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## The Gay Community Response to the Emergence of AIDS in Ireland: Activism, Covert Policy, and the Significance of an “Invisible Minority”

**Abstract:** The first response to AIDS in Ireland emerged from within a radical, socialist, and predominantly nationalist wing of the gay rights movement in 1985. At a time when homosexual acts were criminalized, the Irish state operated a policy of protracted nonengagement with Gay Health Action, while covertly supporting selected health-promotion activities. As international momentum unified around a response to the AIDS crisis characterized by value-neutral public health principles, the Irish State, and particularly the statutory health sector, was compelled to balance the views of a conservative voting majority at home with the liberal consensus that was defining the response internationally. AIDS was a catalyst for change throughout the world and Gay Health Action was at the forefront of that transformative movement in Ireland. At the outbreak of AIDS, the gay community was an “invisible minority” that by 1990 had pushed the boundaries of sexual health discourse to herald a more liberal age.

**Keywords:** AIDS in Ireland, Gay Health Action (GHA), Catholic Church and AIDS, Church and State in Ireland, Dublin Lesbian and Gay Men’s Collective

An epidemic of fear was precipitated by Acquired Immune Deficiency Syndrome (AIDS),<sup>1</sup> which was first identified in Los Angeles, California,

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Unless otherwise stated, “Ireland” refers to the twenty-six-county Republic of Ireland and should not be confused with Northern Ireland, which is under the jurisdiction of the United Kingdom.

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in June 1981, fueling moral panic and initial calls for an adversarial response.<sup>2</sup> From the mid-1980s, international policy discourse emphasized safer sex rather than abstinence and harm reduction rather than prohibition, with the World Health Organization (WHO) unequivocally promoting a “global-ethic” of nondiscrimination.<sup>3</sup> Legal sanctions including disease notification, quarantine, and prosecution through public health agencies had proved particularly inadequate and counterproductive in the response to sexually transmitted infections in the nineteenth century. The highly contested Contagious Diseases Acts passed by the Parliament of the United Kingdom in 1864, 1866, and 1869 to ensure that the British army would not be defeated by syphilis had proved that punitive and discriminatory measures were ineffective in controlling the spread of disease. Efforts to secure the willing cooperation of people at risk in the wake of World War I had been far more effective in both containing the spread of sexually acquired infection and in winning the confidence of service users.<sup>4</sup> The first Global Program on AIDS launched by WHO in 1987 was therefore rooted in these lessons of public health history advocating an evidence-informed and participatory rights-based approach. As AIDS awareness gained momentum, fears that a generalized heterosexual epidemic, as was emerging across Africa with devastating consequences, prompted a warlike response mid-decade, mobilizing political dialogue and participation at national and international levels. AIDS became a catalyst for rapid change across political, social, and cultural spheres, and created otherwise unlikely alliances between disparate groups and policy communities.

As international momentum unified around a response characterized by value-neutral public health principles, the Irish State, and particularly the statutory health sector, was compelled to balance the views of a conservative voting majority at home (95 percent of whom were Roman Catholic in 1982) with the liberal consensus that was defining the response at European Union and global levels.<sup>5</sup> At the point when the first cases of AIDS were retrospectively diagnosed in 1982, homosexual acts were criminalized under the Offences Against the Person Act of 1861; Ireland had no genito-urinary consultancy posts and poorly developed diagnostic and treatment services for sexually transmitted infections (STIs). There was no mandatory sex education in schools, and contraceptives were restricted to married couples on prescription. Although a liberalizing wave of individualism had begun to emerge in relation to sexual and reproductive health and rights in Ireland during the pre-AIDS era, this was a marginal movement, representing a minority view. The AIDS crisis, however, presented an opportunity for liberal reform among

those who had been dissatisfied with Ireland's conservative approach to sexuality and sexual health, among them a group of young gay men. This article will explore the first response to the AIDS crisis in Ireland as it emerged from within a radical, socialist, and predominantly nationalist wing of the gay rights movement in 1985.

Irish society, since the mid-nineteenth century, was dominated by the Roman Catholic Church; after independence from Britain in 1922, the Church's influence on successive Irish governments was even more marked. John Whyte's classic study, *Church and State in Modern Ireland*, demonstrated just how great the influence of the Church authorities was on social policy generally, as well as pointing to the Church's almost obsessive concern for anything it considered sexually permissive.<sup>6</sup> During the nineteenth century, the Catholic Church became increasingly involved in the delivery of social services, with the British State (then governing Ireland) giving unparalleled ownership, access, and control to the Church in health and education. This pattern of denominational management was maintained in many other areas of social-service provision throughout the twentieth century, even though the financial and administrative burden for such services was largely carried by the State.<sup>7</sup> 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 a preoccupation with sexual morality endured almost to the end of the twentieth century. The process through which the Catholic moral code became enshrined in the law was therefore not a coercive one. Whyte concludes that instances of the Church interfering directly and explicitly in State affairs were few: "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 interest.<sup>8</sup>

