Her style of decision making was forthright and marked by determination, "The committee met almost weekly I think; she gave a very clear brief that she wanted the policy done and dusted..."¹⁶⁵ Ireland's first National AIDS Strategy was adopted by the main committee on 13th April 1992 and while there was no formal launch, it was allocated a budget of £3.3 million by Minister John O'Connell who had taken over in Health from Mary O'Rourke T.D. in February of the same year. The budget allocation was intended to fund the appointment of a new

Infectious Diseases consultant in the Mater hospital on Dublin's northside and, among a plethora of measures in the four key areas of prevention, treatment, surveillance and anti-discrimination, was a commitment to fully develop STI services in the Mater and St. James's Hospitals¹⁶⁶. The Committee called for the decriminalisation of homosexual acts as a matter of priority, and this happened the following year. It sought the amendment of the Health (Family Planning Amendment) Act, 1985 in order to deregulate condom access and, as discussed above, this also happened in 1993. It made detailed recommendations for the production of explicit educational material by the Health Promotion Unit (a new unit based within the Department of Health which had replaced the HEB) and for the expansion of outreach services to gay and bisexual men, and women working in prostitution. As will be discussed in Chapter 8, an outreach unit focusing on the health needs of gay and bisexual men, and women working in prostitution, commenced in Baggot Street Hospital in 1992 in advance of the decriminalisation of homosexual acts. Both services marked a new era defined by a liberal public health response to HIV/AIDS and sexual health in Ireland.

Mary O'Rourke's leadership in health and education forced through a more liberal agenda than might otherwise have been possible had she not been willing engage more disparate civil society voices in dialogue and policy formation. One senior civil servant formerly of the Department of Health argued:

If you don't have a central focus; if you don't have somebody who is in charge and wants to drive it, then increasingly...you're at nothing with such a disparate topic.¹⁶⁷

She set a task of work for completion within a short duration and as outlined above, while she led with commitment, she also had an energetic, well-informed and motivated group of people with her. Her tenure as Minister for Health was short lived as the

government collapsed in February 1992 but she heralded a new era in the Department of Health that became more deeply rooted in a morally-neutral public health approach.

Transitioning from a Conservative to a Liberal Agenda

Recalling the early 1990s and the emergence of the National AIDS Strategy Committee, Mary Jackson, a civil servant, who began her career in the Department of Health working on AIDS, linked this transition to a growing awareness that AIDS at a national level was just part of a much bigger pandemic:

I think Ireland was growing up at that stage. Timing is everything, I suppose. At the same time as the NASC was going on, we had, again, I think global action in relation to HIV and AIDS, because the UNAIDS initiative in relation to...our televisions would've had lots of coverage about the huge dilemma that African nations were facing and the huge burdens on communities there. The EU Commission also had various policy documents and recommendations in relation to how to tackle the problem, and WHO as well. So there was – what would you say – universal acceptance. At an Irish level, I must say, we weren't bombarded with negatives, it was seen as a public health need and a public health response was needed to tackle every aspect of it, whether it related to drug users, whether it related to sexual activity among the heterosexual population, or whether it related to men having sex with men, it didn't matter. From my perspective and the Department's perspective, we didn't get burdened or bogged down by huge negativeswith people marching outside, that day had gone...¹⁶⁸

She added:

But from a government policy perspective, no other department challenged us...politically the department wasn't challenged for the route it took...or for the actions it got involved in, in relation to implementing the policies that were right at the time.¹⁶⁹

So what changed between 1985 when the Health (Family Planning Amendment) Act was bitterly contested and carried by a marginal majority vote, and the early 1990s when NASC was clearly pursuing a liberal response to HIV/AIDS and sexual health? Kingdon quotes an analyst who compares that moment of policy opportunity to a big

wave and the people who are advocating change “...like surfers waiting for the big wave. You get out there, you have to be ready to go and you have to be ready to paddle.”¹⁷⁰ The ‘big wave’ in Irish social policy and sexual health terms was AIDS: It provided the “opening of a window of opportunity through crisis”¹⁷¹ but it took a decade of relentless campaigning, the courage of policy entrepreneurs in various sectors, the pressure of international actors, and a shift in the national mood to open the policy window wide enough to allow the dominance of Roman Catholicism to give way to morally-neutral forces of public health. Although it was not obvious at the time, the Catholic Church in Ireland during the early 1990s was, as Barry Desmond put it: “...like a senior hurling team who were long, long past their best...”¹⁷² and coupled with secularizing forces discussed in Chapter 2, the old order became fragmented as the moral authority which had characterized another age was rendered obsolete. As documented in Chapter 6, in May 1992 Bishop Casey of Galway fled the country, as news was about to break about his sexual affair with Annie Murphy and their resulting child. This event marked the beginning of a long series of scandals which effectively ended the credibility of the Catholic Church in its pronouncements about sexual morality. Ferriter has claimed that the “1980’s must loom large in any analysis of the twentieth century because in many respects it was the decade when the delusion and the denials were exposed, if not always confronted successfully”¹⁷³. A decade of AIDS served to diminish well-established and highly respected conservative voices to allow room for a more liberal discourse to emerge:

...you’ve got both ends of a spectrum, you’ve got the very liberal and you’ve got the conservative. I would be happy to say ultra-conservatism didn’t have a negative impact on the groundswell of opinion and the public health need that outweighed everything else to move forward in implementing the recommendations of NASC to tackle what we knew would be a very serious problem if not tackled appropriately.¹⁷⁴

This senior civil servant described the role of key individuals as pivotal to the emergence of that liberal discourse and ultimately the success of NASC without political interference:

...the National AIDS Strategy Committee joining the thinking and joining the energies of ... key individuals that have a role to play...and linking those individual with information and energy. So that merging of the joint wisdom and joint energies of that group allowed a plan of action to be formulated, which we hoped was all-inclusive of the needs of the groups that we were all supposed to serve: it served in my mind anyway as a very good working model of a comprehensive approach to something. Now, you're a better judge than I am of whether it was successful or not, but I would give credit to the people who were around that table. When you have a national body as well recommending to their minister that A, B, C & D is done, for all very solid multi-sectoral reasons, it's very hard for a minister to say "no, I don't want you to do it". So there wasn't political interference....you know, I would say nothing was stymied or nothing was halted because politics didn't play a role in something that, I believe, or something that the system believed was a public health threat to the health of our population.¹⁷⁵

What Mary Jackson described is a policy opportunity that was seized by key individuals who had long been committed to a public health approach and who had energy to collectively develop a plan of action and ensure it was sufficiently resourced all in the course of five very important months from December 1991 to April 1992. The individuals who participated at committee level or who were co-opted to subcommittees represented medical, social, HIV positive and civil society expertise, many of whom have contributed to this research. Dr. James Walsh was a key member of that Committee and it would be his last major contribution as National AIDS Co-ordinator to the fight against HIV and AIDS in Ireland. It was announced on 3rd June 1992, that Dr. Jimmy Walsh's contract with the Department of Health ended at the end of May and that apart from a "reduced role with the Department on a consultancy basis"¹⁷⁶ he would no longer serve the role of National AIDS Co-ordinator. Walsh worked initially as an individual policy entrepreneur, on the fringes of the Department of Health – his parent

organisation – just as Fr. Paul Lavelle had worked in a similar role on the fringes of the official Catholic Church in Ireland. Ultimately, the crisis itself engendered a “collective entrepreneurialism”¹⁷⁷ that was driven by multiple actors from both inside and outside the policy process. The characteristics of these people operating at civil society, church, medical and scientific levels suggest a group of people marked by individualism with a tendency to court controversy. In other circumstances, they might have been regarded by their respective institutions as trouble makers. While policy entrepreneurs are but one key element of a process of change and are central to the core drama, they are never solely responsible¹⁷⁸.

Multiple causation clearly underscores agenda setting¹⁷⁹ and the Irish government response to AIDS from a sexual health perspective was characterised by cautious adherence to the familiar narrative of Catholic morality on one hand, while tentatively testing the liberal cause on the other. Desmond’s contraceptive amendment was incremental and underscored by a realisation that anything more ambitious would not in fact be passed. His administration’s commitment under Garret Fitzgerald, to greater separation of Church and State, albeit in the interests of Anglo-Irish relations, served to embed what was at that time, an embryonic movement towards change. Recalcitrant civil servants, some of whom may have been loyal to the interests of conservative Catholic institutions as explored above, initially served to protract the process of change as did Dr. Rory O’Hanlon’s conservative leadership in sexual health matters. However, the Department of Health under O’Hanlon publicly stated adherence to conservative principles and developed a national campaign that centred on the concept of fidelity or sexual abstinence as a means of preventing HIV/AIDS, moves were all the while afoot at grassroots levels to covertly develop services along liberal lines. One key finding of this research is that in sexual health, “policy follows practice”¹⁸⁰: a considerable number

of participants pointed to the fact that services and supports in sexual health were delivered at grassroots level long before those practices became enshrined in law and in policy¹⁸¹, as the Virgin Megastore and IFPA condom debacle illustrated herein. Eventually, health practitioners and advocates worked together in the participatory decision making process of NASC to inform policy through practice; and generally civil servants were receptive to proposals which had been tried and tested without significant public controversy.

Mary O'Rourke's unconventional style of leadership also contributed to the progression of a more pragmatic approach to HIV/AIDS and sexual health than her predecessor was prepared to sanction. Unlike both her predecessors in Health, she was prepared to dialogue with civil society and oversee the formation of a broadly representative national AIDS policy community led by the Department of Health.

Finally, AIDS had become by 1992 a health priority which it seemed impolitic to regard as secondary to other infectious diseases of, as it had been in Barry Desmond's time as minister. The budget of £3.3 million allocated to delivery of the first National AIDS Strategy is an indication of the importance afforded the issue by that time. The sense of crisis engendered by AIDS climaxed in Ireland in 1987 and as Kingdon's survey respondents noted:

The system responds to crisis. It's the only thing it does respond to...An issue becomes a burning issue when it reaches crisis proportions. Until there's a crisis, it's just one of, many issues. Governmental policy always has been and always will be, a function of crisis.¹⁸²

The AIDS crisis sparked Dáil and Seanad debate in 1987 and more importantly a gradual and exponential shift in the national mood as voices of opposition became relatively muted and post-campaign evaluations revealed increasing acceptance of

condom use, “relational” and “recreational” sex¹⁸³ in Irish society. In the final analysis, what Kingdon describes as a “coupling of streams”¹⁸⁴ synchronised by the end of the first decade of AIDS to realise a more liberal sexual health agenda that was led by the Department of Health. Within the political system, the emergence of a more neutral public health response to sexual health did not commence with AIDS as will be documented in greater detail in Chapter 8, but AIDS was the lever upon which the liberal approach gained momentum and realised broad consensus by the end of the first decade of AIDS.

Conclusion

This chapter has documented a series of events through which the Irish state’s response to AIDS is illustrated. Evaluation of the era between 1982 and 1985 renders clear that the political response only began to mobilize when the potential for heterosexual spread through the blood supply and the pool of infection identified by the emergence of the antibody test in 1984 became apparent.¹⁸⁵ Added to the latent pool of infection in Ireland and contaminated blood supply was the increasing number of IDUs testing positive that it was feared would act as a bridge to the heterosexual community.¹⁸⁶ Against the backdrop of the divisive abortion and divorce referenda, the greater separation of Church and State favoured by the administration to improve Anglo-Irish relations could not be realised. Consequently Irish politicians were caught in a tension between the need to respond to an emerging health crisis while maintaining grassroots political support among a largely conservative and predominantly Catholic voting electorate whose mood had clearly not altered significantly by 1985. It may well be the case that sexual health service provision remained under-developed in Ireland as a result of allegiances to conservative religious societies among civil servants, alternatively, that

civil servants were not inclined to progress issues to the policy agenda that would be contested.

Thus chapter has demonstrated that the failure of the Department of Health to censor Dr. James Walsh's promotion of a liberal response to AIDS that was at odds with official Department of Health policy suggests that as with the Church in Chapter 6, the Department was "playing both sides"¹⁸⁷. Amid this set of unusual circumstances, Dr. James Walsh occupied the 'middle ground', having gone farther than traditional Catholics would have wished, but not quite as far as liberals might have wanted. As the modernising tide of liberalism gained momentum, conservative Minister for Health, Rory O'Hanlon was eventually replaced by Mary O'Rourke, whose determination to lead from the front was key to the establishment of the NASC and the production of Ireland's first AIDS strategy. She successfully oversaw a more liberal agenda than might otherwise have been possible at that time had she not been willing to engage more disparate civil society voices in dialogue and policy formation. O'Rourke's leadership was critical to the success of NASC but more so, AIDS by the early 1990's had provided the "opening of a window of opportunity through crisis"¹⁸⁸. It had taken a decade of relentless campaigning by civil society, the courage of policy entrepreneurs in various sectors, the pressure of international actors, and a shift in the national mood to open the policy window wide enough to allow the dominance of Roman Catholicism to give way to morally-neutral forces of public health. AIDS and the effect of those combined influences on sexual health service provision in Ireland between 1982 and 1992 is consequently the subject of the next Chapter.

- ¹ Berridge, V., *AIDS in the UK: The Making of Policy, 1981-1994*. 1996, Oxford: Oxford University Press, p.55
- ² Butler, S., *Alcohol, Drugs and Health Promotion in Modern Ireland*. 2002, Dublin: Institute of Public Administration, p?
- ³ Interview with Dr. James Walsh, 3rd February 2011
- ⁴ MacGregor, S., *Barriers to the influence of evidence on policy: Are politicians the problem?* *Drugs: Education, Prevention and Policy*, 2013. **20**(3): p. 232.
- ⁵ Wren, M.A., *Unhealthy State: Anatomy of a Sick Society*. 2003, Dublin: New Island, p.71
- ⁶ Desmond, B., *Finally and in Conclusion*. 2000, Dublin: New Island Books, p192
- ⁷ Bew, J., *Year of rapprochement ended on grim note as IRA bombers targeted Harrods in The Irish Times*. 1st August 2013, The Irish Times Plc: Dublin.
- ⁸ Inglis, 1998, p81
- ⁹ Walsh, D., *The land of Humbug, Wink and Nod*, in *The Irish Times (1921-Current File); Feb 21, 1985; ProQuest Historical Newspapers: The Irish Times (1859-2011) and The Weekly Irish Times (1876-1958)*. Feb 21, 1985.
- ¹⁰ Desmond, 2000, p.237
- ¹¹ Walsh, D., *The land of Humbug, Wink and Nod*, in *The Irish Times (1921-Current File); Feb 21, 1985; ProQuest Historical Newspapers: The Irish Times (1859-2011) and The Weekly Irish Times (1876-1958)*. Feb 21, 1985.
- ¹² Levine, L.P., Troiden R.R., *The Myth of Sexual Compulsivity*. The Journal of Sex Research, 1988. **25**(3): p. 353
- ¹³ Interview with Barry Desmond, 14th February 2011
- ¹⁴ Interview with Dr. James Walsh, 27th January, 2011
- ¹⁵ Interview with Barry Desmond, 14th February 2011
- ¹⁶ Desmond, B., *Finally and in Conclusion*. 2000, Dublin: New Island Books, p240
- ¹⁷ Interview with Barry Desmond, 14th February 2011
- ¹⁸ Coghlan, D., *Bishops deny campaign to oust Desmond from power*, in *he Irish Times (1921-Current File); ProQuest Historical Newspapers: The Irish Times (1859-2011) and The Weekly Irish Times (1876-1958)*. 8th October 1985.
- ¹⁹ Interview with Barry Desmond, 14th February 2011
- ²⁰ Coghlan, D., *Bishops accused of attempting to impose theocracy*, in *The Irish Times (1921-Current File); ProQuest Historical Newspapers: The Irish Times (1859-2011) and The Weekly Irish Times (1876-1958)*. Feb 16, 1985.
- ²¹ Dáil Eireann Debate, Health (Family Planning Amendment) Bill, Second Stage, Thursday, 14th February 1985, Volume 355, Number 12
- ²² Day by Day Programme, RTÉ Radio, 8th November 1984, quoted in Desmond, 2000, p.239
- ²³ *Estimates, 1984 - Vote 47: Health (Revised Estimate)*, in *Dáil Eireann Debate, Vol. 348, No. 7*. 1 March 1984.
- ²⁴ Dáil Eireann Debate, Health (Family Planning Amendment) Bill, Second Stage, Thursday, 14th February 1985, Volume 355, Number 12
- ²⁵ Desmond, B., *Finally and in Conclusion*. 2000, Dublin: New Island Books. p.248
- ²⁶ Interview with Barry Desmond 14th February 2011
- ²⁷ Interview with Barry Desmond, 14th February 2011
- ²⁸ Levine, L.P., Troiden R.R., *The Myth of Sexual Compulsivity*. The Journal of Sex Research, 1988. **25**(3): p. 353
- ²⁹ The Irish Times, 20th October 1986, quoted in Wren, 2003, p.71
- ³⁰ Dublin AIDS Alliance Archive, Uncatalogued, Department of Health Press Release issued 25th October 1985.
- ³¹ Barrington, R., *Health, Medicine and Politics in Ireland 1900-1970*. 1987, Dublin: Institute of Public Administration; Wren, M.A., *Unhealthy State: Anatomy of a Sick Society*. 2003, Dublin: New Island.
- ³² Interview with Barry Desmond, 14th February 2011
- ³³ Wren, 2003, p.76
- ³⁴ Ibid, p.76
- ³⁵ Interview with Dr. James Walsh, 3rd February 2011
- ³⁶ Wren, 2003, p.69
- ³⁷ Interview with Dr. James Walsh, 3rd February 2011
- ³⁸ Ibid
- ³⁹ Berridge, V., *AIDS in the UK: The Making of Policy, 1981-1994*. 1996, Oxford: Oxford University Press, p.55

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- ⁴⁰ Butler, S., *Alcohol, Drugs and Health Promotion in Modern Ireland*. 2002, Dublin: Institute of Public Administration, p?
- ⁴¹ Interview with Barry Desmond, 14th February 2011
- ⁴² Ibid
- ⁴³ Ibid
- ⁴⁴ Kingdon, 2003, p.146
- ⁴⁵ Bew, J., *Year of rapprochement ended on grim note as IRA bombers targeted Harrods* in *The Irish Times*. 1st August 2013, The Irish Times Plc: Dublin.
- ⁴⁶ Interview with Dr. James Walsh, 3rd February 2011
- ⁴⁷ Follow-up telephone conversation with Dr. James Walsh, 23rd July, 2013 @ 20.21 hours
- ⁴⁸ Interview with Barry Desmond, 14th February 2011; Interview with Dr. Jimmy Walsh, 3rd February 2011; Interview with Mary O'Rourke
- ⁴⁹ Interview with Barry Desmond, 14th February 2011
- ⁵⁰ Ibid; Desmond, B., *Finally and in Conclusion*. 2000, Dublin: New Island Books, p.233
- ⁵¹ Ibid; Desmond, B., *Finally and in Conclusion*. 2000, Dublin: New Island Books, p.233
- ⁵² Interview with Dr. Rory O'Hanlon, 7th April 2011
- ⁵³ O'Reilly, E., *Masterminds of the Right*. 1992, Dublin: Attic Press, p 21-22
- ⁵⁴ Ibid, quoting John O'Reilly, 1988.
- ⁵⁵ Ibid, p.24-25
- ⁵⁶ Ibid, p 25
- ⁵⁷ Interview with Dr. James Walsh, 3rd February 2011
- ⁵⁸ MacGregor, S., *Barriers to the influence of evidence on policy: Are politicians the problem?* Drugs: Education, Prevention and Policy, 2013. **20**(3): p. 232
- ⁵⁹ MacGregor, S., *Barriers to the influence of evidence on policy: Are politicians the problem?* Drugs: Education, Prevention and Policy, 2013. **20**(3): p. 225
- ⁶⁰ Clarification phone call with Dr. James Walsh, 23rd July 2013 @ 20.21
- ⁶¹ Kingdon, 2003, p.38
- ⁶² Interview with David Moloney, 29th September 2011
- ⁶³ Interview with Fr. Paul Lavelle, 27th January 2011
- ⁶⁴ Interview with Dr. James Walsh, 3rd February 2011
- ⁶⁵ Interview with Barry Desmond, 14th February 2011
- ⁶⁶ Screening service for AIDS, *The Irish Times (1921-Current File)*; Aug 17, 1985; ProQuest Historical Newspapers: The Irish Times (1859-2011) and The Weekly Irish Times (1876-1958)
- ⁶⁷ Interview with Dr. James Walsh, 3rd February 2011
- ⁶⁸ Ibid
- ⁶⁹ Interview with Dr. James Walsh, 3rd February 2011
- ⁷⁰ Interview with Dr. James Walsh, 3rd February 2011
- ⁷¹ Kingdon, J.W., *Agendas, Alternatives, and Public Policies - second edition*. 2003, New York, London: Longman, p.179
- ⁷² Ibid., p.181
- ⁷³ Dr. Derek Freedman, Personal Archive Uncatalogued, Videotape of Marian Finucane: AIDS – The Moral Dimension, broadcast in 1987 – actual date of broadcast unknown.
- ⁷⁴ Butler, S., *Alcohol, Drugs and Health Promotion in Modern Ireland*. 2002, Dublin: Institute of Public Administration.
- ⁷⁵ Evidence to support drugs call lacking, O'Hanlon says, Padraig Yeates, *The Irish Times (1921-Current File)*; Nov 19, 1988; ProQuest Historical Newspapers The Irish Times (1859-2009)
- ⁷⁶ Ibid
- ⁷⁷ Ibid
- ⁷⁸ Interview with Dr. James Walsh, 3rd November 2011
- ⁷⁹ Ibid
- ⁸⁰ Oliver, 2006, p.218
- ⁸¹ Interview with Dr. James Walsh, 3rd February 2011
- ⁸² Kingdon, 2003, p.38
- ⁸³ Interview with David Moloney, 29th September 2011
- ⁸⁴ Butler, 2002, p.180-193
- ⁸⁵ Butler, S. and P. Mayock, 'An Irish solution to an Irish problem': *Harm reduction and ambiguity in the drug policy of the Republic of Ireland*. International Journal of Drug Policy, 2005. **16**(6): p. 421
- ⁸⁶ Interview with Dr. James Walsh, 3rd February 2011

- ⁸⁷ Dublin AIDS Alliance Archive, Uncatalogued, The Irish Family Planning Association, *AIDS Resources*, Interview with Dr. James Walsh, December 1988
- ⁸⁸ Interview with Dr. Rory O'Hanlon, 7th April 2011
- ⁸⁹ Philpott, G., *Deep End*. 1995, Dublin: Poolbeg Press Ltd.
- ⁹⁰ Berridge, 1996, p66
- ⁹¹ Ibid, p56
- ⁹² Senior Civil Servant quoted in Berridge, 1996, p.66
- ⁹³ Interview with Barry Desmond, 14th February 2011
- ⁹⁴ Central Statistics Office, *That was then, this is now: change in Ireland 1949-1999*. 2000: The Stationery Office Dublin. P.55
- ⁹⁵ Dublin AIDS Alliance, Uncatalogued, RTE & HEB AIDS Helpline Collaboration on 26th March 1987
- ⁹⁶ Government to launch AIDS campaign today: QUESTION TIME, *The Irish Times (1921-Current File)*; May 1, 1987; ProQuest Historical Newspapers: The Irish Times (1859-2011) and The Weekly Irish Times (1876-1958)
- ⁹⁷ AIDS campaign to be launched within days, Yeates, Padraig, *The Irish Times (1921-Current File)*; Apr 28, 1987; ProQuest Historical Newspapers: The Irish Times (1859-2011) and The Weekly Irish Times (1876-1958)
- ⁹⁸ Central Statistics Office, *That was then, this is now: change in Ireland 1949-1999*. 2000: The Stationary Office Dublin, p.20
- ⁹⁹ Interview with Dr. James Walsh 3rd February 2011
- ¹⁰⁰ Ibid
- ¹⁰¹ Maeve Foreman, Personal Archive, Uncatalogued, HEB AIDS Information Booklet 1987, p.8
- ¹⁰² Ibid
- ¹⁰³ Dr. Derek Freedman, Personal Archive Uncatalogued, Videotape of Marian Finucane: AIDS – The Moral Dimension, broadcast in 1987 – actual date of broadcast unknown.
- ¹⁰⁴ Fidelity central to Government AIDS campaign, John Armstrong, *The Irish Times (1921-Current File)*; May 2, 1987; ProQuest Historical Newspapers The Irish Times (1859-2009)
- ¹⁰⁵ Interview with Barry Desmond, 14th November 2011
- ¹⁰⁶ Interview with Dr. Rory O'Hanlon, 7th April 2011
- ¹⁰⁷ Telephone conversation with Dr. James Walsh, 23rd July 2013 @ 20.21
- ¹⁰⁸ Dublin AIDS Alliance, Uncatalogued, Evaluation of Irish Public Information Campaign on AIDS – Press Release, undated
- ¹⁰⁹ Ibid
- ¹¹⁰ Maeve Foreman, Personal Archive, Uncatalogued, HEB AIDS Information Booklet 1987, p.7
- ¹¹¹ Berridge, 1996, p.89
- ¹¹² Editorial, *Fighting AIDS*, in *Irish Press*. 2nd May 1987, Irish Newspaper Archive accessed 27th April 2013: Dublin.
- ¹¹³ Fidelity central to Government AIDS campaign, John Armstrong, *The Irish Times (1921-Current File)*; May 2, 1987; ProQuest Historical Newspapers The Irish Times (1859-2009), pg. 1
- ¹¹⁴ Dublin AIDS Alliance Archive, Uncatalogued, AIDS Action News Volume 1, No. 3 Oct/Nov 1987
- ¹¹⁵ Dublin AIDS Alliance, Uncatalogued, National Survey on Public Knowledge about AIDS – Summary of Findings – survey carried out in Feb 1987 prior to British AIDS Information Week at the beginning of March. Undertaken by Irish Marketing Surveys and commissioned by HEB. The survey was based on sample of 822 people representative of the Irish population aged 18 or over (only 500 in follow up survey)
- ¹¹⁶ Dublin AIDS Alliance, Uncatalogued, Evaluation of Irish Public Information Campaign on AIDS – Press Release, undated (must be DoH as dated 1988 and not the HEB which was closed at this time although this is not stated)
- ¹¹⁷ Ibid
- ¹¹⁸ Dublin AIDS Alliance Archive, Uncatalogued, Forty Second AIDS Awareness Advert Aired on RTE Radio as part of the Government Campaign May 1987
- ¹¹⁹ Dublin AIDS Alliance, Uncatalogued, Evaluation of Irish Public Information Campaign on AIDS – Press Release, undated
- ¹²⁰ Dublin AIDS Alliance, Uncatalogued, Evaluation of Irish Public Information Campaign on AIDS – Press Release, undated (must be DoH as dated 1988 and not the HEB which was closed at this time although this is not stated)
- ¹²¹ Troiden and Levine, 1988, p.353
- ¹²² Seanad Éireann Debates, *Information and Education Programme on AIDS : Motion*. Thursday 25th February 1988.

- ¹²³ Holland, M., *Virgin takes risks on safe sex*, in *The Irish Times (1921-Current File)*; *ProQuest Historical Newspapers: The Irish Times (1859-2011) and The Weekly Irish Times (1876-1958)*. 23rd May 1990.
- ¹²⁴ Interview with Dr. James Walsh, 3rd February 2011
- ¹²⁵ Ibid
- ¹²⁶ Dublin AIDS Alliance Archive and Maeve Foreman's Private Papers - Uncatalogued. *Irish AIDS Initiative Conference Report, Workshop on Voluntary & Statutory Liaison*. 1988.
- ¹²⁷ Ibid
- ¹²⁸ Butler, 2002, p.180-185
- ¹²⁹ Interview with Dr. Rory O'Hanlon, 7th April 2011
- ¹³⁰ Butler, 2002, p.185
- ¹³¹ Dublin AIDS Alliance Archive, Uncatalogued, Irish AIDS Initiative Conference Report 1988 – actual date not provided; Ahlstrom, D., *AIDS Day highlights Irish inaction*, in *The Irish Times (1921-Current File)*; *ProQuest Historical Newspapers The Irish Times (1859-2009)*. 1st December 1988.
- ¹³² Interview with Dr. James Walsh, 3rd February 2011
- ¹³³ Yeates, P., *Dr O'Hanlon found Health hard medicine*, in *The Irish Times (1921-Current File)*; *ProQuest Historical Newspapers The Irish Times (1859-2009)*. 14th November 1991.
- ¹³⁴ Holmquist, K., *Exporting our AIDS problem*, in *The Irish Times (1921-Current File)*; *ProQuest Historical Newspapers: The Irish Times (1859-2011) and The Weekly*. 8th February 1988.
- ¹³⁵ O'Morain, P., *Demand outstrips resources at AIDS unit*, in *The Irish Times (1921-Current File)*; *ProQuest Historical Newspapers The Irish Times (1859-2009)*. 27th June 1989.
- ¹³⁶ Maeve Foreman Private Archive, Uncatalogued, Letter from Fergal Goodman, private Secretary to Michael Noonan, Minister for Health, to Ms. Paula Markey and Ms. Maeve Foreman, Social Workers, St. James's Hospital on behalf of the PIAA, 8th May 1996
- ¹³⁷ Holmquist, K., *Summons over condom sale*, in *The Irish Times (1921-Current File)*; *ProQuest Historical Newspapers: The Irish Times (1859-2011) and The Weekly Irish Times (1876-1958)*. 5th April 1990.
- ¹³⁸ Holland, M., *Virgin takes risks on safe sex*, in *The Irish Times (1921-Current File)*; *ProQuest Historical Newspapers: The Irish Times (1859-2011) and The Weekly Irish Times (1876-1958)*. 23rd May 1990.
- ¹³⁹ Carroll, J., *Growing rifts in the condom debate*, in *The Irish Times (1921-Current File)*; *ProQuest Historical Newspapers: The Irish Times (1859-2011) and The Weekly Irish Times (1876-1958)*. 12th March 1991.
- ¹⁴⁰ Ibid
- ¹⁴¹ Ibid
- ¹⁴² Ibid
- ¹⁴³ Ibid
- ¹⁴⁴ Ibid
- ¹⁴⁵ *The Irish Times*, 20th October 1986, quoted in Wren, 2003, p.71
- ¹⁴⁶ Unattributed quotation in Wren, 2006, p.126
- ¹⁴⁷ Ahlstrom, D., *AIDS Day highlights Irish inaction*, in *The Irish Times (1921-Current File)*; *ProQuest Historical Newspapers The Irish Times (1859-2009)*. 1st December 1988.
- ¹⁴⁸ Interview with Dr. Rory O'Hanlon, 7th April, 2011
- ¹⁴⁹ Ahlstrom, D., *AIDS Day highlights Irish inaction*, in *The Irish Times (1921-Current File)*; *ProQuest Historical Newspapers The Irish Times (1859-2009)*. 1st December 1988
- ¹⁵⁰ Interview with Dr. James Walsh, 3rd February 2011
- ¹⁵¹ Kingdon, 2003, p.56; Lindblom, C.E., *The Science of "Muddling Through"*. Public Administration Review, 1959. 19(2): p. 79-88; Stone, D., *Policy Paradox: The Art of Political Decision Making - Revised Edition*. 2002, New York: WW Norton & Company.
- ¹⁵² Interview with former Senator Don Lydon 2nd March 2011
- ¹⁵³ Interview with Dr. James Walsh, 3rd February 2011
- ¹⁵⁴ Interview with Mick Quinlan, 6th April 2011
- ¹⁵⁵ O'Rourke, M., *Just Mary*. 2012, Dublin: Gill and MacMillan, p.97
- ¹⁵⁶ Interview with Mary O'Rourke 18th March 2011
- ¹⁵⁷ Interview with Mary O'Rourke 18th March 2011
- ¹⁵⁸ Interview with Dr. James Walsh, 3rd February 2011
- ¹⁵⁹ Ibid
- ¹⁶⁰ Kingdon, 2003, p.38
- ¹⁶¹ Ibid

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- ¹⁶² Interview with Mick Quinlan 6th April 2011
- ¹⁶³ Interview with Deirdre Seery, 13th June 2011
- ¹⁶⁴ Ibid
- ¹⁶⁵ Ibid
- ¹⁶⁶ National AIDS Strategy Committee, *Reports and Recommendations of the Sub-committees of the National Strategy Committee on care and management of persons with HIV/AIDS; HIV/AIDS surveillance; education and prevention strategies; measures to avoid discrimination against persons with HIV/AIDS*, Department of Health, Editor. 13th April 1992., p.45
- ¹⁶⁷ Interview with David Moloney, 29th September 2011
- ¹⁶⁸ Interview with Mary Jackson, 30th March 2011
- ¹⁶⁹ Ibid
- ¹⁷⁰ Kingdon, 2003, p165
- ¹⁷¹ MacGregor, S., *Barriers to the influence of evidence on policy: Are politicians the problem? Drugs: Education, Prevention and Policy*, 2013. **20**(3): p. 232.
- ¹⁷² Interview with Barry Desmond 14th February 2011
- ¹⁷³ Ferriter, 2004, p8-9
- ¹⁷⁴ Interview with Mary Jackson, 30th March 2011
- ¹⁷⁵ Ibid
- ¹⁷⁶ Kiely, N., *State's strategy on AIDS is criticised*, in *The Irish Times (1921-Current File)*; ProQuest Historical Newspapers *The Irish Times (1859-2009)*. 3rd June 1992.
- ¹⁷⁷ Oliver, 2006, p.219
- ¹⁷⁸ Kingdon, 2003, p.180
- ¹⁷⁹ Ibid, p.76
- ¹⁸⁰ Interview with professor Gerard Casey 14th April 2011
- ¹⁸¹ Interview with David Moloney, 29th September 2011; Interview with Professor Fiona Mulcahy, 30th May 2011; Interview with Maeve Foreman, 15th March 2011; Interview with Deirdre Seery, 13th June 2011; Interview with Professor Joe Barry, 31st March 2011; Interview with John Lahiff, 24th February 2011; Interview with Mick Quinlan, 6th April 2011; Interview with Niall Behan, 14th April 2011.
- ¹⁸² Kingdon, 2003, p.95
- ¹⁸³ Troiden and Levine, 1988, p.352
- ¹⁸⁴ Kingdon, 2003, p.86
- ¹⁸⁵ Berridge, V., *AIDS in the UK: The Making of Policy, 1981-1994*. 1996, Oxford: Oxford University Press, p.55
- ¹⁸⁶ Butler, S., *Alcohol, Drugs and Health Promotion in Modern Ireland*. 2002, Dublin: Institute of Public Administration, p?
- ¹⁸⁷ Interview with Dr. James Walsh, 3rd February 2011
- ¹⁸⁸ MacGregor, S., *Barriers to the influence of evidence on policy: Are politicians the problem? Drugs: Education, Prevention and Policy*, 2013. **20**(3): p. 232.

Chapter 8 – The Transformational Effect of AIDS on School-based Sex Education and Sexual Health Treatment Services

The previous findings chapters explored the response to the AIDS crisis that emerged from within civil society, the Catholic Church and the state. These chapters examined each response in context and looked broadly at the how the advent of HIV/AIDS triggered a debate in Ireland between two stakeholder groups –one (mainly driven by gay activists) with liberal attitudes towards sexuality, the other conservative (mainly based within the Roman Catholic tradition) and prepared to resist any attempts at liberalising sexual health policy in this country. Chapter 7 explored the Department of Health’s ambivalent response to AIDS in the context of the ideological tension operating between liberal and conservative groups in Irish society. It demonstrated that the Department’s approach was shrouded in ambiguity in that it was “playing both sides”¹ - on one hand espousing the traditional principle of remaining faithful to one sexual partner in marriage while through the mouthpiece of Dr. Walsh, promoting an opposing liberal public health view - until AIDS gained sufficient momentum to provide the “opening of a window of opportunity through crisis”² and a shift in the ‘national mood’.

The present chapter, although largely dealing with the same stakeholder groups, and documenting the same ideological tension, has a more specific focus on the extent to which AIDS provided an opportunity for the introduction of school-based sex education, and the development of sexual health treatment services. These two issues are explored separately in *Parts 1* and *2* and as such will answer one of the key

questions underpinning this thesis: namely, the extent to which HIV/AIDS transformed the policy response to sexual health in Ireland using two barometers: school-based sex education and sexual health treatment services.

Part 1: Transformation of School-based Sex Education will present a detailed account of how those who were dissatisfied with what they saw as a minimalist and prudish approach to sex education sought to use the crisis engendered by HIV/AIDS as a catalyst for the introduction of an expanded, explicit and more liberal sex education curriculum within the Irish school system, while conservatives fought equally hard to prevent this happening. As with all public policy decision making, final choices between these competing agendas were made by politicians, and this chapter will look in particular at how successive government ministers balanced emerging research findings on HIV/AIDS against their own sense of what the electorate or the 'national mood' would accept by way of a more explicit sex education curriculum. The role played by the HEB will also be examined in the context by which they were left by the Department of Health to push the boundaries of liberalism as much as possible, while leaving the 'authorities' free to distance themselves from the HEB should it be subject to severe criticism. In overall terms, *Part 1: Transformation of School-based Sex Education* will demonstrate that HIV/AIDS was influential in the decision to introduce a more explicit sex education curriculum than had previously been contemplated.

Part 2: Transformation of Sexual Health Treatment Services will commence with an examination of the paucity of services treating sexually acquired infection in the state and the poor condition of those that did exist at the outbreak of AIDS. Bottom-up campaigning was supported by external pressure for reform in line with international standards but policy makers seemed reluctant to instigate improvements despite the evidence base and views of experts. The increasing momentum and awareness

generated by AIDS towards the latter half of the 1980s resulted in the appointment of Ireland's first Consultant in genito-urinary medicine, Dr. Fiona Mulcahy who set about modernising Ireland's approach to the treatment of STIs. Dr. Mulcahy was strategic and worked to realise a practice-to-policy trajectory through her engagement with the National (Bishop's) Task Force on AIDS and its successor, the National AIDS Strategy Committee. By the late 1980s and early 1990s a liberal public health narrative appeared in the ascendancy, replacing the moral values which had previously governed and defined the actions and indeed inactions of the state with regard to STI treatment. The establishment of the Gay Men's Health Service and the Women's Health Project in 1992 heralded a new era in public health medicine in Ireland, but both services were covertly initiated to avoid public controversy - reflecting a wider tendency in Irish political culture to shroud potentially sensitive issues in ambiguity³. *Part 2* concludes that while bottom-up campaigning had commenced policy dialogue and realised an initial decision to modernise sexual health treatment services, AIDS was the catalyst that prioritised it on the policy agenda.

Parts 1 and 2 will conclude separately herein.

Part 1: Transforming School-based Sex Education

One of the most remarkable features of policy since independence had been the reluctance of the state to challenge the entrenched position of the church in education, and this reluctance ensured that Catholic cultural hegemony and the preoccupation with sexual morality continued to endure in Ireland throughout the twentieth century. The subject of school-based sex education invariably engenders considerable controversy but, as illustrated in Chapter 2, public debate had commenced and gained momentum in

many countries in the decades after World War II⁴, when such debate in Ireland was effectively suppressed by the moral authority of the Catholic Church. Whyte has argued that the Catholic bishops fought the introduction of “socialised medicine” in the 1940s and 1950s, regarding it as at least as great a concern as socialism and particularly expressing concern lest the state take control of sex education and permit contraception⁵. The degree of sexual ignorance which prevailed in the population alarmed social and medical researchers like Brennan and Sweetman⁶ while prompting criticism from both internal and external sources. This section will present a detailed account of how those who were dissatisfied with what they saw as a minimalist and prudish approach to sex education sought to use the crisis engendered by HIV/AIDS as a catalyst for the introduction of an expanded, explicit and more liberal sex education curriculum within the Irish school system, while conservatives fought equally hard to prevent this happening. Underlying this struggle was a fundamental disagreement between the two sides as to what constituted health education. For conservatives, health education was an apolitical affair, consisting almost entirely of the transmission of factual information on the causes of illness or disease coupled with directive instructions as to how such conditions were best avoided. Liberal health educators, on the other hand, were less concerned with teaching their students biological facts and, in a style that was heavily influenced by Rogerian psychology⁷, aimed to facilitate the emergence of autonomous decision makers rather than to direct their charges towards the making of lifestyle choices which objectively appeared healthier.