Health policy encompasses a range of cultural, political, and economic issues, rather than being solely concerned with the delivery of technically effective, "evidence-based" treatments.<sup>9</sup> As was the case with all social policy in independent Ireland, health policy was greatly influenced by the ethos of the institutional Roman Catholic Church, which delivered a significant proportion of the State's health-care services.<sup>10</sup> The most infamous clash of Church and State on health policy occurred in 1951, arising from governmental proposals to introduce a Mother and Child health scheme. This scheme, which proposed the provision of free medical care for mothers and their children up to the age of sixteen, was deemed by Church authorities at the time to contravene its social teaching on subsidiarity—a principle that argued that it was

improper for the State to take on functions that could be carried out at a lower societal level, by individuals, local communities, or families. Reflecting their general preoccupation with sexual morality, some of the disquiet of the bishops arose from fears that doctors paid by the State might instruct young mothers in sex education and methods of contraception not sanctioned by the Church. The controversy surrounding the Mother and Child scheme led to the resignation of the Minister for Health and the destabilization of the government, which fell shortly afterward.<sup>11</sup> While it was the first and indeed the last time that the Catholic hierarchy interfered directly against a particular bill, Whyte points to “a new flexibility” on the part of the Catholic bishops from the 1960s onward, which contrasted with the uncompromising opposition by leading prelates to the expansion of the authority of the State in previous decades.<sup>12</sup> Nolan and Walsh, however, suggest a more complex and nuanced picture, in which bishops yielded to an authoritative governmental leadership but maintained considerable influence on social policy in the decades succeeding the Mother and Child scheme.<sup>13</sup> This study also identifies subsidiary ecclesiastical influence in health policy during the 1980s, which is exemplified by the importance attributed by the Department of Health to the National Bishops’ Task Force on AIDS in 1987: this was a diverse network of influential stakeholder interests appointed by the Catholic hierarchy to become the first national-policy community responding to the AIDS crisis in Ireland.

In light of the influence of the institutional Catholic Church in health policy, it may be understood that the emergence of AIDS was a particularly difficult issue for Irish policymakers. The first response came from within the gay community and was motivated by the sense of impending emergency and the pressing need to address the prohibition of condoms—legislative provision for which restricted availability to married couples on prescription for “*bona fide* family planning purposes” in 1979. Condoms were, however, sold without prescription by mail order, and by some unlicensed pharmacies and women’s health centres so redolent of Ireland’s “wink and a nod” approach to regulation and contentious areas of policymaking.<sup>14</sup> The gay community used the AIDS crisis to spotlight the ongoing criminalization of homosexual acts, the absence of mandatory sex education in schools, limited access to condoms, and underdeveloped sexual health services, which rendered the Irish State ill-equipped to respond to the challenges posed by AIDS.<sup>15</sup> In this article, I will chart a series of incidences that demonstrate the uneasy alliance that operated between Gay Health Action (GHA)—the group established by national gay rights activists to respond to the AIDS crisis—and the statutory health agencies, while assessing the Department of Health’s operation of a policy of

protracted nonengagement. I will also explore GHA's influence on policy in light of their unapologetic use of sexually explicit language (language that in strict legal terms ran counter to Ireland's Censorship of Publications Act of 1929) and the legal status of homosexual acts. The impasse between the Department of Health and the gay community response was bridged by an untypical and unlikely representative of the Roman Catholic Church, which brought gay activists into the policy process to engage in mainstream policy dialogue and negotiation. The study upon which this article is based aimed to explore the impact or transformational effect of AIDS on Irish sexual health policy during the initial decade of the epidemic, that is, as it unfolded in Ireland between 1982 and 1992. The source material was archival, which had neither been catalogued nor indexed, uncovered in an Irish civil society organization responding to support needs of HIV positive people. This comprised twenty boxes that had been held unopened and unexplored for more than twenty-five years in the basement of that organization, not all of which was relevant to this study. Archival research was supported by eighteen semistructured key informant interviews with contemporaneous politicians, representatives of the Catholic Church, clinical personnel, and AIDS activists. *The Irish Times* newspaper archive, "a newspaper of record, reliable for the facts presented and pluralist in its feature articles," supplied accurate dating of events and commentary from the period.<sup>16</sup>

### THE GAY COMMUNITY RESPONSE TO AIDS

Describing the gay community response to AIDS in the UK, historian Virginia Berridge remarked that the liberalization of the legal status of homosexuality in the 1960s and gay liberation in the 1970s had realized greater openness and democracy there.<sup>17</sup> In Ireland, however, antihomosexual laws continued to be invoked during the same period with 455 prosecutions for "indecency with males" and "gross indecency" between 1962 and 1972, 342 of whom were men over the age of twenty-one.<sup>18</sup> A Joycean scholar and lecturer at Trinity College Dublin, David Norris, founded the first Gay Rights Movement in 1974 and led an action to repeal the 1861 law in the High Court, and subsequently in the Supreme Court in 1983, that criminalized homosexual acts between men. Norris's case was defeated on the grounds that homosexual acts were inimical to marriage, morally wrong, and harmful "to a way of life and to values which the State wished to protect."<sup>19</sup> Author, playwright, and journalist Colm Tóibín has claimed that this judgment was out of step with changing attitudes at the time. Historian Diarmaid Ferriter also suggests a sea change in Irish society

identifying both tolerance and prejudice in the limited debate about homosexuality in the 1980s.<sup>20</sup> In any event, the case was heard by the European Court of Human Rights in 1988, which ruled that the law was contrary to the European Convention on Human Rights, prompting its eventual repeal in 1993.

The development of the first response to AIDS crisis by what Norris termed an “invisible minority” brought gay people to the fore of public debate for the first time in Ireland.<sup>21</sup> Gay Health Action had emerged from within the Dublin Lesbian and Gay Men’s Collective, a “militant” wing of the gay rights lobby.<sup>22</sup> Chrystal Hug describes the broader gay rights movement in militant terms, but this label is perhaps misemployed, for although rights were hard won and at times confrontational, activists were primarily middle class and well educated, while activism itself was largely characterized by peaceful protest. “Militant” is a nomenclature more appropriate to the Collective, which was politically aligned with left-wing politics and sympathetic to Irish Republicanism with a minority having served a prison sentence for active membership of the Irish Republican Army (IRA), a paramilitary group whose goal was the unity of the island of Ireland. The “Troubles” in Northern Ireland added another dimension to the era with Minister for Health, Barry Desmond (1982–87), recalling that AIDS was overshadowed in political terms by “a huge security problem in the State . . . the Provos (Provisional IRA) were rampant right through the 80’s . . . the Government was spending a fortune . . . policing the border.”<sup>23</sup>

Members of the Lesbian and Gay Men’s Collective actively campaigned on a broad range of social issues in favor of women’s rights and reform of the laws regulating contraceptives. This group was also pro-choice in the extremely divisive abortion campaign of 1983 and favored the introduction of divorce in the 1986 referendum, both of which were defeated by majority vote. Such political positions firmly situated the Collective on the margins of mainstream Irish society, to such an extent that the more established gay rights groups, including the National Gay Federation and the Irish Gay Rights Movement, considered them somewhat extreme, or, in the words of a former member, “the loonies of the left . . . in the gay scene.”<sup>24</sup>

The increasing intensity of reporting on AIDS in the British media (available to viewers in Ireland) and four reported cases of AIDS prompted a meeting of all gay groups on January 30, 1985, out of which Gay Health Action emerged.<sup>25</sup> Staffed by volunteers who had been closely involved with the Dublin Collective, GHA was, from early 1985, a primary source of information and education on AIDS within the gay community but also with other vulnerable populations and the general public.<sup>26</sup> This was primarily a

homogenous gay male movement, although a splinter group called Lesbian Health Action made a fleeting appearance in the archives, but it appeared to lack the profile of their male counterparts. Historian Ed Madden emphasizes the problem of gender imbalance in the response to AIDS, noting that many women chose to work behind the scenes.<sup>27</sup> While it is recognized that the Irish lesbian community is noted for its political activism, as Linda Connolly and Tina O'Toole state, "academic, political and media analysis has focused more on gay men than on lesbians."<sup>28</sup>

### GHA AND THE FUNDING PARADOX

Throughout its relatively short five-year existence, GHA succeeded in accessing small project-specific government grants, but it never acquired core funding from the Irish State. Author and gay rights activist Kieran Rose has claimed that "further funding was vetoed by the Department of Health because their legal advice was that information relating to gay sexual practices would be contrary to the criminal law."<sup>29</sup> Consequently, initiatives were primarily supported by voluntary effort and fundraising contributions. One internal report bemoaned the fact that many volunteers were paying for small items like postage stamps out of their own pockets and proposed the imposition of a levy on gay groups around the country to support the work of the group. GHA secured a Social Employment Scheme from June 1985 from the Department of Labour, which permitted State-subsidized employment of up to four people on a part-time basis or two full-time posts. When challenged by the media on this decision later in 1985, a spokesman for the minister defended the decision of his department and side-stepped the issue of the group's unlawful status: he emphasized that GHA met the requirements of the scheme, which had been approved by a monitoring committee.<sup>30</sup> While public funding to GHA was not without controversy, government departments appear to have taken a somewhat ambiguous approach to the legal status of the group with even the Department of Justice reportedly paying £55 for a video and other educational material supplied to Arbour Hill prison.<sup>31</sup>

GHA maintained a largely one-sided correspondence with the Department of Health between 1985 and 1990. As recorded by Rose, GHA reported in October 1987 that they had been informally advised by the department that it could not be seen to fund a group whose status is unlawful.<sup>32</sup> In a handwritten letter to Ireland's current president, Michael D. Higgins, then an elected representative for Galway West and member of the Labour Party, GHA's Donal Sheehan asked for two questions to be put to the Dáil (Irish Parliament):

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 organizations within the gay community undertaking such work?<sup>33</sup>

Whether or not this letter was ever sent to, or received by, Michael D. Higgins, cannot be ascertained, and no reference to these questions has been found in the Dáil record around that time. However, in a question-and-answer session almost a year later (November 2, 1988), Higgins specifically asked the Minister for Health—by this time, the highly conservative Rory O’Hanlon—why GHA had been refused funding and sought clarification as to whether or not a legal opinion had been acquired.<sup>34</sup> The minister replied that he was unaware of any such legal opinion being sought, and ignored the question as to why GHA had not been funded by the Department of Health.<sup>35</sup> Clarifying the issue in a letter to the *Irish Times* on November 30, 1988, Chris Robson for GHA asserted that the legal opinion received by the Department of Health suggested that the government could be sued for condoning criminal behavior if State funds were extended to GHA for the purposes of producing educational materials describing safer sex practices.<sup>36</sup> Robson concluded with an attack on the perceived hypocrisy that characterized the relationship between various government departments and GHA: “The Department of Labour meanwhile has no problem in funding workers under the SES (Social Employment Scheme) to do exactly what the Department of Health claim is illegal.”<sup>37</sup>