As with all public policy decision making, final choices between these competing agendas were made by politicians, and this chapter will look in particular at how successive government ministers balanced emerging research findings on HIV/AIDS against their own sense of what the electorate or the ‘national mood’ would accept by

way of a more explicit sex education curriculum. This chapter will also look at the role played by the (HEB) in relation to sex education, arguing specifically that both politicians and senior civil servants seemed prepared to use the HEB – which was a quango or semi-state body rather than a central government department – like canaries down coal mines: leaving the HEB to push the boundaries of liberalism as much as possible while leaving the ‘authorities’ free to distance themselves from the HEB should it be subject to severe criticism as was the case regarding the first AIDS leaflet produced by GHA discussed in Chapter 5. The closure of the HEB and the integration of its functions back into the Department of Health will be looked in this context.

This chapter section will therefore explore the trajectory of debate which characterised calls for the introduction of school-based sex education from the late 1970s to the eventual introduction of the AIDS Education Resource in 1990. In overall terms, it will demonstrate that HIV/AIDS was influential in the decision to introduce a more explicit sex education curriculum than had previously been contemplated. However, it will also reveal that as with all such ‘soft’ elements of the secondary school curriculum, there is strong evidence to suggest that its implementation in the long term was intermittent and haphazard.

Sex Education ‘Beneath the Radar’

A survey conducted by Ruarc Gahan, a Dublin school teacher, to establish the level of provision of sex education in secondary schools in Dublin City and County in 1978 issued questionnaires to 879 young people who had left school in 1975 or later. He reported that while there were isolated and notable exceptions, the vast majority of respondents described “...ignorance, worry, secretiveness and embarrassment” regarding sex⁸. He found that parents in general did not provide sex education to their

children and that only 25% of schools in Dublin city and county provided any sex education to pupils. Such provision at the time was at the discretion of the school principal and was neither mandatory nor regulated by the Department of Education. Thirty five per cent of pupils in the school sample were taught about sexually transmitted infections although 95% felt they should have been. Similarly, 88% of school principals said they were in favour of teaching about STIs, while 70% of those principals and teachers who responded to the question said that homosexuality and masturbation should also be taught⁹. Despite evidence of tentative support by teachers and parents for some limited level of sex education in schools, the state maintained a cautious step behind the voting electorate on the issue.

The impetus behind calls for school-based sex education prior to the advent of HIV and AIDS in Ireland largely arose in response to rising rates of crisis pregnancy and abortion. In 1979, a group of gynaecologists from the Royal College of Surgeons in Ireland and the Rotunda Hospital highlighted significant increases in the number of girls under the age of seventeen years presenting with unwanted pregnancies and the rise in therapeutic abortions sought by young Irish women in the United Kingdom (UK). They reported that the number of unwanted pregnancies in girls aged seventeen and younger in 1970 was seventeen, whereas in 1977, they had seen fifty-nine cases; correspondingly the numbers of Irish girls travelling to the UK for therapeutic abortions in 1970 was 261, rising to 2,287 by 1977¹⁰. This upward trend in crisis pregnancy prompted clinicians to develop a programme of sex education which they delivered, with the support of the HEB, in a number of post-primary schools. They published their findings in the *Irish Medical Journal* and argued candidly for a programme of sex education to be introduced in post-primary schools¹¹.

A Dáil question put to Mr. John Wilson, then Minister for Education, as to whether in light of the increase in teenage pregnancies highlighted by obstetricians and gynaecologists would result in the introduction of a programme of sex education in schools elicited the following response:

...the primary responsibility in this matter rests on the parents. School managements naturally supplement parental initiative within the measure of their own capability and I understand that sex education is already provided for in the human development programmes and the guidance and pastoral care programmes offered by secondary schools.¹²

The vast majority of schools in the state were then and continue to be owned and run by the Catholic Church in association with parents and as such it would have been impolitic for Wilson to adopt a liberal public health approach proposed by clinicians. He confirmed the principle that has underpinned the state's approach to education as enshrined in Article 42 of the Constitution of Ireland, Act 1937:

The State acknowledges that the primary and natural educator of the child is the Family and guarantees to respect the inalienable right and duty of parents to provide, according to their means, for the religious and moral, intellectual, physical and social education of their children.¹³

Catholic social teaching with regard to sexuality and sex education was reinforced by the Vatican's guidelines on human sexuality entitled *Educational Guidance in Human Love* published in 1983¹⁴. These emphasised the premise upon which the Church views sex education: namely that parents retain the primary responsibility for educating their children in sexual matters, while arguing that sex outside marriage is a "grave disorder", masturbation a "deviation", and homosexuality an "objective disorder"¹⁵. It went on to praise virginity for rendering "the heart more free to love God" and urged teachers of sex education to sensitivity, while discouraging the use of graphic materials which they argued "crudely present sexual realities for which the pupil is not prepared

and thus create traumatic impressions or raise an unhealthy curiosity which leads to evil.”¹⁶

Some regional health authorities had, throughout the 1980s, attempted to provide sex education modules in various locations but efforts tended to be piecemeal, inconsistent and uncoordinated. Catholic schools were either reluctant or too cautious to offer a sex education module at all. Those that were prepared to develop materials did so under the guise of ‘pastoral care’ which was “in vogue in some schools...”¹⁷ throughout the 1970s. Provision was *ad hoc* and piecemeal however, and largely dependent on the commitment of certain individuals within regional health boards or individual school principals. Cork City and the North Western Health Board region were proactive in this regard, producing materials throughout the 1980s that addressed issues of sex, sexuality and contraception but “It’s very dated if you begin to look at it now – it was very safe...loaded with Catholic doctrine in terms of trying to say a lot while trying to avoid confrontation...”¹⁸. As one of those people working as a Guidance Counsellor, developing and delivering a pastoral care programme in a Dublin School throughout the 1980s, John Lahiff reflected:

I suppose we were naive in some ways, it was trying to develop comprehensive programme of, it was called different things, but mainly pastoral care but it was mainly a life skills programme. The difficulty with all this it was kind of thing being done sub-officialdom if you like – there were no school policies – there were people who were committed to believing that there was an aspect or dimension of education that should be delivered on. Possibly we were running certain risks in terms of addressing issues like contraception and so on against a climate that might object to it and at the same time without the school policy...I remember trying to find it on the timetable and trying to disguise it sometimes on the timetable because it wasn’t officially recognised.¹⁹

Ruby Morrow, a former psychologist at the Department of Education suggested that there were no particular characteristics that rendered some schools more likely than others to deliver sex education programmes:

My experience at that time was that some convent schools were progressive or some more progressive than others. The [Christian] brothers weren't at all, but some religious orders were and some were more progressive than community schools.... But in community schools the same was the case – some of them were and some weren't.²⁰

Whether or not a school provided a sex education module was therefore determined by the values and beliefs of individual teachers or school principals. The Department of Education, maintained a cautious distance with regard to sex education in schools and tended neither to encourage nor discourage it: it practised a policy of non-engagement leaving it to the discretion of each individual school to determine whether or not they wished to include it on the curriculum or not. John Lahiff suggested that the Department of Education took a “...stand back and pretend you don't know...”²¹ policy:

The Department tends by nature to shy away from controversy and play it safe and in that sort of, in the absence of a top-down led development, let it develop from the ground up and see what happens....²²

The absence of guidance and direction from the Department generated a climate in which schools were cautious about what should or should not be included in pastoral care programmes:

While the Department was at policy level making statements it was also standing back and sort of leaving it to schools. I mean, it was largely under-resourced in terms of the kind of training and support; teachers weren't ready for it, and teachers would have shied away from it. I suppose in schools, there was a certain, there was a vacuum in the schools who were operating in terms of are we safe to do this or not, or do we have a mandate to do this, or what can we cover and what can we not cover and what should we cover, and at the same time schools realised that there was a certain amount of sexual activity going

on with teenagers and a typical teacher reaction is how do I protect these kids?²³

It wasn't just the Department that shied away from potential controversy with parents or the Catholic Church, school principals and teachers demonstrated equal reticence with some quite clear that it was not their responsibility:

I remember for example...being asked to do an in-service or a talk to a school in the West of Ireland around pastoral care, a typical in-service day, and I started off, and I was going through the philosophy of pastoral care and there was a fellow down the back - I can still see him with the Irish Independent and I stopped after about 40 minutes, "we'll break for coffee but before we do has anybody any questions", (indicates a hand held up) "what do you think you are doing coming down from Dublin making more work for us"?... Teachers were opting in and opting out of it, teachers were uncomfortable with a facilitative approach, a more democratic classroom, all that kind of stuff. And then principals didn't, in some cases they'd say, again like the Department of Education would say I don't know what's going on in schools, principals would say I don't want to know too much about this but go ahead and do it.²⁴

One former employee of the Department of Education was "sure that there were people in the Department who saw things in the same way as the Catholic Church did"²⁵ and other respondents suggested that the Department of Education had a significant number of civil servants in senior positions at that time who were affiliated to Catholic organisations noted for their conservatism - including Opus Dei and the Knights of Columbanus²⁶ also discussed in Chapter 7. The Department was, however, constrained by Catholic doctrine, which underscored the belief, enshrined in Article 42 of the Constitution, that parents are the natural educators of a child in this regard, while also aware of the prevailing research evidence, which demonstrated that parents were not in fact educating their children in these matters. The Department's response to this tension was to do what it did with the first AIDS leaflet described in Chapter 5: to "duck hot issues or throw them to administrative agencies"²⁷ in this case, the HEB.

Lifeskills Controversy and the Death of Ann Lovett

The HEB was established by the Minister for Health under the Health Education Bureau (Establishment) Order, 1975. The bureau was obliged to advise the Minister on the aspects of health education which should have priority at national level and was given considerable funding by Charles Haughey during his tenure as Minister for Health in 1979. As a semi-state body, the HEB were responsible for any recommendations made but it was a matter for the Minister for Health, to accept or reject them²⁸. As referred to in the introduction above, both politicians and senior civil servants seemed prepared to use the HEB to push the boundaries of liberalism in relation to health and lifeskills education as much as possible while leaving the ‘authorities’ free to distance themselves from the HEB should it be subject to severe criticism as was the case regarding the first AIDS leaflet produced by GHA discussed in Chapter 5.

The HEB’s philosophy was largely informed by the Rogerian person-centred-approach²⁹ and as such was non-directive, while encouraging students to “clarify their value systems in relation to lifestyle options.”³⁰ Such a method was in stark contrast to the traditional Catholic ethos, which is based on a belief that right may be objectively and absolutely discerned from wrong and that the function of education is teach objective morality in a directive way. As already discussed in Chapter 5, a number of conservative Roman Catholic groups committed to the retention of traditional family values emerged in the wake of the abortion referendum in 1983. Some of these groups developed a “coherent, sustained and public critique of lifeskills programmes generally and of the HEB in particular.”³¹ while others formed specifically in opposition to lifeskills programming. Criticism was centred on the belief that the HEB’s lifeskills approach dissolved the values of a shared Christian vision and adopted, as Archbishop Kevin McNamara argued:

techniques and methods [that] are calculated to make effective in the classroom the philosophies of relativism and emotivism which lie behind them and it is not possible to see how they can be divested of the influence of such false moral and educational philosophies.³²

The HEB largely ignored criticisms and concerns, and persevered with the development of programmes that reflected a growing person-centred trend in education while resolutely ignoring the prevailing Catholic moral context into which their programmes were to be delivered. Commenting on the HEB in interview, the Minister for Health responsible for closing it in 1987, Rory O'Hanlon commented:

They were ahead of their time. It was one of these sort of semi-state bodies that you had a multiplicity of them... They were very professional and everything else about them but in terms of getting programmes up and running, the Health Education Bureau were way out there on their own³³.

O'Hanlon's predecessor, Barry Desmond, was as discussed in Chapter 7, part of an administration more inclined to pursue a liberal agenda albeit cautiously. A tragedy in 1984 presented an opportunity to pursue the development of school-based sex education which Desmond and his colleague in Education, Gemma Hussey publicly favoured. Ann Lovett was a fifteen year old schoolgirl from Granard in County Longford who was found by three schoolboys in late January 1984, having given birth to a baby, at a local grotto of the Blessed Virgin. Her newborn baby lay dead close by, and she herself died shortly afterwards of irreversible shock resulting from haemorrhaging and exposure. The case was initially reported by Emily O'Reilly in the Sunday Tribune, and subsequently the Gay Byrne radio show received letters from women all over Ireland revealing experiences of 'clandestine childbirth, clumsy self-abortion, brutal husbands or incestuous fathers'³⁴. In the words of one commentator Ann Lovett's death "made Granard the whipping boy for the guilt of a whole nation."³⁵ It also provided a catalyst for a public debate on sex education such as had never previously occurred in

Ireland. Three days following the death of Ann Lovett, the Eastern Health Board called for talks with the Department of Education about the possible inclusion of a programme of sex education on the school curriculum. Underpinning the request was the fact that there had been 30,000 unwanted pregnancies in the state between 1972 and 1982, with 4,351 births outside marriage in 1982 compared to 1,963 in 1972³⁶. Addressing the annual meeting of the conference of convent secondary schools in Dublin in June 1984, then Minister for Education, Gemma Hussey, announced that the Department was “taking steps” to develop a programme of sex education appropriate to Irish schools³⁷. She referred to “the terribly tragic case this year which concentrated all our minds on the necessity to develop programmes of sex and human relationships education.”³⁸, while praising nuns for being among the leaders in sex education, which situated them “far ahead of your male colleagues.”³⁹. By October it was reported that the HEB had appointed a committee to develop policies and programmes for the delivery of sex education in secondary schools.⁴⁰ The committee included representatives from the Departments of Education and Health, as well as medical, psychological and educational specialists. The Irish Times report specifically states:

It is believed that the establishment of the committee by the HEB followed pressure from Mr. Desmond, the Minister for Health and Mrs. Hussey, the Minister for Education, subsequent to the tragic death in Granard, Co. Longford of a young girl giving birth to an undisclosed pregnancy.⁴¹

That the HEB was given ‘the lead’ in this task is significant. As discussed above, the HEB was a health quango, with no direct responsibility for or authority over school systems, and no political clout of any kind. This suggests that the decision to give this task to the HEB was a political one: creating the impression that something was being done while assigning this contentious issue to an outside body reflecting this tendency of political systems to “duck hot issues”⁴². That said, the initial impetus to look for

decisive policy action in the wake of Anne Lovett's death was an individual decision of a senior politician, a minister and, perhaps most significantly, a female minister to stick her neck over the parapet on this issue. As discussed in Chapter 7, politicians tend to be conservative, cautious and are rarely inclined to lead from the front⁴³, but as with Fianna Fáil deputy Mary O'Rourke with regard to the production of the subsequent AIDS Information Resource, Gemma Hussey defied that stereotype. O'Rourke who was opposition party spokeswoman on education at the time urged her party to reject a motion that "deplored an attempt by the Government to foist sex education on schools" at the Ard Fheis (annual party conference) in April 1985⁴⁴. Her own motivation to support sex education was influenced by the death of Ann Lovett, a constituent, but also the experiences of local women she had encountered while a town counsellor in Athlone who had multiple children and no access to contraception as discussed in Chapter 7⁴⁵. Recalling the vote in 1985, O'Rourke thought that there had been some opposition within the party but that it wasn't particularly strong:-

...yes I got them to adopt it, they were all for ... you know, outright opposition. But I said 'no, look it, we'd be laughed out of court', I said. 'This is very serious and much more importantly, this is very much needed in Irish society' – which it is. So, they went along with me, yes, they did.⁴⁶

Notwithstanding all-party support for the introduction of sex education in the wake of Ann Lovett's death, there was substantially more opposition. Miss Mary Kennedy, Secretary of the Irish Family League articulated the group's opposition to the proposed introduction of sex education in schools on the basis that it led to an increase in teenage pregnancies⁴⁷. Family Solidarity, examined in Chapter 5, expressed its view as follows:

One way of getting the country back on its feet is through the basic unit of society, the family, which is itself being attacked from all quarters: by divorce, contraception, abortion, euthanasia, and the encroachment of the civil authorities on the rightful duties of parents in areas such as sex education.⁴⁸

Criticism of what was perceived to be the encroachment of the state into the affairs of the family emerged from senior figures in the Catholic Church including Jeremiah Newman, Bishop of Limerick, who devoted a book to the subject of state intervention into family and lifestyle matters.⁴⁹ He expressed concern at how quickly the “values clarification” approach to lifeskills education had “caught on in Ireland” and “assisted by the Health Education Bureau” had “permeated some places almost surreptitiously.”⁵⁰ Archbishop of Dublin, Kevin McNamara, also urged parents to be extremely vigilant about misguided state intervention which was calculated to harm the morals of their children:

The introduction of sex education programmes in a value-free context or in the context of values other than Christian ones would only have the effect of making children more vulnerable to these evils. The all too predictable consequences of an incursion by the State in the field of sex education would be a marked decline in the standards of sexual morality among the young, and even among the very young. From the point of view of secular humanism there would be a further argument for providing these young people with contraceptives even though the consequences of so doing as claimed would not be to reduce the number of teenage pregnancies, but by further encouraging permissiveness, to cause that number to increase.⁵¹

McNamara summarised his position on curriculum values in education in a pamphlet published by Veritas which claimed that:

True values...rest on what a person ought to do, on what is in conformity with the real good of the common person and society, a good that cannot be discerned by feelings or spontaneous emotional reactions, but only by the God-given gift of reason.⁵²

Dr. John Buckley, the Auxiliary Bishop of Cork and Ross, also contributed to this debate, arguing with reference to the Health Family Planning (Amendment) Act, 1985, that, “It is important to remember that it was this Government which introduced the immoral legislation of making contraceptives available to young people.”⁵³

Criticisms of moral relativism were presented in a reasoned, coherent way in several publications, including one periodical called the 'Ballintrillick Review', the editor of which, Doris Manly, summed up opposition to the HEB's approach as follows:-

Before the revolution, Irish schools taught that some actions were right and others were wrong. This may not have been terribly *nuance-ey* (sic) but it had its advantages. But in these HEB programmes, the same schools are now giving teenagers the impression that whatever a person wants to do is therefore right for him – provided that he has given himself some “values clarification” or “decision making” exercise to make sure he really wants to do it. Which means, an objective code has been replaced by a new “relativised” “subjectivised” and “psychologised” model (sic). And nobody bothered to tell the kids’ parents – until people like me began making a bit of a rumpus.⁵⁴

Supporters of the lifeskills approach to sex education, such as John Lahiff, were acutely conscious of the campaign being waged against it by the 'Ballintrillick Review', with its criticism the approach was “...value-neutral, there were no values in it. It was whatever-you-are-having-yourself approach.”⁵⁵

Family Solidarity actively canvassed candidates across all parties running in local elections in 1985, requesting details of their views on a range of issues including sex education⁵⁶. Alice Glenn, T.D. joined by Bernadette Bonar of Family Solidarity were critical of attempts by health boards to develop and promote sex education programmes, while denouncing the Irish Family Planning Association's (IFPA) introduction of what they termed a “sex hotline”⁵⁷ supporting sexually active young women.

Supplanting the HEB's attempts to introduce a programme of sex education in schools, the Catholic hierarchy developed “Love Matters”, a sex education programme for teenagers published by Veritas and launched by Bishop Comiskey with a personal endorsement from Archbishop Kevin McNamara in September 1985. In his endorsement speech, Comiskey argued that there were extremes to be avoided in sex education and that the issue had become one of the most “emotive issues”⁵⁸ of that time.

Although media coverage of this controversy was dominated by those who were opposed to sex education, interviews with key informants and surveys conducted in 1986 indicated that parents were supportive of school-based sex education programmes. For instance, a survey carried out by the Economic and Social Research Institute (ESRI) on behalf of the HEB in 1986 found that an overwhelming majority (86%) of Irish parents were of the view that schools should provide life skills programmes with sex education as a core component.⁵⁹ Almost all parents (98.4%) said that second-level schools should have a role in sex education, while 95% said that a sex education programme should include “where babies come from”, sexual intercourse, male and female puberty, personal attractions and sexually transmitted diseases, and 87% said it should include information on family planning⁶⁰. Ruby Morrow, an educational psychologist employed by the Department of Education at this time identified the climate of fear that prevailed among those who favoured the introduction of sex education:

In the 1980s, Ireland was still quite insular and people were afraid to voice (sic). Politicians were afraid because they would lose votes. They would be targeted by Family Solidarity. Politicians who came out in favour of things like that, they were targets...their clinics would be picketed by people, the newspaper and articles, they would lose votes.⁶¹

Family Solidarity compiled lists of teachers involved in the production and delivery of life skills training programmes, despite protests from the Association of Secondary Teachers in Ireland (ASTI) which said that “unwarranted pressure or intimidation of teachers in the course of their professional duties” would not be tolerated⁶². However, those who voiced support for the liberal agenda, as Ruby Morrow added, were often not as vociferous or strong as its opponents:

...there weren't enough people working in the field and research was dismissed. Even data that would come from other countries, England and Holland were seen as promiscuous, so it wouldn't

matter if you were presenting hard data. People didn't really listen to scientific evidence. We didn't want to go down the road that they were going down. That was the sort of thing that was said. The 80s was also a time when there were cutbacks and so for the Department to start putting money into something there was a huge lobby against, when other things were being cutback.⁶³

Significantly, Morrow claims that despite the scientific evidence or indeed the overwhelming evidence of parental support for the introduction of school based sex education revealed by the ESRI research in 1986, the Department of Education would not progress an issue there was a "huge lobby against"⁶⁴ This claim reflects Kingdon's finding with regard to interest groups that "Generally speaking, the louder they squawk, the higher its gets"⁶⁵ on the policy agenda. Opinion poll data of the kind produced by the ESRI will almost certainly be dismissed by politicians unless there is independent evidence to confirm that the prevalence and strength of the views allegedly discovered by pollsters is reflected in ongoing lobbying. It was equally problematic for those in support of school based sex education that those who opposed it included in their number the Archbishop of Dublin and Bishops of Limerick and Cork, for as policy analysis also reveals, more "well-to-do"⁶⁶ influential interests are more likely to gain political attention.⁶⁷

The sex education programme commissioned by Minister for Education, Gemma Hussey and supported by her colleague in Health, Barry Desmond, which was promised to be on the school curriculum within a year by the Oireachtas Committee on Women's Rights on 25th October 1984, never came to fruition. On key research participant reflected:-

...there was very strong church pressure against it at the time, very, very strong and they were very vocal some of the small groups, the Family League and some of those ... in hindsight looking back on it.⁶⁸

The same Late Late Show broadcast to coincide with AIDS week on 15th May 1987 and discussed in Chapter 6, included Dr. Harry Crawley, Director of the HEB on its panel. The following discussion between Crawley and presenter, Gay Byrne reveals the extent to which the HEB was stymied by its opponents:

Dr. Harry Crawley: The HEB has been promoting health education in schools including sex education for years now. We're waiting for a serious response from the educational system.

Gay Byrne: Who is stopping it? Who is in the way? What you are really saying is that one the one hand Irish society demands sex education, health education in schools, on the other hand Irish society will not have it. That's not true Harry, it can't be true. It means that a small vociferous minority of people are objecting to what should be implemented. Is that what you mean?

Dr. Harry Crawley: That is also happening – that has been happening even on the simplest level of teacher training...a small phobic minority who seem to be extremely concerned about other people's sexual behaviour.⁶⁹

In September 1987, the Minister for Health announced the closure of the HEB with replacement of its function transferred to a new unit within his own department. In interview for the purposes of this research, Dr. O'Hanlon cited cost as the primary reason for his decision to close the HEB and claimed to be unaware of the prevailing criticism of the HEB and never to have heard of the 'Ballintrillick Review'.⁷⁰ However, on the closure of the HEB, editor of the Review, Doris Manly wrote:

Why did the government axe the HEB? I don't know. Did our criticism play much of a part in the decision? Again, I don't know. I think it reasonable to assume that it may have played some part. But how large a one it's impossible even to speculate. The one safe conclusion, I suppose, is that our criticism didn't do the HEB any good.⁷¹

Notwithstanding all party political support for the introduction of a programme of sex education in schools following the tragic death of Anne Lovett, politicians and senior civil servants judged it to be impolitic to push ahead with sex education in the face of such vociferous, well-presented opposition by interest groups opposed to the HEB's value neutral person-centred approach to lifeskills education. The controversy may have resulted in the closure of the HEB, but it certainly ensured that sex education would not reappear on the political agenda for some time.

Crisis Presents a Window of Opportunity

By 1987, 535 cases of HIV had been reported to the Department of Health and 45 cases of AIDS⁷² with new infections continuing to increase exponentially. The well-funded British government AIDS education campaign that ran throughout much of 1986 and the Irish government's campaign in May 1987, discussed in the previous chapter, served to increase awareness of AIDS among the general population. As awareness of AIDS increased however, so did calls for the introduction of school-based HIV/AIDS education from GHA, AAA and almost all the AIDS activists including the National Task Force on AIDS.

On 25th February 1988, Minister for Health, Dr. Rory O'Hanlon T.D., announced in a Seanad Éireann debate about HIV and AIDS:-

My colleague, Deputy Mary O'Rourke, Minister for Education, and I have agreed that we should concentrate upon the educational system this year. I have just had a further meeting with my colleague the Minister for Education to discuss our plans for providing such a long-term AIDS programme in secondary schools. While that programme is being prepared and to ensure that children leaving school this year have the facts about AIDS, I have asked the directors of community care/medical officers of health to co-operate with local school managements in providing AIDS education to ensure that no child should leave school without being aware of the facts about AIDS.⁷³

A press release issued by the post-primary unit of the Department of Education exactly one month later was sent to all secondary schools in the country requesting their co-operation with local health authorities.⁷⁴ Schools were informed that Directors of Community Care had been instructed by the Minister of Health to make contact with all schools in their areas to ensure that current school leavers had the facts about AIDS, while an AIDS education programme was being prepared. Later that year, the Irish AIDS Initiative conference, a cross-border project between the AIDS Helpline in Northern Ireland and AIDS Action Alliance based in Dublin, called on government to cover the full range of sexual experience and experimentation in the development of the programme, and argued that objections to explicit detail fails to “take account of what happens”⁷⁵ in reality.

Outdoing government for a second time, however, the Catholic Church in May 1989 published “AIDS – A Guide for Teachers and Educators Who Share with Parents the Responsibility of Educating Children and Students about the Disease”. Published by the Education Secretariat in Diocesan House, Drumcondra, the title of the publication was in itself an indicator of an ideological shift in position, acknowledging as it did, that teachers and educators shared with parents a responsibility to educate young people about AIDS. However, the document re-emphasised the role of parents as the primary educators of children, clarifying,

Clearly therefore, where the school becomes involved in sex education programmes with pupils, the role is one of subsidiarity. The role of the school should be that of assisting and completing the work of parents, furnishing children and adolescents with an evaluation of sexuality as value and task of the whole person, created male and female in the image of God.⁷⁶

Explicit reference to the concept of ‘subsidiarity’, meaning to have a subsidiary function, may have been calculated to strike fear into political leaders, since it harked

back to the most infamous Church-State conflict in modern Irish history: that is the mother and child scheme of 1950⁷⁷ in which the Catholic social policy principle of subsidiarity was invoked to defeat a relatively innocuous child health initiative, leading to the destabilisation and ultimate fall of the government of the day. The guidelines contain scientifically accurate information on AIDS but educators urged to ensure that while maintaining accuracy, they should present AIDS in a context that is consistent with Catholic Church teaching on sex and sexuality. They argue that the only real safeguard against AIDS is fidelity to one partner in marriage and self-restraint outside marriage. While examining the issue of condoms, including their use between discordant married couples, where one partner is HIV positive and the other is negative, the document concludes that the use of condoms is wrong even in such circumstances, and advises couples to adopt sexual abstinence:

Correctly used, condoms reduce the risk of infection but they provide nothing like 100% protection...The crucial fact is this: AIDS is a killer disease and there is no cure for it. In such circumstances can there be any "acceptable" level of risk?

What's wrong with using condoms? – Sexual intercourse expresses the total, unconditional self-giving of husband and wife, with openness to the procreation of new life. The use of contraceptives contradicts this truth and is, therefore, morally wrong. In the case of a married couple, one of whom may be infected by the AIDS virus, there is the additional fact that using condoms involves accepting the risk, however reduced, of transmitting a fatal disease to the spouse. This may be the last thing the infected person would wish but the fact is that the precautions are not adequate to prevent infection...Couples faced with such a situation are bound to suffer great anguish. Catholics should find in the Church, and especially from its pastors, the spiritual help and compassionate support they will need to face the immense difficulties involved in coming to terms with their situation.⁷⁸

It is indicative of the shift in 'national mood' that appears to have occurred in the wake of AIDS that Dáil and Seanad motions and debates occurring between 1988 and 1989 demonstrate largely overwhelming support for the introduction for an AIDS education programme in post-primary schools.⁷⁹ Not everyone was in agreement however. Senator Don Lydon, contributing to a Seanad debate on 3rd March 1988, expressed clear hostility towards the "values clarification", person-centred approach adopted by the HEB to lifeskills education:

The first news of the AIDS plague must have been deeply disconcerting to the sex educators and so-called family planners who have worked so hard to tell adolescents, children and adults that no sexual activity of any sort can be morally wrong in itself provided a person however young freely wishes to do it and given that no unwanted pregnancy results.⁸⁰

In interview for this research, former Senator Lydon added "I probably still hold those views. Sex education probably should have a moral input into it, that's all."⁸¹ Notwithstanding objections of the Bishops and groups committed to the preservation of traditional family values, and some objection within their own ranks, there was tacit acceptance across parties that the Departments of Education and Health had a key role to play in doing everything in their power to prevent the spread of HIV; and that marks a clear departure from the kind of equivocation that characterised previous sex education debates. It is significant, that within a year of the closure of the HEB in 1987, key Government departments were no longer inclined to delegate the contentious issue of AIDS education to an outside agency as had been the case in the wake of Anne Lovett's death. This suggests that by 1988 the crisis engendered by AIDS had prompted a shift in the national mood to such an extent, that otherwise conservative politicians were prepared to face down the opposition to AIDS education programmes. On 15th November 1989 it was reported in Dáil Eireann that a pilot AIDS education programme was operating in twelve post-primary schools, and newspapers reported a row between

the Health Promotion Unit at the Department of Health and the Bishops, with the latter claiming that they had not been adequately consulted and did not endorse the programme that had been piloted. Coadjutor Bishop of Meath and Secretary to the Bishops' Conference, Dr. Michael Smith claimed the programme was flawed in that it was not underpinned by moral philosophy, advocated the use of condoms and was "devoid of moral content."⁸² Recalling the reaction of the Bishop's to her resolute and unabashed determination to see the programme in schools, Mary O'Rourke, the Minister for Education with responsibility for delivering the AIDS Education Resource said:

But then there was an education secretariat within the bishopric, you know the Bishops, and they were, I think a bit alarmed and they wondered if it could be done without the word sex in it. I remember that distinctly, I do yes. I said, well it's about sexuality. And I think they were a bit nonplussed. Now they didn't hold up any barriers, I'll come on to other things where there was, not of their making, but of the far right making. But I think they were a bit surprised: I was late forties, married, two little boys at home and kind of the paragon of all that is great and good. Suddenly here I was talking about these matters, as well as talking about educational matters. So I think that sort of frightened off people, you know, or frightened off a certain section of the Catholic hierarchy who would be in constant interaction with the Department of Education, after all 95% of the schools are Catholic, so they would be, as of their right, they would be involved ... with the department.⁸³

It is perhaps significant that some of the Catholic hierarchy were "frightened off"⁸⁴ by what O'Rourke claimed was her representation of "all that is great and good"⁸⁵ What this suggests is the all-male hierarchy was somewhat disarmed that this commitment to a more explicit style of sex education was coming from a middle-aged, well-respected, mainstream Fianna Fáil politician. Some institutional reaction to the Bishops' opposition was supportive most notably the Congress of Catholic School Parents' Association⁸⁶, but the National Parents Council, a representative organisation for parents of children attending primary school, supported the Department of Education, and some members of the general public expressed criticism of Church interference⁸⁷ with one stating:

I am writing to voice my strong objections to the persistent misuse of democratic power by the Catholic Church in Ireland most recently evident in their meddlesome endeavours to sabotage plans for the AIDS education programme for post-primary schools.⁸⁸

The Association of Secondary School teachers in Ireland (ASTI) went so far as to recommend to its members that schools give priority to the State's educational resource material over that issued by the Catholic Bishops in May 1989⁸⁹, while adding that there needed to be more openness and less squeamishness about AIDS. Enthusiastically welcoming the programme as did the Teachers Union of Ireland (TUI)⁹⁰, the ASTI was critical of the fact that the pilot was being operated in secret because of opposition to it and the 'softly softly' approach being taken by the Department of Education in order to avoid confrontation with the Bishops⁹¹. The general secretary of the ASTI, Mr. Kieran Mulvey, reported that having made this statement at the ASTI conference in April 1990, a significant number of calls and letters were received by the association:

We were back to the days of the abortion and divorce referendums and we must get this out of our systems.⁹²

There was overwhelming support for this government initiative across the party political system, the teachers unions and among the general public and, unlike efforts in the wake of Anne Lovett's death which came to nought, reaction to the pilot programme was largely positive and it was extended nationally without substantial change.⁹³ The AIDS Education Resource was rolled out in schools throughout the country on 2nd October 1990. The Resource retained the controversial elements including those references to anal sex, oral sex, condom use and masturbation; however, in deference to the Bishops, the section on condoms was revised to include a statement that condoms are not always reliable, and a recommendation that the moral issues surrounding AIDS

should be “dealt with in accordance with the school ethos and the wishes of parents”.⁹⁴

Bishops who had strongly criticised the programme at drafting and pilot stage were largely forced to accept the final product as it was disseminated to post-primary schools.

The Minister for Education was committed to school based sex education and had convinced her party in opposition, to support the introduction of sex education in schools in the wake of Anne Lovett’s death as discussed above. O’Rourke fully supported the development of an AIDS education programme for post-primary schools and was convinced that she had the backing of the general public at constituency level and more widely. Not a woman to be gainsaid and disinclined to engage in open controversy with the Bishops, she made her position clear from the outset: “they [the Bishops] have their bailiwick and I have mine.”⁹⁵ While listening to the Bishops’ views and those of other Catholic authorities, she fundamentally supported the public health view, and in that regard the AIDS Education Resource represents the first major triumph of public health over Catholic morality in education. Described by one senior civil servant as “strong minded” with an attitude which suggested that “Mary has decided so, what are we having a meeting for?”⁹⁶ her determination was undoubtedly a key factor in ensuring that the AIDS Education Resource made its way into schools at all. The crisis engendered by AIDS was also pivotal to her success as she reveals below in recalling the various conservative right-wing pressure groups and her own management of the issue at the time:

...they came up to lobby me that I shouldn’t be doing this and I shouldn’t be doing that and all that. It was amazing, they had a great hold: they had a great foothold at that time. You see it wasn’t long after the various referendas on the right to information and the right to abortion and all that...and I said of course, the parents are the first educators, according to our Constitution. So I would be all for parents being the ones to convey all that information. But in many, many, many cases, parents didn’t do it. Now whether it was from a sense of

decorum, or they didn't feel it was their role, or that they just were shy, or whatever, but many, many parents didn't do it... I don't like to be always down on right-wing Catholics, but certainly they were wrong on these issues, certainly wrong because if they weren't going to convey the news to their children, the State had a duty to do it. Particularly in the teeth and the face of this enormous plague that was going to come on all of us. Of course they had a duty.⁹⁷

O'Rourke's tendency to 'lead from the front'⁹⁸ on controversial issues has already been explored in Chapter 7 in relation to the development of the National AIDS Strategy. It is politically significant however that her determination to face down opposition was greatly assisted both by the all-party support for AIDS education and the changing tide of public opinion. In addition to the ESRI study referred to earlier, an Irish Times poll published in May 1989 showed that the majority of parents were in favour of AIDS education in post-primary schools⁹⁹. But as Kingdon has shown, shifts in the 'national mood' are not solely to be judged by polls or research evidence but by elected representatives who judge their constituents' mood.¹⁰⁰ In the case of AIDS education, all-party support for the introduction of a programme by 1988, coupled with isolated and rather muted opposition even among conservative politicians, served as a strong indicator of growing social acceptance for the initiative. Equally important is the role of career civil servants who through dialogue with various politicians and other key stakeholders, whom they assume have their fingers on the pulse, helps to inform the view at key decision making levels, that a change in public opinion may be discerned¹⁰¹. Kingdon also cites the role of the media, which during this period, it will be remembered, is dominated by the liberal agenda of Fr. Paul Lavelle and the National Task Force on AIDS. "People in and around government believe quite firmly that something like a national mood has important policy consequences."¹⁰² - O'Rourke's promotion of the AIDS resource programme, notwithstanding opposition from the

Bishop's and ultra-conservative lay groups, suggests government confidence in the support of the general public for this initiative.

Operationalisation of the AIDS resource in post-primary schools was advised by the Department of Education which offered in-service training to appropriate teachers, but it was not a mandatory component of the school curriculum. Consequently, delivery of the programme was "very piecemeal and very hit and miss"¹⁰³ while the level of detail provided by teachers or indeed whether or not the programme was delivered at all in individual school settings:

...was determined by people's beliefs and values. I remember being at a school seminar, I was talking about the programme (AIDS Education Resource), and then the religious education teacher spoke – oh no it was a parent evening, sorry, now I have got it right and then she talked about the body being the temple of the holy spirit and so definitely there was going to be nothing about contraception talked about in that school.¹⁰⁴

A Parliamentary Question put to then Minister of Health, Rory O'Hanlon on 5th November 1991 raised the fact that "AIDS Awareness Education Programme in schools was not evenly run and that some schools made every effort to fulfil their role in advising pupils while other schools were not as interested."¹⁰⁵ but in his response Dr. O'Hanlon failed to address the issue of coverage. Unfortunately, a review of the initiative, conducted in 1992 was requested but could not be located by the Department of Education.