The ambiguous relationship between the statutory authorities and GHA appears to have operated on the premise that while the Department of Health could not be seen to condone or fund a group whose sexual practices were contrary to criminal law, the crisis posed by AIDS necessitated some limited engagement and financial support. Health-policy analyst Thomas Oliver has argued that the construction of gay men as deviant throughout the initial course of the AIDS epidemic in the United States resulted in a significant delay in federal assistance for many years.<sup>38</sup> As such, GHA’s failure to secure statutory funding beyond small project-specific grants is not unique. The proliferation of particularly vocal middle-class conservative groups in the wake of the abortion and divorce debates must also be taken into account in assessing statutory engagement with GHA. While these lay groups claimed that they



were not associated directly with the Catholic Church, meetings were held in parish halls and espoused uncompromising adherence to Catholic moral teaching in relation to abortion, divorce, contraception, sex education and homosexual acts. Minister for Health Barry Desmond, who had championed a bill to make condoms more freely available in 1985, described being attacked and abused by “virulent” right-wing conservative campaigners. Similarly, Ruby Morrow, an educational psychologist employed by the Department of Education, described how politicians were afraid to support sex education “because they would lose votes” and would be aggressively targeted by these groups.<sup>39</sup> The conservative Senator Don Lydon has argued that traditional Catholic lobbyists were very influential during the 1980s: “No party could afford to alienate so many people at that time who would hold these (conservative Catholic) views.”<sup>40</sup>

Department of Health officials appear also to have been largely in denial about the threat posed by AIDS, with one RTÉ report declaring in 1987 that “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,” a complacency the report was quick to challenge.<sup>41</sup> Pressure was mounting in other European jurisdictions and from the WHO to emphasize safer sex rather than abstinence and, in the context of problem drug use, harm reduction rather than prohibition. Government departments in Ireland were consequently caught between the imperative to serve the public interest in the context of the threat to public health and manage international pressure to respond in a liberal way, while endeavoring not to alienate the conservative Catholic majority, including highly vocal lobbyists for the retention of traditional family values. In funding a minimum number of GHA’s activities, while simultaneously stating publicly that the unlawful nature of homosexual acts precluded government funding, politicians were covertly “playing both sides” in an effort to appease international actors while maintaining the status quo at home.<sup>42</sup> While indicating that his hands were tied, Barry Desmond has claimed that “as Minister for Health in the early 1980s, I was thoroughly ashamed of the draconian laws on our statute books relating to homosexuality.”<sup>43</sup> The funding paradox, which characterized the relationship between the GHA and the statutory authorities, reveals something of the tension experienced by government in its response to the AIDS epidemic. However, it also echoes Tóibín’s assertion that the Supreme Court ruling was out of step with increasing liberalization, which Chrystal Hug suggests reached “all-pervasive proportions” by the first half of the 1990s as Ireland elected its first female president and the moral authority of the Catholic Church went into decline.<sup>44</sup> Caught in the middle 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, it must be concluded that the Department of Health responded pragmatically at a time of unprecedented change in Irish life.

#### IRELAND'S FIRST AIDS INFORMATION LEAFLET

GHA was transnational in its response to AIDS, forming partnerships and alliances with similar gay community endeavors in the UK and the United States. These partnerships provided access to AIDS funding streams outside Ireland but equally to specialist sources of public health information.<sup>45</sup> 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, delivered a three-day workshop in Dublin for gay activists in September 1985. They also introduced the GHA to educational, support, and training materials from the Shanti Project in San Francisco, which was established in 1974 to enhance quality of life for people living with life-threatening or chronic illnesses. The information and education materials developed by GHA—some of which were funded by the semi-State Health Education Bureau (HEB), a now-defunct health promotion agency—were significantly influenced in content and style by the Shanti Project. These were far more sexually explicit than anything that had hitherto appeared in Ireland. Mick Quinlan, cofounder and an active volunteer with GHA, recalled the irony inherent in securing funding from the Department of Health to change the American “safe sex porn video” produced by the Shanti Project to an Irish format.<sup>46</sup>

The sexual prudery that influenced policy post independence extended to include prohibition of sexual health promotion or infection treatment advertisements of any kind under the Censorship of Publications Act of 1929. Evidence of ever-increasing incidences of sexually transmitted infections (STIs) had prompted criticism of the paucity of sexual health treatment services.<sup>47</sup> Dissatisfaction with Ireland's response to sexually acquired infections was expressed throughout the 1970s and '80s by Irish clinicians and “eminent foreign specialists,” including the WHO, which was critical of the way Ireland “virtually ignores the problem of VD and sweeps it under the carpet,”<sup>48</sup> while underreporting led to the erroneous belief that Ireland was largely free of STIs.<sup>49</sup>

Explicit sex education information was undoubtedly provocative, but its promoters argued 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

held an opposing view and were inclined to refer with ambivalence to the “intimate” transmission pathways of HIV.<sup>50</sup> Notwithstanding the advice of the Deputy Chief Medical Officer, Ireland’s first national AIDS awareness campaign emphasized sexual abstinence and fidelity to one partner in marriage, prompting 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.”<sup>51</sup>

Ireland was far from unique in terms of its reluctance to use explicit language for health promotion purposes. During her term as prime minister, Margaret Thatcher tried in 1985 to limit distribution of public health advertisements on AIDS because she feared that explicit descriptions of “risky sex” would harm young teenagers.<sup>52</sup> She reportedly opposed references to anal intercourse in public health material and reflected a wider reluctance at the time to acknowledge that the United Kingdom was facing an epidemic.<sup>53</sup> The Thatcher-led government was largely forced to capitulate as “a mood of impending apocalypse gripped leading civil servants and politicians” and agreed to explicit wording in AIDS prevention materials.<sup>54</sup> The Irish statutory authorities were much more reluctant to do so fearing a conservative backlash and, as Walsh claimed, denial surrounding the presence of AIDS in Ireland was thought by civil servants to be “the best option.”<sup>55</sup> Initial infections had been acquired overseas, prompting civil servants to the view that AIDS was not likely to become indigenous but imported by homosexuals and unlikely to be problematic in a traditional Catholic country like Ireland.<sup>56</sup>