The AIDS Education Resource that was issued to FÁS vocational training centres and post-primary schools nationally in October 1990 was groundbreaking. While crisis pregnancy had been the catalyst for policy dialogue with regard to school based sex education, HIV and AIDS provided the ideal set of circumstances required to make education about sexual matters necessary:

Because people are scared of AIDS – AIDS was equivalent to death in people’s minds and so it was that link...A far bigger number of people were concerned about HIV than would be about crisis pregnancy or abortion. Abortion wasn’t going to be talked about at all!...If that had come out earlier, that early package about HIV, if that had been to do with sexuality, it would not have got in at that stage in the same way.¹⁰⁶

It was also argued that AIDS helped “...legitimise the conversation around the use of condoms and all that kind of stuff, prevention of STIs or safer sex...”¹⁰⁷ with one clinician suggesting at the time that “we are getting sex education by stealth. It may not be ideal but AIDS has helped this along, it has opened things up and that’s a good thing.”¹⁰⁸ HIV and AIDS served to hasten changes in the national mood and provided an opportunity for the liberal agenda to garner support with the general public. The Minister herself was critical to the success of the programme and was prepared to face-down intense opposition: “...right up to the end you had groups out there who were totally opposed to it and Mary O’Rourke who decided these materials are definitely going [ahead in schools]”¹⁰⁹. It would take another seven years for Relationships and Sexuality Education (RSE) to become a mandatory component of the educational curriculum in Ireland but there can be little doubt that the AIDS Education Resource “...did initiate that climate in a way that made it possible later for the RSE [Relationships and Sexuality Education] programme – it probably was the forerunner of a lot of that. It brought it in to a much wider group than it otherwise would have.”¹¹⁰

Conclusion

It must be concluded therefore that HIV/AIDS acted as the catalyst for the introduction of sex education in schools. In the words of one senior civil servant “you can’t discuss AIDS without sex”¹¹¹ and in that regard it became the gateway to sex education in Irish post-primary schools. It is extraordinary that Ireland went from a position where sex

education was not sanctioned by the Department of Education to one in which discussion of anal sex, oral sex and masturbation were actively encouraged – only fear of AIDS could have realized such a transformational outcome!

Ultimately, the decision to face down the Bishops and right wing lay Catholic groups appears to have been taken by one female minister and O'Rourke appears to have read the national mood accurately. The HEB, for all its efforts to use research evidence and to avoid simplistic models of education, had walked itself into controversy and criticism from the traditionalists, and seemed unprepared for conflict of this kind. The conservative approach to lifeskills education was largely apolitical but directive, while liberal health educators aimed to facilitate the emergence of autonomous decision makers rather than to direct their charges towards the making of lifestyle choices. The ensuing conflict was sufficient to suppress attempts to introduce school based sex education even in the wake of a tragedy that was a young girl's death. AIDS however was a global health crisis and towards the end of the 1980s, "Public opinion was moving"¹¹² and one female Minister who was not afraid to "lead from the front"¹¹³ in the face of intense opposition from conservative groups and the Catholic Bishops was pivotal to the success of the programme. Dr. James Walsh, deputy Chief Medical Officer and National AIDS Co-ordinator at the time claimed in interview that politicians always remain a cautious step behind the general public with regard to contentious issues, but with sex education, he claimed that the public were considerably ahead of politicians in their support for school based sex education:

I think they [politicians] try to read the public mind and they never quite do it. And they want to be careful and they think things are getting a bit radical, they hold back and in a sense they are happy to do that, because it's safer to do that than go out on a limb. To go out on a limb and it goes wrong, but if the whole thing is obviously moving in that direction...but there's no

doubt about it but the public were ahead of the politicians on this one.¹¹⁴

Part 2: Transforming Sexual Health Treatment Services

The previous section demonstrated the extent to which AIDS was the vehicle through which sex education was widely introduced into the post-primary school system in Ireland and was the forerunner to the mandatory Relationships and Sexuality Education programme in 1997. This section will commence with an examination of the substandard conditions under which clinicians, somewhat furtively, operated a sexual health treatment service that had barely evolved since independence. Chapter 2 documented the *Report of the Interdepartmental Committee of Enquiry regarding Venereal Disease*, which in 1926 emphasised the extent to which venereal disease was found to be widespread in the civilian population, a reality then unpalatable to those governing the new Free State¹¹⁵ “being a sure sign of social breakdown”¹¹⁶ as Howell has argued. In June 1930 Ireland had acceded to an international agreement on the treatment of merchant seamen but, as O’Riordan has claimed, it was an action “which undoubtedly owed more to the campaign for a seat on the League of Nations Council than to the Department of Local Government and Public Health’s zeal in combating venereal disease”¹¹⁷. Later, one Dublin based clinician would raise the fact by the 1980s virtually none of the provisions of that agreement were operational due to a paucity of resources and expertise. This section will focus on the effect of that neglect of sexual health treatment services as it coincided with the emergence of AIDS. It will further consider the limited impact of medical experts and research evidence in influencing the policy process in this regard. The section will demonstrate that while there was an intention to appoint a consultant in genito-urinary medicine from 1984, the appointment did not in fact occur until the threat of AIDS had gathered momentum and

the 'national mood' had begun to shift. Importantly, the role that Dr. Fiona Mulcahy played as Ireland's first genito-urinary physician will be considered in the context of the service she developed at St. James's Hospital. The practice-to-policy approach she pursued with the emerging AIDS policy community promoted wider acceptance of liberal, non-punitive principles at decision making levels. Like other policy entrepreneurs described herein, she used the media to raise awareness of the paucity of resources and critically aligned herself with the National Task Force on AIDS, which as discussed in Chapter 6, successfully generated support and reduced opposition to liberal proposals¹¹⁸.

Finally, this section examining the impact of AIDS on sexual health treatment services will consider the establishment of services addressing gay men's sexual health, and the health needs of women in prostitution, in light of a previous reluctance within Irish political culture to address sensitive or potentially controversial issues unambiguously.¹¹⁹ The section will conclude with consideration of whether or not AIDS impacted on the transformation of sexual health treatment services in Ireland.

Sexual Health Treatment Services and 'Expert' Influence

A survey conducted in 1978¹²⁰ to establish the number of Sexually Transmitted Infections (STIs) seen by general practitioners throughout Ireland showed a significant incidence of infection. The study found that syphilis was under-reported by a factor of four, gonorrhoea by a factor of ten, and non-specific venereal disease by a factor of up to fifty. The Sunday Press reported in August 1981 that "Herpes: The sexually transmitted disease that doesn't exist here officially." is virtually unheard of outside of Dublin, Cork and Waterford, noting however that 150 cases had been reported at venereal disease clinics every year from 1978. The report highlights that gonorrhoea,

syphilis and chancroid were the only sexually transmitted diseases registered under Irish law with a “half-a-crown” paid for notification of these diseases to the Department of Health, prompting one former clinician to comment that “no doctor would bother to notify because what she got paid for notifying was less than the postage stamp.”¹²¹ Underreporting of sexually acquired infections led to the erroneous belief that Ireland was largely free of STIs, a reality defended by one venereologist on the basis that the Irish are “...a socially homogenous people. We tend to go in for one-to-one relationships and with family ties traditionally tight it is not easy to stray too far into promiscuity.”¹²² The same clinician added that “...the outlawed homosexual tends to be less stable and sexual partners change more frequently...” resulting in a higher level of STIs among this group.

Dissatisfaction with Ireland’s response to sexually acquired infection was expressed by “eminent foreign specialists” who were critical of the way Ireland “virtually ignores the problem of VD and sweeps it under the carpet”¹²³. Such criticism was against a backdrop in which the WHO and the English Department of Health and Social Security believed that Ireland had clinics situated in the cities of Dublin and Cork, but also in all seaports in Dublin, Louth, Waterford and Wexford as per the requirements of the international agreement to treat merchant seamen which Ireland signed in 1930¹²⁴. As outlined in Chapter 2, Dr. Steevens’ hospital operated venereal disease schemes in Dublin county borough and counties Kildare and Wicklow, while Sir Patrick Dun’s hospital served county Dublin¹²⁵. Between 1926 and 1951 venereal disease schemes had been established throughout the country with the exception of counties Donegal, Kilkenny, Mayo, Meath, Sligo, the North Riding of Tipperary and Waterford¹²⁶ but as Riordan observed:

The single file which contains the Department's general correspondence on venereal disease between 1930 and 1953 bears witness to its zeal in avoiding unnecessary expenditure but otherwise suggests a lack of enthusiasm and even of expertise.¹²⁷

By the early 1980's there was no infectious disease expertise in those areas consequently, "...the cases are usually left to a junior house officer or turned away."¹²⁸ According to Dr. James Walsh, deputy Chief Medical Officer, referred to in Chapters 5, 6, and 7, while VD schemes were apparently available on paper, there was no such countrywide service available in practice: the prevailing view, he added, was that such services "were an unnecessary expense because these conditions [STIs] are of no consequence in our country."¹²⁹ Schemes were required to provide STI services with appropriately trained staff and technical equipment, but Dr. Derek Freedman, general practitioner and specialist in sexually transmitted infections working in Sir Patrick Dun's and Dr. Steeven's Hospitals from the late-1970s commented in 1984, "There is no clinic in Ireland that would meet those criteria."¹³⁰

While accounts differ, it can generally be ascertained that at the outbreak of HIV and AIDS in Ireland, three Dublin hospitals - Dr. Steeven's Hospital, the Mater Hospital, and Sir Patrick Dun's Hospital - and the Victoria Hospital in Cork, operated clinics that were segregated along gender lines, opened to the general public on a part-time afternoon or evening basis, and were staffed by part-time sessional doctors. Dublin City Venereologist, Dr. Walter Verling, worked in a part-time capacity and, while some clinics had a part-time technician available, none had secretarial support: "At times, the pressures of numbers attending does not allow for more than a perfunctory examination."¹³¹ Consequently, at the outbreak of AIDS sexual health treatment services had no dedicated full-time personnel assigned to it in Ireland. The complete absence of contact tracing was however of greatest concern to practising physicians in terms of infection control:

There is no contact tracing service available and this essential part of the treatment is left to the patient on an informal “ad hoc” basis, which is hardly efficacious in limiting the spread of infection in the community.¹³²

Implying comparability with developing countries, one Irish delegate attending an international conference on sexually transmitted infection commented that “One feels such a great sense of kinship...with countries like Sudan.”¹³³ while another contemporary chronicler penned a rather grim account of treatment services:

In this area as in so many similar areas, the resources which Godless Britain devotes to trying to deal humanely with the problem is a source of envy to doctors working in the field over here...I visited a ‘special clinic’ (as we euphemistically label them) in a Dublin Hospital...The doctor works in a bare, shabby room, talking to patients about the most intimate details of their private lives, while other people walk in and out. There are no laboratory facilities on the site...there is no nurse in attendance. The dedicated social worker is only able to spend between two and four hours a week on this work. The filing system is one drawer of an old desk crammed full with patients’ files. There is not even a clean sheet on the couch on which up to a dozen women patients are examined.¹³⁴

The risks to public health posed by neglect of the service became apparent in a study undertaken in Sir Patrick Dun’s in 1983¹³⁵: of 116 specimens proven positive for gonorrhoea by laboratory investigation, nine received no treatment while seven patient charts went missing; no tests of cure were conducted in forty-four cases and there were no repeat appointments made. Fifty eight cases were lost to follow-up and eleven of those had been diagnosed with infectious gonorrhoea and a further two with both gonorrhoea and syphilis.¹³⁶

Throughout the first half of the 1980s, specialist accounts¹³⁷ and contemporary newspaper reports¹³⁸ highlighted the ever increasing incidence of STIs presenting in the Dublin and Cork-based clinics. “Our particular problem” wrote Dr. Derek Freedman in 1984 “is our failure to realise that we have a problem at all.”¹³⁹ This perception tended

to be reinforced even by those with greatest responsibility in this regard: At the 31st Congress of the International Union Against Venereal Disease which met in Dublin in June 1982, Dublin City venereologist, Dr. Walter Verling, argued that the increased prevalence of STIs in Britain and Scandinavia might be attributed to the introduction of school-based sex education in these countries, while Ireland's low prevalence resulted from the absence of sex education in schools¹⁴⁰. His claim failed to win acceptance from colleague Dr. Derek Freedman and Dr. Tom Horner of Belfast City Hospital who suggested that the Republic's low level of syphilis was directly related to under-reporting, adding that cases of syphilis seen in Belfast hospitals had largely been contracted in Dublin¹⁴¹. Mary Holland of the Sunday Tribune believed that the decision to hold such a conference in Dublin was an embarrassment to the government:

In the ordinary way, a gathering of such medical luminaries would have been regarded as an honour and a reception would have been given for those attending it by the government. On this occasion, no reception was arranged....The Minister of Health did visit the conference, in a discreet and unpublicised way. Under plain cover you might say...Only two regional health boards supported it and there was a noticeable lack of interest from medical specialists working in associated fields. Not a single obstetrician...turned up.¹⁴²

Such disinterest by government and health sector personnel is indication of the low level of priority afforded the issue on the political agenda. Section 17 of the Censorship Act, 1929 had rendered it an offence not only to advertise contraception but also to advertise material that may "...relate or refer to any disease affecting the generative organs of either sex, or to any complaint or infirmity arising from or relating to sexual intercourse."¹⁴³ Interestingly, section 17 has never been repealed, but was simply amended by section 12 of the Health (Family Planning) Act 1979, and the amended version, which removes a reference to the prevention of conception, remains in force¹⁴⁴. Dr. Freedman made the point at the time that even if it were legal to promote sexual

health screening "...one hesitates to recommend a public health education programme when one cannot deal effectively with the case load that such a programme would generate."¹⁴⁵

Sexually acquired infections were not well regarded by the medical profession and consequently, training centres in Ireland paid scant regard to STIs; as Dr. Freedman recalled:

In relation to medical education, we were given extensive information about the pathology of syphilis, and we had some clinical information but again it was almost as a kind of ... how shall I describe it, you know, as a kind of out-of-the ordinary, unusual, almost caricature cases...In relation to other conditions...gonorrhea was mentioned, but there was utterly no mention of warts, herpes, pubic lice.... nothing. Pubic lice were a kind of a joke, you know – how far did they jump? There was no formal training. You were never brought down to the STD clinic...and we were never even told that such clinics existed... they were called 'special clinics'.¹⁴⁶

Freedman and Keane's efforts to convince policy makers of the need to address sexual health, using their 1978 study which demonstrated considerable under-reporting of STIs had limited success¹⁴⁷. However, combined with increased media reporting of the issue, Dr. Walsh's internal pressure for the appointment of a genitor-urinary consultant and international pressure, fact finding was underway by 1984. In yet another example of the "well known tendency to duck hot issues"¹⁴⁸ explored above and with regard to the production of the first AIDS leaflet in Chapter 5, the Department of Health was disinclined to become directly involved and so passed responsibility to an external agency, the hapless HEB. In March 1984, a survey carried out on behalf of the HEB, with the overall objective of measuring public awareness of sexually transmitted infections, found that 27% of those surveyed said they were 'sufficiently well-informed' about STIs while 67% believed that they should be better informed¹⁴⁹. One in five Irish people could not name a single sexually transmitted infection. Recognising

this dearth of knowledge, 92% of the population acknowledged the need for a ‘special education programme’ and only 8% opposed such a programme, with farmers the only group among whom there was significant opposition¹⁵⁰. Equally, there was widespread support for the display of public notices relating to the treatment of STIs in health board clinics, doctors surgeries and hospital outpatient departments, with universities and colleges proving the next most likely or “acceptable locations”¹⁵¹. However, up to one third of those surveyed said they would object to such notices, with the majority of opposition concentrated among older members of the population residing in rural areas¹⁵².

While focused on the experiences of gay and bisexual men, a similar study conducted by GHA in association with the Dublin Gay Men’s Collective in late 1985 confirmed criticism with regard to the inadequacy of sexual health services in the state. Of the eighty questionnaires returned, fifty-two had attended a sexual health clinic: 42% attended Sir Patrick Duns, 27% attended the Mater Hospital, 17% had attended Dr. Steeven’s and 12% attended other clinics¹⁵³. The majority reported finding an assumption of heterosexism with Dr. Steeven’s Hospital proving the least popular among gay men. Survey respondents reported experiencing discriminatory comments from clinic staff with regard to their sexuality, which included suggestions that homosexuality is “not normal”; “It is just a phase”; “Try women”; “Beware of AIDS”; “Gays have more sex and STDs”; “All gays have AIDS”; or advice which suggested they should “stop having sex” altogether¹⁵⁴. Fifty one per cent were not asked for a urine sample, 86% were not informed that STIs are largely asymptomatic and a quarter of those surveyed were treated without serology testing¹⁵⁵. GHA also reported that clinics were operating in cramped conditions with significant staff shortages limiting the ability of the service to respond to the growing incidence of disease reported at the

time. These findings were submitted to the Department of Health with a request to implement stated plans for expansion of STD services in the state. GHA concluded: "Despite the upsurge in the incidence of STDs there has been no major improvement in the services being provided since the 1950's while calling for "...radical upgrading of the STD services involving greater commitment of financial and personnel resources to ensure that the clinics are in a position to provide proper diagnostic and treatment services."¹⁵⁶

The announcement by the Department of Health of its decision to open a specialist clinic in St. James's Hospital, Dublin, with a full-time specialist and contact-tracer appointed, was made initially in April 1984. Notwithstanding the appointment of full-time personnel, the plans did not amount in any real sense to a significant increase in service provision as it was intended that Sir Patrick Dun's and Dr. Steeven's Hospital would be transferred to the out-patients facility at St. James's Hospital. Dr. Brendan O'Donnell, the Dublin Medical Officer, told the Eastern Health Board that the transfer of the two clinics to St. James's with full-time staff appointments "...would, he was sure, take place this year."¹⁵⁷ but in fact it took another two years to merge the clinics and three years to appoint a full-time specialist and contact tracer. It would be naive to suggest that AIDS had, at this stage, any influence on the Department of Health's decision to improve STI service provision in Dublin as few cases of AIDS were reported in 1984. The combined efforts of Dr. Freedman, Professor Conor Keane and Dr. Walsh in highlighting the woefully inadequate level of service provision, coupled with evidence pointing to the problems of under-reporting; the increasing pool of infection; the findings of the HEB survey and international criticism and pressure are more likely to have convinced Department of Health personnel of the need to address the issue. Professor Fiona Mulcahy, GUIDE Clinic, St. James's Hospital, also points to

pressure coming from physicians in the United Kingdom who experienced difficulty tracing sexual contacts in the Republic due to the absence of a joined-up consultant-led service¹⁵⁸. Of equal embarrassment to the Department, Dr. Walsh recalls on occasion being required by the WHO to investigate complaints from sailors on ships docking in Ireland's ports who had acquired infections but found no access to treatment services as was required by the international agreement Ireland had signed in 1930¹⁵⁹. Walsh had been in favour of appointing a full-time specialist of genito-urinary medicine, "...one of the things I pressed for and eventually got was the appointment of a consultant to STDs"¹⁶⁰. It is striking, however, that notwithstanding the evidence base and weight of expert pressure and opinion, internal and external to the system, that the issue did not make it on to the political agenda until 1984 and even then, commitments were not implemented for a further three years. This points to the findings of policy analysis in relation to evidence informed policy: "evidence has to compete with values in the political game...the dominant view held by politicians is that evidence alone is insufficient when decisions are being made...More importantly, since the role of politicians is to link the wider public, values and sentiments are crucial..."¹⁶¹ Consequently, evidence and expert opinion in contested policy domains like sexual health are secondary to the values underpinning the wider society in political agenda setting. In this case, the research evidence and the views of experts were not sufficient to convince the Department of Health that public opinion would support the development of STI treatment services at that point in the 1980s. Given the acrimonious debate that characterised the Health (Family Planning Amendment) Act, 1985, it may be argued that Irish politicians were accurately reading the 'national mood' in this regard, while implementing a more liberal agenda on a careful incremental basis.

Ireland's First Genito-urinary Consultant

The advent of a test for HIV in 1985 greatly increased the workload in the clinics, but it took almost another three years before Fiona Mulcahy was appointed Ireland's first fulltime consultant in genito-urinary medicine at St. James's Hospital in January 1987. Initially, she recalled the old order prevailed with male and female clinics remaining separated. There was overcrowding and patients queuing in corridors for clinics running until 9pm and sometimes 10pm in the evening. However, there were multiple examination rooms, good microscopy and adjacent laboratory services, which had not been available up to that.¹⁶² Patients with HIV or AIDS finally had a dedicated physician available, and Professor Mulcahy recalls that in her first month approximately one hundred HIV positive patients attended the clinic, a number that would increase exponentially as awareness of HIV and testing grew.¹⁶³ Having occupied a junior consultancy in genito-urinary medicine in Leeds, Fiona Mulcahy brought much needed experience of a consultant-led service to her role and would prove to become one of the most important people in the transformation of sexual health services in Ireland. The crisis that HIV engendered and Ireland's growing incidence of STIs, coupled with the hitherto underdeveloped nature of STI services in a hospital that was not bound by any religious ethos, afforded Dr. Mulcahy a significant degree of autonomy with which to develop the service. She recalls:

...when I came back, it was dark ages in that we were located in one room, with no facilities. I had a half an SHO which I shared with somebody else. So that was the only junior doctor and myself. There were two nurses employed at the time, both part-time who had no previous experience and there were three general practitioners or sessional doctors who had been previously running clinics. Dr. Freedman had been there before who was very experienced at the time and then which was great but he wasn't there that often and then there were another few GPs who also did sessions. So that was it. So we opened a clinic and we were given access to a single room in the out-

patients in Hospital 7 in those days and where we used to keep all our documents slides and microbiology. When the general medical out-patients closed at night, we moved into the other empty clinic rooms. So we moved our trolleys down the corridor and started at 5.00 o'clock, after the other clinics finished. We had one afternoon a week when we ran a HIV clinic because we needed to see HIV patients within the normal working day because they needed x-rays, they needed blood, gas - all acute medical services that any general medical patients had, so that had to be during the day and then any patients that were admitted, were managed by this half time SHO.¹⁶⁴

The old system of recording and calling patients by number was operated initially, "...but I sort of said nothing for a while but absolutely that went as soon as possible. You know, that was just, that was just feeding into a stigma that was already there."¹⁶⁵ She also abolished the 'doctor' title encouraging patients to call clinicians by their first name. St. James's Hospital is not a run by a religious order and so its ethos was not defined by Catholic morality. It was pioneering in its response to HIV, largely because it employed "...a younger group of consultants"¹⁶⁶. In other hospitals throughout the state policies dictated the need to put plates of food under the doors of HIV positive patients; staff wore double gowns; double gloves, and double masks in fear of AIDS but in St. James's "...that was never the situation; I was really lucky, like, of all the hospitals to end up in this was the best."¹⁶⁷ Because of that ethos and Mulcahy's influence, men-who-have-sex-with-men (MSM) were more likely to attend St James's as it had a reputation of being the most non-judgmental hospital¹⁶⁸ She recalled that in interview for the post in 1986, being asked if she had any problem dealing with male homosexual patients, a question which she claimed, took her by surprise having worked in an advanced genito-urinary service in Leeds where no such prejudices existed¹⁶⁹. She concluded, in retrospect, that if it hadn't been for HIV and AIDS, attitudes to homosexuality might not have changed nor the law reformed for another ten years.¹⁷⁰ Mulcahy herself was pivotal to the emergence of a non-judgemental approach that

characterised St. James's in the treatment response to HIV and other STIs. Fortright and resolute, she viewed sexual health as equal to any other area of health care¹⁷¹ and she chose not to feed the stigma and taboo that surrounded sex and sexuality in Irish life.

In February 1989, Magill Magazine published 'Diary of a Dying Man', which captured the experiences of a 32 year old gay middle class man diagnosed with full-blown AIDS in June 1988. Of the conditions in St. James's and of Mulcahy in particular he wrote:

It was a dingy pre-fab [Dr. Fiona Mulcahy's office]. No names on the doors in the corridor...A bare room. A few books on the shelves. Photocopies of an article on AIDS on the desk..."What is the position with regard to sex with Thomas?", she asked..."Anal intercourse is out as is coming in his mouth". The SHO is visibly taken back by her directness. To me it is so clinical. At that moment one wonders how such actions can have any sexual attractiveness.¹⁷²

When St. James's took over the treatment of STIs from Sir Patrick Dun's Hospital in 1986 there were 3,000 patient attendances per year, which had increased to in excess of 10,000 attendances by 1989 with a further 300 HIV/AIDS patients¹⁷³. The heavy clinical workload generated by HIV, however, coupled with the increasing pressure of attendances to STI services, placed unprecedented strain on the unit; but when obstetrics services closed in 1988, the genito-urinary clinic moved to its own dedicated building in Hospital 5. Mulcahy was as forthright in her criticism of the Department of Health's failure to adequately fund the unit as she was in her approach to modernising the approach to treating STIs. When AZT, azidothymidine, the first drug used to delay development of AIDS in patients infected with HIV, emerged in the late-1980s, she highlighted that T4 level testing, required to determine a patient's suitability for an AZT regimen, could not be extended to all HIV positive people due to the high cost¹⁷⁴. She

drew attention to the fact that government prevention campaigns had not changed sexual behaviour¹⁷⁵ and frequently joined civil society criticism of the service: “I would agree that the staffing and funding are absolutely horrific and working conditions are not the best at all.”¹⁷⁶ “She was very good, no doubt about that...”¹⁷⁷ recalled one senior official in the Department of Health, if bemoaning her sometimes outspoken criticisms of the Department in public settings. Working as a social worker attached to the genito-urinary and infectious diseases clinic from 1986, Maeve Foreman was of the view that Mulcahy revolutionised the service:

...Fiona when she started the clinic in 1987, she was horrified [that] the clinic was held at night, separate male and female clinics at the back of the hospital and she thought genito-urinary medicine was an area of health like any other and she wanted daytime clinics...mixed, male and female and not this kind of cloak and dagger stuff. She would have stopped that.¹⁷⁸

Equally, she and the team linked HIV and sexual health very early on, so anyone attending for a HIV test was offered and encouraged to have a full STI screening and visa versa, while auxiliary staff also prioritised the safer sex message:

...all...who attended the clinic were seen and were given safer sex advice and their partners, where they were willing to be seen, were given safer sex advice and condoms were given out freely in the clinic...¹⁷⁹

To a contemporary understanding, this would appear standard practice in an STI treatment unit, but in 1980's Ireland, it was not. Desmond's Health Family Planning (Amendment) Act, 1985 had made contraception available to anybody over the age of eighteen, as explored in Chapter 7, but in reality, condoms were not fully deregulated and still relatively difficult to come by with only a limited number of pharmacies willing to stock them. The Mater Hospital, a Catholic-run hospital, declared in 1994 following full deregulation of condoms under the 1993 Act discussed in Chapter 7, that it would neither issue condoms nor distribute leaflets and posters developed by the Health

Promotion Unit at the Department of Health because they advocated condom use. Defending the hospital's decision, the consultant responsible for the unit, Dr. Gerard Sheehan, is quoted in the Irish Times as saying that "...the decision not to display the information in the ward was of largely symbolic importance in light of the hospital's strong Catholic ethos."¹⁸⁰ However, not all patients attending St. James's welcomed the liberal approach of the team there, as Maeve Foreman recalled:

...I can remember in those early days like, meeting with those young haemophiliac men and putting sexual practice on the table for discussion and some of them were horrified and they'd no intention of having sex before they got married and now that they were positive were thinking, perhaps they wouldn't get married. So it was almost like we were occasionally out of sync with the client group because not all of them believed in sex outside marriage and we were trying to fling condoms at them. So it was, we were too liberal for some of them... But we had them [condoms] in our drawers and we had dildos in our drawers so we could show people how to use them and all of that.¹⁸¹

Mulcahy was a key member of the National (Bishop's) Task Force on AIDS discussed in Chapter 6 and subsequently, the National AIDS Strategy Committee. The dangers of attributing too much credit to one individual in shaping the course of historical events have already been covered in Chapter 6 and the same must be said Mulcahy. The foundations had been laid, as identified above, for an improved service before Dr. Mulcahy was appointed: she enjoyed relative autonomy in a non-Catholic teaching hospital and staff who were supportive of her liberal approach to sexual health. While it may be true to say that the St. James's unit was pioneering and consequently "collectively entrepreneurial"¹⁸², it must also be argued that Mulcahy herself was effective in persuading others of the necessity of proposed action by establishing a favourable image of beneficiaries and better defining and documenting the potential benefits¹⁸³. She used the National Task Force on AIDS and the media to pursue aims

and objectives, and her consultant's 'expert' position worked to reduce any opposition she might otherwise have encountered in promotion of the St. James's unit.

Public Health in the Ascendency: The Development of Services for at-risk Populations

The Dublin-based HIV and AIDS population was substantial by the early 1990s with a broadly liberal public health approach acquiring the ascendency, albeit surreptitiously. The AIDS Resource Centre had been established in Baggot Street hospital in 1989 offering needle exchange, methadone maintenance and an outreach service. In circa 1991, public health specialist and contemporaneous AIDS/Drugs Co-ordinator, Professor Joe Barry proposed to the Eastern Health Board the expansion of outreach work to include non-IVDU (intra-venous drug use) prevention services. It was recommended that one outreach worker would be appointed to work fulltime with the gay community in "bars, discos, gyms and other locations including public parks and toilets" to provide information that was "non-judgemental and sensitively delivered in such a way as to make it accessible to the clients."¹⁸⁴ Barry proposed that the outreach worker would operate referral for HIV testing and STI screening with follow up advice "on safer sexual practices given as well as free condoms"¹⁸⁵ In his 1992 report to Mr. Kieran Hickey, Chief Executive Officer of the Eastern Health Board, Barry reported that an outreach worker was "given a specific brief to work with this group [gay men] and a specific clinical service was commenced in October 1992."¹⁸⁶ in Baggot Street hospital almost a year in advance of the decriminalisation of homosexual acts. The outreach worker appointed to the service was Mick Quinlan, co-founder of GHA quoted in Chapter 5. In the same report, Dr. Barry explains that the AIDS Resource Centre had been approached in 1991 and asked if a preventive service might be provided for women in prostitution – "This was agreed to and a service commenced in 1992. To

date there have been 50 attenders with an average of 6.5 attendances per woman. A total of 37 of the women have been HIV tested and 14 have availed of needle exchange.”¹⁸⁷ In the earlier report to the Board, Barry had also raised the need to extend the women’s service to men working in prostitution including “HIV testing/counselling, hepatitis B screening and basic S.T.D screening. Needles and condoms should be provided if appropriate.”¹⁸⁸ In interview, Joe Barry recalled that:

...the overwhelming majority of the Health Board members said, well do what has to be done, a couple of Health Board members for moral or whatever reason, didn’t really agree with giving condoms and stuff like that, but the majority view was yes, this needs to be... this is what we need to do, we need to get on with it.¹⁸⁹

Chief Executive Officer of the Eastern Health Board lent his full support, “...do what needs to be done from a public health point of view.”¹⁹⁰ In follow-up discussion, Barry recalled but a few dissenting members on the Eastern Health Board at the time, one of whom was Bernadette Bonar, representing Irish pharmacists. Bonar has previously appeared in Chapters 5, 7 and 8 in her capacity as founding member of Family Solidarity, the ultra-conservative Catholic lay group formed in the wake of the first abortion referendum in 1983 to preserve traditional family values. It is notable that by the early nineteen nineties, her opposition to the introduction of sexual health services for gay men and women in prostitution was a minority viewpoint among health board members – an indication of the extent to which liberal public health views had acquired the ascendancy. When it is considered that groups like Family Solidarity effectively suppressed the HEB’s attempts to introduce school-based sex education as described in chapter 8 but six years previously, the Baggot Street services for gay men and women in prostitution must be viewed as a transformation that only AIDS could have realised in such a short space of time. The service was, however, covertly initiated without any transparency or public debate. The low-key approach to the development of sexual

health services for gay men and the service for women in prostitution meant that the health boards avoided public controversy. The policy shift involved in the introduction of harm reduction services for injecting drug users was also marked by ambiguity and this, as Butler has observed, “undoubtedly contributed to the fact that no sustained and coherent campaign for a return to ‘abstinence only’ policies emerged”¹⁹¹. It might equally be argued with regard to the development of these two services, that opposition and dispute were avoided by the surreptitious manner in which these services developed. That the ‘national mood’ had shifted in favour of greater liberalism by end of the decade, as has been indicated above and established elsewhere in this thesis, is not in doubt. However, it does not follow that the discernible changes in public opinion extended to widespread support for gay men’s health or for women working in prostitution. It was not long however before local traders began complaining to the Health Board about petty crime and perceived intimidation “by users of our service” and in a letter dated 31st March 1993 to Kieran Hickey, Barry highlighted that:

there is a great deal of anger amongst traders in both locations [Baggot Street and Amiens Street] directed against the Health Board...The main reason that neither group has gone public to date is that that would only further jeopardise their business interests but this approach will not pertain indefinitely.¹⁹²

One of the clear disadvantages of covert policy making in this instance is that newspaper reports, when they did appear some years later, were negatively constructed¹⁹³, precluding the Health Board from presenting the service to the general public in a well reasoned way that promoted the clear public health intent. Butler and Mayock point to a tendency within Irish political culture to manage potentially controversial social issues in an ambiguous manner¹⁹⁴ and the development of Baggot St. sexual health services for at-risk populations provides yet another such example.

The relatively objective and morally neutral era of public health discourse with regard to sexual health, that gained prominence towards the end of the 1980s was enabled by the crisis that AIDS presented. The liberal consensus that emerged in other jurisdictions was protracted in Ireland for reasons already presented. While Dr. Walsh, Dr. Freedman, Dr. Mulcahy, and Dr. Barry among many others were crucial to the realisation of a more liberal response to sexual health, it would be naive to suggest that government at this stage was not also ready to make the transition. Policy analysis suggests that:

Policy makers in government listen to academics most when their analysis and proposals are directly related to problems that are already occupying officials' attention¹⁹⁵.

The weight of international criticism of sexual health service provision in the state, corroborated by practicing physicians, the media, civil society activism and the crisis engendered by AIDS had shifted the 'national mood' but also the attitudes of policy makers. The public health approach that emerged towards the end of the 1980s was less prone to moralising, representing an ideological shift towards a liberal non-punitive approach to sexual health which Professor Joe Barry reflects:

...we have a principle, like we don't or shouldn't make judgements, so you know, I mean somebody has an illness or is at risk of an illness you don't really think about how - you don't judge how somebody got it. I mean, obviously when you are giving advice...there's a relationship between the numbers of partners or whether people use condoms and whether they have a risk - you have to give people as much as you can, the facts, and equally if somebody is going to share needles, you have to say to them, listen this is a risk, it's not a question of wagging your finger and saying that's bad, but, so no, we were like, the HSE, sorry the Eastern Health Board as it was at the time was a state-funded, non-religious body that didn't take instruction from churches really. It was a public health body.¹⁹⁶

Dr. Barry's assertion that the Eastern Health Board was a "non-religious body" stands in contrast to the experiences of the same health board documented in Chapter 5. It will

be recalled that in 1985 and 1986 the Eastern Health Board opposed explicit wording in the HEB's AIDS information leaflet and refused to circulate the GHA leaflet. Despite significant developments, Barry contends that the sexual health component of HIV remained more "patchy"¹⁹⁷ than the drugs side. Another civil society activist, Paddy Connolly, former Director of Cáirde, an AIDS service organisation, also claimed that he was informed by a senior civil servant that AIDS was never funded as an issue in its own right but rather on the tail end of the drugs problem¹⁹⁸. He claimed that once it became apparent that AIDS would not significantly affect the heterosexual population, government policy operated on the premise that in responding to drugs, they were also responding to HIV and AIDS¹⁹⁹. It is certainly the case that the gains that were made in the development of sexual health services in the course of the HIV and AIDS crisis were maintained but sexual health failed to occupy the political agenda when the crisis abated. As the National Strategy evolved and was better funded with economic growth which characterised the 1990s, additional consultants posts in infectious diseases and genito-urinary medicine were created, with one appointed between the Mater and Beaumont Hospitals in 1993 and a further infectious diseases consultant appointed to Cork in 1997.

Conclusion

With growing prosperity, greater secularisation and liberalism in the ascendancy, sexual health service provision in Ireland would have developed and improved eventually and indeed initial steps had in fact been taken to consolidate and modernize services in Dublin from 1984. The impetus for this decision did not originate with AIDS but from bottom-up campaigning and internal pressure applied by clinicians who worked in appalling conditions - whose calls for improvement were supported by external pressure for reform in line with international standards. Despite the commitment of the

Department of Health to reform the service, it was not a priority until AIDS became a serious concern towards the latter half of the 1980s. The appointment of Dr. Fiona Mulcahy to Ireland's first consultancy in genito-urinary medicine marked a departure with a taboo culture which had shrouded 'special clinics' in secrecy as she heralded a new regime that sought to dispel the stigma surrounding sexually acquired infection. Mulcahy was also strategic and helped to realise a practice to policy trajectory through her engagement with the National (Bishop's) Task Force on AIDS and its successor, the National AIDS Strategy Committee. She proved more than capable of using the media to air criticism of the Department of Health's failure to adequately fund the unit, while at the same convincing policy makers of the efficacy and benefits of her approach. Like other policy entrepreneurs²⁰⁰ described herein - Mary O'Rourke above and in Chapter 7; Dr. Walsh in Chapter 7, and Fr. Lavelle in Chapter 6 she was persistent, strategic and not disinclined to 'lead from the front'²⁰¹.

By the late-1980s and early-1990s a liberal public health narrative was in the ascendency, replacing the moral values which had previously governed and defined the actions and indeed inactions of the state with regard to STI treatment. The ideological shift is reflected in Chapter 7 with the passing of the Health (Family Planning Amendment) Act 1993, but best illustrated by the initiation of the Gay Men's Health Service in 1992, a year in advance of the decriminalisation of homosexual acts, and the Women's Health Project in Baggot St. Hospital. Both services were covertly initiated but it may be argued that the low-key approach to the development of sexual health services for gay men and the service for women in prostitution meant that the health boards met a public health need and avoided public controversy, at least initially.

A shift in the 'national mood' had indicated growing acceptance of a liberal response to HIV and AIDS by end of the decade and while the Department of Health was aware of

the Baggot Street health developments, it did not become directly involved reflecting what Butler and Mayock identified as a tendency within Irish political culture to manage potentially controversial social issues in an ambiguous manner²⁰².

Notwithstanding the Department of Health's ambivalent approach to the development of services for at-risk populations in Baggot Street, it is improbable that such services would have been conceived at all were it not for the crisis of opportunity presented by AIDS. Equally important, the appointment of Ireland's first Genito-urinary Consultant in 1987. Though agreed in 1984, the appointment was not a priority on the political agenda until the AIDS made it so.

Chapter Conclusion

This chapter has specifically focused on the extent to which AIDS provided an opportunity for the introduction of school-based sex education, and the development of sexual health treatment services. These two issues have been selected by this study as a measure through which it may be determined if HIV/AIDS impacted on the evolution of sexual health services in Ireland between 1982 and 1992. It is herein demonstrated that while liberal efforts to introduce school-based sex education and improve sexual health treatment services pre-date the AIDS crisis, AIDS was the vehicle through which both were enabled. It is likely that sex education and improvements in STI services would have occurred in time anyway, particularly as the 1990's became characterised by increasing economic prosperity and the moral authority of the Catholic Church went into significant decline. The trajectory of events and the over-riding views of stakeholders interviewed throughout the course of this research, however, unanimously point to the conclusion that AIDS hastened the development of these services along liberal lines²⁰³.

This chapter and the previous three findings chapters have charted the response to the emerging sexual health crisis that AIDS presented to policy makers throughout the initial decade in Ireland. The response to AIDS from within civil society, the Catholic Church and the state has been examined in historical and social context, while broadly exploring how the advent of HIV/AIDS triggered a debate in Ireland between two stakeholder groups –one (mainly driven by gay activists) with liberal attitudes towards sexuality, the other conservative (mainly based within the Roman Catholic tradition) and prepared to resist any attempts at liberalising sexual health policy in this country. Chapter 7 explored the Department of Health’s largely ambivalent and sometimes ambiguous response to AIDS in the context of this ideological tension operating between liberal and conservative groups in Irish society. What these findings reveal about policy making for sexual health in Ireland is the subject of the next and final chapter.

- ¹ Interview with Dr. James Walsh, 3rd February 2011
- ² MacGregor, S., *Barriers to the influence of evidence on policy: Are politicians the problem? Drugs: Education, Prevention and Policy*, 2013. 20(3): p. 232.
- ³ Butler and Mayock, 2005, p.417
- ⁴ Limond, 2006, p21; Carter, 2001, p249
- ⁵ Whyte, 1980, p.255-257
- ⁶ Sweetman, 1979, p59
- ⁷ Wood, J.K., *Carl Rogers' person-centered approach: Toward an understanding of its implications* 2008, Ross-on-Wye: PCCS Books.
- ⁸ Gahan, R., Sex education in our second-level schools, *The Irish Times (1921-Current File)*; Jan 10, 1980;
- ⁹ Ibid
- ¹⁰ Doorly, K., *Sex Education or Sex Information*, The Irish Times, 31st January 1980
- ¹¹ Thornton, C., Brennan, R., Denham, P., Browne, A., *Sex Education by the Gynaecologist – Analysis of a School Programme in Ireland*, Irish Medical Journal, February 1979
- ¹² Ceisteanna—Questions. Oral Answers. Sex Education Courses. Wednesday, 23 May 1979. Dáil Éireann debate, Vol. 314 No. 8
- ¹³ Constitution of Ireland, Article 42
- ¹⁴ Sacred Congregation for Catholic Education, *Educational guidance in human love: outlines for sex education*. 1983, Catholic Truth Society: London.
- ¹⁵ Vatican issues sexual guidelines, *The Irish Times (1921-Current File)*; Dec 2, 1983; ProQuest Historical Newspapers The Irish Times (1859-2009)
- ¹⁶ Ibid
- ¹⁷ Interview with John Lahiff, 24th February 2011
- ¹⁸ Ibid
- ¹⁹ Ibid
- ²⁰ Interview with Ruby Morrow, 7.2.2011
- ²¹ Interview with John Lahiff, 24th February 2011
- ²² Ibid
- ²³ Ibid
- ²⁴ Ibid
- ²⁵ Interview with Ruby Morrow, 7th February 2011
- ²⁶ Interview with Mary O'Rourke, 18th March 2011; Interview with Dr. James Walsh, 3rd February 2011 and restated in telephone conversation on 23rd July 2013 @ 20:21 hours that the Departments of Health and Education were "rife with Opus Dei and the Knights of Columbanus" particularly he claimed up to the mid-1980's.
- ²⁷ Kingdon, 2003. P.38
- ²⁸ Dáil Éireann Debates, *Ceisteanna - Questions. Oral Answers - Health Education Bureau - Vol. 357 No. 2*. 21st March 1985.
- ²⁹ Wood, J.K., *Carl Rogers' person-centered approach: Toward an understanding of its implications* 2008, Ross-on-Wye: PCCS Books.
- ³⁰ Butler, 2002, 179
- ³¹ Ibid
- ³² Archbishop Kevin McNamara in *Curriculum and Values in Education*, Veritas Publications, 1987, quoted in McCarroll, J., *Is the School Around the Corner Just the Same?* 1987, Dublin Brandsma Books Ltd.
- ³³ Interview with Dr. Rory O'Hanlon, 7th April 2011
- ³⁴ Ardagh, 1995, pp 178-179
- ³⁵ Medb Ruane, in *Irish Times*. 20th August 1998
- ³⁶ Wales, Maurice, Education about sex 'needed', *The Irish Times (1921-Current File)*; Feb 3, 1984; ProQuest Historical Newspapers The Irish Times (1859-2009)
- ³⁷ Murphy, Christina, Hussey urges sex education, *The Irish Times (1921-Current File)*; Jun 23, 1984; ProQuest Historical Newspapers The Irish Times (1859-2009)
- ³⁸ Ibid
- ³⁹ Ibid
- ⁴⁰ Nowlan, Dr. David, Sex education committee appointed, *The Irish Times (1921-Current File)*; Oct 9, 1984; ProQuest Historical Newspapers The Irish Times (1859-2009)

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- ⁴¹ Ibid
- ⁴² Kingdon, 2003, p.38
- ⁴³ Ibid, p.38
- ⁴⁴ Coghlan, Denis, *Another setback for lobby opposing sex education*, *The Irish Times* (1921-Current File); Apr 1, 1985; ProQuest Historical Newspapers The Irish Times (1859-2009) pg. 9
- ⁴⁵ Interview with Mary O'Rourke, 18th March 2011
- ⁴⁶ Interview with Mary O'Rourke, T.D. 18th March 2011
- ⁴⁷ Irish Times Reporter, Family League argues against divorce, *The Irish Times* (1921-Current File); Jun 21, 1984; ProQuest Historical Newspapers The Irish Times (1859-2009)
- ⁴⁸ Walsh, Maurice, New pressure group formed to defend 'family values', *The Irish Times* (1921-Current File); Aug 29, 1984; ProQuest Historical Newspapers The Irish Times (1859-2009)
- ⁵⁰ Jeremiah Newman Bishop of Limerick, *Puppets of Utopia: Can Irish democracy be taken for granted?* 1988, Dublin: Four Courts Press.
- ⁵¹ Warning on State Intervention in morals, *The Irish Times* (1921-Current File); Dec 31, 1984; ProQuest Historical Newspapers The Irish Times (1859-2009) pg. 6
- ⁵² Kevin McNamara Archbishop of Dublin, *Curriculum and Values in Education*, in *Veritas Publications*. 1987: Dublin, p.11
- ⁵³ Ibid
- ⁵⁴ Manly, Doris, *What the campaigners against 'life skills' really want*, *The Irish Times* (1921-Current File); Jan 28, 1987; ProQuest Historical Newspapers: The Irish Times (1859-2011) and The Weekly Irish Times (1876-1958)
- ⁵⁵ Interview with John Lahiff, 24th February 2011
- ⁵⁶ Yeates, Padraig, *Lobby by family group branches*, *The Irish Times* (1921-Current File); Jun 7, 1985; ProQuest Historical Newspapers The Irish Times (1859-2009)
- ⁵⁷ 'sex hotline' is illegal, says TD, *The Irish Times* (1921-Current File); Feb 8, 1985; ProQuest Historical Newspapers The Irish Times (1859-2009)
- ⁵⁸ Carroll, Joe, *Bishop launches book on Catholic sex education*, *The Irish Times* (1921-Current File); Sep 10, 1986; ProQuest Historical Newspapers The Irish Times (1859-2009)
- ⁵⁹ Becker, G.S., *An economic analysis of the family* Economic and Social Research Institute, Editor. 1986: Dublin.
- ⁶⁰ Nowlan, David, Dr., *Parents favour sex education—survey*, Dr David Nowlan Medical Correspondent *The Irish Times* (1921-Current File); Dec 9, 1986; ProQuest Historical Newspapers The Irish Times (1859-2009)
- ⁶¹ Interview with Ruby Morrow 7th February 2011
- ⁶² Murphy, Christina, *Teachers warn pressure groups*, *The Irish Times* (1921-Current File); Jan 16, 1987; ProQuest Historical Newspapers The Irish Times (1859-2009)
- ⁶³ Interview with Ruby Morrow, 7th February 2011
- ⁶⁴ Ibid
- ⁶⁵ Kingdon, 2003, p.49
- ⁶⁶ Ibid, pg 53
- ⁶⁷ Ibid
- ⁶⁸ Interview with Ruby Morrow, 7th February 2011
- ⁶⁹ Private Video Collection of Dr. Derek Freedman, *Video Tape converted to DVD by TCD containing the Late Late Show broadcast by Radio Telefis Eireann (RTE) during AIDS Week*. 15th May 1987.
- ⁷⁰ Interview with Dr. Rory O'Hanlon, 7th April 2011
- ⁷¹ *The Ballinrillick Review* p.12, quoted in Butler, S. *Alcohol Drugs and Health Promotion in Modern Ireland*. Autumn 1987, Institute of Public Administration: Dublin, p.179
- ⁷² Health Protection Surveillance Centre on request – not for commercial use.
- ⁷³ Information and Education Programme on AIDS: Motion, Thursday, 25 February 1988, Seanad Eireann Debate, Vol. 118 No. 14
- ⁷⁴ Dublin AIDS Alliance Ltd. Archive, Uncatalogued, Press Release – Department of Education, Post-primary Branch - AIDS Education in Post-Primary Schools, 25th March 1988
- ⁷⁵ Sex cover-up would hit AIDS campaign, Padraig O'Morain Social Services Correspondent, *The Irish Times* (1921-Current File); Aug 29, 1988; ProQuest Historical Newspapers: The Irish Times (1859-2011) and The Weekly Irish Times (1876-1958)

- ⁷⁶ Dublin AIDS Alliance Archive, Uncatalogued, AIDS – A guide for teachers and educators who share with parents the responsibility of educating children and students about the disease. Published by: Diocesan House, Drumcondra, Education Secretariate, Archbishop's House, D 9, May 1989
- ⁷⁷ Whyte, J.H., *Church and State in Modern Ireland*. 1980, Dublin: Gill and Macmillan Ltd.; Barrington, R., *Health Medicine and Politics in Ireland 1900-1970*. 1987 (Reprinted 2000), Dublin: Institute of Public Administration; Wren, M.A., *Unhealthy State: Anatomy of a Sick Society*. 2003, Dublin: New Island.
- ⁷⁸ Dublin AIDS Alliance Archive, Uncatalogued, AIDS – A guide for teachers and educators who share with parents the responsibility of educating children and students about the disease. Published by: Diocesan House, Drumcondra, Education Secretariate, Archbishop's House, D 9, May 1989, p.14
- ⁷⁹ Information and Education Programme on AIDS: Motion, Thursday, 25 February 1988, Seanad Éireann Debate, Vol. 118 No. 14, Information and Education Programme on AIDS: Motion (Resumed), Thursday, 3 March 1988, Seanad Éireann Debate, Vol. 118 No. 17; Written Answers. - AIDS Campaign, Tuesday, 15 March 1988, Dáil Éireann Debate, Vol. 379 No. 1; Supplementary Estimate, 1989. - Vote 42: Health, Wednesday, 15 November 1989, Dáil Éireann Debate, Vol. 393 No. 2
- ⁸⁰ Seanad Éireann Debate, *Information and Education Programme on AIDS: Motion (Resumed) - Vol 118, 14*. Thursday, 3 March 1988.
- ⁸¹ Interview with Don Lydon, 2nd March 2011
- ⁸² Controversial schools AIDS programme to be extended, Smyth, Patrick, *The Irish Times (1921-Current File)*; Mar 7, 1990; ProQuest Historical Newspapers: The Irish Times (1859-2011) and The Weekly Irish Times (1876-1958)
- ⁸³ Interview with Mary O'Rourke, 18th March 2011
- ⁸⁴ Ibid
- ⁸⁵ Ibid
- ⁸⁶ AIDS Education, O'Carroll, Mary *The Irish Times (1921-Current File)*; May 10, 1990; ProQuest Historical Newspapers: The Irish Times (1859-2011) and The Weekly Irish Times (1876-1958)
- ⁸⁷ AIDS Education, West, K., *The Irish Times (1921-Current File)*; May 10, 1990; ProQuest Historical Newspapers: The Irish Times (1859-2011) and The Weekly Irish Times (1876-1958); AIDS Education Higgins, Julianne *The Irish Times (1921-Current File)*; Mar 28, 1990; ProQuest Historical Newspapers: The Irish Times (1859-2011) and The Weekly Irish Times (1876-1958)
- ⁸⁸ AIDS Education, Higgins, Julianne *The Irish Times (1921-Current File)*; Mar 28, 1990; ProQuest Historical Newspapers: The Irish Times (1859-2011) and The Weekly Irish Times (1876-1958)
- ⁸⁹ Union opts for State's AIDS course, John Walshe Education Correspondent, *The Irish Times (1921-Current File)*; Oct 2, 1990; ProQuest Historical Newspapers: The Irish Times (1859-2011) and The Weekly Irish Times (1876-1958)
- ⁹⁰ AIDS education--what the children will be taught, Kathryn Holmquist Health Correspondent, *The Irish Times (1921-Current File)*; Mar 13, 1990; ProQuest Historical Newspapers: The Irish Times (1859-2011) and The Weekly Irish Times
- ⁹¹ Union opts for State's AIDS course, John Walshe Education Correspondent, *The Irish Times (1921-Current File)*; Oct 2, 1990; ProQuest Historical Newspapers: The Irish Times (1859-2011) and The Weekly Irish Times (1876-1958)
- ⁹² Squeamishness on AIDS must end, says trustee, *The Irish Times (1921-Current File)*; Apr 20, 1990; ProQuest Historical Newspapers: The Irish Times (1859-2011) and The Weekly Irish Times (1876-1958) pg. 8
- ⁹³ It is reported elsewhere that this pilot was evaluated, however, that report could not be located by Department of Education staff on request and while then Minister for Education, Mary O'Rourke, remembered the report, she could not recall it in detail; Controversial schools AIDS programme to be extended, Smyth, Patrick, *The Irish Times (1921-Current File)*; Mar 7, 1990; ProQuest Historical Newspapers: The Irish Times (1859-2011) and The Weekly Irish Times (1876-1958)
- ⁹⁴ Departments of Education and Health, *AIDS Education Resource Materials*. 1988, p. 9; Bishops likely to accept new AIDS plan for schools, John Walshe Education Correspondent, *The Irish Times (1921-Current File)*; Oct 2, 1990; ProQuest Historical Newspapers: The Irish Times (1859-2011) and The Weekly Irish Times (1876-1958)
- ⁹⁵ Bishops likely to accept new AIDS plan for schools, John Walshe Education Correspondent, *The Irish Times (1921-Current File)*; Oct 2, 1990; ProQuest Historical Newspapers: The Irish Times (1859-2011) and The Weekly Irish Times (1876-1958)
- ⁹⁶ Interview with Jimmy Walsh, 3rd February 2011
- ⁹⁷ Interview with Mary O'Rourke, 18th March 2011
- ⁹⁸ Ibid

- ⁹⁹ Bishops likely to accept new AIDS plan for schools, John Walshe Education Correspondent, *The Irish Times (1921-Current File)*; Oct 2, 1990; ProQuest Historical Newspapers: The Irish Times (1859-2011) and The Weekly Irish Times (1876-1958)
- ¹⁰⁰ Kingdon, 2003, p.149
- ¹⁰¹ Ibid
- ¹⁰² Ibid
- ¹⁰³ Interview with Mary O'Rourke, 18th March 2011
- ¹⁰⁴ INTERVIEW WITH Ruby Morrow, 7th February 2011
- ¹⁰⁵ Written Answers. - AIDS Awareness Education, Tuesday, 5 November 1991 - Dáil Éireann Debate Vol. 412 No. 1
- ¹⁰⁶ Interview with Ruby Morrow, 7th February 2011
- ¹⁰⁷ Interview with John Lahiff, 24th February 2011
- ¹⁰⁸ Dublin AIDS Alliance Archive, Uncatalogued, IFPA Publication "AIDS Resources" Newsletter, December 1988
- ¹⁰⁹ Interview with Ruby Morrow, 7th February 2011
- ¹¹⁰ Ibid
- ¹¹¹ Interview with Mary Jackson, 30th March 2011
- ¹¹² Interview with Dr. James Walsh, 3rd February 2011
- ¹¹³ Interview with Mary O'Rourke, 18th March 2011
- ¹¹⁴ Interview with Dr. James Walsh, 3rd February 2011
- ¹¹⁵ Howell, P., *Venereal Disease and the Politics of Prostitution in the Irish Free State*. Irish Historical Studies, 2003. 33(131): p. 320-341.
- ¹¹⁶ Howell, 2003, p. 336
- ¹¹⁷ Riordan, S., *Venereal Disease in the Irish Free State: The Politics of Public Health*. Irish Historical Studies, 2007. 35(139): p. 363
- ¹¹⁸ Oliver, 2006, p.219; Interview with Fr. Paul Lavelle, 27th January 2011
- ¹¹⁹ Butler and Mayock, 2005, p.415
- ¹²⁰ Freedman, D., Kaliszer, M., Keane, C., MacCarthy, J., O'Leary, G., *Sexually Transmitted Diseases as Seen by General Practitioners in Ireland: Use of a Telephone Survey*. Sexually Transmitted Diseases 1981, Vol. 8, No. 1, 5-7
- ¹²¹ Interview with Dr. Derek Freedman, 1st March 2011
- ¹²² Rock, H., *Herpes: The Sexually Transmitted Disease that Doesn't Exist Here Officially*, in *The Sunday Press*. 1981, The Irish Press Group: Dublin.
- ¹²³ Dr David Nowlan, M. C. (1982, Jun 28). Experts Reject Dublin VD Statistics. *The Irish Times (1921-Current File)*. Retrieved from <http://search.proquest.com/docview/529491330?accountid=14404>
- ¹²⁴ NAI, DT, S3963 'VD among Seamen: International Agreement' memorandum of 18th June 1930 quoted in Ferriter, 2009, p.183
- ¹²⁵ Riordan, S., *'A probable source of infection': the limitations of venereal disease policy 1943-1951*, in *Gender and Medicine in Ireland: 1700-1950*, Margaret Preston and Margaret Ó hÓgartaigh, Editor. 2012, Syracuse University Press: New York, p.203
- ¹²⁶ O'Sullivan memorandum, 15 June 1951 (N.A.I., DH B136/26) quoted in Ibid,p.205
- ¹²⁷ Ibid, p.205
- ¹²⁸ Freedman, Derek, *Sexually Transmitted Diseases – The Irish problem*; Paper delivered to the Federated Dublin Voluntary Hospitals and St. James's Hospital Annual Conference, 15th February 1984
- ¹²⁹ Telephone conversation with Dr. James Walsh, 30th August 2013 @ 15:24
- ¹³⁰ Freedman, Derek, *Sexually Transmitted Diseases – The Irish problem*; Paper delivered to the Federated Dublin Voluntary Hospitals and St. James's Hospital Annual Conference, 15th February 1984
- ¹³¹ Ibid
- ¹³² Ibid
- ¹³³ Holland, Mary, *The Disease that Dare not Speak Its Name*, The Sunday Tribune, August 1982 – exact date illegible. Private Papers of Dr. Derek Freedman, accessed March/April 1982
- ¹³⁴ Ibid
- ¹³⁵ Catterall, R.D. *Sexually Transmitted Diseases in the Republic of Ireland*. British Journal of Venereal Diseases, 1983, 59: 66-7
- ¹³⁶ Freedman, Derek, *Sexually Transmitted Diseases – The Irish problem*; Paper delivered to the Federated Dublin Voluntary Hospitals and St. James's Hospital Annual Conference, 15th February 1984
- ¹³⁷ Ibid; Personal Papers of Dr. Derek Freedman accessed March/April 2011
- ¹³⁸ Rowley, Eddie, *Epidemic of VD Hits Irish Girls*, The Sunday World, 16th September 1984; Dunne, Jacqui, *Herpes Disease is on the Increase*, Sunday Independent, 10th October, 1982; Holland, Mary, *The*

- Disease that Dare Not Speak Its Name*; The Sunday Tribune, August 1982; *Big Rise in VD Cases Reported at Dublin Clinic*, Irish Medical Times, Vol 9 No. 32, August 8th 1975; *Alarm at VD Increase*, The Sunday World, 20th June 1982 accessed in March/April 2011 in the Persona Papers of Dr. Derek Freedman
- ¹³⁹ Ibid
- ¹⁴⁰ Dr David Nowlan, M. C. (1982, Jun 28). Experts Reject Dublin VD Statistics. *The Irish Times (1921-Current File)*. Retrieved from <http://search.proquest.com/docview/529491330?accountid=14404>
- ¹⁴¹ Ibid
- ¹⁴² Holland, Mary, *The Disease that Dare not Speak Its Name*, The Sunday Tribune, August 1982 – exact date illegible. Private Papers of Dr. Derek Freedman, accessed March/April 2011
- ¹⁴³ *Censorship of Publications Act*. 1929, Section 17-(1), Irish Statute Book: Ireland
- ¹⁴⁴ Confirmed by Ivana Bacik, Reid Professor of Criminal Law, Criminology and Penology at Trinity College, Dublin Law School on 23rd May 2013
- ¹⁴⁵ *Sex and Modern Ireland*, in *The Irish Times*. 1983, Feb 4, ProQuest Historical Newspapers: The Irish Times (1859-2011) and The Weekly Irish Times (1876-1958).
- ¹⁴⁶ Freedman, Derek, Interview, 3.3.2011
- ¹⁴⁷ Freedman, D., Kaliszer, M., Keane, C., MacCarthy, J., O’Leary, G., *Sexually Transmitted Diseases as Seen by General Practitioners in Ireland: Use of a Telephone Survey*. Sexually Transmitted Diseases 1981, Vol. 8, No. 1, 5-7
- ¹⁴⁸ Kingdon, 2003, p.38
- ¹⁴⁹ Irish Marketing Surveys Limited, *Public Attitudes Towards STD*. June 1984, Health Education Bureau: Dublin.
- ¹⁵⁰ Ibid
- ¹⁵¹ Ibid
- ¹⁵² Ibid
- ¹⁵³ Dublin AIDS Alliance Archive, Uncatalogued, Gay Health Action, Survey of STD Clinics, 1985
- ¹⁵⁴ Ibid
- ¹⁵⁵ Ibid
- ¹⁵⁶ Ibid
- ¹⁵⁷ Sexual disease clinic planned, *The Irish Times (1921-Current File)*; Apr 6, 1984; ProQuest Historical Newspapers: The Irish Times (1859-2011) and The Weekly Irish Times (1876-1958)
- ¹⁵⁸ Interview with Professor Fiona Mulcahy, 30th May 2011
- ¹⁵⁹ Telephone conversation with Dr. James Walsh, 30th August 2013 @ 15:24
- ¹⁶⁰ Interview with Dr. James Walsh, 3rd February 2011
- ¹⁶¹ MacGregor, S., *Barriers to the influence of evidence on policy: Are politicians the problem? Drugs: Education, Prevention and Policy*, 2013. **20**(3): p. 225-233.
- ¹⁶² Private Papers of Dr. Derek Freedman, accessed March/April 2011
- ¹⁶³ Interview with Professor Fiona Mulcahy, 30th May 2011
- ¹⁶⁴ Ibid
- ¹⁶⁵ Ibid
- ¹⁶⁶ Ibid
- ¹⁶⁷ Ibid
- ¹⁶⁸ Ibid
- ¹⁶⁹ Ibid
- ¹⁷⁰ Ibid
- ¹⁷¹ Ibid
- ¹⁷² Dublin AIDS Alliance Archive - Uncatalogued, *Diary of a Dying Man*, in *Magill Magazine*. February 1989: Dublin, p.22
- ¹⁷³ Irish Times, 27th June 1989
- ¹⁷⁴ Ahlstrom, Dick, *Can we afford AZT, the wonder drug?* *The Irish Times (1921-Current File)*; Dec 1, 1989; ProQuest Historical Newspapers The Irish Times (1859-2009)
- ¹⁷⁵ Ahlstrom, Dick, *Campaign on AIDS' not working'*, *The Irish Times (1921-Current File)*; Dec 16, 1987; ProQuest Historical Newspapers The Irish Times (1859-2009)
- ¹⁷⁶ O’Morain, Padraig, *Demand outstrips resources at AIDS unit*, *The Irish Times (1921-Current File)*; Jun 27, 1989; ProQuest Historical Newspapers The Irish Times (1859-2009)
- ¹⁷⁷ Interview with Dr. James Walsh, 3rd February 2011
- ¹⁷⁸ Interview with Maeve Foreman, 15th March 2011

-
- ¹⁷⁹ Ibid
- ¹⁸⁰ Edward O'Loughlin, *Decision not to display hospital's AIDS leaflet symbolic, says doctor*, *The Irish Times* (1921-Current File); Feb 8, 1994; ProQuest Historical Newspapers The Irish Times (1859-2009)
- ¹⁸¹ Interview with Maeve Foreman 15th March 2011
- ¹⁸² Oliver, 2006, p.219
- ¹⁸³ Ibid, p.218
- ¹⁸⁴ Dr. Joe Barry AIDS/Drugs Co-ordinator Eastern region, *Report to the Eastern Health Board on HIV Prevention Services for IVDU and non-IVDU*, in *Private Papers of Professor Joe Barry* accessed 27th August 2013. circa 1991 (not cited), p.7
- ¹⁸⁵ Ibid
- ¹⁸⁶ Dr. Joe Barry AIDS/Drugs Co-ordinator Eastern region, *Report to Mr. Kieran Hickey, Eastern Health Board, Chief Executive Officer from the AIDS/Drugs Co-ordinator*, in *Private Papers of Professor Joe Barry* accessed 27th August 2013. 23rd November 1992.
- ¹⁸⁷ Ibid
- ¹⁸⁸ Dr. Joe Barry AIDS/Drugs Co-ordinator Eastern region, *Report to the Eastern Health Board on HIV Prevention Services for IVDU and non-IVDU*, in *Private Papers of Professor Joe Barry* accessed 27th August 2013. circa 1991 (not cited), p.9
- ¹⁸⁹ Interview with Dr. Joe Barry, 31st March 2011
- ¹⁹⁰ Ibid
- ¹⁹¹ Butler, 2002, p.186
- ¹⁹² Dr. Joe Barry AIDS/Drugs Co-ordinator Eastern region, *Letter from Dr. Joe Barry AIDS/Drugs Co-ordinator to Mr. Kieran Hickey, CEO, Eastern Health Board, Re: Development at Baggot Street Clinic and Amiens Street Clinic*, in *Personal Papers of Professor Joe Barry* accessed 27th August 2013. 31st March 1993.
- ¹⁹³ In follow-up discussion with Professor Joe Barry by telephone on Monday, 26th August 2013 @ 14.20hrs
- ¹⁹⁴ Butler and Mayock, 2005, p.417
- ¹⁹⁵ Kingdon, 2003, p.56
- ¹⁹⁶ Interview with Dr. Joe Barry, 31st March 2011
- ¹⁹⁷ Ibid
- ¹⁹⁸ Telephone conversation with Paddy Connolly, former Director of Cáirde, on 3rd October 2011 – the note taken was red back to him and he extended his full permission for its use herein.
- ¹⁹⁹ Ibid
- ²⁰⁰ Kingdon, 2003, p.181
- ²⁰¹ Interview with Mary O'Rourke, 18th March 2011
- ²⁰² Butler and Mayock, 2005, p.417
- ²⁰³ Interview with Barry Desmond, 14th February, 2011; Interview with David Moloney 29th September 2011; Interview with Dr. Derek Freedman, 3rd March 2011; Interview with Prof. Fiona Mulcahy, 13th May, 2011; Interview with Dr. James Walsh, 3rd February 2011; Interview with Prof. Joe Barry, 31st March 2011; Interview with John Lahiff, 24th February 2011; Interview with Maeve Foreman, 15th March 2011; Interview with Mary Jackson, 30th March 2011; Interview with Mary O'Rourke, 18th March 2011; Interview with Mick Quinlan, 6th April 2011; Interview with Niall Behan 14th April 2011; Interview with Fr. Paul Lavelle, 27th January 2011; Interview with Prof Gerard Casey, 18th July 2011; Interview with Ruby Morrow, 7th February 2011.

Chapter 9 – Analysis and Conclusion

The aim of the research reported in this thesis was, as set out in Chapter 1, to explore the extent to which HIV/AIDS could be said to have had a transformative effect on Irish sexual health policy between 1982 and 1992, the first decade of the AIDS epidemic in Ireland. While reporting on a range of contextual issues (such as the abortion referendum and the controversy surrounding the introduction of family planning legislation in the 1970s and 1980s), the research focused in terms of policy content on two issues which emerged as being of particular importance in the broader sexual health policy debate at this time: 1) the provision of school-based sex education; and 2) the improvement of diagnostic and treatment services for sexually-transmitted infections (STIs) within the healthcare system. In terms of stakeholder activity, the research was situated in three main groupings: 1) the Catholic Church, whose clerical leaders and lay associations may be seen as consistently lobbying for the retention of traditional, conservative approaches to sexual health policy but whose pastoral response to AIDS was divergently liberal; 2) civil society groupings which, individually and collectively, lobbied for the introduction of a more liberal approach to sexual health, contested and opposed by detractors; and 3) the Department of Health, the central government department which played the primary role in drafting policy on sexual health, as well as playing a lead role in coordinating the overall state response to the emerging crisis of HIV/AIDS. In terms of formal policy analysis, the research drew primarily on the work of Kingdon¹ whose framework seemed particularly useful to an understanding of how the state, as ultimate arbiter in relation to the contentious policy issues which AIDS presented, proceeded cautiously with a constant eye, not just to the evidence presented

to it by public health researchers but equally to public opinion or the 'national mood' on these matters.

The aim of this final chapter is to summarise analytically the findings of the research and to provide a final discussion of their meaning and relevance within the context of the literature reviewed in Chapters 2 and 3. This final discussion will be presented here in three distinct but inevitably overlapping sections: the policy context, stakeholder activity, and the policy process, while concluding with reflection on the overarching research question as to the transformative effect of AIDS on Irish sexual health policy.

The Policy Context

The literature reviewed as part of this study of HIV/AIDS and its catalytic effect on Irish sexual health policy between 1982 and 1992 generally confirmed that the overall policy context in relation to sexuality during the early-1980s was – despite the emergence of dissenting liberal voices – still primarily one defined by prudishness and conservatism. If one draws from DeLamater's² framework which proposes the existence of three primary 'scripts' on sexuality – *procreational*, *relational* and *recreational* – it seems clear that the dominant script which had emerged during the nineteenth century and which had been reinforced in independent Ireland, post-1922, was the procreational script. Such was the influence of the Catholic Church in Ireland from the early-nineteenth century onwards that sexual behaviour was presented, socially and morally, as being primarily – perhaps solely - intended for the procreation of children by married couples. To a lesser extent and perhaps somewhat grudgingly, it was conceded that sexual behaviour between married couples could serve a valid function in strengthening the marriage relationship; but in Catholic Ireland the notion that sex could be seen in recreational terms, on a par perhaps with 'recreational drug use', was one which, if

anyone had had the temerity to express it, would have been dismissed as unacceptably hedonistic. The dominant moral position, therefore, was that sexual behaviour was only permissible between men and women who were married indissolubly to one another. The variety of sexual activities proscribed by such a pro-creational perspective is obviously substantial. Young men and women were expected to abstain from sexual behaviour prior to marriage, just as they were expected to eschew the use of all 'artificial' forms of contraception – including oral contraceptive pills and condoms – following marriage. Similarly, within this pro-creational approach, homosexuality was regarded as intrinsically pathological. While the Catholic Church saw itself as being pastorally sympathetic to homosexual men and women, it was adamant that sexual activities between people of the same gender were immoral and that celibacy was the only ethical option for those they deemed unfortunate enough to suffer this 'disorder'. Quite apart from its pronouncements on specific sexual behaviours, the Catholic Church also exerted its influence through its effective suppression of all forms of public debate on the subject of sexuality. This uneasiness about public debate on sexuality extended itself to the educational sphere where, in a school system almost entirely owned and managed by the Catholic Church, it was assumed that human sexuality was too sensitive a topic for inclusion in the curriculum and was best left to parents. And, in a jurisdiction where STIs were regarded as a dwindling vestige of British occupation, the delivery of treatment for such conditions was minimalist and furtive.

There is broad acceptance of Larkin's³ thesis that the emergence of religious 'devotionalism' and the consequent rise in the political power of the Catholic Church in nineteenth-century Ireland is largely explicable in terms of the way in which Catholicism became a badge of national identity; at a time when Ireland had lost its parliament and was rapidly losing its own language, to be Irish was to be Catholic. A

separate but important question is that which explores the reasons why Irish Catholicism should have developed such an obsession with sexual morality⁴, but the main tendency amongst scholars has been to suggest that this development may be attributed to a combination of Jansenism – which was introduced to Ireland by priests exposed to this ‘heresy’ in the late-eighteenth century – and an acceptance of Victorian morality on this theme throughout the nineteenth century.

The historical and social science literature⁵ confirms that, by virtue of the somewhat porous boundaries between church and state during the first half-century of self-government, the Catholic Church was clearly influential in all aspects of social policy. The preoccupation of the Catholic Church with sexual morality was evident at public policy level in a newly-independent state which appeared determined to identify itself as Catholic and to differentiate itself from other states (most obviously Britain) by its adherence to a higher moral code. What emerges from the literature, however, is that the political influence wielded by the Catholic Church on this issue did not routinely involve what might be regarded as crude and direct interventions by Church officials, in which bishops contacted elected political leaders and told them explicitly how they should act in relation to specific policy decisions. Interventions of this kind were rarely necessary because the Catholic Church held ideological power and sway by maintaining control of key institutions to ensure that what Kingdon⁶ has described as the ‘national mood’, or public opinion, was largely and uncritically supportive of the Catholic ethos. This was, then, a period in which Irish media, literature and the arts were subject to strict censorship – both of the formal and informal variety – aimed at protecting the public from exposure to coverage of sexual issues. It was a period in which little or no possibility existed for political discussion of or challenge to the dominance of the

procreative Catholic script, or for getting proposals for a liberalisation of sexual health matters onto the state's policy agenda.

However, the literature also demonstrated that in the decade prior to the advent of HIV/AIDS what Inglis⁷ has termed the 'moral monopoly' of the Catholic Church in Ireland began to be challenged by forces and interests committed to a more liberal and secular approach to social policy in general and to policy in relation to sexuality in particular. This challenge to conservative public policy in relation to sexuality emerged gradually from Ireland's initial experience of modernisation in the 1960s: when the state's first television channel was broadcast; when protectionist economic policies were abandoned and foreign direct investment encouraged; and when Ireland began its application process for membership of what was then termed the European Common Market. From the early-1970s, the women's movement began to lobby for gender equality and for reform of many aspects of family law which discriminated against women; and towards the end of this decade a campaign for reform of the contraceptives laws and those governing homosexuality also began to take shape. From this time onwards, a type of culture war was evident between those predominantly-religious groupings who sought to preserve the status quo and those campaigners for change who wished to bring Ireland into line with other countries – deemed to be modern and progressive.

This then was the policy context into which HIV / AIDS arrived in the early-1980s, bringing with it an unprecedented sense of fear and crisis in relation to public health. For the statutory health system, one obvious task was to come to grips with the rapidly evolving science - which shed light on what was a frightening new virus, its modes of transmission and its clinical management – and see what policy lessons needed to be learnt. Equally, however, the statutory health system was forced to adjudicate between

two competing factions, balancing its suspicions that the forces of liberalism were opportunistically seeking to use this crisis to achieve their goals against a fear that continuing conformity to traditional policies might add to the incidence and prevalence of this apparently incurable condition. As the decade progressed and incidence of AIDS increased exponentially, the liberal agenda acquired the ascendancy, and AIDS then, became pivotal to the process of modernisation that had commenced in the 1960's.

Stakeholder Activity

As outlined above, the research focused on three main stakeholder groupings: 1) the Catholic Church, whose clerical leaders and lay associations may be seen as consistently lobbying for the retention of traditional, conservative approaches to sexual health policy but whose pastoral response to AIDS was divergently liberal; 2) civil society groupings which, individually and collectively, lobbied for the introduction of a more liberal approach to sexual health, that was contested and opposed by detractors; and 3) the Department of Health, the central government department which played the primary role in drafting policy on sexual health, as well as playing a lead role in coordinating the overall state response to the emerging crisis of HIV/AIDS. Each stakeholder response was defined by a unique approach that became inter-related as the first decade of the epidemic progressed. The participatory AIDS policy community that formed the National AIDS Strategy Committee in 1991 was fragmented at the outset of AIDS in Ireland until the Catholic Church response convened disparate stakeholders in 1987. The stakeholder groups, individually and collectively, were key drivers of the response to AIDS through various modalities, while each contributed to the realisation of a liberal response and ultimately the transformation of sexual health policy in Ireland:

The Catholic Church: even though a conservative institution, Catholic Bishop's responded to this crisis with a relative pragmatism and a willingness to push the boundaries of sexual morality. It did this, interestingly, by permitting Fr. Paul Lavelle (a liberal priest) to play a lead role in networking with the other stakeholder groups in the evolving policy process. This, somewhat bizarrely, led to the situation where the first national AIDS policy community was convened by the Catholic Church under the auspices of the National (Bishop's) Task Force on AIDS. This initiative assembled gay and other liberal activists with clinicians, religious, and a wide range of professionals chaired by Judge Gillian Hussey. The Task Force provided a forum through which the difficult questions raised by AIDS were debated, culminating in the presentation of a relatively liberal consensus to the general public and policy makers in the Departments of Health and Education. From a tactical perspective, the importance of this Task Force was that it signalled to the wider society the Catholic Church's commitment to engaging with the complex policy issues thrown up by HIV/AIDS, while also facilitating dialogue between the Church and the Department of Health on these issues. The Task Force also enabled the first significant policy dialogue between the state and the gay community, thus bridging the impasse that had characterised the years before 1987. Lavelle's business acumen helped him to act strategically and to seize opportunities for innovation, while minimising opposition by virtue of his priesthood. That the short duration of the National Task Force on AIDS was disproportionate to its influence largely reflects Kingdon's contention that "relatively well-to-do"⁸ organised interests are more likely to be recognised by policy makers. The Task Force 'squawked loudly' – "the louder they squawk, the higher it gets."⁹ – with Lavelle appearing on the television or in the print media with great frequency throughout 1987 and 1988. From a Department of Health perspective, it may be argued that the work of the Bishops' Task

Force made it possible for this central government department to proceed with policy-making activity in this highly contentious area in the knowledge that it was unlikely to be criticised by the Catholic Church which had itself produced quite a liberal response to AIDS. In that regard, Lavelle's strategically assembled interest group was profoundly important to the realisation of liberal public health objectives at policy level.

Ultimately, the Church authorities decreed that Lavelle had overstepped the mark when he wrote, in a Catholic Church publication, that there were certain circumstances in the context of AIDS in which married couples might be morally justified in their the use of condoms. He was 'stood down' from his formal role in this area at the close of 1988 for this reason. What was significant was that the Bishops had not allowed the ultra-conservative, lay groupings (which had emerged during earlier debates on divorce and abortion in 1983 and 1986 respectively) to dominate their approach to the HIV situation, and therefore, inadvertently or otherwise, permitted the liberal response to acquire the ascendancy. In practice, however, they were "playing both sides"¹⁰ in an effort to appease conservative and liberal activists - reflecting the kind of ambivalence with which these key institutions, including the Department of Health, responded to the threat of AIDS in Ireland;

The Department of Health: this was the statutory body which had final policy responsibility for HIV. It reacted in a way that might be considered typical of a Westminster central government department – that is with great caution and ambivalence. Essentially, it was concerned to study the emerging scientific information on HIV and assess its importance for the health of Irish citizens, but it was also clear that it must test the acceptability of potential new strategies for HIV prevention in the context of the conservative policy climate which had existed in Ireland. In fact, the Department of Health seemed happy to allow the Catholic Church to convene the first

AIDS policy community and through Lavelle's widely respected priesthood, promote the liberal agenda. This ensured that the Department could not be criticised for introducing policy or strategy which was contrary to Church teaching. But, reminiscent of the Church, it also adopted a network approach to the policy process in that it allowed Dr. Walsh, an untypical civil servant, committed to public health medicine and not given to political manoeuvring, to operate at the margins of the organisation and push the liberal agenda in relation to sexuality, while officially the Department held the traditional line. It was Dr. Walsh himself who identified that the Department was using him to 'play both sides'¹¹ of the ideological culture war which surged in the wake of the abortion and divorce referenda. In this way, the Department effectively mitigated outright dispute, while keeping an eye to international developments and the rise of the liberal consensus gaining ground in other jurisdictions.