The HEB provided specific financial support for the first AIDS information leaflet with the full knowledge and approval of the minister for health. Described by the minister, Barry Desmond, as “very liberal, very progressive,” the HEB operated a substantial budget and enjoyed relative autonomy from the department.<sup>57</sup> GHA’s sexually explicit AIDS information leaflet published in early 1985 heralded a new era in sexual health promotion in Ireland, being unequivocally frank and unambiguous in its descriptions of various sexual behaviors and risks attached to each:

*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.<sup>58</sup>

Unsurprisingly, the HEB's financial support of the AIDS information leaflet met with considerable opposition and GHA was accused of promoting sexual deviance. Not in the least deterred, GHA soon produced another equally explicit "safer sex" card targeting gay and bisexual men, which they developed in October 1985 and reprinted in May 1986, sparking a row when they applied again to the HEB for further funding.<sup>59</sup> The "small political row" largely reflects the ambivalence of the statutory authorities and individual political leaders who struggled to reconcile the status quo with more liberal and pragmatic responses to HIV prevention while simultaneously avoiding public controversy.<sup>60</sup> In any event, the controversy was sufficiently disconcerting to prompt HEB Board members to demand "a written Ministerial directive before committing more resources to such AIDS-related preventive education."<sup>61</sup> The contemporary report noted that a number of hospitals and doctors had refused to handle a GHA leaflet, "on the grounds that it might have the effect of spreading the disease rather than containing it."<sup>62</sup> The article reminded readers that "homosexual activity is still illegal in Ireland" while adding:

The [AIDS] 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. . . . One doctor who specializes 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."<sup>63</sup>

Such commentary appears to cast doubt over Tobin's claims of changing attitudes at the time, while the HEB refused to either confirm or deny whether or not it had vetted the contents of the GHA leaflet.<sup>64</sup> Recalling the incident in an interview, then Minister for Health Desmond suggested that the Department of Health, while supportive of the HEB's decision to fund the printing costs of the AIDS leaflet, was fully prepared in the face of controversy to let the semi-State body fight its own battles.<sup>65</sup> He added that 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."<sup>66</sup> From a policy perspective, the behavior of the Department of Health in relation to HEB financial support for GHA may be seen as an example of what political theorist John Kingdon has described as the tendency

for political leaders and high-level departmental officials “to duck hot issues or throw them to administrative agencies.”<sup>67</sup> As a semi-State body, the HEB made recommendations to the minister, but it was a matter for the Minister of Health to accept or reject them.<sup>68</sup> While the department had been in favor of HEB support for the production of the first AIDS information leaflet by the GHA, it was also prepared to support a benign inoffensive version for distribution via the health boards a year later.<sup>69</sup> In the wake of the GHA leaflet controversy, the HEB developed an AIDS information resource for the general public, launched at the beginning of August 1986, which resulted in some explicit details contained in earlier drafts being removed “because of fears that some health boards would refuse to distribute it.”<sup>70</sup>

The difficulties in drafting an information leaflet for the general public were highlighted by Dr. James Walsh (deputy Chief Medical Officer and National AIDS Coordinator at the Department of Health), who claimed that “the HEB hasn’t produced a leaflet because it is very difficult to know what kind of leaflet you can produce.”<sup>71</sup> 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 both men and women by “promiscuous” homosexual and bisexual men. Consequently, the amended text referred only to “unsafe forms of sexual activity” without any explanation or definition of what that might entail.<sup>72</sup>

GHA was critical of the HEB’s sanitized version of the public AIDS information leaflet and a month later, on August 30, 1986, launched its own sexually explicit “play safe” cards and safer-sex posters. Proving entirely insensitive to the concerns of health boards and other statutory agencies, GHA pushed the boundaries of sexual health promotion even further in its widely circulated newsletter, providing explicit information on bondage, spanking, and the use of sex toys with safer-sex advice:

“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.<sup>73</sup>

This unapologetic use of progressively more explicit language served to alienate statutory agencies, rendering policy dialogue more difficult.

The production of the first AIDS information leaflets in Ireland reveals the tensions inherent at government level in supporting the work of an organization that promoted sexual acts that were then unlawful. Government presided over a type of culture war between two main stakeholder groups in which sexuality and sexual health defined the vanguard of conflict. With the full knowledge of the Department of Health, 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. Ireland's first AIDS information leaflet, while perhaps indicative of GHA's political naiveté, remains historically significant in that it marked a departure from a culture that spoke of sex in vague, euphemistic terms.

#### A POLICY OF PROTRACTED NONENGAGEMENT

The furore surrounding the production of the AIDS information leaflet reinforced the Department of Health's determination to maintain a cautious distance from gay health activists. GHA persistently wrote to the Minister for Health between 1985 and 1987, requesting a meeting about its education and prevention activities and wishing to discuss departmental funding for all of its core activities. The first letter, dated May 16, 1985, was sent by Chris Robson (GHA activist) informing the minister that "Gay Health Action is a newly formed group, which has the active support of almost every gay and lesbian organisation in Ireland."<sup>74</sup> Robson 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.<sup>75</sup> The minister's private secretary responded (June 6, 1985), outlining details of the efforts made by the department to keep "the situation with regard to Aids [*sic*] under review at the national and international level."<sup>76</sup> However, no reference was made to the request for a meeting but confirmed that the minister would write again when the specific action to be taken had been determined, but no follow-up letter has been found in the DAA archive.<sup>77</sup>