The Department of Health also showed great cunning in its use of the semi-state or quango Health Education Bureau (HEB). Kingdon had observed a "well known tendency to duck hot issues or throw them to administrative agencies"¹² and the HEB was largely 'left hung out to dry' when it came to the thorny issues of sexuality and sex education. The controversial decision to fund the Gay Health Action's (GHA) first AIDS leaflet was foisted on the HEB in 1985 and in the wake of Ann Lovett's tragic death HEB was delegated responsibility for the development of a programme of school based sex education, which was fiercely contested and may ultimately have caused irreparable damage to the HEB. Ministers and civil servants were fully prepared in the face of controversy, to let the semi-state body take the flak on this issue¹³, while they observed the fall-out from a position of political distance.

The Department was, furthermore immensely cautious in its dealings with GHA in particular, at a time when homosexual acts were criminalised: adopting a policy of

protracted non-engagement while, paradoxically, funding specific initiatives. Departmental actions on sexual health issues were equivocal for much of this early period, until much later a new Minister for Health, Mary O'Rourke – committed to her role as policy entrepreneur – was openly and explicitly a champion of a more liberal sexual health agenda. Even then, however, services for at-risk groups developed by the Eastern Health Board in 1992 were introduced on a covert basis in order to minimise controversy.

The Gay Community (civil society): this stakeholder group was, in many ways, the most directly concerned about the depredations of HIV because internationally it was gay men who had the highest incidence of AIDS. However, in Ireland, while this was not the case, this stakeholder group was the first to respond and emerged as being the most energetic, passionate and enthusiastic, but also the most politically naïve. The continuing criminalisation of homosexual acts and the construction of gay men as deviant throughout the initial course of the AIDS epidemic in Ireland as elsewhere¹⁴ resulted in no core financial support from the Department of Health for GHA, as well as a policy of protracted non-engagement with this group. Members of GHA were youthful, exuberant and well-intentioned, but largely lacked the skills and experience to influence policy makers, and its tendency to push the boundaries of what was culturally and socially acceptable in terms of sexual narrative, further limited GHA's political influence. Subsequent AIDS service organisations operating under the umbrella group of AIDS Action Alliance, which were active in terms of information sharing and service provision, were similarly disregarded by policy makers. This may in part be due to the fact that liberal activists were marked by some internal fracturing and dissension, which was not apparent among conservative lobbyists. Kingdon contends that interest groups

are key players in terms of agenda setting but that their effectiveness is “seriously impaired” when there is dissension between groups.¹⁵

Unlike the gay community activists, conservative interest groups like Family Solidarity boasted a well-educated, articulate and influential membership to which policy makers were inclined to pay attention. Unlike GHA and other liberal AIDS-activists of the era, these traditionalists, faith-based groups were well funded, well organised and intensely vocal, factors which Kingdon’s study demonstrated, ensured a higher place on the policy agenda¹⁶. Politically naïve, GHA and other groups within the AIDS Alliance were resource poor, negatively constructed in Irish society and characterized by internal fragmentation; so while they did ‘squawk loudly’¹⁷, their influence on policy was minimal. It wasn’t until they joined forces with the National Task Force on AIDS against a backdrop in which HIV was increasing exponentially, that their liberal ‘safer sex’ agenda acquired greater political significance and leverage. Conversely, conservative lobbyists were well funded, well organized and boasted a “relatively well-to-do”¹⁸ membership, thus ensuring that their influence on the policy agenda was greater. While the power to influence may be contingent on resources¹⁹, this was perhaps not the primary factor inhibiting the gay community response in 1985. Rather their criminalized status precluded transparent and open dialogue with political actors and they appeared to find it hard to understand the reluctance of others (particularly the Department of Health) to deal directly and openly with them. What emerges primarily is that gay activist groups, almost certainly the best informed initially about all aspects of AIDS, were relatively naïve about the policy process.

The two key institutions of Church and state operated similarly, therefore, in that while their official response adhered to traditional conservative values, they both responded pragmatically, if ambiguously, to the emerging health crisis. The gay community

response was, conversely, forthright and transparent but fundamentally naïve. The status of the laws prohibiting homosexual acts essentially precluded policy makers from active engagement with GHA, but Lavelle essentially brought the gay community activists from the margins and using the respectability of priesthood rendered what had been their minority liberal platform mainstream. This then opened a window of opportunity for the state to respond along liberal lines, albeit cautiously, without fear of objection from the Catholic Church.

The Policy Process

Ireland has not been unique in its struggle to regulate sexuality and sexual health, and neither were its efforts to control sexuality in deference to dominant religious, moral and political ideologies as Chapter 3 has clearly illustrated. The emergence of AIDS in Ireland coincided with a kind of culture war which had begun between secularist modernisers and religious traditionalists in the wake of the abortion referendum in 1983, the outcome of which put paid to any ambitions the administration led by Garret FitzGerald might have hoped for in moving Ireland towards greater liberalism in the interests of Anglo-Irish relations. Consequently, the government response to AIDS was initially marked by ambivalence, as administrators presided uneasily over the conflict. From the perspective of academic policy analysis, there are many models of policy making which might have been applied to this study, however, the Kingdon framework²⁰, presented in Chapters 1 and 3, is especially appropriate, since: 1) it makes no assumptions that policy decisions are essentially rational or 'evidence-based'; 2) it highlights the interactions of interests groups and competing forces who, alternatively, wish to get particular issues onto or keep them off the policy agenda; 3) it focuses on how, ultimately, official policy makers are swayed not just by the competing arguments to which they are exposed, but by their own assessment of the 'national mood' in

relation to these matters; 4) it identifies the persistence of key individuals whose policy entrepreneurship, may, given the right conditions, drive an agenda forward. This section will, using the Kingdon Framework, assess some of the key findings underscoring policy making for sexual health in Ireland:

Tendency to “duck hot issues”²¹

Contested policy domains like drug policy and the regulation of sex tend to be debated across a value-driven right and wrong polemic rather than evidence-based scientific discourse as Chapter 3 demonstrated. Kingdon observed a “well known tendency to duck hot issues or throw them to administrative agencies”²² reflecting a common sense of caution among politicians concerned with appeasing constituency expectations. This tendency has been witnessed repeatedly throughout the narrative herein: in Chapter 5, then Minister for Health, Barry Desmond, instructed the HEB in 1985 to fund the first AIDS leaflet produced by GHA and in doing so assigned the matter to an administrative agency.²³ The decision proved controversial and in interview, Desmond revealed that the Department of Health while supportive of the HEB’s decision to fund printing of the AIDS leaflet was fully prepared in the face of controversy, to let the semi-state body fight its own battles²⁴.

With limited public support for the expansion of STI services in the state, the HEB were again given the task in March 1984, of carrying out a survey measuring public awareness of sexually acquired infections as outlined in Chapter 8. The same Chapter also documents events in the wake of Ann Lovett’s tragic death which resulted in Desmond and then Minister for Education, Gemma Hussey allocating responsibility for the development of a programme of school based sex education to the HEB. It was revealed that the lifeskills curriculum development and teacher training to deliver the

curriculum, which contained elements relating to sexuality and relationships as well as to alcohol and drug use, drew the HEB into conflict with religious conservatives and ultimately contributed to the closure of this semi-state health educational body. It was only some years later as the threat of AIDS loomed large and a shift in the 'national mood' was detected that the Departments of Education and Health became directly involved in the production of a resource for schools. The ambiguous and ambivalent approach which the Irish government adopted in its response to HIV/AIDS reflects a wider caution with regard to highly controversial issues which are "unattractive to a politician"²⁵ Butler and Mayock also identified this tendency within Irish political culture to manage potentially controversial social issues in an ambiguous manner²⁶, and the covert development of the Baggot Street sexual health service for at-risk populations was another such example explored in the previous chapter. AIDS, however, was an unattractive issue to politicians in the UK also where Berridge notes that the political response only began to mobilize when the potential for heterosexual spread through the blood supply and the pool of infection identified by the emergence of the antibody test in 1984 became apparent²⁷. No less than Irish politicians, UK parliamentarians were equally reluctant to engage with the issue of AIDS, believing that such a contentious issue could seriously damage their political careers²⁸. AIDS in the UK coincided with the 'New Right' agenda of Prime Minister Margaret Thatcher's Tory government and as such was initially marked by moral conservatism and resistance to liberal collectivist responses²⁹ and it was not until the question of heterosexual spread through the exponential rise of new infections among injecting drug users became apparent that the political response was mobilised in Britain.

The Irish government and the Catholic Church's practice of "playing both sides"³⁰ in an effort to appease conservative and liberal activists as described in Chapters 6 and 7 is

indicative of the ambivalence with which these key institutions responded to the threat of AIDS. Politicians may be marked by a tendency to “duck hot issues”³¹ and remain primarily cautious and mindful of constituency politics, but occasionally, a politician will ‘lead from the front’³².

Women Leading from the Front

There are multiple success factors and key actors underpinning the transformation of sexual health policy in the narrative herein but of political figures, Mary O’Rourke appears unique in this analysis because she was not inclined to “duck hot issues”³³ but rather to meet them head on. As opposition spokesperson on education between 1982 and 1987, she encouraged her party, against a tide of criticism, to vote in favour of school-based sex education. As Minister for Education, between 1987 and 1991, she faced down the Catholic hierarchy and conservative lay groups who opposed the AIDS Education Resource as outlined in Chapter 8, while Chapter 7 documents her role in the realisation of a fully participatory National AIDS Strategy Committee during her short term as Minister for Health in 1991. In interview she claimed that a politician cannot wait for majority support in a crisis and must lead from the front with determination and self-belief³⁴. While Kingdon pays scant regard to personal experiences as forces affecting the agenda, concluding that “they do not turn out to be very important in our quantitative indicators”³⁵, O’Rourke claimed in interview that her constituency experiences with women who had borne multiple children, while sometimes in violent relationships, provoked her awareness of the need for contraception and sex education³⁶. She faced down criticism from the local parish priest at this time in the 1970s recalling “So I think it shows you the way my mind was long before I ever went into serious politics”³⁷. Pragmatic, sometimes dogmatic and not a woman to be gainsaid, O’Rourke sometimes clashed with colleagues who described her as a strong personality, but Dr.

James Walsh³⁸ credited her and indeed vice versa, for moving the AIDS response towards a liberal agenda after the protracted period of conservatism that had marked her predecessor in health, Dr. Rory O'Hanlon's response.

While Barry Desmond did not specifically mention O'Rourke in interview, he did point to the fact that liberal views expressed by politicians and journalists in favour of the Health (Family Planning Amendment) Bill as it was being debated in 1984 were frequently held by women³⁹. He noted the significant rise in the number of female journalists in the 1980's who were prepared to report on social issues that otherwise might not have been aired and argued, for example, that the Anne Lovett tragedy in 1984 would never have made the national news but might have "...been buried in the local, as it was in the local papers..."⁴⁰

Desmond's observation is an interesting one because the findings herein point to the fact that in the era under review, 1982-1992, women have, not exclusively but in the main, been more likely to promote a liberal sexual health agenda than their male counterparts. In addition to O'Rourke, Desmond's colleague in Education, Gemma Hussey, was prepared to stick her neck out with regard to the need for sex education in the wake of Anne Lovett's tragic death, while it was also a female Minister for Justice, Maire Geoghegan Quinn, who was responsible for the decriminalization of homosexual acts in 1993. While Catholic girl's schools appear to have been more liberal than Catholic boy's schools, Fine Gael's deputy Alice Glen was vociferously opposed to the Health (Family Planning Amendment) Act 1985, and a number of the conservative activists described herein have been women, so it would be unwarranted to conclude that all women politicians favoured a more liberal sexual health agenda. Compared to the UK, however, and notwithstanding a female Prime Minister, Margaret Thatcher, in power at

the time, the history of AIDS in Ireland is marked by a strong representation of women as social commentators, clinicians, decision makers and campaigners for liberal reform.

O'Rourke's achievements as Minister for Health and Education with regard to AIDS must be set against the backdrop that was, in Kingdon's terminology, the "opening of a window of opportunity through crisis"⁴¹ and the shift in the 'national mood' clearly discernible during her tenure. As Minister for Health, she enjoyed the support of younger and more liberal-minded civil servants like Mary Jackson quoted in Chapters 7 and 8, whose work on the National AIDS Strategy was pivotal to its initial successes. O'Rourke's style of leadership was necessary and effective but not a sufficient factor to drive policy in isolation from other influences.

Policy Entrepreneurs

If one significant indicator looms large with regard to the evolution of sexual health policy in Ireland, it is the role of policy entrepreneurs. Almost all key informants interviewed for this study identified and credited specific individuals as critical to the policy process. As Kingdon points to⁴², they were not only found in one location, but at multiple sites of key activity central to the AIDS narrative in Ireland – "But their defining characteristic, much as in the case of business entrepreneur, is their willingness to invest their resources – time, energy, commitment...in the hope of a future return."⁴³ The future return, in this instance is the realisation of "policies of which they approve"⁴⁴ Each of the findings chapters herein has documented the extraordinary commitment of key individuals to the transformation of sexual health policy and services in Ireland. As noted in Chapter 6, historians and social scientists tend to be wary of attributing too much causal importance to individuals in shaping the course of events⁴⁵ and this study reinforces that caution since the key drivers of change depicted

herein, did not work in isolation, but in a context which supported them, at least minimally. Notwithstanding this valid caution, there are obvious cases in which individuals have played a pivotal role in the realisation of social change, and policy analysis points to the importance of key individuals, who while sometimes at the periphery of their parent institutions, have worked "...through their drive and imagination...the matching of problems, policy options, and political support occurs to move issues higher on the governmental agenda and improve the chances for successful reform."⁴⁶ The founding members of Gay Health Action described in Chapter 5 might be described as "collective entrepreneurs"⁴⁷ but their political naiveté coupled with the negative construction of gay sexuality in Ireland at that time limited their power to influence the political agenda on their own, demonstrating that entrepreneurialism in isolation from other key factors is insufficient to effect change. Fr. Paul Lavelle, co-ordinator of the National (Bishop's) Task Force on AIDS, was a 'modern' priest who networked like a businessman, and was completely at ease in the way in which he formed alliances, beyond church circles, with a range of well-respected and some high profile individuals motivated to tackle HIV and drug-related issues. He promoted the liberal response to HIV/AIDS when official church teaching espoused the exact opposite. Equally, the same might be said of Dr. James Walsh, deputy Chief Medical Officer and National AIDS Co-ordinator. As outlined in Chapter 7, while many professional grade civil servants may take on the caution and discretion which has been associated with senior civil servants, Jimmy Walsh was temperamentally very different. Described by one contemporary as a person who "...wouldn't be a great man for your conservative civil servant behind the desk"⁴⁸, he was a maverick not given to political manoeuvring, and whose commitment was primarily to medicine – "I was a medical doctor first, last and before I went in."⁴⁹ Kingdon suggests that the motivation for such

individuals may be personal aggrandizement or career advancement, but the opposite is true of both of these men. Walsh was overlooked for the top job of Chief Medical Officer and he was close to retirement so the motivation for him was not so much that he had anything to gain, but rather that he had nothing to lose. In Lavelle's case, he was well aware that AIDS was a difficult issue for the Catholic Church and to publicly promote views that contradicted Catholic morality was, as he would have known, impolitic in terms of career advancement. His final clash with Archbishop's House resulted in his transfer to the parish of Lusk, on the outskirts of County Dublin, and the "general view"⁵⁰ at the time was that he was "shafted"⁵¹ although his own view was that it was that it was "probably time to go"⁵² anyway. Olivia O'Leary, journalist and political commentator noted while presenting *Today Tonight* a contemporary current affairs programme broadcast by RTE in 1987 that:

For policy makers such as those on the Catholic Bishops Task Force, human and philosophical difficulties arise. But policy must be based on realities, painful or otherwise.⁵³

AIDS policy was a difficult issue for the Catholic Church but working in an underdeveloped and impoverished north inner city community, Lavelle was motivated by the reality that confronted him daily, not by ideology or philosophy.

Both Lavelle and Walsh's parent institutions were effectively "playing both sides"⁵⁴ in an attempt to mitigate the tensions operating between the liberal demands of public health and conservative values. While on one hand espousing the traditional principle of remaining faithful to one sexual partner in marriage and prioritising sexual abstinence, both Church and state used Lavelle and Walsh respectively, to promote an opposing liberal public health view to selective audiences.

Kingdon points to the fact some policy entrepreneurs simply wish to promote their values or “affect the shape of public policy”⁵⁵ and certainly it would appear as though Walsh and Lavelle were driven solely by their own convictions. Many others throughout this narrative might also be considered policy entrepreneurs for similar reasons, including Professor Fiona Mulcahy who as Ireland’s first Genito-urinary Consultant revolutionised Ireland’s treatment response to STIs. As a woman in a male dominated profession, specialising in a discipline that was not valued in Ireland as Chapter 8 explains, she was automatically at a disadvantage. But, as with many others described herein, AIDS provided the “opening of a window of opportunity through crisis”⁵⁶ and enabled her to speak openly and candidly about sexual health, to influence policy and to revolutionise Ireland’s approach to the treatment of STIs. It also provided her with a “direct line of communication”⁵⁷ with the Department of Health at the time. As with Walsh and Lavelle, her success was not realised in isolation from other key factors which included the efforts of clinicians like Dr. Derek Freedman who initiated and mobilised media interest in the underdevelopment of Ireland’s STI services in advance of her appointment. Equally, the secular ethos of St. James’s Hospital allowed for the liberal public health response to HIV/AIDS to develop uncontested, while as she herself credited the team around her supported and adopted her approach. As to motivation, it appears to have been simply that “...she thought Genito-urinary medicine was an area of health like any other...”⁵⁸ and was appalled by Ireland’s “cloak and dagger”⁵⁹ approach to the treatment of STIs.

Oliver points to three strategies which he suggests underpins the focus of policy entrepreneurs: 1) persuading other participants in the policy community of the necessity, and efficacy of the proposed action by establishing a favourable image of potential beneficiaries and better defining and documenting the potential benefits; 2)

identifying the most advantageous decision-making venues and procedures for pursuing their proposals; and 3) modifying proposals to generate more support or reduce opposition⁶⁰. Walsh, Lavelle and Mulcahy all adopted these strategies to realise their aims and objectives while using the media as a vehicle for influence, frequently expressing views that were contrary to the official policies of their parent institutions. Kingdon points to the importance of the media as powerful agenda setters with the capacity to affect public opinion and Walsh, Lavelle and Mulcahy's values and liberal public health views were widely aired at the time. Their nonconformist tendencies rendered them interesting media subjects, and they were not particularly driven by their own need for career advancement or personal gain but by a profound belief in the values they subscribed to. The individuals who might be described as policy entrepreneurs who affected change throughout this study, from politicians to community activists, were commended for their efforts by study participants but also marked by a tendency to be described as 'difficult'. In another context and another era, their personalities might render their approach problematic, but in the context of the crisis engendered by AIDS, their time had effectively come.

Practice Informs Policy for Sexual Health

While only a small number of people might fit Kingdon and Oliver's definition of policy entrepreneurs, the role of individuals prepared to bend the rules in response to perceived needs is a recurring theme in this study. Many are unnamed herein including those in Chapter 8 who developed and delivered sex education programmes in schools under the guise of 'pastoral care' while the Department of Education turned a proverbial blind eye. Equally, the family planning clinics, hospitals and civil society groups who distributed condoms when it was not legal to do so and public health specialists and outreach workers in the Baggot Street AIDS Resource Centre who

operated 'below the radar'. The GHA leaflet introduced explicit language to promote safer sex, an approach that was subsequently adopted by the Health Promotion Unit in the 1990's. 'Bottom up' policy literature promotes the idea that policy is to a large extent made by "street level bureaucrats"⁶¹ and this study supports that view, with the exception of politicians who were prepared to lead from the front as outlined above. Ireland was not unique in this regard, however, as in the UK policy making at least until the mid-1980s was characterised by scientific uncertainty and 'bottom up' policy making as *ad hoc* groupings among the gay community, clinicians and scientists struggled to come to terms with the pending threat⁶².

Numerous examples cited throughout this study clearly demonstrate that practice in sexual health is frequently a step ahead of policy, oftentimes with the knowledge of government departments who tend to turn a proverbial blind eye. Policy makers are subsequently more likely to adopt sexual health policies that have been tested in practice without significant dispute as study participants suggested⁶³. As outlined in Chapter 3, it is not uncommon in sexuality regulation for policy makers to be out of step with changes to public attitudes, tending to err on the side of caution, while delaying issues that are expected to be contested. Referring specifically to the case of sex education, a bitterly contested issue as described in Chapter 8, Dr. James Walsh claimed that the public was considerably ahead of politicians in its support for school-based sex education and that politicians were out of step with public opinion⁶⁴. As outlined above, controversial issues "are particularly unattractive to a politician"⁶⁵ prompting cautious and sometimes ambivalent responses. Public opinion or the "national mood"⁶⁶ holds particular importance in this study as it was on that basis of a shift in the "national mood" that government adopted a less cautious and more liberal approach to sexual health policy.

The “national mood”

Public opinion is a significant force in policy making even when it is passively rather than actively expressed and, while rarely the determining influence with regard to agenda setting, it sets the boundaries and parameters of policy actions.⁶⁷ As outlined in Chapters 3 and 7, one of Taoiseach (Prime Minister) Garret FitzGerald’s prevailing interests on entry to Dáil Éireann, was “...to define more clearly in the Constitution the separate roles of Church and State in relation to major social questions.”⁶⁸ but such Constitutional reform was a complete failure as the outcome of the abortion and divorce referenda of 1983 and 1986 attest. The outcome of the abortion referendum - in which there was a two-thirds vote in favour of a “prolife” amendment to the Constitution “put paid, at least for the time being, to any prospect, of early success for the Irish government’s policy of seeking to remove Protestant and liberal concerns about the Republic’s Catholic ethos”.⁶⁹ This admission by an Irish diplomat is an indication of the extent to which Catholic moral values continued to shape Irish culture and society in the early-1980s notwithstanding the objectives of FitzGerald’s administration. In other words, it would appear that FitzGerald government was out of step with the ‘national mood’.

The passage of the Health (Family Planning Amendment) Bill through the Dáil and Seanad in 1984 was debated in the wake of the abortion referendum and was bitterly divisive as described in Chapter 7, as was sex education in the wake of Ann Lovett’s tragic death in the same year as outlined in Chapter 8. Opposition was not sufficient to suppress the Bill and it was passed by a slim margin of votes but a significant number of chemists still refused to stock condoms⁷⁰ and, as Fiona Mulcahy highlighted at the time, “it is very difficult for young people to go into a chemist and ask for condoms over a counter when they are hidden behind a desk or hidden in a back cupboard.”⁷¹ The

marginal success of Desmond's Bill suggests that public attitudes were changing albeit slowly but in the case of sex education, the HEB's efforts were essentially defeated by conservative interests who feared that their approach to school-based sex education was subversive of family life. By 1987, however, it was clear that attitudes were changing in the context of AIDS – "public opinion...can change quickly and can be influenced by current events and the ways issues are presented in the media and by public officials."⁷² Public opinion did change quickly in Ireland from the debates in which the conservative traditionalists held the dominant position up to 1985 and 1986. While cautious and conservative, the government AIDS campaign in 1987 prompted media saturation, with some quite explicit commentary including a condom demonstration by broadcaster Gay Byrne, which shocked the nation at the time⁷³. Between 1987 and 1988, the National (Bishop's) Task Force represented by Fr. Paul Lavelle was regularly featured at all levels of media promoting a liberal public health response, while civil society groups were equally active in their own constituency groups. The British campaign is also likely to have reached the vast majority of people in Ireland, as multi-channel TV was then available to 75% of the population⁷⁴. Internationally, a liberal consensus had mobilised and was widely promoted by the WHO. At home, Dáil debate was overwhelmingly in support of the introduction of a school-based AIDS Education Resource by 1988, which is perhaps the most significant indicator of the shift in the "national mood" in light of Kingdon's finding that elected representatives do tend to "reflect public opinion."⁷⁵ Local politics is an important aspect of the political system in Ireland and politicians tend to be actively engaged in their constituencies. They will have their 'ear to the ground' with regard to public opinion on particular issues and their sense of the "national mood" will serve to either promote or inhibit issues rising to the national agenda⁷⁶. As Senator Don Lydon commented - "You must remember too in all

these Seanad debates and Dáil debates, you have to keep this in mind, particular politicians are playing to a particular cohort of votes – in the constituency or in the Senate or in the country.”⁷⁷

As has been evident throughout this narrative, various polls and research has been conducted to assess public opinion with regard to STIs and sex education, but the findings of those surveys have not always informed policy in the immediate aftermath. Politicians do not necessarily view polls as representative of public opinion if there is a visible and active lobby expressing an alternative viewpoint. As was discussed in Chapter 3, policy making for sexual health is not generally informed by evidence and scientific discourse but by societal values and “our sense of right and wrong.”⁷⁸

Policy making for sexual health is not a rational unambiguous process

Rational decision making is largely unattainable and, as Lindblom argued, policies are not the products of rational choice but the political consequences of “*partisan political adjustment* among various actors possessing different information, adhering to different values, and driven by different individual and group interests.”⁷⁹ Evidence and scientific discourse are frequently in conflict with dominant ideologies, value systems, and political priorities and no more so than in contested policy domains like sexual health. The approach defining the Irish government’s response to AIDS in the initial years was marked by ambivalence and ambiguity. While inhibited by legislation prohibiting homosexual acts, the Department of Health through the HEB funded the first sexually explicit AIDS leaflet produced by GHA; the Department of Labour funded two positions under a community employment scheme and the Department of Justice purchased AIDS information from the group, as described in Chapter 5. Government was caught in the middle between two stakeholder groups –one (mainly

driven by gay activists) with liberal attitudes towards sexuality, the other conservative (mainly based within the Roman Catholic tradition) and prepared to resist any attempts at liberalising sexual health policy in this country. Even as the “national mood” shifted towards the end of the decade, Chapter 7 demonstrates a covert approach to the development of specific services for at-risk populations in Baggot Street hospital, reinforcing Butler and Mayock’s observation of a tendency within Irish political culture to manage potentially controversial social issues in an ambiguous and covert manner⁸⁰. Notwithstanding David Norris’s successful challenge to the laws prohibiting homosexual acts at the European Court of Human Rights in 1988, the gay men’s’ health service in Baggot Street was established almost a year in advance of the decriminalisation of homosexual acts in 1993. There was no public debate, however, which successfully prevented controversy but resulted in some fall-out among local businesses who became aware of the services provided, as outlined in Chapter 8.

Chapter 8 also documents the piecemeal approach to the highly contested domain of school-based sex education. The Department of Education maintained a cautious distance with regard to the delivery of sex education in schools and tended neither to encourage nor discourage it: practising a policy of non-engagement and leaving it to the discretion of individual schools to determine whether or not they wished to include it on the curriculum. On study participant observed that the Department of Education took a “...stand back and pretend you don’t know...”⁸¹ policy, while observing how school-based sex education programmes were received by parents from a distance. Consequently, practice informed and drove policy for school-based sex education in the absence of leadership from the Department⁸².

Irish playwright and novelist, Samuel Beckett mused - “Any fool can turn a blind eye but who knows what the ostrich sees in the sand?”⁸³ – which might describe that tendency to respond to contested issues with ambivalence that Butler and Mayock observed in Irish political culture. From a political perspective it may be argued that in “playing both sides”⁸⁴ – through Dr. James Walsh and other interventions described herein - government responded pragmatically to the AIDS crisis, while maintaining the status quo until such time as the “national mood” was perceived to have shifted. This occurred when AIDS acquired momentum towards the latter half of the decade and the number of people testing HIV positive rose exponentially, thus creating a sense of crisis which accelerated the liberal response. As Lindblom and others have identified, crisis is a source of non-incremental change⁸⁵ and AIDS opened the window of opportunity to permit the emergence of a liberal public health response, but even as it did, potentially controversial services continued to be developed in a covert manner.

The Role of Interest Groups

Kingdon’s analysis points to the fact that interest groups “loom very large”⁸⁶ in policy agenda setting. Gay Health Action was the first AIDS interest group in Ireland but from the outset their power to influence was diminished by virtue of their sexuality. As outlined in Chapter 5, Oliver has argued that the construction of gay men as deviant throughout the initial course of the AIDS epidemic in the US resulted in significant delay in federal assistance for many years⁸⁷. GHA had received some piecemeal project specific state funding but no core support from the Department of Health which actively operated a policy of protracted non-engagement with the group. In describing the gay community response to AIDS in the UK, Berridge remarked that the liberalisation of the legal status of homosexuality in the 1960s and gay liberation in the 1970s had realised greater openness and democracy there⁸⁸ thus ensuring that gay activists were central to

the AIDS policy community in a way that was precluded by virtue of Ireland's continued criminalisation of homosexual acts.

Subsequent AIDS service organisations operating under the umbrella group of AIDS Action Alliance, which were active in terms of information sharing and service provision, were similarly disregarded by policy makers. As outlined in Chapter 5, liberal activists experienced some internal fracturing and dissension which was not apparent among conservative lobbyists and that further weakened their position. Kingdon found that interest groups are key players in terms of agenda setting but that their effectiveness is "seriously impaired" when there is dissension between groups.⁸⁹

The tensions prohibiting an effective government response across liberal lines as AIDS activists demanded from 1985 onwards are well documented herein. It was the emergence of the Catholic Bishops' response to AIDS in Ireland under the co-ordination of Fr. Paul Lavelle that bridged the impasse between mainly, but not exclusively, gay activists and the state. The National Task Force on AIDS as it became known acquired immediate recognition and importance across multiple levels in Irish society and served to bring together diverse stakeholders responding to AIDS, thus forming the first effective AIDS policy community. The Department of Health immediately engaged in dialogue with the Church-led interest group and ensured representation on it. Lavelle strategically developed a participatory response that combined diverse interests and communities – AIDS activists from the gay community developed a policy response with clinicians, religious, members of the church hierarchy, a high profile and senior member of the judiciary among others. That the short duration of the National Task Force was disproportionate to its influence largely reflects Kingdon's contention that "relatively well-to-do"⁹⁰ organised interests are more likely to be recognised by policy makers. The Task Force 'squawked loudly' – "the louder they squawk, the higher it

gets.”⁹¹ – with Lavelle appearing on the television or in the print media with unrivalled frequency throughout 1987 and 1988 as outlined in Chapter 6. From a Department of Health perspective, however, it may be argued that the work of the Bishops’ Task Force made it possible for the this central government department to proceed with policy-making activity in this highly contentious area in the knowledge that it was unlikely to be criticised by the Catholic Church which had itself operated a liberal response to AIDS. In that regard, Lavelle’s strategically assembled interest group was profoundly important to the realisation of liberal public health objectives at policy level.

Conservative interest groups like Family Solidarity boasted a well-educated, articulate and influential membership, and as above, policy makers displayed some deference to these conservative interests, as for instance in the case of school-based sex education described in Chapter 8. Unlike GHA and other liberal AIDS-activists of the era, these conservative interest groups were well funded, well organised and intensely vocal, factors which Kingdon’s study demonstrated, ensured a higher place on the policy agenda⁹². Minister for Health, Dr. Rory O’Hanlon whose decision making was markedly conservative (as described in Chapter 7) was, it was claimed, influenced and informed by Family Solidarity, prompting one contemporary commentator to suggest he widen his realm of influence to take account of broader needs in Irish society⁹³.

Kingdon concludes that while influential to the policy process, interest groups are not solely responsible for the emergence of agenda items⁹⁴ and the power to influence can be contingent on resources.⁹⁵ GHA and other groups within the Alliance were resource poor, negatively constructed in Irish society, marked by internal fragmentation and while they did ‘squawk loudly’ their influence on policy was minimal. They were not particularly concerned with principles of good governance and professionalism and had formed part of a global response that was energised by crisis and comparable to the

initial gay community response in the UK which Berridge termed “rough and ready”⁹⁶. Conversely, however, the National Task Force on AIDS and some of the conservative lobbyists were well funded, well organized and boasted a “relatively well-to-do”⁹⁷ membership thus ensuring that their influence on the policy agenda was greater. While the conservatives held the dominant position up until 1987, they were unable to sustain their influence despite remaining well resourced and ‘well-to-do’, suggesting that responsibility for the emergence of agenda items cannot be attributed to interest groups alone.

Those who had been the initiators of calls for reform to the laws governing sexuality, sexual and reproductive health, saw the “opening of a window of opportunity through crisis”⁹⁸ that AIDS presented to push their agenda. At the outbreak of AIDS in 1982, these liberal activists held the minority view but within a decade, a liberal public health approach to HIV/AIDS and sexual health was in the ascendency. The tension which characterised the conflict in the intervening years is best described by Dr. James Walsh who contemporaneously depicted a situation in which the Christian right preaching abstinence were “lined up to fight” the liberal left promoting safer sex as the “answer to the whole AIDS question” while public health was trying to “...hold the middle ground and deal with the problem. As a result you are crucified by both sides.”⁹⁹ Ultimately it was the middle ground of public health discourse, defined by liberal values that prevailed. Findings chapters and policy analysis presented above points to the fact that no one actor or set of circumstances dominated policy making for sexual health in Ireland in the initial decade of AIDS – rather it was a consequence of multiple factors that in Kingdon’s terms, ‘coupled’¹⁰⁰ together to “open a window that makes its timing propitious.”¹⁰¹ In the context explored herein, influential interest groups, policy

entrepreneurs, the media, practice on the ground which was ahead of policy, international pressure and Anglo Irish relations combined to realise an opportunity for liberal reformers towards the end of the decade in a process Kingdon terms the “coupling of streams”¹⁰². Berridge concludes similarly in her examination of AIDS policy in the UK noting the combination of “bureaucrats, politicians, and the policy role of different departments within government”¹⁰³, “clinicians and scientists”¹⁰⁴, “bureaucratic alliances”¹⁰⁵, “human agency”¹⁰⁶, and the “role of the media”¹⁰⁷ that propelled the AIDS policy response in the UK not least aided by the prevailing sense of “chaos and emergency, of events developing at breakneck speed with no one quite knowing what would happen next”¹⁰⁸. She also establishes that there were no universal policy models defining the response to AIDS, nor were they appropriate because each country had to respond in a way that was culturally and historically fitting to their particular context¹⁰⁹. Ireland’s response, while revealing similarities with the UK experience, was markedly different in that the “liberal consensus”¹¹⁰ was problematised in an Irish context for historical, social and cultural reasons prompting ambivalence by the state and a covert approach to policy dialogue and development. Equally, gay sexuality was criminalised and negatively constructed in Irish life precluding policy dialogue with statutory stakeholders until the Catholic Church, to which 95.4% of the population adhered in 1981¹¹¹, bridged the impasse with a liberal policy agenda defining its pastoral response.

Concluding the Transformative Effect of AIDS on Sexual Health Policy in Ireland

Writing in the early 1990s, at the height of the pandemic, Australian social scientist Dennis Altman suggested that the AIDS pandemic had a positive aspect in that it had opened up a space for talking about that which had been taboo¹¹², and as this study has demonstrated, that was very much the reality in Ireland. Irish culture and society in general appeared to be characterized by an unusual degree of sexual prudery in the post-1922 decades. DeLamater's¹¹³ framework discussed in Chapter 1, might have defined Irish culture at the outbreak of AIDS in 'sex-negative' terms in which the "procreative script" prescribed by Judeo-Christian beliefs was committed to the view that "...sexual expression is dirty, sinful, and wrong except when it occurs in marriage and for reproductive purposes."¹¹⁴ Although a liberalising wave of individualism had begun to emerge in relation to sexual, reproductive health and rights in Ireland during the pre-HIV/AIDS era, this was a marginal movement, representing a minority view. Into this society - which had poorly developed diagnostic and treatment services for sexually transmitted infections (STIs), where homosexual acts were illegal, in which there was no sex education in schools and the availability of contraceptives was restricted to married couples on prescription - AIDS emerged, bringing with it new public health expectations for the acceptance of a more liberal sexual health regime. By the end of the first decade of AIDS, Ireland had made the shift towards a 'sex positive' cultural identity and an approach to sexuality that might have been defined as inclusive of 'relational' and/or 'recreational'.¹¹⁵

The transformative affect of HIV/AIDS on two distinct sexual health indicators which emerged and gained traction throughout the period under review: a) school-based sex education; and b) STI treatment facilities, has already been illustrated. It was clearly demonstrated that while liberal efforts to introduce school-based sex education and

improve sexual health treatment services pre-dated the AIDS crisis, AIDS was the vehicle through which both were enabled towards the end of the 1980s. It is highly probable that sex education and improvements in STI services would have occurred in time anyway, as the forces of secularism and modernism gained momentum: particularly as the 1990s became characterised by increasing economic prosperity, higher numbers accessing third level education and a decline in the moral authority of the Catholic Church.

The over-riding view of stakeholders interviewed for this research was that AIDS hastened the development of a more liberal sexual health policy¹¹⁶. AIDS was not the initiator of reform but became a key driver as the decade progressed. Most participants¹¹⁷ expressed the view that more than any other factor – crisis pregnancy, abortion, or the tragedy that was Ann Lovett's death – AIDS changed attitudes in Ireland in a way that other issues could not. A defining moment of 1984, the tragic death of a fifteen year old schoolgirl who gave birth to her baby at a local grotto of the Blessed Virgin had prompted a wave of enthusiasm for the introduction of sex education in schools, but as the shock of tragedy subsided and opposition mounted, the HEB's efforts were suppressed. Senior civil servant, David Moloney, formerly of the Department of Health expressed the view that unlike the tragedy of Ann Lovett's death, AIDS became,

...a very prominent issue that created a different way of working and that kind of changed people's attitudes in a way that I don't actually mean, I don't think Ann Lovett changed - God love her - I don't think Ann Lovett changed people's attitudes one whit, I think, as the next couple of years demonstrated quite adequately.¹¹⁸

While not applied specifically as indicators of the transformation of sexual health policy in the era under review in this study, a number of other issues were highlighted

by the AIDS crisis in Ireland. Research participants Maeve Foreman, senior Social Worker, St. James's Hospital, Professor Fiona Mulcahy and Deirdre Seery, Director, Sexual Health Centre Cork concluded that the advent of HIV and AIDS in Ireland generated an awareness and an acknowledgement that "...we had gay people in Ireland and...they were people's sons and daughters..."¹¹⁹ The visibility of gay lives enabled by AIDS provided policy makers, it is claimed, with an increased level of awareness of the need to respond to the health needs of this group:

I would have thought the biggest change HIV brought was around homosexuality. I think homophobia was rife; most gay men didn't come out to family or friends ... it's hard to know for sure that it was because of HIV but I think because of HIV, officialdom had to recognize gay lives and outreach to them.¹²⁰

"AIDS was the vehicle that allowed us to open up the discussion on sexual health"¹²¹ –it enabled groups like GHA to produce explicit sexual health material when government campaigns favoured vague and enigmatic language to describe transmission - "intimate sexual contact"¹²² – that might have meant anything at all. By 1987, the availability of condoms - the fact that they remained restricted under the Health (Family Planning Amendment) Act 1985 and could not be advertised - underscored the national debate and dominated the discussion throughout AIDS week in 1987¹²³. AIDS also generated debate around the legalisation of prostitution and forced a new perspective on the issue of abortion: "This country now has the highest per capita rate of children born to HIV+ mothers in Europe."¹²⁴ HIV/AIDS contributed to the normalisation of STI screening services and removed the "cloak and dagger"¹²⁵ culture that had defined Ireland's approach to "special clinics"¹²⁶ in the pre-AIDS era. In what was perhaps one of the most defining moments of the decade, Charles J. Haughey, Taoiseach, announced in February 1991 in the wake of the IFPA and Virgin Megastore debacle described in Chapter 7 that "We will certainly be amending the law to bring it more into line with the

realities of today.”¹²⁷ The incident forced Dr. O’Hanlon, Minister for Health, to reverse his conservative position on contraceptive law reform, confirming that condoms would be made more freely available in the context of the ongoing AIDS campaign¹²⁸. Marking a significant departure with policy and practice in the formation of family planning legislation, An Taoiseach told RTE reporters on 10th March 1991 that he saw no need to consult the Catholic hierarchy in formulating government policy in this regard¹²⁹, a decisive statement that signalled the end of Catholic Church influence in the formation of Irish sexual health policy.