GHA corresponded regularly with the minister's office throughout 1985 and 1986, offering updates on its own work, and repeatedly requesting a meeting with the minister or his senior officials. For instance, on October 6, 1985, Robson queried why no reference had been made to issues raised in his previous correspondence.<sup>78</sup> By February 1986, Robson was writing lengthy missives to the minister regretting the unsatisfactory response, and noting that virtually the entire responsibility for public education and training on AIDS in Ireland had landed on the shoulders of GHA, to the extent that they were, he claimed, doing the department's job. He demanded that GHA be

consulted in the drafting of the forthcoming HEB AIDS leaflet and leveled charges of hypocrisy at the department for refusing to fund their work (on the grounds that homosexuality was illegal) when other government departments and agencies had at different times provided funding “without any such quibble.”<sup>79</sup> The department’s response to Robson was predictable, acknowledging receipt of his letter and promising to send a “further letter” as soon as possible.<sup>80</sup> No “further letter” was located in the archive. The Department of Health responded to almost all Robson’s letters between 1985 and 1987 in this character of benign officialdom, which in practice was tantamount to nonengagement.<sup>81</sup>

The persistent nonengagement of the minister and his officials up to 1987 ensured that GHA’s attitude toward the Department of Health became increasingly hostile. On renewal of the social employment scheme, the Minister for Labour acknowledged the value of GHA’s work, which prompted an angry 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.”<sup>82</sup> That the department was conforming to anti-gay prejudices, as Robson claimed, and that the crucial work it was doing on behalf of everyone in Ireland should “suffer because of primitive prejudices” is contested.<sup>83</sup> Certainly Dr. Walsh pointed to prejudicial attitudes among civil servants who were “titillated and amused by homosexuals when they would come to meeting . . . they’d be eyeing them up and down and eyeing the poor fellows’ clothes.”<sup>84</sup> But Ferriter suggests a nuanced reality in which both tolerance and prejudice underscored the limited debate about homosexuality in Ireland at the time,<sup>85</sup> and it is likely that departmental officials represented a similar diversity of views. It would not have been widely known, for instance, that the Minister of Health and his department were under pressure to support Ireland’s defense of the legal ban on homosexuality at the European Court of Human Rights. Both Minister Desmond and Dr. Walsh refused to support the Department of Foreign Affairs’ defense of the State against David Norris or that the “AIDS argument” would be used to maintain the legal ban on homosexual acts.<sup>86</sup>

At the end of 1987, “GHA had a meeting (finally!) with the Department of Health on 16th November.” It had taken almost three years.<sup>87</sup> The meeting was attended by three senior officials from the department, but the minister was not present and GHA reported that it did not produce any firm conclusions but that it was useful and informative. That GHA secured a meeting at that time points to another significant policy development: the establishment of the Catholic Church–led National (Bishop’s) Task Force on AIDS.



## IN FROM THE COLD

At a time when the Archbishop of Dublin opposed the introduction of school-based sex education “divested of the influence of such false moral and educational philosophies,”<sup>88</sup> and the Vatican reaffirmed homosexuality as a “disorder,” an “intrinsic moral evil,”<sup>89</sup> the Catholic Church’s pastoral response to AIDS in Ireland embraced antithetical values. While GHA was almost certainly the best informed about AIDS, it was relatively naive about the policy process and disempowered by the largely negative construction of their sexuality in a country that remained decidedly Roman Catholic. Remarkably, the first attempt to create a coherent policy response to AIDS in Ireland in accordance with the liberal, nondiscriminatory principles advocated by the WHO emerged from within the Catholic Church. While the statutory authorities dithered, the Catholic Church established the National Bishops’ Task Force on AIDS in 1987, a diverse network of influential stakeholder interests led by an enterprising and liberal priest, Fr. Paul Lavelle. This Church-led liberal forum acquired immediate legitimacy among statutory authorities and the general public, to become the national policy community responding to the AIDS crisis. Fr. Paul Lavelle was a “modern” priest, with a former career in advertising, whose seminary formation, in the spirit of the Second Vatican Council,<sup>90</sup> led him to believe that the Church in the modern world should read and respond progressively to what was known as the “signs of the times.”<sup>91</sup> He was a man of vision who had the business acumen necessary to identify the most advantageous decision-making routes and procedures for pursuing the National Task Force’s aims and objectives, which included the decriminalization of homosexual acts and promotion of condom use, while the very fact of his priesthood served to win widespread support.<sup>92</sup> Lavelle was 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,” but that did not deter him.<sup>93</sup> Pragmatic in outlook, he selected people with knowledge, skill, and experience of AIDS to join the Task Force, including representatives of the controversial GHA and of Cáirde, a gay befriending service that statutory authorities had also declined to meet. Membership combined grassroots activists with more mainstream stakeholders and highly regarded medical, scientific, legal, and other senior professionals. The result was that the Department of Health was immediately engaged in dialogue with the Task Force, and within a short space of time deployed representation to it. As John Kingdon has observed, interest groups can be very important in terms of agenda-setting, and if policymakers are to



take account of organized interests, they are more likely to do so if they are “relatively well-to-do,” which the Task Force clearly was.<sup>94</sup> Hug has argued that the AIDS crisis put gay and lesbian activists in contact with government agencies in a way that might have been improbable in other circumstances and suggests that “this had the effect of enhancing their visibility and legitimacy.”<sup>95</sup> The relationship was, however, more complex and nuanced than Hug suggests. In policy terms it was the Church-led platform that enabled an effective dialogue between grassroots activists like GHA and the statutory authorities. GHA had indeed enhanced the visibility of gay and lesbian activists and provided important information and awareness about AIDS, but its legitimacy remained contested.