Ultimately, the thesis concludes that while HIV/AIDS was neither the initial nor the sole factor in this process, it contributed significantly to changed policy discourse and to changed practice in relation to sexual health in Ireland during this decade. It provided a vehicle through which Irish society was forced to confront issues of sex and sexuality that had previously been subverted and repressed in deference to Catholic moral values and nationalist identity. Social reformers who constituted the minority at the outbreak of AIDS in Ireland in 1982 were by the close of the decade acquiring the ascendancy. “AIDS has brought Ireland out of the dark ages concerning sexual attitudes...young Irish people have become well informed and open about sexual practices”¹³⁰ which Dr. James Walsh described as one of the ‘upsides’ of AIDS in 1992.

The HIV and AIDS pandemic is representative of “...the front-line of sexual politics.”¹³¹ - it radicalised dialogue about sex and sexuality in Ireland and served to undo decades of repression that had silenced such narratives in the past. AIDS was not the initiator of that process but most definitely the catalyst that propelled it forward in the latter years of the 1980s. It must be recognised that change would have occurred anyway, but AIDS hastened the process as study participants almost unanimously concluded¹³² and documentary and archival evidence used throughout this narrative illustrates

conclusively. The social changes realised during the initial era of AIDS acquired momentum in the subsequent decade but the response to sexual health reached a plateau in 1997 as Highly Active Anti-retroviral Treatment (HAART) became widely available and Relationships and Sexuality Education (RSE) a mandatory component of the school curriculum. The gains of the initial era of AIDS have not been reversed but neither has sexual health acquired the priority it held on the political agenda in those years. Concluding on the affect of AIDS on Irish life a decade after it was first diagnosed, Dr. James Walsh reflected - "I was astonished that in Ireland, the [AIDS] campaign has brought so many things of a liberal nature." ¹³³

- ¹ Kingdon, J.W., *Agendas, Alternatives, and Public Policies - second edition*. 2003, New York, London: Longman.
- ² DeLamater, J., *The Social Control of Sexuality*. Annual Review of Sociology, 1981. 7: p. 263-290.
- ³ Larkin, E., *The Devotional Revolution in Ireland, 1850-75*. The American Historical Review, 1972. 77(3): p. 625-652.
- ⁴ Inglis, T., *Origins and Legacies of Irish Prudery: Sexuality and Social Control in Modern Ireland*. ÉIRE-Ireland, 2005. 40(3 & 4): p. 9-37.
- ⁵ Whyte, J.H., *Church and State in Modern Ireland*. 1980, Dublin: Gill and Macmillan Ltd; Lee, J.J., *Ireland 1912-1985: Politics and Society*. 1990, Cambridge: Cambridge University Press; Ferriter, D., *The Transformation of Ireland: 1900-2000*. 2004, London: Profile Books Ltd; Ferriter, D., *Occasions of Sin: Sex and Society in Modern Ireland*. 2009, London: Profile Books Ltd; Inglis, T., *Moral Monopoly: The Rise and Fall of the Catholic Church in Modern Ireland*. 1998, Dublin University College Dublin Press; Inglis, T., *Origins and Legacies of Irish Prudery: Sexuality and Social Control in Modern Ireland*. ÉIRE-Ireland, 2005. 40(3 & 4): p. 9-37.
- ⁶ Kingdon, 2003
- ⁷ Inglis, 1998
- ⁸ Kingdon, 2003, p.53
- ⁹ Kingdon, 2003, p.49
- ¹⁰ Interview with Dr. James Walsh, 3rd February 2011
- ¹¹ Ibid
- ¹² Ibid
- ¹³ Interview with Barry Desmond, 14th February 2011
- ¹⁴ Oliver, T.R., *The Politics of Public Health Policy*. Annual Review of Public Health, 2006. 27: p. 201
- ¹⁵ Kingdon, 2003, p.52
- ¹⁶ Ibid, p.49
- ¹⁷ Ibid
- ¹⁸ Kingdon, 2003, p.53
- ¹⁹ Ibid, p.51
- ²⁰ Kingdon, J.W., *Agendas, Alternatives, and Public Policies - second edition*. 2003, New York, London: Longman.
- ²¹ Kingdon, 2003, p.38
- ²² Ibid
- ²³ Ibid
- ²⁴ Interview with Barry Desmond, 14th February 2011
- ²⁵ Price, D.E., *Policy Making in Congressional Committees quoted in Kingdon, 2003, p.38*. American Political Science Review, 1978. 72: p. 545-574.
- ²⁶ Butler and Mayock, 2005, p.417
- ²⁷ Berridge, 1996, p.55
- ²⁸ Berridge, 1996, p.66
- ²⁹ Ibid, p.56
- ³⁰ Interview with Dr. James Walsh, 3rd February 2011
- ³¹ Kingdon, 2003, p.38
- ³² Interview with Mary O'Rourke, 18th March 2011
- ³³ Kingdon, 2003, p.38
- ³⁴ Interview with Mary O'Rourke, 18th March 2011
- ³⁵ Kingdon, 2003, p.96
- ³⁶ *Op. Cit.*
- ³⁷ Ibid
- ³⁸ Interview with Dr. James Walsh, 3rd February 2011
- ³⁹ Interview with Barry Desmond, 14th February 2011
- ⁴⁰ Ibid
- ⁴¹ MacGregor, S., *Barriers to the influence of evidence on policy: Are politicians the problem? Drugs: Education, Prevention and Policy*, 2013. 20(3): p. 232.
- ⁴² Kingdon, 2003, p.122
- ⁴³ Ibid
- ⁴⁴ Ibid

- ⁴⁵ William James: *Essays and Lectures*, ed. R. Kamber. 2007, London: Pearson Longman; Hook, S., *The Hero in History: A Study in Limitation and Possibility*. 1945, London: Secker and Warburg.
- ⁴⁶ T. R. Oliver, *The Politics of Public Health Policy*. Annual Review of Public Health, 2006. 27: p. 218
- ⁴⁷ Ibid, p.219
- ⁴⁸ Interview with Fr. Paul Lavelle, 27th January 2011
- ⁴⁹ Interview with Dr. James Walsh, 3rd February 2011
- ⁵⁰ Interview with Paul Lavelle, 27th January 2011
- ⁵¹ According to Dr. Geoffrey Dean, see Ibid
- ⁵² Ibid
- ⁵³ Private Video Collection of De. Derek Freedman, *Today Tonight – Programme Two – 2nd of two part special programme on AIDS*. 1987 (actual broadcast date unknown), Radio Telefís Éireann (RTE).
- ⁵⁴ Interview with Dr. James Walsh, 3rd February 2011
- ⁵⁵ Kingdon, 2003, p.123
- ⁵⁶ MacGregor, S., *Barriers to the influence of evidence on policy: Are politicians the problem? Drugs: Education, Prevention and Policy*, 2013. 20(3): p. 232.
- ⁵⁷ Interview with Maeve Foreman, 15th March 2011
- ⁵⁸ Ibid
- ⁵⁹ Ibid
- ⁶⁰ Oliver, 2006, p.218
- ⁶¹ Cairney, P., *Understanding Public Policy: Theories and Issues*. 2012, Basingstoke and New York: Palgrave Macmillan, p.37-38
- ⁶² Berridge, 1996, p.14
- ⁶³ Interview with Niall Behan, 14th April 2011; Interview with John Lahiff, 24th February 2011
- ⁶⁴ Interview with Dr. James Walsh, 3rd February 2011
- ⁶⁵ David Price, 1978, quoted in Kingdon, 2003, p.38
- ⁶⁶ Kingdon, 2003, p.146
- ⁶⁷ Kraft, M.E., Furlong, S., *Public Policy: Politics, Analysis and Alternatives*. 2013, London and Thousand Oaks California: Sage Publications, P.60-63
- ⁶⁸ Desmond, B., *Finally and in Conclusion*. 2000, Dublin: New Island Books, p192
- ⁶⁹ Bew, J., *Year of rapprochement ended on grim note as IRA bombers targeted Harrods in The Irish Times*. 1st August 2013, The Irish Times Plc: Dublin.
- ⁷⁰ Private Video Collection of Dr. Derek Freedman, *Video Tape converted to DVD by TCD containing the Late Late Show broadcast by Radio Telefís Éireann (RTE) during AIDS Week*. 15th May 1987.
- ⁷¹ Private Video Collection of De. Derek Freedman, *Today Tonight – Programme Two – 2nd of two part special programme on AIDS*. 1987 (actual broadcast date unknown), Radio Telefís Éireann (RTE).
- ⁷² Kraft, 2013, p.62
- ⁷³ Private Video Collection of Dr. Derek Freedman, *Video Tape converted to DVD by TCD containing the Late Late Show broadcast by Radio Telefís Éireann (RTE) during AIDS Week*. 15th May 1987.
- ⁷⁴ Dublin AIDS Alliance, Uncatalogued, RTE & EHB AIDS Helpline Collaboration on 26th March 1987
- ⁷⁵ Kingdon, 2003, p.38
- ⁷⁶ Ibid, p.147
- ⁷⁷ Interview with Don Lydon, 2nd March 2011
- ⁷⁸ MacGregor, S., *Barriers to the influence of evidence on policy: Are politicians the problem? Drugs: Education, Prevention and Policy*, 2013. 20(3): p. 226
- ⁷⁹ Lindblom, C.E., *The Intelligence of Democracy: Decision Making Through Mutual Adjustment*. 1965, New York: The Free Press: The Macmillan Company – quoted in Hayes, M., *Incrementalism*, in *Routledge Handbook of Public Policy*, M.E. Kraft, Furlong, S., Editor. 2013, Routledge: Abingdon and New York, p.288
- ⁸⁰ Butler and Mayock, 2005, p.417
- ⁸¹ Interview with John Lahiff, 24th February 2011
- ⁸² Ibid
- ⁸³ Beckett, S., *Murphy*. 2009, London: Faber and Faber.
- ⁸⁴ Interview with Dr. James Walsh, 3rd February 2011
- ⁸⁵ Quoted in Hayes, M., *Incrementalism*, in *Routledge Handbook of Public Policy*, M.E. Kraft, Furlong, S., Editor. 2013, Routledge: Abingdon and New York, p.289
- ⁸⁶ Kingdon, 2003, p.46
- ⁸⁷ Oliver, T.R., *The Politics of Public Health Policy*. Annual Review of Public Health, 2006. 27: p. 201
- ⁸⁸ Berridge, 1996, p.15
- ⁸⁹ Kingdon, 2003, p.52

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- ⁹⁰ Kingdon, 2003, p.53
- ⁹¹ Kingdon, 2003, p.49
- ⁹² Ibid, p.49
- ⁹³ Holland, M., *Virgin takes risks on safe sex*, in *The Irish Times (1921-Current File)*; ProQuest *Historical Newspapers: The Irish Times (1859-2011) and The Weekly Irish Times (1876-1958)*. 23rd May 1990.
- ⁹⁴ Kingdon, 2003, p.49
- ⁹⁵ Ibid, p.51
- ⁹⁶ Berridge, 1996, p.16
- ⁹⁷ Kingdon, 2003, p.53
- ⁹⁸ MacGregor, S., *Barriers to the influence of evidence on policy: Are politicians the problem?* Drugs: Education, Prevention and Policy, 2013. **20**(3): p. 232.
- ⁹⁹ Dublin AIDS Alliance Archive, Uncatalogued, The Irish Family Planning Associated, *AIDS Resources*, Interview with Dr. James Walsh, December 1988
- ¹⁰⁰ Kingdon, 2003, p.172
- ¹⁰¹ Ibid, 173
- ¹⁰² Ibid, p.86
- ¹⁰³ Berridge, 1996, p.283
- ¹⁰⁴ Ibid, p. 283
- ¹⁰⁵ Ibid, p.283
- ¹⁰⁶ Ibid, p.283
- ¹⁰⁷ Ibid, p. 286
- ¹⁰⁸ Ibid, p.283
- ¹⁰⁹ Ibid, p.281
- ¹¹⁰ Ibid, p 10
- ¹¹¹ *Census of Population of Ireland*, 1981, Volume 5, p8
- ¹¹² Altman, D. (1995). Political sexualities: Meanings and identities in the time of AIDS. In R. Parker and J. Gagnon (Eds.) *Conceiving sexuality: Approaches to sex research in a postmodern world*. New York: Routledge.
- ¹¹³ Ibid
- ¹¹⁴ Levine, L.P., Troiden R.R., *The Myth of Sexual Compulsivity*. The Journal of Sex Research, 1988. **25**(3): p. 353
- ¹¹⁵ Ibid
- ¹¹⁶ Interview with Barry Desmond, 14th February, 2011; Interview with David Moloney 29th September 2011; Interview with Dr. Derek Freedman, 3rd March 2011; Interview with Prof. Fiona Mulcahy, 13th May, 2011; Interview with Dr. James Walsh, 3rd February 2011; Interview with Prof. Joe Barry, 31st March 2011; Interview with John Lahiff, 24th February 2011; Interview with Maeve Foreman, 15th March 2011; Interview with Mary Jackson, 30th March 2011; Interview with Mary O'Rourke, 18th March 2011; Interview with Mick Quinlan, 6th April 2011; Interview with Niall Behan 14th April 2011; Interview with Fr. Paul Lavelle, 27th January 2011; Interview with Prof Gerard Casey, 18th July 2011; Interview with Ruby Morrow, 7th February 2011.
- ¹¹⁷ Interview with Barry Desmond, 14th February, 2011; Interview with David Moloney 29th September 2011; Interview with Dr. Derek Freedman, 3rd March 2011; Interview with Prof. Fiona Mulcahy, 13th May, 2011; Interview with Dr. James Walsh, 3rd February 2011; Interview with Prof. Joe Barry, 31st March 2011; Interview with John Lahiff, 24th February 2011; Interview with Maeve Foreman, 15th March 2011; Interview with Mary Jackson, 30th March 2011; Interview with Mary O'Rourke, 18th March 2011; Interview with Mick Quinlan, 6th April 2011; Interview with Niall Behan 14th April 2011; Interview with Fr. Paul Lavelle, 27th January 2011; Interview with Prof Gerard Casey, 18th July 2011; Interview with Ruby Morrow, 7th February 2011.
- ¹¹⁸ Interview with David Moloney, 29th September 2011
- ¹¹⁹ Interview with Deirdre Seery, 13th June 2011
- ¹²⁰ Interview with Maeve Foreman, 15th March 2011
- ¹²¹ Interview with Mary Jackson, 30th April 2011 – post interview note recorded in research diary 1 with her approval
- ¹²² Maeve Foreman, Personal Archive, Uncatalogued, HEB AIDS Information Booklet 1987, p.7
- ¹²³ Private Video Collection of Dr. Derek Freedman, *Today Tonight – Programme Two – 2nd of two part special programme on AIDS*. 1987 (actual broadcast date unknown), Radio Telefís Éireann (RTE); Private Video Collection of Dr. Derek Freedman, *Video Tape converted to DVD by TCD containing the Late Late Show broadcast by Radio Telefís Éireann (RTE) during AIDS Week*. 15th May 1987.

¹²⁴ Dr. Irene Hillery, Private Video Collection of De. Derek Freedman, *Today Tonight – Programme Two – 2nd of two part special programme on AIDS*. 1987 (actual broadcast date unknown), Radio Telefis Éireann (RTE)

¹²⁵ Interview with Maeve Foreman, 15th March 2011

¹²⁶ Freedman, Derek, Interview, 3.3.2011

¹²⁷ Carroll, J., *Growing rifts in the condom debate*, in *The Irish Times (1921-Current File)*; ProQuest Historical Newspapers: *The Irish Times (1859-2011) and The Weekly Irish Times (1876-1958)*. 12th March 1991.

¹²⁸ Ibid

¹²⁹ Ibid

¹³⁰ *AIDS changes Irish attitudes*, in *The Irish Times (1921-Current File)*. 23rd July 1992, ProQuest Historical Newspapers The Irish Times (1859-2009).

¹³¹ Mort, 2000, p.171

¹³² See endnote 59.

¹³³ *AIDS changes Irish attitudes*, in *The Irish Times (1921-Current File)*. 23rd July 1992, ProQuest Historical Newspapers The Irish Times (1859-2009).

Appendix 1A: AIDS Cases by Transmission Category and Year of Diagnosis (1983-1999)

Diagnosis Year	IDU	MSM	Hetero- sexual	Haemo- philiac	Mother to Child	IDU+ MSM	Trans. Rec.	Other/ Undet	Total
1983	0	2	0	0	0	2	0	0	4
1984	0	2	0	1	0	0	0	0	3
1985	2	1	0	1	1	1	0	0	6
1986	3	1	0	3	1	0	0	0	8
1987	10	9	0	3	0	1	0	1	24
1988	12	22	1	5	3	2	0	0	45
1989	24	19	2	6	3	1	0	3	58
1990	31	21	11	2	2	0	0	1	68
1991	33	21	11	4	3	0	0	0	72
1992	37	24	8	3	0	0	0	0	72
1993	38	22	10	2	1	1	0	1	75
1994	25	31	15	2	1	0	1	0	75
1995	21	21	7	0	2	1	0	1	53
1996	25	19	9	0	1	0	1	0	55
1997	9	8	6	1	2	0	1	3	30
1998	5	4	5	0	2	0	0	2	18
1999	7	7	8	0	1	1	0	1	25
Unknown	0	4	0	0	0	0	0	0	4
	282	238	93	33	23	10	3	13	695

Source: Dr. Kate O'Donnell Dr Mary Cronin Dr. Derval Igoe, *Review of the Epidemiology of AIDS in Ireland 1983-1999*. Unpublished, National Disease Surveillance Centre: Dublin, p.13

Appendix 1B: HIV Cases by Year and Probable Route of Transmission (1985-2010)

Year	Probable Route of Transmission		
	IDU	MSM	Hetero
1985 (cumulative to and including 1985)	221	39	-
1986	112	11	21
1987	72	21	26
1988	58	17	20
1989	57	33	-
1990	50	25	24
1991	34	27	25
1992	82	58	50
1993	52	48	21
1994	20	31	22
1995	19	33	30
1996	20	41	27
1997	21	37	40
1998	26	37	41
1999	69	40	49
2000	83	72	127
2001	38	73	173
2002	51	46	232
2003	50	76	222
2004	73	63	179
2005	67	60	171
2006	59	89	181
2007	55	91	165
2008	40	104	190
2009	30	138	160
2010	22	134	123

Source: Health Protection Surveillance Centre, Unpublished, 2011

Appendix 1C: Definitions of Sexual Health

Source	Definition
World Health Organization. (1975) ¹	Sexual health is the integration of the somatic, emotional, intellectual and social aspects of sexual being, in ways that are positively enriching and that enhance personality, communication and love.
World Association of Sexology (2001) ²	Sexual health is the experience of the ongoing process of physical, psychological and social-cultural well-being related to sexuality. Sexual health is evidenced in the free and responsible expressions of sexual capabilities that foster harmonious personal and social wellness, enriching individual and social life. It is not merely the absence of dysfunction, disease and/or infirmity. For sexual health to be attained and maintained it is necessary that the sexual rights of all people to be recognized and upheld.
Lottes (2000) ³	Sexual health is the ability of women and men to enjoy and express their sexuality and to do so free from risk of sexually transmitted diseases, unwanted pregnancy, coercion, violence and discrimination. In order to be sexually healthy, one must be able to have informed, enjoyable and safe sex, based on self-esteem, a positive approach to human sexuality, and mutual respect in sexual relations. Sexually health experiences enhance life quality and pleasure, personal relationships and communication, and the expression of one's identity.
Surgeon General's Report (2001) ⁴	Sexual health is inextricably bound to both physical and mental health. Just as physical and mental health problems can contribute to sexual dysfunction and diseases, those dysfunctions and diseases can contribute to physical and mental health problems. Sexual health is not limited to the absence of disease or dysfunction, nor is it important confined to just the reproductive years. It includes the ability to understand and weigh the risks, responsibilities, outcomes and impacts of sexual actions and to the practice abstinence when appropriate. It includes freedom from sexual abuse and discrimination and the ability to integrate their sexuality into their lives, derive pleasure from it, and to reproduce if they so choose.
The National Strategy for Health	Sexual health is an important part of physical and mental health. It is a key part of our identity as human beings together with the fundamental human rights to privacy, a family life, and living free from discrimination. Essential elements of good sexual

and HIV (2001) ⁵	health are equitable relationships and sexual fulfilment with access to information and services to avoid the risk of unintended pregnancy, illness or disease.
Robinson et al. (2002) ⁶	Sexual health is defined as an approach to sexuality founded in accurate knowledge, personal awareness, and self-acceptance, where one's behaviour, values, and emotions are congruent and integrated within a person's wider personality structure and self-definition. Sexual health involves an ability to be intimate with a partner, to communicate explicitly about sexual needs and desires, to be sexually functional (to have desire, become aroused, and obtain sexual fulfilment), to act intentionally and responsibly, and to set appropriate sexual boundaries. Sexual health has a communal aspect, reflecting not only self-acceptance and respect, but also respect and appreciation for individual differences and diversity, and a feeling of belonging to and involvement in one's sexual culture(s). Sexual health includes a sense of self-esteem, personal attractiveness and competence, as well as freedom from sexual dysfunction, sexually transmitted diseases, and sexual assault/coercion. Sexual health affirms sexuality as a positive force, enhancing other dimensions of one's life.
WHO (2002 & 2010) ⁷	Sexual health is a state of physical, emotional, mental and social wellbeing relation to sexuality: it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

¹ World Health Organisation, *Education and treatment in human sexuality: the training of health professionals*, in *WHO Technical Report Series No. 572*. 1975: Geneva.

² World Association of Sexology, *Declaration of Sexual Rights*. 1999.

³ Lottes, I., *New Perspectives on Sexual Health*, in *New Views on Sexual Health*, I. Lottes, Kontula, O., Editor. 2000, Population Research Institute: Helsinki.

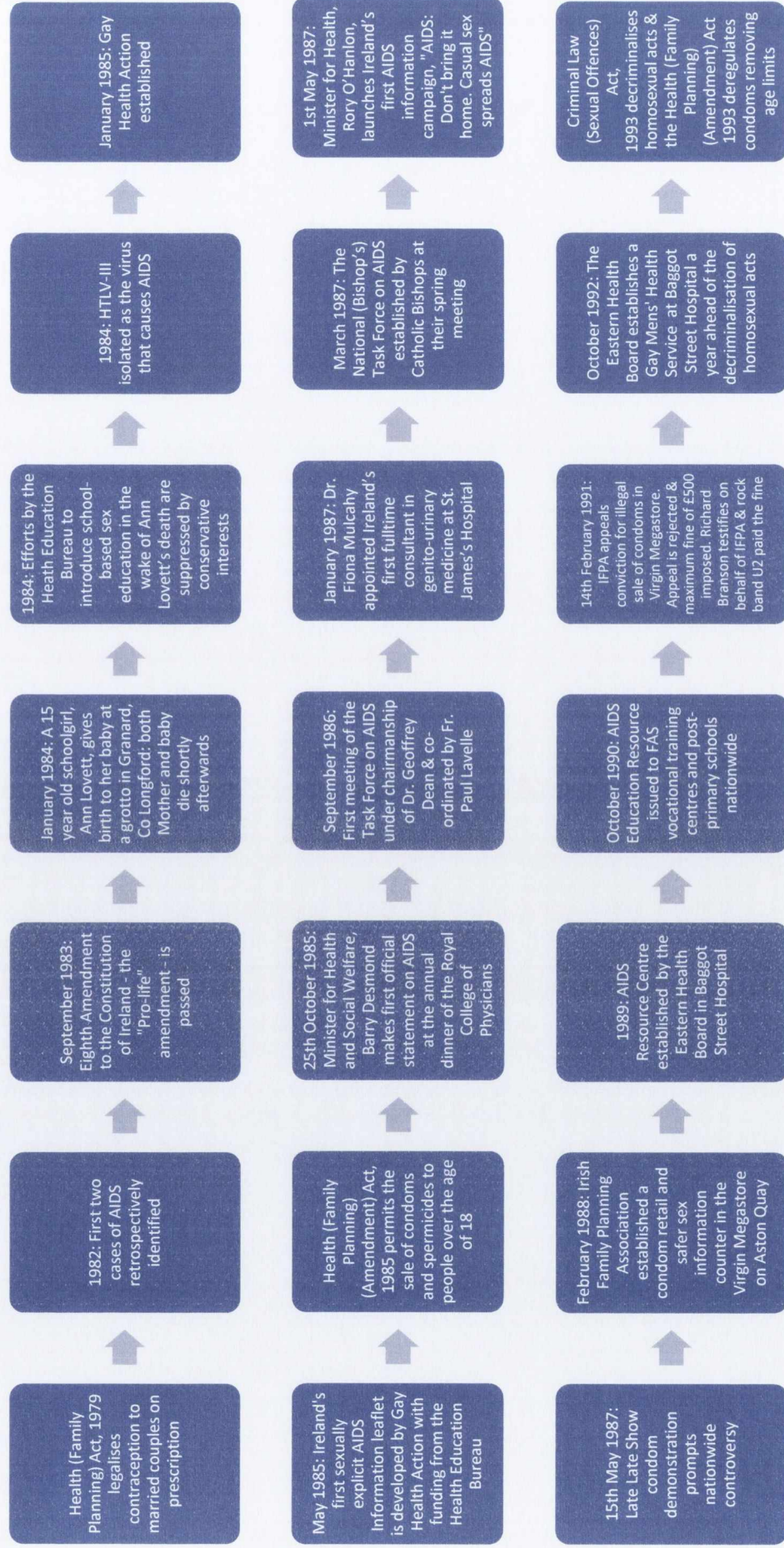
⁴ U.S. Department of Health and Social Services, *The Surgeon General's Call to Action to Promote Sexual Health and Responsible Sexual Behaviour*. 2001: Rockville, MD.

⁵ Department of Health, *The National Strategy for Sexual Health and HIV*. 2001: London.

⁶ Robinson, B., Bockting, W., Rosser, B., Miner, M., Coleman, E., *The Sexual Health Model: Application of a Sexological Approach to HIV Prevention*. Health Education Research, 2002. **17**: p. 43-57.

⁷ WHO, 2006, p.6; World Health Organisation Department of Reproductive Health and Research, *Developing Sexual Health Programmes: A Framework for Action*, in *WHO/RHR/HRP/10.22* 2010.

Appendix 1D – Timeline of Key Historical Events



Appendix 4A – Key Stakeholders Interviewed

Name	Date Interviewed	Signed Consent to be Named	Relevance to Study
Joseph Barry	31 st March 2011	Yes	AIDS/Drugs Co-ordinator for the Easter Health Board 1991 Clinical Professor in Public Health Medicine and Head of the Department of Public Health and Primary Care in Trinity College - <i>present</i>
Niall Behan	14 th April 2011	Yes	CEO Irish Family Planning Association 2004 - <i>present</i>
Gerard Casey	18 th July 2011	Yes	Philosopher and leader of the Christian Solidarity Party 1993 - 1999
Barry Desmond	14 th February 2011	Yes	Minister for Health 1982 - 1987
Maeve Foreman	15 th March 2011	Yes	Senior Social Worker, GUIDE Clinic St James's Hospital 1982 - 2006
Derek Freedman	3 rd March 2011	Yes	General Practitioner specialising in Sexually Acquired Infection from 1977 Founder of the Society for the Study of Sexually Transmitted Diseases in Ireland
Mary Jackson	30 th March 2011	Yes	Civil Servant appointed to the Health promotion Unit 1987 and the National AIDS Strategy in 1991 Currently serving as a senior civil servant in the Department of Health
John Lahiff	24 th February 2011	Yes	Guidance Counsellor in Dublin Post-primary School 1980 – 1995; Health Promoting Schools Project 1995 – 2000; National Co-ordinator of the Social Personal & Health Education (SPHE) programme 2000 – 2008.
Paul Lavelle	27 th January 2011	Yes	Priest and Co-ordinator of the National (Bishop's) Task Force on AIDS 1987 - 1988
Don Lydon	2 nd March 2011	Yes	Fianna Fáil member of Seanad Éireann 1987 - 2007
David Moloney	29 th September 2011	Yes	Principal Officer Community Health Division/Social Inclusion Unit, Department of Health and Children 2001 – 2008

			Assistant Secretary, Department of Finance 2008 - <i>present</i>
Ruby Morrow	7 th February 2011	Yes	Psychologist at the Department of Education 1976 - 2000
Fiona Mulcahy	13 th May 2011	Yes	Ireland's first Genito-urinary Consultant appointed to St. James's Hospital 1987 - <i>present</i>
Rory O'Hanlon	7 th April 2011	Yes	Fianna Fail Spokesperson for Health 1982 - 1987 Minister for Health 1987 – 1991 Retired General Practitioner
Mary O'Rourke	18 th March 2011	Yes	Minister for Education 1987 – 1991 Minister for Health 1991 - 1992
Mick Quinlan	6 th April 2011	Yes	Gay Health Action co-founder & AIDS Activist 1985 - 1990 Director of the Gay Men's Health Service 1992 - <i>present</i>
Deirdre Seery	13 th June 2011	Yes	Director of the Sexual Health Centre Cork 1989 - <i>present</i>
James Walsh	3 rd February 2011	Yes	Deputy Chief Medical Officer and National AIDS Co-ordinator 1985 - 1992

Appendix 4B – Invitation to Interview

[Participant Name]
[Participant Address 1]
[Participant Address 2]
[City]

[Date]

Re: Sexual Health Policy in the Era of HIV and AIDS in Ireland: Confirming your Participation in Research

Dear [Participant Name],

Sincere thanks for agreeing to meet with me at [Time] on [Date] at [Location].

As you know, I am currently engaged in doctoral research at the School of Social Work and Social Policy at Trinity College Dublin. As a Technical Specialist in HIV and AIDS, I have worked with the United Nations Children's Fund (UNICEF) in New York, the Irish Aid programme at the Department of Foreign Affairs and as Executive Director of Dublin AIDS Alliance (DAA) Ltd. My research consequently reflects both my interest and experience in HIV/AIDS and sexual health.

The research process will involve semi-structured interviews with a range of key informants active in the area of health, health education and policy formation from the point at which HIV was first diagnosed in Ireland in 1983 to the present. Your important role as [Participant Occupation] renders you a most critical contributor to this study and I very much appreciate your participation.

Find enclosed an information sheet, which documents the primary aims and objectives underscoring this study, while drawing attention to the interview protocol and the parameters of your participation.

A *Consent Form* is also enclosed, which requires your signature confirming your agreement to participate in this research and whether or not you wish to be named or anonymous. I would appreciate if you complete and sign the *Consent Form* in advance of our meeting next Monday.

I look forward to meeting you, [Participant Name], and should you require any further information in the meantime, please do not hesitate to contact me, or my Supervisor, Dr. Shane Butler, at the contact details below.

Yours Sincerely,

Ann Nolan
PhD Candidate, School of Social Work and Social Policy
Trinity College Dublin

Appendix 4B – Research Information

Lead Researcher	Ann Nolan, PhD Candidate, School of Social Work and Social Policy, Trinity College Dublin, Dublin 2. Tel: 01 896 3790, Mobile: 087 241 5286 Email: nolana7@tcd.ie
Supervisor	Dr. Shane Butler, School of Social Work and Social Policy, Trinity College Dublin, Dublin 2. Tel: 01 896 2009 Email: sbutler@tcd.ie
Programme	Doctor in Philosophy (PhD)
College	Trinity College Dublin
Dissertation Title	Sexual Health Policy in the Era of HIV and AIDS in Ireland, 1980-2010

Background Context to the Study

This research project aims to examine the impact of HIV/AIDS on the evolution of sexual health policy in Ireland over three decades from 1980 to 2010. Consideration and analysis of the range of events, processes and policy dialogue prompted by the emergence of HIV/AIDS will serve to establish the extent to which this global epidemic transformed sexual health policy, practice and promotion in Ireland.

As you know, the first AIDS cases were diagnosed in Ireland in 1983 at a time when contraceptive devices, including condoms, were only available to married couples on prescription under the terms of the *Health (Family Planning) Act, 1979*; homosexual acts were prohibited under the *Offences Against the Person Act, 1861* and the *1881 Amendment*, and attempts by the Health Education Bureau to introduce school-based life-skills programmes were under challenge from conservative interests, who viewed them as amoral and potentially subversive of family life.

The study aims to provide policy makers and other relevant stakeholders with a case study in sexual health policy development, while capturing the socio-historical, cultural and political determinants, which shaped Ireland’s response to HIV and AIDS. It will further serve to assess Ireland’s current response to HIV and sexual health in light of international standards and practice, while providing an informative case study from which international partners may draw lessons from some of the challenges Ireland has encountered throughout the course of the epidemic.

Interview Protocol

Should you agree to participate in this study, you will be asked to recount from your perspective and recollection, the events, policy dialogue and personal engagement which worked to progress or inhibit responses to HIV/AIDS and sexual health in Ireland. While not wishing to interrupt your narrative, I may, throughout the course of the interview, seek clarity or request that you expand on a particular response. I may also prompt you towards specific events and policy narratives that are of particular importance to the research question.

The interview will take up to one hour and may take place over two sessions if that is preferable to you. As indicated in the *Consent Form* enclosed, I would like to record the interview but will only do so with your permission. As also indicated, you may refuse to answer specific questions or withdraw your participation at any stage throughout the research process. You may also request a copy of the transcript on completion of the interview. Your participation will mean that extracts or the full content of material acquired throughout the process of research may appear in my dissertation, in conference presentations, in papers submitted to academic journals and in other publications.

Anonymity and Confidentiality

Given your important contribution to the era under review, disclosure of your identity will greatly authenticate the study and enhance the historical record promised by this research. However, you have every right to request that your identity is not disclosed anywhere in the research analysis, conference presentation of findings or in publications thereof (*see Consent Form, Options A & B enclosed*).

In accordance with the Data Protection Act, 1998, interview recordings and transcripts will be held for a period of twelve months after the submission of the final PhD dissertation and will then be destroyed. All recorded material and information or documentation provided by you will be held in a secure room in Trinity College, in a locked cabinet and the storage of electronic data will be password protected.

Language Considerations

Interviews will be conducted through English but an interpreter will be provided on request, in the event that English is not your first language

Conflict of Interest

There is no conflict of interest to disclose.

Appendix 4B–Participant Consent Form

PART 1

General Information	
Lead Researcher	Ann Nolan, PhD Candidate, School of Social Work and Social Policy, Trinity College Dublin, Dublin 2. Tel: 01 896 3790, Mobile: 087 241 5286 Email: nolana7@tcd.ie
Supervisor	Dr. Shane Butler, School of Social Work and Social Policy, Trinity College Dublin, Dublin 2. Tel: 01 896 2009 Email: sbutler@tcd.ie
Programme	Doctor in Philosophy (PhD)
College	Trinity College Dublin
Dissertation Title	Sexual Health Policy in the Era of HIV and AIDS in Ireland

Please tick the boxes as appropriate:-

	Yes	No
I have read and understand the information provided.		
I have had the chance to ask questions and these have been answered to my satisfaction.		
I am aware that I have the right to refuse to participate in this study.		
I have based my decision to take part in the study on the information provided.		
I am aware that while the disclosure of my identity will greatly authenticate the study that I have the right to request that my identity is not disclosed anywhere in the research findings (<i>see Options A & B below</i>).		
I am aware that my participation in the study includes one interview with the possibility that the interview may take place over two sessions if preferable.		
I am aware that follow-up contact may be necessary to check the accuracy of what is recorded.		
I understand that I may decline to answer any question and stop the interview at any stage.		
I understand that I may withdraw consent to be interviewed or recorded material to be used at any stage of the research process.		
I am aware that I may request a copy of the transcript on completion		

of the interview		
I am aware that I will be asked for permission for the interview to be recorded and that recorded material will be used by the researcher in pursuit of a PhD at Trinity College Dublin.		
I am aware that extracts or the full content of material acquired throughout the process of research may appear in the dissertation, in conference presentations, in papers submitted to academic journals and in other publications.		
I am aware that all recorded material and information I provide to the researcher will be stored in a secure room, in a locked cabinet and that the storage of electronic data will be password protected.		

I consent to participate in the study:-

Date : _____

Participant Name (PRINT): _____

Participant Signature : _____

OPTION A : *I consent to the disclosure of my identity,*

Date : _____

Participant Name (PRINT): _____

Participant Signature : _____

OPTION B : *I wish to remain anonymous,*

Date : _____

Participant Name (PRINT): _____

Participant Signature : _____

PART 2

Interview Organisation

Name: _____

Address: _____

Tel: _____

Mobile: _____

Email: _____

**Proposed Date of
Interview:** _____

Proposed Time of Interview: _____

Proposed Location of Interview: _____

**Please return the *Consent Form* in the
stamped-addressed envelope provided.**

**Confirmation of the interview will
subsequently be issued by the lead
researcher.**

Appendix 5A–List of Organisations Affiliated to AIDS Action Alliance

Member Organisation	Description of Activities
AIDS Helpline Dublin	A confidential information and support service;
Body Positive	A self-help group for people living with HIV or AIDS meeting once per week;
Cáirde	A befriending and support service for people living with HIV and AIDS;
Gay Health Action	Provides information, education and HIV/AIDS prevention, primarily to the gay and bisexual community;
Lesbian Health Action	A sister group of GHA;
Women and AIDS	Founded in 1987 to provide information on HIV and AIDS that is woman-specific;
Practical Aid	Founded in 1987 to provide transport services to people living with HIV/AIDS, their families, lovers and caregivers;
AIDS Action Alliance, Cork	Founded in 1987, the Alliance established the Cork AIDS Helpline. They also operate a Cáirde group and an outreach programme to schools;
AIDS Action Alliance, Galway	Operates a Cáirde befriending service, an AIDS Helpline and an outreach programme.

Appendix 6A – Membership of the AIDS Task Force, Drugs Awareness Programme of the Catholic Social Services Conference – October to December 1986

Dr. Geoffrey Dean, Director Emeritus, Medico Social research Board

Dr. John O'Connor, Acting Consultant Psychiatrist, Drug Dependency Unit, Jervis St.