Even as Lavelle was assembling the Task Force in late 1986, Cardinal Tomás Ó’Faich, in a response to a question as to whether condoms can ever be acceptable in the context of AIDS, replied that “the Catholic Church can never condone advice which says to use condoms,” for to do so, he suggested, is to promote promiscuity and AIDS.<sup>96</sup> Lavelle, on the other hand, was promoting an entirely different message: “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.”<sup>97</sup> Lavelle experienced no official censure from the Church in response to his numerous public pronouncements contravening traditional Church teaching, including calls for the decriminalization of homosexual acts and the deregulation of condoms. However, when he made reference to the use of condoms “within marriage” in an official Church publication, the line was considered crossed by Archbishop’s House, marking 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.<sup>98</sup>

The term of the National Bishops’ Task Force was short (two years) and disproportionate to its influence. It bridged the impasse between the gay community and the State, while actively promoting dialogue between the various stakeholders who had forged a disparate and piecemeal response to the AIDS crisis. Importantly, it adopted a coordinating role usually expected of the State, and persuaded civil servants and politicians of the need to act strategically, and in accordance with liberal, nonpunitive principles. At the close of the decade, the Catholic Church’s pastoral response to AIDS had made it possible for the Department of Health to progress policymaking for sexual health—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.

## CONCLUSION

GHA closed its doors in 1990, but by then the Department of Health had announced the establishment of its own national AIDS policy forum modeled on the National Bishops' Task Force. Shortly afterward, diagnostic and treatment services for sexually transmitted infections radically improved with a consultant-led service in two locations in Dublin and another post promised for Cork, Ireland's second major city. A gay men's health service was established in a Dublin hospital a year before homosexual acts were decriminalized. This was developed under the auspices of the national health authority, with a further outreach service extended to women working in prostitution. The first steps toward a national program of school-based sex education had commenced, but the announcement by Taoiseach (Irish prime minister) Charles Haughey on February 26, 1991, that the laws governing access to condoms would be reformed, and that he saw no need to consult the Catholic hierarchy in formulating government policy, marked a watershed moment that signaled the end of Church influence in sexual health policy in Ireland. It is perhaps an indication that attitudes in Ireland had come full circle in just one decade as Haughey had been the Minister of Health responsible for the passage of the 1979 Health Act, which restricted contraception to married couples on prescription: in his own words, "an Irish solution to an Irish problem."

Writing in the early 1990s, at the height of the pandemic, Australian social scientist Dennis Altman suggested that AIDS had a positive aspect in that it had opened up a space for talking about what had once been taboo.<sup>99</sup> In Ireland, it forced an initially reluctant dialogue about sex and sexuality in a society that had hitherto considered such subjects dirty, sinful, and wrong. Hug suggests that Irish society changed more in the 1980s and '90s than in the previous century, while Ferriter contends 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."<sup>100</sup> This study reinforces those claims: AIDS was not the initiator of reform, but it hastened the development of more liberal policy for sexual health in Ireland, or in the words of one senior official in the Department of Health, "AIDS was the vehicle that allowed us to open up the discussion on sexual health."<sup>101</sup> GHA effectively used the crisis presented by AIDS to progress a minority liberal agenda and pushed the boundaries of sexual health discourse to unprecedented levels. The emergence of this global public health crisis coincided with a culture war which that between liberal activists and

highly vocal conservative lobbyists, who were prepared to resist any attempts at liberalizing the laws governing sexuality and sexual health. 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 liberalize sexual health policy. While undoubtedly “playing both sides” in an attempt to keep liberal and conservative forces on its side, the department paid lip service to the traditional principle of family values, while indirectly supporting GHA to promote an opposing liberal public health view to selective audiences. The Catholic Church also maintained the official doctrinal position but allowed its pastoral program to engage pragmatically and with compassion to the reality and threat of AIDS. This covert and ambiguous approach adopted by both Church and State to policymaking for AIDS enabled Ireland to transition peacefully through a challenging period of social change that is perhaps best described by playwright Samuel Beckett’s assertion that “any fool can turn a blind eye but who knows what the ostrich sees in the sand.”<sup>102</sup>

While founding GHA member Mick Quinlan described the group’s demands as occasionally “over the top,” it must be acknowledged that GHA contributed to the visibility of gay lives in Ireland: as one activist, Deirdre Seery, recalled, it seemed that “we had gay people in Ireland and . . . they were people’s sons and daughters.”<sup>103</sup> Maeve Foreman, one of the first social workers employed as an HIV counsellor, emphasized that the increased visibility of the gay community prompted policymakers “to recognize gay lives and outreach to them.”<sup>104</sup> In this way, the invisibility of the homosexual minority as described by David Norris was confronted. The AIDS crisis and the role played by GHA in responding to it is an important part of the narrative that transformed the “old moral order” to herald an age in which the “liberal minority” claimed the majority position in Irish life.

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## NOTES

1. The term AIDS is applied throughout this article in recognition that in the mid-to-late 1980s this was the term most commonly used in literature and discourse worldwide. Contemporary audiences will be more familiar with the separation of Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS).