Dr. Maurice Brennan, Medical Officer, Arbour Hill Prison, Dublin 7

Dr. Jane Buttimer, DoH Customs House D1

Dr Ann O'Connor, EHB, c/o 66 Sweetman's Avenue

Dr. Michael Colclough, Drug Dependency Unit, Jervis St

Bishop Desmond Williams, Chairman, CSSC, the Red House

Sr Catherine Lillis, Drug Addiction Counsellor, EHB Area 3

Ms Terina Kelly, R.N., Avoca House Park Ave Dundalk

Ms Aileen O'Hare, Senior Sociologist, HRB,

Ms Irene Dixon, Administrator, Medical faculty UCD

Justice Gillian Hussey, District Courts, 37 Angesea Road, Ballsbridge D 4

Fr. Brian Power P.P., Parish Prist Rialto, 385 South Circular Road, D 8

Fr. John Synnott, Chaplain, Mountjoy prison

Fr Declan Moriarty, Chaplain, Arbour Hill Prison,

Fr. Sean Cassin, OFM, Coolmine Therapeutic Community Outreach Programme

Fr. Frank Brady S.J. Ana Liffey Drug project

Fr. Paul Lavelle, Director, Drugs Awareness Programme, CSSC, the Red House

Mr Cark Berkeley, Cairde Counselling Service, 30 Kenilworth Square, Dublin 6

Mr. Paul Sheridan, Haemophiliac Society, 85 Seapark Drive, Clontarf

Mr. Ciaran McKinney, Gay Health Action, 10 Fownes St, D 2

Mr James Cumberton, ED Coolmine Therapeutic Community, c/o 25 Oaklands D 4

Mr Fintan Drury, Journalist, 13 Gilford Ave, Sandymount, D4

Appendix 6B – Membership of the National Task Force on AIDS – First Meeting 2nd April 1987 to 1988

District Justice Gillian Hussey (Chairperson)

Dr. Geoffrey Dean, Director Emeritus, Medical Social Research Board

Dr Fiona Mulcahy, STD Clinic, St James's Hospital

Dr. Ann O'Connor, Community Care Doctor, Dublin

Sister Catherine Lillis, Drug Addiction Counsellor

Fr. Brian Power, PP Rialto

Mr. Fintan Drury, Journalist

Mr. Carl Berkeley, Cairde Counselling Service

Mr Paul Sheridan, Haemophiliac Society

Fr. Michael Cullen, Chaplain Mountjoy Prison

Mr. Ciaran McKinney, Gay Health Action

Fr. Frank Brady, SJ, Ana Liffey Drug project

Mr. James Cumberton, Coolmine Therapeutic Community

Mr. Peter Nugent, National Catholic Marriage Advisory Council

Dr. John O'Connor, Drugs Treatment Centre, Jervis St Hospital

Mr. Patrick McCarthy, Ex-Chairman, Religious Teachers Association, Cork

Fr. Eamonn O'Brien, Chaplain, Mater Hospital, Belfast

Mr. John Collins, Departmentt of Health

A representative of the conference of major religious superiors to be appointed.¹

¹ Dublin AIDS Alliance Archive, Uncatalogued, Catholic Press and Information office – A Commission of the Irish Bishops' Conference, Press Statement 26th March 1987 at 16.54

Appendix 7A – Cases of Notified Sexually Transmitted Infections 1982-1988

1982	1823
1983	2567
1984	2869
1985	N/A
1986	2891
1987	3998
1988	4619

(Source: By kind permission of the Department of Health and Children – may not be reproduced)

Bibliography

Action Aid, *Girl Power: The impact of Girls' Education on HIV and sexual behaviour*. 2006: London.

Aggleton, P., Davies, P., Hart, G. (eds), *AIDS: Activism and Alliances*. Social Aspects of AIDS, ed. P. Aggleton. 1997, London: Taylor and Francis Ltd.

Ahlstrom, D., *AIDS Day highlights Irish inaction*, in *The Irish Times (1921-Current File)*; ProQuest Historical Newspapers *The Irish Times (1859-2009)*. 1st December 1988.

Ahlstrom, D., *Can we afford AZT, the wonder drug?*, in *The Irish Times (1921-Current File)*. 1st December 1989, ProQuest Historical Newspapers: *The Irish Times (1859-2011)* and *The Weekly Irish Times (1876-1958)*.

Ahlstrom, D., *Campaign on AIDS 'not working'*, in *The Irish Times (1921-Current File)*. 16th December 1987, ProQuest Historical Newspapers *The Irish Times (1859-2009)*.

AIDS: A Moral Issue - 2nd Edition, ed. B. Almond. 1996, London: Macmillan Press Ltd.

Social Determinants of Health - 2nd Edition, ed. M. Marmot, Wilkinson, R.G. 2006, Oxford: Oxford University Press.

AIDS book withdrawn, in *The Irish Times (1921-Current File)*. 25th November 1988, ProQuest Historical Newspapers, *The Irish Times (1859-2009)*.

AIDS changes Irish attitudes, in *The Irish Times (1921-Current File)*. 23rd July 1992, ProQuest Historical Newspapers *The Irish Times (1859-2009)*.

Alarm at VD Increase, in *The Sunday World*. 20th June 1982 - Private Papers of Dr. Derek Freedman.

Allred, P., David, M.E., *Get Real About Sex: The Politics and Practice of Sex Education*. 2007, Maidenhead: Open University Press.

Allen, L., *Doing 'it' differently: relinquishing the disease and pregnancy prevention focus in sexuality education* *British Journal of Sociology of Education*, 2007. 28(5): p. 575-588.

Altman, D., *The Homosexualisation of America*. 1982, Boston MA: Beacon press.

Altman, D., *Legitimation Through Disaster*. *AIDS: The Burdens of History*, ed. E. Fee, Fox, D.M. 1988, Berkeley.

Altman, D., *Political Sexualities: Meanings and Identities in the Time of AIDS*, in *Conceiving Sexuality: Approaches to Sex Research in a Postmodern World*, R. Parker, Gagnon, J., Editor. 1995, Routledge: New York.

Altman, D., *Global Sex*. 2001, Chicago: University of Chicago Press.

Analysing Qualitative Data, ed. A. Bryman, Burgess, R.G. 1994, London: Routledge.

Analysing Social and Political Change, ed. A. Dale, Davies, R.B. 1994, London: Sage Publications.

Andrews, C.J., *Rationality in Policy Decision Making*, in *Handbook of public policy analysis: theory, politics, and methods / edited by Frank Fischer, Gerald J. Miller, Mara S. Sidney* Frank Fischer Gerald J. Miller Mara S. Sidney, Editor. 2007, Taylor & Francis: Boca Raton. FL

Archbishop John Charles McQuaid, *In his Lenten pastoral letter*, in *The Politics of Sexual Morality in Ireland*, C. Hug, Editor. 28th March 1971, Macmillan: New York.

Ardagh, J., *Ireland and the Irish: Portrait of a Changing Society*. 1995, London: Penguin

Armstrong, D., *Political Anatomy of the Body*. 1983, Cambridge: University Press, Cambridge.

Armstrong, J., *AIDS Details Cut From Health Booklet*, in *The Irish Times*. 14th August 1986: Dublin.

Bahgat, H., Afifi, W., *Sexuality Politics in Egypt*, in *Sex Politics: Reports from the Front Lines*, R. Parker, Petchesky, R., Sember, R. , Editor. 2007, Sexuality Policy Watch: Rio de Janeiro.

Bardach, E., *The Implementation Game*. 1977, Cambridge: MIT Press.

Barrington, R., *Health, Medicine and Politics in Ireland 1900-1970*. 1987, Dublin: Institute of Public Administration.

Barry Desmond Minister of Health and Social Welfare, *Papers*. 1987, University College Dublin Archives.

Beard, J., Biemba, G., Ibrahim (Bram) Brooks, M., Bresnahan, M., Flynn, D., Simon, J., *Children of Female Sex Workers and Injection Drug Users: A Review of Vulnerability and Family-Centered Models of Care in Low and Middle-Income Countries*. Critical Review Paper Boston University OVC-CARE Project, 2010.

Becker, G.S., *An economic analysis of the family* Economic and Social Research Institute, Editor. 1986: Dublin.

Bendor, J., *Bounded Rationality and Politics*. 2010, Berkeley, California: London: University of California Press.

Bergin, C., et al., *Letter to the editor*. Journal of the European Academy of Dermatology and Venereology, 1997. 8(1): p. 73-73.

Bergin, C., et al., *Incidence of sexually transmitted disease amongst a elderly cohort attending a genito-urinary medicine clinic*. Journal of the European Academy of Dermatology & Venereology, 1995. 5(3): p. 218-221.

Bernstein, E., Schaffner, L. (eds), *Regulating Sex: The Politics of Intimacy and Identity*. 2005, New York: Routledge.

Bernstein, E., *Liberalism and Social Movement Success: The Case of the United States Sodomy Statutes*, in *Regulating Sex: The Politics of Intimacy and Identity*, E.S. Bernstein, L. , Editor. 2005, Routledge: New York.

Berridge, V., Strong, P. (eds), *AIDS and Contemporary History*. 1993, Cambridge: Cambridge University Press.

Berridge, V., *AIDS in the UK: The Making of Policy, 1981-1994*. 1996, Oxford: Oxford University Press.

Berridge, V., Gorsky, M., Mold, A., *Public Health in History*. 2011, Maidenhead: McGraw-Hill/Open University Press.

Bertelli, A.M., *The Political Economy of Public Sector Governance*. 2012, Cambridge: Cambridge University Press.

Bew, J., *Year of rapprochement ended on grim note as IRA bombers targeted Harrods* in *The Irish Times*. 1st August 2013, The Irish Times Plc: Dublin.

Bhana, D., 'AIDS is rape!' gender and sexuality in children's responses to HIV and AIDS, in *Social Science & Medicine* 2009, Elsevier. p. 596-603.

Big Rise in VD Cases Reported at Dublin Clinic. Irish Medical Times, 8th August 1975. 9 (32) - Private Papers of Dr. Derek Freedman

Birks, M., Mills, J., *Grounded Theory: A Practical Guide*. 2011, London: Sage Publications Ltd.

Blackwood, E., *Regulation of sexuality in Indonesian discourse: Normative gender, criminal law and shifting strategies of control*. Culture, Health & Sexuality, 2007. 9(3): p. 293-307.

Blaxhult, A., et al., *Does European or non-European origin influence health care and prognosis for HIV patients in Europe?* HIV Medicine, 1999. 1(1): p. 2-9.

Boehrer, B.T., *Early Modern Syphilis*, in *Forbidden History: The State, Society, and the Regulation of Sexuality in Modern Europe*, J.C. Fout, Editor. 1992, University of Chicago Press: Chicago.

Bragg, S., *Having a Real Debate: Using Media as a Resource in Sex Education* Sex Education, 2006. 6(4): p. 317-331.

Bronski, M., *Love the sin--Pedagogy, Pupils, and psychology: Commentary on Love the Sin: Sexual Regulation and the Limits of Religious Tolerance by Janet R. Jakobsen and Ann Pelligrini*. Studies in Gender and Sexuality, 2005. 6(4): p. 411-422.

Brown, T., *Ireland: A Social and Cultural History, 1922-2002*. 2004, London: Harper Perennial.

Bryman, A., *Social Research Methods: 4th Edition*. 2012, Oxford: Oxford University Press.

Bunreacht Na hÉireann (Constitution of Ireland). 1937: Republic of Ireland.

Burke, S., *Irish Apartheid: Healthcare Inequality in Ireland*. 2009, Dublin: New Island.

Buse, K., Martin-Hilber, A., Widyanoro, N., Hawkes, S.J., *Management of the Politics of Evidence-based Sexual and Reproductive Health Policy*. The Lancet, 2006. 368: p. 2101-2103.

Butler, B C Bishop. *Popes of Vatican II: The Voice of the Church* - <http://vatican2voice.org/4basics/papal.htm>. 2011 [cited 2013 1st August].

Butler, S., *Alcohol, Drugs and Health Promotion in Modern Ireland*. 2002, Dublin: Institute of Public Administration.

Butler, S., *Benign Anarchy: Alcoholics Anonymous in Ireland*. 2010, Dublin: Irish Academic Press.

Butler, S. and P. Mayock, 'An Irish solution to an Irish problem': *Harm reduction and ambiguity in the drug policy of the Republic of Ireland*. International Journal of Drug Policy, 2005. 16(6): p. 415-422.

Cairney, P., *Understanding Public Policy: Theories and Issues*. 2012, Basingstoke and New York: Palgrave Macmillan.

Campbell, C., et al., *Youth participation in the fight against AIDS in South Africa: From policy to practice*. Journal of Youth Studies, 2009. 12(1): p. 93-109.

Carroll, J., *Growing rifts in the condom debate*, in *The Irish Times (1921-Current File); ProQuest Historical Newspapers: The Irish Times (1859-2011) and The Weekly Irish Times (1876-1958)*. 12th March 1991.

Carroll, J., *Bishop launches book on Catholic sex education*, in *The Irish Times (1921-Current File)*. Sep 10, 1986, ProQuest Historical Newspapers The Irish Times (1859-2009).

Carter, J.B., *Birds, Bees, and Venereal Disease: Toward an Intellectual History of Sex Education*. *Journal of the History of Sexuality*, 2001. 10(2): p. 213-249.

Catterall, R.D., *Sexually Transmitted Diseases in the Republic of Ireland*. *British Journal of Venereal Diseases* 1983. 59: p. 66-67.

Cavanagh, S.L., *Sexing the Teacher: Voyeuristic Pleasure in the Amy Gehring Sex Panic*. *Social Text: Duke University Press*, 2005. 23(1): p. 111-135.

Central Statistics Office, *Census of Population of Ireland*. 1981, Stationary Office: Dublin.

Censorship of Publications Act. 1929, Irish Statute Book: Ireland.

Central Statistics Office, *That was then, this is now: change in Ireland 1949-1999*. 2000: The Stationery Office Dublin.

Charmaz, C. *Grounded Theory Coding Workshop*. 28th March 2012. Trinity College Dublin.

Cherlin, A., *Changing Family and Household: Contemporary Lessons from Historical Research*. *Annual Review of Sociology*, 1983. 9(1): p. 51-66.

Clark, R., *Strangers and Sojourners at Port Royal*. 1932, Cambridge: Cambridge University Press.

Coakley, J., Gallagher, M., (Eds), *Politics in the Republic of Ireland*, 5th edition. 2010, Abingdon, Oxon: Routledge.

Cocks, H., *Saucy stories: pornography, sexology and the marketing of sexual knowledge in Britain, c. 1918-70*. *Social History*, 2004. 29(4): p. 465-484.

Coghlan, D., *Bishops deny campaign to oust Desmond from power*, in *The Irish Times (1921-Current File)*; *ProQuest Historical Newspapers: The Irish Times (1859-2011) and The Weekly Irish Times (1876-1958)*. 8th October 1985.

Coghlan, D., *Another setback for lobby opposing sex education*, in *The Irish Times (1921-Current File)*. Apr 1, 1985, ProQuest Historical Newspapers The Irish Times (1859-2009).

Congregation for the Doctrine of the Faith, *Letter to the Bishops of the Catholic Church on the Care of Homosexual Persons* 1st October 1986: Vatican

Connolly, P.R., *The Church in Ireland since Vatican II*. *The Furrow*, 1979. 30(12): p. 755-766.

Connolly, S.J., *Priests and People in Pre-Famine Ireland, 1780-1845*. 1982, Dublin: Gill and Macmillan Ltd.

Conor C. O. Brien, *Victims of Silent Panic*, in *The Irish Times*. 14 February 1984, Retrieved from <http://search.proquest.com/docview/529813851?accountid=14404>

Coogan, T.P., *Disillusioned Decades: Ireland 1966-87*. 1987, Dublin: Gill and Macmillan Ltd.

Corbin, J., Strauss, A, *Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory 3e*. 2008, Thousand Oaks, California: Sage Publications.

Coward, R., *Patriarchal Precedents*. 1983, London: Routledge and Kegan Paul Ltd.

Crawford, A., Goodey, J., *Integrating a victim perspective within criminal justice* 2000, Aldershot: Ashgate.

Creswell, J.W., *Qualitative Inquiry and Research Design: Choosing Among Five Traditions*. 1998, Thousand Oaks, CA: Sage.

Crozier, I., *Becoming a Sexologist: Norman Hara, the 1929 London World League for Sexual Reform Congress and Organising Medical Knowledge About Sex in Interwar England*. History of Science, 2001. XXXIX: p. 299-329.

Cryan, D., *The Church and Homosexuality*, in *The Irish Times (1921-Current File)*. 23rd April 1987, ProQuest Historical Newspapers: The Irish Times (1859-2011) and The Weekly Irish Times (1876-1958).

Dáil Debates - Written Answers, *AIDS Campaign* Tuesday, 15 March 1988.

Dáil Debates Volume 374. 28 October, 1987.

Dáil Éireann - Volume 383, *Ceisteanna—Questions Oral Answers - AIDS Campaign*. 02 November 1988.

Dáil Éireann Debate, *Ceisteanna—Questions. Oral Answers. Sex Education Courses*. 23rd May 1979.

Dáil Éireann Debate, *Written Answers - Leaflet on AIDS: Vol. 377 No. 6* Tuesday, 9 February 1988.

Dáil Éireann Debate, *Ceisteanna—Questions. Oral Answers. Sex Education Courses. Vol 314 Issue 8*. Wednesday 23rd May 1979.

Dáil Éireann Debates, *Ceisteanna—Questions. Oral Answers. - AIDS Campaign - Volume 383* 02 November, 1988.

Dáil Éireann Debates, *Supplementary Estimate - Vol. 393 No. 2* 15 November 1989.

Dáil Éireann Debates, *Ceisteanna - Questions. Oral Answers - Health Education Bureau - Vol. 357 No. 2.* 21st March 1985.

Dáil Éireann Debates, *Volume 374.* 28 October, 1987.

Dáil Éireann Debates, *Written Answers - AIDS Awareness Education - Vol. 412 No. 1.* Tuesday, 5 November 1991.

Danto, E.A., *Historical Research.* Pocket Guides to Social Work Research Methods. 2008, New York: Oxford University Press.

Davis, A., "Oh no, nothing, we didn't learn anything": sex education and the preparation of girls for motherhood, c. 1930-1970. *History of Education*, 2007. 34(5): p. 1-17.

De Castro-Silva, C.R., et al., *AIDS-NGOs and political participation: Brazilian and Canadian experiences.* *Journal of Community & Applied Social Psychology*, 2008. 18(6): p. 615-629.

De Waal, A., *Children and HIV/AIDS 2008-09: The Political Context and Challenges.* 2008, Social Science Research Council; Joint Learning Initiative on Children and HIV/AIDS, Learning Group 4. p. 1-17.

Dean, G., Bradshaw, J., Lavelle, P., *Drug Misuse in Ireland, 1982-1983: Investigation in a North Central Dublin Area and in Galway, Sligo and Cork,* The Medico Social Research Board, Editor. 1983.

Dean, G., *The Turnstone: A Doctor's Story.* 2002, Liverpool: Liverpool University Press.

DeLamater, J., *The Social Control of Sexuality.* *Annual Review of Sociology*, 1981. 7: p. 263-290.

Department of Health and Children, *Health Statistics.* 2005, Department of Health and Children (DoH&C): Dublin.

Departments of Education and Health, *AIDS Education Resource Materials.* 1988.

Desmond, B., *Finally and in Conclusion.* 2000, Dublin: New Island Books.

Devers, K.J., Frankel, R.M., *Study Design in Qualitative Research - 2: Sampling and Data Collection Strategies.* *Journal of Education for Health*, 2000. 13(2): p. 263-271.

Donnan, H., Magowan, F. (eds), *Transgressive Sex: Subversion and Control in Erotic Encounters.* *Fertility, Reproduction and Sexuality*, Volume 13, ed. S.T. David Parkin, Marcia Inhorn. 2009, New York & Oxford: Berghahn Books.

Doorly, K., *Sex Education or Sex Information,* in *The Irish Times.* 31st January 1980, Irish Times Plc: Dublin.

Dowding, K., *Model or Metaphor? A Critical Review of the Policy Network Approach*. Political Studies, 1995. 43(1): p. 136-158.

Dr David Nowlan, M.C., *Experts Reject Dublin VD Statistics*, in *The Irish Times*. 1982, June 28, Retrieved <http://search.proquest.com/docview/529491330?accountid=14404>.

Dr. David Nowlan, *Gay Group Sees Prejudice in AIDS Response*, in *The Irish Times*. 25th June 1986, ProQuest Historical Newspapers: The Irish Times (1859-2011) and The Weekly Irish Times (1876-1958).

Dr. Joe Barry AIDS/Drugs Co-ordinator Eastern region, *Report to Mr. Kieran Hickey, Eastern Health Board, Chief Executive Officer from the AIDS/Drugs Co-ordinator*, in *Private Papers of Professor Joe Barry* accessed 27th August 2013. 23rd November 1992.

Dr. Joe Barry AIDS/Drugs Co-ordinator Eastern region, *Letter from Dr. Joe Barry AIDS/Drugs Co-ordinator to Mr. Kieran Hickey, CEO, Eastern Health Board, Re: Development at Baggot Street Clinic and Amiens Street Clinic*, in *Personal Papers of Professor Joe Barry* accessed 27th August 2013. 31st March 1993.

Dr. Joe Barry AIDS/Drugs Co-ordinator Eastern region, *Report to the Eastern Health Board on HIV Prevention Services for IVDU and non-IVDU*, in *Private Papers of Professor Joe Barry* accessed 27th August 2013. circa 1991 (not cited).

Drimie, S., Casale, M., *Multiple stressors in Southern Africa: the link between HIV/AIDS, food insecurity, poverty and children's vulnerability now and in the future*. AIDS care, 2009. 21(1): p. 28-33.

Dublin AIDS Alliance Archive - Uncatalogued, *Minutes of an Organisational Meeting held in Trinity College Dublin on 17th and 18th August 1985*.

Dublin AIDS Alliance Archive - Uncatalogued, *A.I.D.S. Helpline Northern Ireland - Second Annual Report 1987-1988*.

Dublin AIDS Alliance Archive - Uncatalogued, *Report of Presentation given by Brian Murray, Chairperson of AIDS Action Alliance, undated, 1988*.

Dublin AIDS Alliance Archive - Uncatalogued, *Minutes of the 7th Meeting of the National Task Force on AIDS* 1st December 1987.

Dublin AIDS Alliance Archive - Uncatalogued, *Minutes of the 2nd Meeting of the National Task Force on AIDS*. 2nd April 1987.

Dublin AIDS Alliance Archive - Uncatalogued, *Minutes of 5th Meeting of the National Task Force on AIDS*. 5th September 1987.

Dublin AIDS Alliance Archive - Uncatalogued, *Letter from Private Secretary to Minister of Health, Barry Desmond, to Chris Robson, Gay Health Action*. 6th June 1985.

Dublin AIDS Alliance Archive - Uncatalogued, *Letter from Donal Sheehan for Gay Health Action to Michael D. Higgins, TD*, . 6th November 1987.

Dublin AIDS Alliance Archive - Uncatalogued, *Letter from Chris Robson, Gay Health Action to Minister for Health, Barry Desmond*. 6th October 1985.

Dublin AIDS Alliance Archive - Uncatalogued, *Minutes of Meeting, AIDS Task Force*. 9th December 1986.

Dublin AIDS Alliance Archive - Uncatalogued, *Minutes of the First Meeting of the AIDS Task Force*. 9th October 1986.

Dublin AIDS Alliance Archive - Uncatalogued, *Catholic Social Services Conference: Report of the AIDS Task Force*. 10th February 1987.

Dublin AIDS Alliance Archive - Uncatalogued, *Letter from Rev. Paul Lavelle, Director Drugs Awareness Programme to Mr. Carl Berkely, Gay Health Action*. 10th September 1986.

Dublin AIDS Alliance Archive - Uncatalogued, *The Irish Press*. 11th August 1983.
Dublin AIDS Alliance Archive - Uncatalogued, *Untitled*, in *The Irish Times*. 11th August 1983.

Dublin AIDS Alliance Archive - Uncatalogued, *Letter from Chris Robson, Gay Health Action to Minister for Health, Barry Desmond*. 14th February 1986.

Dublin AIDS Alliance Archive - Uncatalogued, *National AIDS Task Force – Meeting between Superintendent Community Welfare Officers, Prison Welfare Officers, STD Clinics and Drug Treatment Centres* 15th December 1987.

Dublin AIDS Alliance Archive - Uncatalogued, *The Irish Times*. 16th July 1982.

Dublin AIDS Alliance Archive - Uncatalogued, *Minutes of the 4th Meeting of the National Task Force on AIDS* 16th July 1987.

Dublin AIDS Alliance Archive - Uncatalogued, *National Task Force on AIDS, Minutes of Meeting* 16th July 1987.

Dublin AIDS Alliance Archive - Uncatalogued, *Internal Gay Health Action Report of the National Task Force on AIDS held on 16th July 1987 - written by Donal Sheehan for GHA (Undated)*. 16th July 1987.

Dublin AIDS Alliance Archive - Uncatalogued, *Letter from Chris Robson, Gay Health Action to Minister for Health, Barry Desmond*. 16th May 1985.

Dublin AIDS Alliance Archive - Uncatalogued, *Minutes of the Second Meeting of the AIDS Task Force*. 18th November 1986.

Dublin AIDS Alliance Archive - Uncatalogued, *Letter from Alan Smith Private Secretary to Barry Desmond, Minister of Health, to Chris Robson, Gay Health Action*. 20th February 1986.

Dublin AIDS Alliance Archive - Uncatalogued, *PARTIAL TRANSCRIPT – AIDS: Cardinal O’Fiaich interviewed by Shane Kenny on RTE Radio’s ‘This Week’ Programme, 21st December 1986*. 21st December 1986, Catholic Press and Information Office – A Commission of the Irish Bishop’s Conference

Dublin AIDS Alliance Archive - Uncatalogued, *National Task Force on AIDS – 2nd Meeting, Minutes of Meeting*. 23rd April 1987.

Dublin AIDS Alliance Archive - Uncatalogued, *Note attached to a folder of letters addressed to Senator David Norris and Michael D. Higgins, T.D.* 23rd October 1987.

Dublin AIDS Alliance Archive - Uncatalogued, *Note attached to a folder of letters addressed to Senator David Norris and Michael D. Higgins (TD)*. 23rd October 1987.

Dublin AIDS Alliance Archive - Uncatalogued, *Press Release – Department of Education, Post-primary Branch - AIDS Education in Post-Primary Schools*. 25th March 1988.

Dublin AIDS Alliance Archive - Uncatalogued, *Press Release – Catholic Press and Information office: A Commission of the Irish Bishops Conference*. 26th March 1987.

Dublin AIDS Alliance Archive - Uncatalogued, *Letter from P. Moore, Private Secretary to Barry Desmond, Minister for Health, to Chris Robson, for Gay Health Action*. 26th November 1986.

Dublin AIDS Alliance Archive - Uncatalogued, *Homosexuality just a different way of loving?*, in *Irish Medical Times*. 27th May 1983.

Dublin AIDS Alliance Archive - Uncatalogued, *Homosexuality just a different way of loving?*, in *Irish Medical Times*. 27th May 1983: Dublin.

Dublin AIDS Alliance Archive - Uncatalogued, *Minutes of the 3rd Meeting of the National Task Force on AIDS*. 27th May 1987.

Dublin AIDS Alliance Archive - Uncatalogued, *Letter from Chris Robson, Gay Health Action, to John Collins, Department of Health*. 28th May 1986.

Dublin AIDS Alliance Archive - Uncatalogued, *Letter from Chris Robson, Gay Health Action, to Barry Desmond, Minister for Health*. 29th May 1986.

Dublin AIDS Alliance Archive - Uncatalogued, *Gay Health Action, Survey of STD Clinics*. 1985.

Dublin AIDS Alliance Archive - Uncatalogued, *Letter from Mick Quinlan to Members of Gay Health Action/Minutes of Meeting* August 1985 – actual date is not recorded.

Dublin AIDS Alliance Archive - Uncatalogued, *Minutes of Gay Health Action Meeting*. August 1985 - day unknown.

Dublin AIDS Alliance Archive - Uncatalogued, *Minutes of Gay Health Action*. August 1985 (actual date unknown).

Dublin AIDS Alliance Archive - Uncatalogued, *Funding a Community Based AIDS Prevention Programme - undated and unauthored. circa 1987.*

Dublin AIDS Alliance Archive - Uncatalogued, *Irish Family Planning Association "AIDS Resources" Newsletter*. December 1988.

Dublin AIDS Alliance Archive - Uncatalogued, *Family Solidarity AIDS Information Leaflet quoted in AIDS News Action – Newsletter of GHA* February/March 1988.

Dublin AIDS Alliance Archive - Uncatalogued, *AIDS News Action – Newsletter of GHA*. February/March 1988.

Dublin AIDS Alliance Archive - Uncatalogued, *AIDS – A guide for teachers and educators who share with parents the responsibility of educating children and students about the disease*. May 1989, Diocesan House, Drumcondra, Education Secretariate, Archbishop's House: Dublin.

Dublin AIDS Alliance Archive - Uncatalogued, *AIDS Action Alliance Newsletter* November/December 1987.

Dublin AIDS Alliance Archive - Uncatalogued, *AIDS Action Alliance Newsletter*. October 1987.

Dublin AIDS Alliance Archive - Uncatalogued, *Report of Presentation by Brian Murray, Chairperson of AIDS Action Alliance*. Undated, 1988.

Dublin AIDS Alliance Archive and Maeve Foreman's Private Papers - Uncatalogued. *Irish AIDS Initiative Conference Report, Workshop on Voluntary & Statutory Liaison*. 1988.

Dublin Lesbian and Gay Men's Collectives, *Out for Ourselves: The Lives of Irish Lesbians and Gay Men*. 1986, Dublin: Dublin Lesbian and Gay Men's Collectives and Womens Community Press.

Duffy, M., *Positive Proof! The Emergence of HIV/AIDS and the Irish Response*. 1993, Dublin: Sociological Association of Ireland.

Duits, L. and L. van Zoonen, *Headscarves and Porno-Chic: Disciplining Girls' Bodies in the European Multicultural Society*. *European Journal of Women's Studies*, 2006. 13(2): p. 103-117.

Duke, K., *Getting Beyond the 'Official Line': Reflections on Dilemmas of Access, Knowledge and Power in Researching Policy Networks*. *Journal of Social Policy*, 2002. 31(1): p. 39-59.

Dunne, J., *Herpes Disease is on the Increase*, in *The Sunday Independent*. 10th October 1982, Private Papers of Dr. Derek Freedman.

Dwyer, T.R., *Haughey's Forty Years of Controversy*. 2005, Cork: Mercier Press.
Eder, F.X., Hall, L.A., Hekma, G. (Eds), *National Histories; Sexual Cultures in Europe*. 1999, Manchester: Manchester University Press.

Editor, *Editorial Commentary*, in *Donegal News*. 23rd May 1987, Irish Newspaper Archive, Accessed 12th March 1987 @ 21:58.

Editorial, *Ways to safer sex*, in *The Irish Times (1921-Current File)*; ProQuest Historical Newspapers *The Irish Times (1859-2009)*. 1st December 1989.

Editorial, *Sex and Modern Ireland*, in *The Irish Times*. 4th February 1983, ProQuest Historical Newspapers: *The Irish Times (1859-2011)* and *The Weekly Irish Times (1876-1958)*.

Edwards, W.M. and E. Coleman, *Defining Sexual Health: A Descriptive Overview*. *Archives of Sexual Behavior*, 2004. 33(3): p. 189-195.

Encyclical Letter of the Supreme Pontiff Paul VI on the Regulation of Birth 25th July 1968: Vatican

Epstein, S., *Impure Science*. 1998, Berkley and Los Angeles: University of California Press Ltd.

Estimates, 1984 - Vote 47: Health (Revised Estimate), in *Dáil Éireann Debate, Vol. 348, No. 7*. 1 March 1984.

Evans, D., *Tackling the 'Hideous Scourge': The Creation of the Venereal Disease Treatment Centres in Early Twentieth-Century Britain*. *Social History of Medicine*, 1992. 5(3): p. 413-433.

Fahey, T., *Religion and Sexual Culture in Ireland*, in *National Histories; Sexual Cultures in Europe*, Eder et al, Editor. 1999, Manchester University Press: Manchester.

Family League argues against divorce, in *The Irish Times (1921-Current File)*. Jun 21, 1984, ProQuest Historical Newspapers *The Irish Times (1859-2009)*

Farmer, T., *Holles Street 1894-1994: The National Maternity Hospital - A Centenary History*. 1994, Dublin: A & A Farmer.

Ferriter, D., *The Transformation of Ireland: 1900-2000*. 2004, London: Profile Books Ltd.

Ferriter, D., *Occasions of Sin: Sex and Society in Modern Ireland*. 2009, London: Profile Books Ltd.

Finnane, M., *The Carrigan Committee of 1930-31 and the 'Moral Condition of the Saorstát'*. Irish Historical Studies, 2001. 32(128): p. 519-536.

Food and Agriculture Organisation of the United Nations, *Food Security and Livelihoods - Thematic Brief*. 2007.

Foreman, M. and H. Hawthorne, *Learning from the experiences of ethnic minorities accessing HIV services in Ireland*. British Journal of Social Work, 2007. 37(7): p. 1153-1172.

Foreman, M. and M. Quinlan, *Increasing social work students' awareness of heterosexism and homophobia--A partnership between a community gay health project and a school of social work*. Social Work Education, 2008. 27(2): p. 152-158.

Foucault, M., *The History of Sexuality: Volume 1, An Introduction*. 1979, London: Allen Lane.

Fout, J.C., *Forbidden History: The State, Society, and the Regulation of Sexuality in Modern Europe*. 1992, Chicago: University of Chicago Press.

Freedman, D., *Sexually Transmitted Diseases – The Irish Problem*, in *Federated Dublin Voluntary Hospitals and St. James's Hospital Annual Conference*. 15th February 1984, Dr. Derek Freedman Private Papers.

Freedman, D., Kaliszer, M., Keane, C., MacCarthy, J., O'Leary, G., *Sexually Transmitted Diseases as Seen by General Practitioners in Ireland: Use of a Telephone Survey*. Sexually Transmitted Diseases, 1981. 8(1): p. 507.

Freedman, D., *AIDS: The Problem in Ireland*. 1987, Dublin: Town House.

Freedman, L.P., *Health System Strengthening: New Potential for Public Health and Human Rights Collaboration*. Reproductive Health Matters 2007. 15(30): p. 219-220.

Freedman, V., *The Cities of David; The Life of David Norris*. 1995, Dublin: Basement Press.

Gagnon, G.H., Simon, W., *Sexual Conduct : The Social Sources of Human Sexuality* 1974, London: Hutchinson.

Gahan, R., *Sex education in our second-level schools* in *The Irish Times (1921-Current File)*. 10th January 1980.

Garfield, S., *The End of Innocence: Britain in the Time of AIDS*. 1994, London: Faber & Faber.

Gay Health Action, *AIDS Leaflet 1*. May 1985.

Gay Health Action: Funding a Community Based AIDS Prevention Programme, Dublin AIDS Alliance Uncatalogued Archive, Editor. circa 1987.

Giddens, A., *The Transformation of Intimacy: Sexuality, Love and Eroticism in Modern Societies*. 1992, Cambridge: Polity Press.

Gilder, G., *Men and Marriage*. 1986, Louisiana: Quadrangle/The New York Times Book Company.

Government to launch AIDS campaign today: QUESTION TIME in *The Irish Times (1921-Current File)*; *ProQuest Historical Newspapers: The Irish Times (1859-2011) and The Weekly Irish Times (1876-1958)*. 1 March 1987.

Griffin, A., *Sex Education*, in *The Irish Times (1921-Current File)*. Jan 30, 1985, ProQuest Historical Newspapers The Irish Times (1859-2009).

Griggs, S., *Rational Choice in Public Policy: The Theory in Critical Perspective*, in *Handbook of public policy analysis : theory, politics, and methods* Frank Fischer Gerald J. Miller Mara S. Sidney, Editor. 2007, Taylor & Francis: Boca Raton. FL.

Group says plan on AIDS is overdue, in *The Irish Times (1921-Current File)*. 3rd April 1987, ProQuest Historical Newspapers, The Irish Times (1859-2009): Dublin.

Grix, J., *The Foundations of Research*. 2004, New York: Palgrave MacMillan.

Grundya, J., Khutb, QY, Oumc, S., Anneard, P., Kye, V., *Health system strengthening in Cambodia—A case study of health policy response to social transition*. Health Policy 2009. 92: p. 107-115.

Hall, S., Jacques, M., eds, *The Politics of Thatcherism*. 1983, London: Lawrence and Wishart.

Hamilton, M., *Opposition to the Contagious Diseases Acts, 1864-1886*. Albion: A Quarterly Journal Concerned with British Studies, 1978. 10(1): p. 14-27.

Harden, V.A., *AIDS at 30*. 2012, Dulles, Virginia: Potomac Books.

Harris, A., *RTE medium AIDS message*, in *Sunday Independent*. 17th May 1987, Irish Newspaper Archive, Accessed 12th March 2013 @ 21:52: Dublin.

Harris, A.C., *The State as the 'Top': The Government's Control of Sex*. Journal of Sex Research, 2005. 42(4): p. 371-372.

Harrison, L., Hillier, L., *What Should Be the 'Subject' of Sex Education?* . Discourse: Studies in the Cultural Politics of Education, 1999. 20(2): p. 279-288.

Health Education Bureau, *Promoting Health Through Public Policy*. 1987, Department of Health: Dublin.

Health (Family Planning Amendment) Bill Second Stage in Dáil Éireann Debate, Volume 355, Number 12. 1985.

Health Policy and Practice in Ireland, ed. D. McCluskey. 2006, Dublin: University College Dublin Press.

Health Protection Surveillance Centre, *Complete HIV and AIDS Data - 1982-2010*. 2010: Dublin.

Hesketh, T., *The Second Partitioning of Ireland*. 1990, Brandsma Books Ltd: Dublin.

Hesse-Biber, S. and R.B. Johnson, *Coming at Things Differently: Future Directions of Possible Engagement With Mixed Methods Research*. Journal of Mixed Methods Research, 2013. 7(2): p. 103-109.

Higgins, J., *AIDS Education in The Irish Times (1921-Current File)*. Mar 28, 1990, ProQuest Historical Newspapers: The Irish Times (1859-2011) and The Weekly Irish Times (1876-1958).

Hinshelwood, R.D., *Ideology and Identity: A Psychoanalytic investigation of a social phenomenon*. Psychanalysis, Culture and Society, 2009. 14(2): p. 131-143.

Hogan G.W., *Law and Religion: Church-State Relations in Ireland from Independence to the Present Day*. The American Journal of Comparative Law, 1987. 35(1): p. 47-96.

Holland, M., *Virgin takes risks on safe sex*, in *The Irish Times (1921-Current File)*; ProQuest Historical Newspapers: The Irish Times (1859-2011) and The Weekly Irish Times (1876-1958). 23rd May 1990.

Holland, M., *Trying to break down prejudices*, in *The Irish Times (1921-Current File)*; Nov 28, 1991; ProQuest Historical Newspapers The Irish Times (1859-2009). 28th November 1991.

Holland, M., *The Disease that Dare not Speak Its Name*, in *The Sunday Tribune*. August 1982 - exact date unknown, Private Papers of Dr. Derek Freedman.

Holmquist, K., *Summons over condom sale*, in *The Irish Times (1921-Current File)*; ProQuest Historical Newspapers: The Irish Times (1859-2011) and The Weekly Irish Times (1876-1958). 5th April 1990.

Holmquist, K., *Exporting our AIDS problem*, in *The Irish Times (1921-Current File)*; ProQuest Historical Newspapers: The Irish Times (1859-2011) and The Weekly. 8th February 1988.

Holmquist, K., *AIDS education--what the children will be taught*, in *The Irish Times (1921-Current File)*. Mar 13, 1990, ProQuest Historical Newspapers: The Irish Times (1859-2011) and The Weekly Irish Times.

Homosexual Cancer Link to be Probed, in *The Evening Press* 1st September 1981, The Evening Press Group: Dublin

Homosexuals with rare cancer, in *Irish Independent*. 4th July 1981, Independent Newspapers Ltd: Dublin.

Hook, S., *The Hero in History: A Study in Limitation and Possibility*. 1945, London: Secker and Warburg.

Hopkins, S., et al., *Resurgence in Infectious Syphilis in Ireland*. Sexually Transmitted Diseases, 2004. 31(5): p. 317-321.

Hopkins, S., F. Lyons, and F. Mulcahy, *The great pretender returns to Dublin, Ireland*. Sexually Transmitted Infections, 2001. 77(5): p. 316-318.

Howell, P., *Venereal Disease and the Politics of Prostitution in the Irish Free State*. Irish Historical Studies, 2003. 33(131): p. 320-341.

Hubert, M., Bajos, N., Sandfort, T. (eds), *Sexual Behaviour and HIV/AIDS in Europe*. Special Aspects of AIDS, ed. P. Aggleton. 1998, London: UCL Press.

Hug, C., *The Politics of Sexual Morality in Ireland*. 1999, London: MacMillan Press Ltd.

Ilkkaracan, P., *How Adultery Almost Derailed Turkey's Aspiration to Join the European Union*, in *Sex Politics: Reports from the Front Lines* R. Parker, Petchesky, R., Sember, R., Editor. 2007, Sexuality Policy Watch: Rio de Janeiro.

Ingham, R., *"We didn't cover that at school": education against pleasure or education for pleasure?* Sex Education, 2005. 5(4): p. 375-388.

Inglis, T., *Moral Monopoly: The Rise and Fall of the Catholic Church in Modern Ireland*. 1998, Dublin University College Dublin Press.

Inglis, T., *Truth Power and Lies*. 2003, Dublin: University College Dublin Press.

Inglis, T., *Origins and Legacies of Irish Prudery: Sexuality and Social Control in Modern Ireland*. ÉIRE-Ireland, 2005. 40(3 & 4): p. 9-37.

Ingram, H. and A.L. Schneider, *Social Construction (Continued): Response*. The American Political Science Review, 1995. 89(2): p. 441-446.

Inter-Agency Task Team (IATT) on Children and HIV and AIDS Working Group on Social Protection, *Cash Transfers: Real benefit for children affected by HIV and AIDS*, UNICEF, Editor. 2007: New York.

Inter-Agency Task Team (IATT) on Children and HIV and AIDS: Working Group on Social Protection, *Working Paper Expanding Social Protection for Vulnerable Children and Families: Learning from an Institutional Perspective*. 2008a, UNICEF: New York.

Irish Family Planning Association. www.ifpa.ie. 2010 [cited 2010 1st September].

Irish Marketing Surveys Limited, *Public Attitudes Towards STD*. June 1984, Health Education Bureau: Dublin.

Ivana Bacik, Reid Professor of Criminal Law Criminology and Penology at Trinity College Dublin Law School, *Section 17, Censorship of Publications Act, 1929*, Personal Communication, 23rd May 2013.

Jeremiah Newman Bishop of Limerick, *Puppets of Utopia: Can Irish democracy be taken for granted?* 1988, Dublin: Four Courts Press.

Jerome Reilly, *Desmond Pledge on Control of AIDS Here*, in *Irish Independent*. 25th October 1985, Independent Newspapers: Dublin

John, S., *Why 'Health' is not a Central Category for Public Health Policy*. *Journal of Applied Philosophy*, 2009. 26(129-143).

Johnson, R.B., A.J. Onwuegbuzie, and L.A. Turner, *Toward a Definition of Mixed Methods Research*. *Journal of Mixed Methods Research*, 2007. 1(2): p. 112-133.

Joseph Cardinal Ratzinger, *Letter to the Bishops of the Catholic Church on the Pastoral Care of Homosexual Persons*, Congregation for the Doctrine of the Faith, Editor. Given at Rome, 1 October 1986 - http://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_19861001_homosexual-persons_en.html: Vatican.

Kavanagh, P., *Selected Poems*, ed. A. Quinn. 1996, London: Penguin Books.
Kelly, M.G.E., *The Political Philosophy of Michel Foucault*. 2009, New York: Routledge.

Kenny, M., *The day we drove the condom train straight through de Valera's Ireland*, in *Sunday Independent*. 2001: Dublin.

Kevin McNamara Archbishop of Dublin, *Curriculum and Values in Education*, in *Veritas Publications*. 1987: Dublin.

Kiberd, D., *These things could happen here*, in *The Irish Times (1921-Current File)*. Nov 25, 1986, ProQuest Historical Newspapers: The Irish Times (1859-2011; Dublin AIDS Alliance Archive.

King, E., De Silva, M., Stein, A., Patel, V. , *Interventions for Improving the Psychosocial Well-being of Children Affected by HIV and AIDS*, in *Cochrane Database of Systematic Reviews*. 2009, JohnWiley & Sons, Ltd.

Kingdon, J.W., *Agendas, Alternatives, and Public Policies - second edition*. 2003, New York, London: Longman.

Kraft, M.E., Furlong, S., *Public Policy: Politics, Analysis and Alternatives*. 2013, London and Thousand Oaks California: Sage Publications.

Kristeva, J., *The Power of Horror: An Essay on Abjection*. 1982, New York: Columbia University Press.

Kuppuram, G., Kumadamani, K., *Methods of Historical Research*. 2002, New Delhi: Sundeep Singhal for Sundeep Prakashan.

Lane, D.A., *Vatican II: The Irish Experience*. *The Furrow*, 2004. 55(2): p. 67-81.
Larkin, E., *The Devotional Revolution in Ireland, 1850-75*. *The American Historical Review*, 1972. 77(3): p. 625-652.

Larkin, E., *The Roman Catholic Church and the Creation of the Modern Irish State 1878-1886*. 1975, Dublin: Gill and Macmillan.

Lavelle, P., *Understanding AIDS: A Christian Approach*. 1989, Dublin Irish Messenger Publications.

Learoyd, C.G., *The Wolfenden Report*. *The British Medical Journal*, 1959. 2(5159): p. 1099.

Lee, J.J., *Ireland 1912-1985: Politics and Society*. 1990, Cambridge: Cambridge University Press.

Leland, M., *Doubts cast on sex education*, in *The Irish Times (1921-Current File)*. May 13, 1985, ProQuest Historical Newspapers *The Irish Times (1859-2009)*.

Levine, L.P., Troiden R.R., *The Myth of Sexual Compulsivity*. *The Journal of Sex Research*, 1988. 25(3): p. 347-363.

Lewis, J., *What Price Community Medicine? The Philosophy, Practice and Politics of Public Health Medicine since 1919*. 1986, Brighton: Wheatsheaf.

Lieberman, R.C., *Social Construction (Continued)*. *The American Political Science Review*, 1995. 89(2): p. 437-441.#

Limond, D., *"I never imagined that the time would come": Martin Cole, the Growing Up Controversy and the Limits of School Sex Education in 1970s England*. *History of Education*, 2006. 34(5): p. 1-21.

Lindblom, C.E., *The Science of "Muddling Through"*. *Public Administration Review*, 1959. 19(2): p. 79-88.

Lindblom, C.E., *The Intelligence of Democracy: Decision Making Through Mutual Adjustment*. 1965, New York: The Free Press: The Macmillan Company.

Lindblom, C.E., *The Policy-making Process*. 1968, London: Englewood Cliffs, NJ: Prentice Hall.

Lottes, I., *New Perspectives on Sexual Health*, in *New Views on Sexual Health*, I. Lottes, Kontula, O., Editor. 2000, Population Research Institute: Helsinki.

Luddy, M., *Women and the Contagious Diseases Acts 1864-1886*. History Ireland, 1993. 1(1): p. 32-34.

Lyons, F.S.L., *Ireland Since the Famine*. 1986, Glasgow: William Collins Sons & Co.

MacGregor, S., *Barriers to the influence of evidence on policy: Are politicians the problem?* *Drugs: Education, Prevention and Policy*, 2013. 20(3): p. 225-233.

MacGréil, M., *Prejudice and Tolerance in Ireland*. 1977, Dublin: The Research Section, College of Industrial Relations.

Maeve Foreman's Personal Archive - Uncatalogued, *Document listing AAA affiliated organisations*. Unknown.

Maher, M., *A Short History of the Pill in Ireland*, in *The Irish Times*. 14th March 1968.

Manly, D., Browne, L., Cox, V., Lowry, N., *The Facilitators*. 1986, Dublin: Brandsma Books Limited.

Manly, D., *The Ballintrillick Review p.12*, in *Butler, S. Alcohol Drugs and Health Promotion in Modern Ireland*. Autumn 1987, Institute of Public Administration: Dublin.

Manly, D., *What the campaigners against 'life skills' really want*, in *The Irish Times (1921-Current File)*. Jan 28, 1987, ProQuest Historical Newspapers: The Irish Times (1859-2011) and The Weekly Irish Times (1876-1958).

Martin, S.L., Curtis, S., *Commentary - Gender-based violence and HIV/AIDS: recognising links and acting on evidence*. *The Lancet*, 2004. 363: p. 1410-1411.

Mayock, P., Kitching, K., Morgan, M., *Relationships and Sexuality Education (RSE) in the Context of Social, Personal and Health Education (SPHE): An Assessment of the Challenges to Full Implementation of the Programme in Post-primary Schools*. 2007, Crisis Pregnancy Agency: Dublin.

McCarroll, J., *Is the School Around the Corner Just the Same?* 1987, Dublin Brandsma Books Ltd.

McDowell, W.H., *Historical Research: A Guide*. 2002, Edinburgh: Pearson Education Ltd.

McKeganey, N., Barnard, M., *AIDS, Drugs and Sexual Risk: Lives in the Balance*. 1993, Buckingham: Open University Press.

McLoughlin, D., *Women and Sexuality in Nineteenth Century Ireland*. Irish Journal of Psychology, 1994. 15(2-3): p. 266-275.

Merrill, B., West, L., *Using Biographical Methods in Social Research*. 2009, London: Sage Publications Ltd.

Merriman, B., *Address by Brian Merriman, Head of Communications and Legal Services at the EGPA Conference in European Gay Police Association Conference*. 29th June 2012: Dublin Castle

Mill, J.S., *On Liberty*. 2010, London: Penguin.

Millett, K., *Sexual Politics*. 2000, New York: Simon and Schuster.

Mobile Task Team (MTT), Health Economics & HIV and AIDS Research Division (HEARD), *Education Access and Retention for Educationally Marginalised Children: Innovations in Social Protection*. 2005, University of KwaZulu-Natal, South Africa, UNICEF.

Mocroft, A., et al., *Changes in hospital admissions across Europe: 1995–2003. Results from the EuroSIDA study*. HIV Medicine, 2004. 5(6): p. 437-447.

Mocroft, A., et al., *AIDS across Europe, 1994-98: the EuroSIDA study*. Lancet, 2000. 356(9226): p. 291.

Moore, K., *Quinn in AIDS Leaflet Rumpus*, in *Sunday Independent*. 25th August 1985, Independent Newspapers Plc.

Mort, F., *Dangerous Sexualities: Medico-moral Politics in England Since 1830, 2nd Edition*. 2000, London: Routledge.

Murer, J.S., *Constructing the enemy-other: Anxiety, trauma and mourning in the narratives of political conflict*. Psychanalysis, Culture and Society, 2009. 14(2): p. 109-128.

Murphy, C., *Teachers warn pressure groups*, in *The Irish Times (1921-Current File)*. Jan 16, 1987, ProQuest Historical Newspapers The Irish Times (1859-2009).

Murphy, C., *Hussey urges sex education*, in *The Irish Times (1921-Current File)*. Jun 23, 1984, ProQuest Historical Newspapers The Irish Times (1859-2009).

Nathanson, C.A., *Disease Prevention as Social Change: Toward a Theory of Public Health*. Population and Development Review, 1996. 22(4): p. 609-637.

Nathanson, C.A., *Social Movements as Catalysts for Policy Change: The Case of Smoking and Guns*. Journal of Health Politics, Policy and Law, 1999. 24(3): p. 421-488.

Nathanson, C.A., Sember, R., Parker, R., *Contested Bodies: The Local and Global Politics of Sex and Reproduction*, in *Sex Politics: Reports from the Front Lines*, R. Parker, Petchesky, R., Sember, R., Editor. 2007, Sexuality Policy Watch: Rio de Janeiro.

Nathanson, C.A., *The Contingent Power of Experts: Public Health Policy in the United States, Britain, and France*. *Journal of Policy History*, 2007. 19(1): p. 71-94.

National AIDS Strategy Committee, *Reports and Recommendations of the Subcommittees of the National Strategy Committee on care and management of persons with HIV/AIDS; HIV/AIDS surveillance; education and prevention strategies; measures to avoid discrimination against persons with HIV/AIDS*, Department of Health, Editor. 13th April 1992.

National Research Council, *The Social Impact of AIDS in the United States*. 1993, Washington: National Academy of Sciences.

Nolan, A., *The Transformation of Sexual Health Policy in the Era of HIV/AIDS in Ireland*, in *Getting to Zero: Faith and Justice Perspectives on the Global AIDS Pandemic*. 28 November 2012, Trocaire: Renshan Hall, Maynooth College, Ireland.

Nolan, A., *Social Protection in the Context of HIV and AIDS*, Social Protection Task Team, Editor. 2008, Irish Aid, Development Assistance Committee of the OECD: Paris.

Nolan, P., *Bishops given no hint on family planning Bill*, in *The Irish Times (1921-Current File)*. 1978: Ireland, Dublin, Ireland. p. 1.

Nowicka, W., *The Struggle for Abortion Rights in Poland*, in *Sex Politics: Reports from the Front Lines*, R. Parker, Petchesky, R., Sember, R., Editor. 2007, Sexuality Politics Watch: Rio de Janeiro.

Nowlan, D., *Campaign to Focus on Drug Abuse*, in *The Irish Times*. 9th June 1986: Dublin.

Nowlan, D., *Gay Group Sees Prejudice in AIDS Response*, in *The Irish Times*. 25th June 1986: Dublin.

Nowlan, D., *Experts Reject Dublin VD Statistics*, in *The Irish Times (1921-Current File)*. 28th June 1982, Retrieved from <http://search.proquest.com/docview/529491330?accountid=14404>.

Nowlan, D., *Parents favour sex education—survey* in *The Irish Times (1921-Current File)*. Dec 9, 1986, ProQuest Historical Newspapers The Irish Times (1859-2009).

Nowlan, D., *Campaign to focus on drug abuse*, in *The Irish Times (1921-Current File)*. Jun 9, 1986, ProQuest Historical Newspapers: The Irish Times (1859-2011) and The Weekly Irish Times (1876-1958)

Nowlan, D., *Sex education committee appointed*, in *The Irish Times (1921-Current File)*. Oct 9, 1984, ProQuest Historical Newspapers The Irish Times (1859-2009).

Nunkoosing, K., *The Problems with Interviews*. Qualitative Health Research, 2005. 15: p. 698-705.

Nutley, S.M., Walter, I., Davies, H.T.O, *Using evidence : how research can inform public services* 2007, Bristol: Policy Press.

O'Connell Davidson, J., Sánchez Taylor, J., *Travel and Taboo: Heterosexual Sex Tourism to the Carribean in Regulating Sex: The Politics of Intimacy and Identity*, E.

Bernstein, Schaffner, L. , Editor. 2005, Routledge: New York.

O'Hare, P., Newcombe, R., Matthews, A., Buning, E.& Drucker, E. (eds.), *The Reduction of Drug-Related Harm*. 1992, London: Routledge.

O'Morain, P., *Demand outstrips resources at AIDS unit*, in *The Irish Times (1921-Current File)*. 27th June 1989, ProQuest Historical Newspapers The Irish Times (1859-2009).

O'Callaghan, M., *Miriam Meets John Joseph Lee and Gearóid Ó Tuathaigh*. 22nd August 2010, RTE Radio 1.

O'Carroll, M., *AIDS Education*, in *The Irish Times (1921-Current File)*. May 10, 1990, ProQuest Historical Newspapers: The Irish Times (1859-2011) and The Weekly Irish Times (1876-1958).

O'Faolain, N., *Ignorance is no bulwark against promiscuity*, in *The Irish Times (1921-Current File)*. Sep 23, 1986, ProQuest Historical Newspapers The Irish Times (1859-2009).

Office of the High Commissioner for Human Rights (OHCHR). *HIV/AIDS and Human Rights* - <http://www.ohchr.org/EN/Issues/HIV/Pages/HIVIndex.aspx>. 2013 [26th May 2013].

Oliver, T.R., *The Politics of Public Health Policy*. Annual Review of Public Health, 2006. 27: p. 195-233.

O'Loughlin, E., *Decision not to display hospital's AIDS leaflet symbolic, says doctor*, in *The Irish Times (1921-Current File)*. 8th February 1994, ProQuest Historical Newspapers The Irish Times (1859-2009).

O'Morain, P., *Demand outstrips resources at AIDS unit*, in *The Irish Times (1921-Current File)*; ProQuest Historical Newspapers The Irish Times (1859-2009). 27th June 1989.

O'Morain P., *O'Rourke promises 'frank' attack on AIDS*, in *The Irish Times (1921-Current File)*. 30 November 1991, ProQuest Historical Newspapers The Irish Times (1859-2009): Dublin.

O'Morain P., *Sex cover-up would hit AIDS campaign* in *The Irish Times (1921-Current File)*. Aug 29, 1988, ProQuest Historical Newspapers: The Irish Times (1859-2011) and The Weekly Irish Times (1876-1958).

Oreity, M., C. Bergin, and F. Mulcahy, *AIDS-related malignancies in Ireland 1987-1994*. Journal of the European Academy of Dermatology & Venereology, 1997. 8(2): p. 116-120.

Ormond, P. and F. Mulcahy, *Sexually Transmitted Diseases in Positive Patients*. Dermatologic Clinics, 1998. 16(4): p. 853-857.

O'Rourke, M., *Just Mary*. 2012, Dublin: Gill and MacMillan.

O'Toole, F., *The Ex-Isle if Ireland*. 1997, Dublin: New Island Books.

O'Toole, F., *Agents of Change: Twenty Five Women who Made a Difference*, in *Irish Times*. 2010: Dublin.

Overseas Development Institute (ODI), *Community-Based Worker Systems – a possible solution to more services, reaching many communities, and within budget*. 2007: London.

Padgug, R.A., *Sexuality Matters: On Conceptualising Sexuality in History*. Culture, Society and Sexuality: A Reader, ed. R. Parker, Aggleton, P. 1999, London: UCL Press.

Parker, R., Aggleton, P. (eds), *Culture, Society and Sexuality: A Reader*. 1999, London: UCL Press.

Parker, R., Petchesky, R., Sember, R. (eds), *Sex Politics: Reports from the Front Lines*. 2007, Sexuality Policy Watch: Rio de Janeiro.

Petchesky, R., *Sexual Rights Policies Across Countries and Cultures: Conceptual Frameworks and Minefields*, in *Sex Politics: Reports from the Front Lines*, R. Parker, Petchesky, R., Sember, R., Editor. 2007, Sexuality Policy Watch: Rio de Janeiro.

Philpott, G., *Deep End*. 1995, Dublin: Poolbeg Press Ltd.

Pisani, E., *The wisdom of whores: bureaucrats, brothels and the business of AIDS* 2009, London: Granta.

Plummer, K., *Sexual Stigma: An Interactionist Account*. 1975, London: Routledge and Kegan Paul.

Pollak, A., *AIDS Ad Refused by RTE Guide*, in *The Irish Times*. 22nd November 1986: Dublin.

Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

Price, D.E., *Policy Making in Congressional Committees* quoted in Kingdon, 2003, p.38. American Political Science Review, 1978. 72: p. 545-574.

Private Video Collection of De. Derek Freedman, *Marian Finucane - AIDS – The Moral Dimension (panel discussion)*, Radio Telefís Éireann, Editor. 1987 (actual broadcast date unknown).

Private Video Collection of De. Derek Freedman, *Today Tonight – Programme Two – 2nd of two part special programme on AIDS*. 1987 (actual broadcast date unknown), Radio Telefís Éireann (RTE).

Private Video Collection of Dr. Derek Freedman, *Video Tape converted to DVD by TCD containing the Late Late Show broadcast by Radio Telefís Éireann (RTE) during AIDS Week*. 15th May 1987.

Private Video Collection of Dr. Derek Freedman, *RTE News: Interview between Richard Crowley, RTE Broadcaster and Dr. James Walsh, National AIDS Co-ordinator*. 1986 - broadcast date unknown.

Private Video Collection of Dr. Derek Freedman, *Today Tonight hosted by current affairs presenter, Brian Farrell*. April 1987 - actual date of broadcast unknown.

Pryce, A., *Governmentality, the iconography of sexual disease and 'duties' of the STI clinic*. Nursing Inquiry, 2001. 8(3): p. 151-161.

Psychiatrist says schools have role in sex education, in *The Irish Times (1921-Current File)*. Oct 1, 1986, ProQuest Historical Newspapers The Irish Times (1859-2009).

Public Broadcasting Service. *The Age of AIDS* - <http://www.pbs.org/wgbh/pages/frontline/aids/>. Frontline and WGBH, 30th May 2006 Accessed 19th May 2013].

Ramasubban, R., *Culture, Politics, and Discourses on Sexuality: A History of Resistance to the Anti-Sodomy Law in India*, in *Sex Politics: Reports from the Front Lines*, P. R. Parker, R., Sember, R., Editor. 2007, Sexuality Policy Watch: Rio de Janeiro.

Randall, N., *Drug policy and rationality: An exploration of the research-policy interface in Ireland*. Drugs: Education, Prevention and Policy, 2010. Early Online: p. 1-10.

Ravichandran, B., *India is Still in Denial on Homosexuality*, in *The Guardian Newspaper*. 2010, Guardian News and Media: London.

Reddington, M.B., *The Wolfenden Report*. The British Medical Journal, 1959. 2(5161): p. 1256-1257.

Report of the Committee of Inquiry into Human Fertilisation and Embryology, *A Question of Life: The Warnock Report on Human Fertilisation and Embryology* 1985: London.

Richter, L., Sherr, L., Desmond, C., *Learning Group 1 - Synthesis Report - An obvious truth: Children affected by HIV and AIDS are best cared for in functional families with basic income security, access to health care and education, and support from kin and community*, Joint Learning Initiative on Children and AIDS (JLICA), Editor. 2008a.

Riordan, S., *Venereal Disease in the Irish Free State: The Politics of Public Health*. Irish Historical Studies, 2007. 35(139): p. 345-364.

Riordan, S., '*A probable source of infection*': the limitations of venereal disease policy 1943-1951, in *Gender and Medicine in Ireland: 1700-1950*, Margaret Preston and Margaret Ó hÓgartaigh, Editor. 2012, Syracuse University Press: New York.

Robinson, B., Bocking, W., Rosser, B., Miner, M., Coleman, E., *The Sexual Health Model: Application of a Sexological Approach to HIV Prevention*. Health Education Research, 2002. 17: p. 43-57.

Robson, C., *AIDS Education*, in *The Irish Times (1921-Current File)*. Nov 30, 1988, ProQuest Historical Newspapers: The Irish Times (1859-2011) and The Weekly Irish Times (1876-1958).

Rock, H., *Herpes: The Sexually Transmitted Disease that Doesn't Exist Here Officially*, in *The Sunday Press*. 1981, The Irish Press Group: Dublin.

Routledge Handbook of Public Policy, ed. S.F. Eduardo Araral Jr., Michael Howlett, M.

Ramesh, Xun Wu. 2013, London and New York: Routledge.

Rowley, E., *Epidemic of VD Hits Irish Girls*, in *The Sunday World*. 16th September 1984, Private Papers of Dr. Derek Freedman.

Ruane, M., in *Irish Times*. 20th August 1998: Dublin.

Rubin, H.J., Rubin, I.S., *Qualitative Interviewing: The Art of Hearing Data*. Second Edition. 2005, Thousand Oaks, CA: Sage Publications.

Sacred Congregation for Catholic Education, *Educational guidance in human love: outlines for sex education*. 1983, Catholic Truth Society: London.

Saracci, R., *The World Health Organisation needs to reconsider its definition of health*. British Medical Journal, 1997. 314(1409): p. 1409-1410.

Schneider, A. and H. Ingram, *Social Construction of Target Populations: Implications for Politics and Policy*. The American Political Science Review, 1993. 87(2): p. 334-347.

Screening service for AIDS, in *The Irish Times (1921-Current File)*; Aug 17, 1985; *ProQuest Historical Newspapers: The Irish Times (1859-2011) and The Weekly Irish Times (1876-1958)*. 17th August 1985.

Seanad Éireann Debate, *Hirschfield Centre* - Vol. 121. 2.11.1988.

Seanad Éireann Debate, *AIDS - Volume 118*. 3rd March 1988.

Seanad Éireann Debate, *Information and Education Programme on AIDS: Motion (Resumed)* - Vol 118, 14. Thursday, 3 March 1988.

Seanad Éireann Debate, *Information and Education Programme on AIDS: Motion* - Vol. 118 No. 14. Thursday, 25 February 1988.

Seanad Éireann Debate, *Information and Education Programme on AIDS: Motion* - Vol. 118 No. 14. Thursday, 25 February 1988.

Sex and Modern Ireland, in *The Irish Times*. 1983, Feb 4, *ProQuest Historical Newspapers: The Irish Times (1859-2011) and The Weekly Irish Times (1876-1958)*.

'Sex hotline' is illegal, says TD, in *The Irish Times (1921-Current File)*. Feb 8, 1985, *ProQuest Historical Newspapers The Irish Times (1859-2009)*.

Sexual disease clinic planned, in *The Irish Times*. 6th April 1984, *ProQuest Historical Newspapers: The Irish Times (1859-2011) and The Weekly Irish Times (1876-1958)*.

Sherr, L., Mueller, J., Varrall, R., *Evidence-based gender findings for children affected by HIV and AIDS - a systematic overview*. *AIDS Care*, 2009. 21(1): p. 83-97.

Sherr, L., Mueller, J., Varrall, R., *A Systematic Review of Cognitive Development and Child Human Immunodeficiency Virus Infection* *Psychological Health Medicine*, 2009. 14(4): p. 387-404.

Sherr, L., *Evaluation of the Impact of Community-based Activities and Programmes Supporting OVC - A Discussion Paper on a Methodology and Evaluation; Too Little but is it Too Late?* . 2009, University of London: Unpublished.

Siggins, L., *The New Crusaders*, in *The Irish Times*. 24th May 1985, *ProQuest Historical Newspapers: The Irish Times (1859-2011) and The Weekly Irish Times (1876-1958)*.

Silverman, D., *Doing Qualitative Research: Third Edition*. 2010, London: Sage Publications. Simon, H., et al, *Economics, Bounded Rationality and the Cognitive Revolution*, ed. M. Egidi, Marris, R. 1992, Aldershot: Edward Elgar.

Simon, H.A., *Models of bounded rationality. Vol.3, Empirically grounded economic reason* 1997, Cambridge, Mass.; London: MIT Press

Simon, H.A., *Administrative behavior : a study of decision-making processes in administrative organizations* 1997, New York ; London: Free Press.

Singer, L., *Erotic Welfare: Sexual Theory and Politics in the Age of Epidemic*. 1993, New York: Routledge.

Small, M.L., *How to Conduct a Mixed Methods Study: Recent Trends in a Rapidly Growing Literature*. Annual Review of Sociology, 2011. 37(1): p. 57-86.

Smyth, P., *Controversial schools AIDS programme to be extended*, in *The Irish Times (1921-Current File)*. Mar 7, 1990, ProQuest Historical Newspapers: The Irish Times (1859-2011) and The Weekly Irish Times (1876-1958).

Spencer, P., Wollman, H., (Eds.), *Nations and Nationalism: A Reader*. 2005, Edinburgh: Edinburgh University Press.

Spira, A., Bajos, N., ACSF Group, *Sexual Behaviour and AIDS*. 1994, Aldershot: Avebury.

Squeamishness on AIDS must end, says trustee, in *The Irish Times (1921-Current File)*. Apr 20, 1990, ProQuest Historical Newspapers: The Irish Times (1859-2011) and The Weekly Irish Times (1876-1958).

Starogiannis, H. and D.B. Hill, *Sex and gender in an American state school (1951-1987): The Willowbrook class*. Sexuality and Disability, 2008. 26(2): p. 83-103.

Stenvoll, D., *From Russia with Love?: Newspaper Coverage of Cross-border Prostitution in Northern Norway, 1990-2001*. European Journal of Women's Studies, 2002. 9(2): p. 143-162.

Stevens, A., *Telling Policy Stories: An Ethnographic Study of the Use of Evidence in Policy-making in the UK*. Journal of Social Policy 2011. 40(2): p. 237-255.

Stevens, A., Ritter, A., *Editorial: How can and do empirical studies influence drug policies? Narratives and complexity in the use of evidence in policy making*. Drugs: Education, Prevention and Policy, 2013. 20(3): p. 169-174.

Stone, D., *Policy Paradox: The Art of Political Decision Making - Revised Edition*. 2002, New York: WW Norton & Company.

Street, J., *British Government Policy on AIDS: Learning Not to Die of Ignorance*. Parliamentary Affairs, 1988. 41(4): p. 490-507.

- Stronach, I., Frankham, J., Stark, S., *Sex, Science and Educational Research: The Unholy Trinity*. Journal of Education Policy, 2007. 22(2): p. 215-235.
- Stronach, I., Frankham, J., Stark, S., *Sex, Science and Educational Research: The Unholy Trinity*. Journal of Education Policy, 2007. 22(2): p. 215-235.
- Sullivan, M., *The Politics of Thatcherism: New Conservatism and the Welfare State - Occasional Paper No. 21*. 1989, Swansea: University College of Swansea.
- Sweetman, R., *On Our Backs: Sexual Attitudes in a Changing Ireland*. 1979, London: Pan Books Ltd.
- Temin, M., *HIV-Sensitive Social Protection: What Does the Evidence Say?*, UNICEF, Editor. 2010 New York.
- The New Crusaders*, in *The Irish Times*. 24 May 1985, Retrieved from <http://search.proquest.com/docview/530123025?accountid=14404>: Dublin.
- The Provisional Government of the Irish Republic to the People of Ireland, *Poblacht na hÉireann: Irish Proclamation of Independence*. 1916.
- The SAGE handbook of grounded theory*, ed. A. Bryant, Charmaz, K.C. 2007, London: Sage.
- Thornton, C., Brennan, R., Denham, P., Browne, A., *Sex Education by the Gynaecologist – Analysis of a School Programme in Ireland*, in *Irish Medical Journal*. February 1979: Dublin.
- Tóibín, C., *A Brush with the Law - Dublin Review Number 29, Autumn 2007*, in Ferriter, D., *Occasions of Sin: Sex and Society in Modern Ireland*. 2009, London: Profile Books Ltd.
- Towers, B.A., *Health Education Policy 1916-1926: Venereal Disease and the Prophylaxis Dilemma*. Medical History, 1980. 24: p. 70-87.
- Treichler, P., *AIDS, Homophobia, and Biomedical Discourse: An Epidemic of Signification*, in *Culture, Society and Sexuality: A Reader*, R. Parker, Aggleton, P., Editor. 1999, UCL Press: London.
- Trevor, W., *The Ballroom of Romance and Other Stories*. 1972, London: Bodley Head.
- Tyler, T., *The Psychology of Cooperation: Implications for Public Policy*, in *The Behavioural Foundations of Public Policy*, E. Shafir, Editor. 2013, Princeton University Press: Princeton and Oxford.
- U.S. Department of Health and Social Services, *The Surgeon General's Call to Action to Promote Sexual Health and Responsible Sexual Behaviour*. 2001: Rockville, MD.

Underhill, K., Operario, D., Montgomery, P., *Abstinence-only Programs for HIV Infection Prevention in High-income Countries*, in *The Cochrane Library*. 2007, John Wiley & Sons, Ltd.

UNIFEM, *Transforming the National AIDS Response: Mainstreaming Gender Equality and Women's Human Rights into the "Three Ones"*. 2008, UNIFEM: New York.

United Nations Family Planning Association (UNFPA), *Plan of Action on Sexual and Reproductive Health and Rights*, in *The African Union Commission*. 18-22 September 2006: Maputo Plan of Action.

United Nations General Assembly (UNGASS), *Political Declaration on HIV/AIDS: Intensifying our efforts to eliminate HIV/AIDS*. 10th June 2011.

Van Damme, W., Kegels, G., *Health System Strengthening and Scaling Up Antiretroviral Therapy: The Need for Context-Specific Delivery Models: Comment on Schneider et al.* *Reproductive Health Matters* 2006. 14(27): p. 24-26.

Van Der Veer, P., Lehmann, H. (Eds), *Nation and Religion: Perspectives on Europe and Asia*. 1999, Princeton University Press: New Jersey.

Vance, C.S., *Antropology Rediscovered Sexuality: A Theoretical Comment*, in *Culture, Society and Sexuality: A Reader*, R. Parker, Aggleton, P., Editor. 1999, UCL Press: London.

Vatican, *Humanae Vitae*, in *Encyclical Letter of Pope Paul VI*. 1968.

Vatican issues sexual guidelines, in *The Irish Times (1921-Current File)*. 2nd December 1983, ProQuest Historical Newspapers, The Irish Times (1859-2009): Dublin.

Vianna, A.R.B., Carrara, S., *Sexual Politics and Sexual Rights in Brazil: A Case Study*, in *Sex Politics: Reports from the Front Lines*, R. Parker, Petchesky, R., Sember, R., Editor. 2007, Sexuality Policy Watch: Rio de Janeiro.

Wales, M., *Education about sex 'needed'*, in *The Irish Times (1921-Current File)*. Feb 3, 1984, ProQuest Historical Newspapers The Irish Times (1859-2009).

Walker, K., *The Wolfenden Report*. *The British Medical Journal*, 1959. 2(5156): p. 883.

Walkowitz, J.R., *Prostitution and Victorian Society: Women, Class and the State* 1980, Cambridge: Cambridge University Press.

Walsh, C., *The hard liners; who's and what's what in Family Solidarity*, in *The Irish Times (1921-Current File)*. 14th December 1984, ProQuest Historical Newspapers: The Irish Times (1859-2011) and The Weekly Irish Times (1876-1958): Dublin.

Walsh, D., *The land of Humbug, Wink and Nod*, in *The Irish Times (1921-Current File)*; Feb 21, 1985; ProQuest Historical Newspapers: *The Irish Times (1859-2011)* and *The Weekly Irish Times (1876-1958)*. Feb 21, 1985.

Walsh, M., *New pressure group formed to defend 'family values'*, in *The Irish Times (1921-Current File)*. Aug 29, 1984, ProQuest Historical Newspapers *The Irish Times (1859-2009)*.

Walsh, T., et al., *Bereavement support in an acute hospital: An Irish model*. *Death Studies*, 2008. 32(8): p. 768-786.

Walshe, J., *Union opts for State's AIDS course*, in *The Irish Times (1921-Current File)*. Oct 2, 1990, ProQuest Historical Newspapers: *The Irish Times (1859-2011)* and *The Weekly Irish Times (1876-1958)*.

Walshe, J., *Bishops likely to accept new AIDS plan for schools*, in *The Irish Times (1921-Current File)*. Oct 2, 1990, ProQuest Historical Newspapers: *The Irish Times (1859-2011)* and *The Weekly Irish Times (1876-1958)*.

Warning on State Intervention in Morals, in *The Irish Times (1921-Current File)*. Dec 31, 1984, ProQuest Historical Newspapers *The Irish Times (1859-2009)*

Waters, J., *An Intelligent Person's Guide to Modern Ireland*. 1997, London: Gerald Duckworth & Co.

Watney, S., *Policing Desire: Pornography, AIDS and the Media (Third Edition)*. 1997, London: Cassell.

Watney, S., *Imagine Hope: AIDS and Gay Identity*. 2000, London; New York: Routledge.

Weaver-Hightower, M.B., *A Mixed Methods Approach for Identifying Influence on Public Policy*. *Journal of Mixed Methods Research*, 2013.

Weber, B.R., *Talking Sex, Talking Kinsey*. *Australian Feminist Studies*, 2010. 25(64): p. 189-198.

Weeks, J., *Sex, Politics and Society: The Regulation of Sexuality Since 1800 - 2nd Edition*. Second ed. 1989, New York: Longman.

Weeks, J., *AIDS and the Regulation of Sexuality*, in *AIDS and Contemporary History V*. Berridge, Strong, P., Editor. 1993, Cambridge University Press.: Cambridge.

Weeks, J., *Making Sexual History*. 2000, Malden, MA: Polity Press.

Weeks, J., *Sexuality - 2nd Edition*. 2007, New York: Routledge.

Weisner-Hanks, M., *Christianity and Sexuality in the Early Modern World: Regulating Desire, Reforming Practice - 2nd Edition*. 2010, Abingdon: Routledge.

Weissert, C.S., Weissert, W.G., *Governing Health; The Politics of Health Policy*. 2006, Baltimore: The John Hopkins University Press.

West, K., *AIDS Education*, in *The Irish Times (1921-Current File)*. May 10, 1990, ProQuest Historical Newspapers: The Irish Times (1859-2011) and The Weekly Irish Times (1876-1958).

Wheeler, L.A., *Rescuing Sex from Prudery and Prurience: American Women's Use of Sex Education as an Antidote to Obscenity, 1925-1932*. *Journal of Women's History*, 2000. 12: p. 173-195.

White, Kelvin L. and Anne J. Gilliland, *Promoting Reflexivity and Inclusivity in Archival Education, Research, and Practice*. *The Library Quarterly*, 2010. 80(3): p. 231-248.

Whyte, J.H., *Church and State in Modern Ireland*. 1980, Dublin: Gill and Macmillan Ltd.

Wildavsky, A., *Craftways: On the Organisation of Scholarly Work*. 1989, Transaction Publishers: New Jersey.

William James: Essays and Lectures, ed. R. Kamber. 2007, London: Pearson Longman.

Dismantling Public Policy, ed. A.J. Michael Bauer, Christoffer Green-Pedersen, Adrienne Heritier. 2012, Oxford: Oxford University Press.

Wood, J.K., *Carl Rogers' person-centered approach: Toward an understanding of its implications* 2008, Ross-on-Wye: PCCS Books.

World Association of Sexology, *Declaration of Sexual Rights*. 1999.

World Health Organisation, *Education and treatment in human sexuality: the training of health professionals*, in *WHO Technical Report Series No. 572*. 1975: Geneva.

World Health Organisation, *Defining sexual health: Report of a technical consultation on sexual health, 28-31 January 2002*. 2006: Geneva.

World Health Organisation, *PMTCT Strategic Vision 2010-2015: Preventing mother-to-child transmission of HIV to reach the UNGASS and Millennium Development Goals*. 2010: Geneva.

World Health Organisation (WHO), *Integrating gender into HIV/AIDS programmes in the health sector: Tool to improve responsiveness to women's needs*. 2009, WHO: Geneva.

Wynn, L.L., et al., *Harm Reduction or Women's Rights? Debating Access to Emergency Contraceptive Pills in Canada and the United States*. *Studies in Family Planning*, 2007. 38(4): p. 253-267.

Yeates, P., *Dr O'Hanlon found Health hard medicine*, in *The Irish Times (1921-Current File)*; Nov 14, 1991; ProQuest Historical Newspapers *The Irish Times (1859-2009)*. 14th November 1991.

Yeates, P., *AIDS campaign 'not explicit enough'*, in *The Irish Times (1921-Current File)*. 18th May 1987, ProQuest Historical Newspapers *The Irish Times (1859-2009)*: Dublin.

Yeates, P., *Evidence to support drugs call lacking, O'Hanlon says* in *The Irish Times (1921-Current File)*; ProQuest Historical Newspapers *The Irish Times (1859-2009)*. 19th November 1988.

Yeates, P., *Lobby by family group branches*, in *The Irish Times (1921-Current File)*. Jun 7, 1985, ProQuest Historical Newspapers *The Irish Times (1859-2009)*.

Yin, R.K., *Case Study Research: Design and Methods - 2nd Edition*. 1994, London: Sage Publications.

Young, A., *The State is Still in the Bedrooms of the Nation: The Control and Regulation of Sexuality in Canadian Criminal Law*. *Canadian Journal of Human Sexuality*, 2008. 17(4): p. 203-220.

Zola, I.K., *Culture and Symptoms: an analysis of patients' presenting complaints*, in *Sociology of Medical practice*, C. Cox, Mead, A., Editor. 1975, Collier-MacMillan: London.