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3. Virginia Berridge, *AIDS in the UK: The Making of Policy, 1981–1994* (Oxford, 1996), 145.
4. Roy Porter, Editorial, “History Says No to the Policeman’s Response to AIDS,” *British Medical Journal* 293 (1986): 1589–90.
5. *Census of Population of Ireland*, vol. 5 (Dublin, 1981), 8.
6. John Whyte, *Church and State in Modern Ireland* (Dublin, 1980).
7. Tom Fahey, “Religion and Sexual Culture in Ireland,” in *National Histories: Sexual Cultures in Europe* (Manchester, 1999), 56.
8. Whyte, *Church and State in Modern Ireland*, 36.
9. Carol Weissert and William Weissert, *Governing Health: The Politics of Health Policy* (Baltimore, 2006)
10. Whyte, *Church and State in Modern Ireland*, 36.
11. *Ibid.*; Joseph Lee, *Ireland, 1912–1985: Politics and Society* (Cambridge, 1990); Ruth Barrington, *Health, Medicine, and Politics in Ireland, 1900–1970* (Dublin, 1989).
12. Whyte, *Church and State in Modern Ireland*, 337–43.
13. Ann Nolan and John Walsh, “‘In what orbit we shall find ourselves, no one could predict’: Institutional Reform, the University Merger, and Ecclesiastical Influence on Irish Higher Education in the 1960s,” *Irish Historical Studies* 41, no. 159 (July 2017): 77–96. Doi:10.1017/his.2017.7.
14. Shane Butler and Paula 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* 16, no. 6 (2005): 415–22; Chrystel Hug, *The Politics of Sexual Morality in Ireland* (Dublin, 1999), 114; Denis Walsh, *The Land of Humbug, Wink and Nod, Irish Times (1921–Current File)*; 21 February 1985; *ProQuest Historical Newspapers: The Irish Times (1859–2011) and The Weekly Irish Times (1876–1958)*, 21 February 1985.
15. Derek Freedman, *AIDS: The Problem in Ireland* (Dublin, 1987).
16. Hug, *The Politics of Sexual Morality in Ireland*, 8.
17. Berridge, *AIDS in the UK*, 15.
18. Hug, *The Politics of Sexual Morality in Ireland*, 208.
19. Colm Toibin, “A Brush with the Law, in *Dublin Review* 2007,” in Diarmuid Ferriter, *Occasions of Sin: Sex and Society in Modern Ireland* (London, 2009), 497.
20. *Ibid.*, 495.
21. David Norris, “Homosexual People and the Christian Churches in Ireland: A Minority and Its Oppressors,” *The Crane Bag Book of Studies* 5, no. 1, “Minorities in Ireland” (1981): 31–37.
22. Brian Merriman, “Address by Brian Merriman, Head of Communications and Legal Services at the EGPA Conference in European Gay Police Association Conference (Dublin Castle, 29 June 2012), [http://g-force.ie/files/8313/4255/5528/brian\\_merriman\\_speech.pdf](http://g-force.ie/files/8313/4255/5528/brian_merriman_speech.pdf).
23. Author interview with Barry Desmond, 14 February 2011. The “Troubles” refers to the thirty-year conflict in Northern Ireland between Catholic nationalists and Protestant unionists in the six northeastern counties of Ireland that formed part of the United Kingdom of Great Britain and Northern Ireland.
24. Author interview with Mick Quinlan, 6 April 2011.

25. Dublin AIDS Alliance Archive, uncatalogued, *Funding a Community-Based AIDS Prevention Programme*, no date, no author (c. 1987).
26. Ibid.
27. Ed Madden, "Queering Ireland, In the Archives," *Irish University Review* 43, no. 1 (2013): 184–221.
28. Linda Connolly and Tina O'Toole, *Documenting Irish Feminisms: The Second Wave* (Dublin, 2005), 9; Madden, "Queering Ireland, In the Archives," 184–221.
29. Kieran Rose, *Diverse Communities: The Evolution of Lesbian and Gay Politics in Ireland* (Cork, 1994), 22.
30. Kevin Moore, "Quinn in AIDS Leaflet Rumpus," *Sunday Independent*, 25 August 1985.
31. David Nowlan, "Gay Group Sees Prejudice in AIDS Response," *Irish Times*, 25 June 1986. The Irish pound was the currency in circulation in Ireland up to 2002, when it was replaced by the Euro with a fixed conversion factor of €1 = IR£0.787564.
32. Dublin AIDS Alliance Archive, uncatalogued, *AIDS Action Alliance Newsletter* (November–December 1987; Rose, *Diverse Communities*, 22).
33. Dublin AIDS Alliance Archive, uncatalogued, *Letter from Donal Sheehan, for GHA, to Michael D. Higgins, T.D.*, 6 November 1987.
34. Dáil Éireann Debates, "Ceisteanna, Questions. Oral Answers," *AIDS Campaign* 383 (2 November 1988).
35. Ibid.
36. Chris Robson, *AIDS Education, The Irish Times (1921–Current File)*, 30 November 1988.
37. Ibid.
38. Thomas Oliver, "The Politics of Public Health Policy," *Annual Review of Public Health* 27 (2006): 201.
39. Author interview with Barry Desmond, 14 February 2011, and author interview with Ruby Morrow, 7 February 2011.
40. Author interview with Don Lydon, 2 March 2011.
41. Private Video Collection of Dr. Derek Freedman, "Today tonight hosted by current affairs presenter, Brian Farrell" (April 1987), broadcast date unknown.
42. Ibid.
43. Barry Desmond, *Finally and in Conclusion* (Dublin, 2000), 294.
44. Hug, *The Politics of Sexual Morality in Ireland*, 1.
45. Author interview with Mick Quinlan, 6 April 2011.
46. Ibid.
47. Derek Freedman, "Sexually Transmitted Diseases: The Irish Problem," paper delivered at the Federated Dublin Voluntary Hospitals and St. James's Hospital Annual Conference, 15 February 1984.
48. Venereal disease.
49. David Nowlan, "Experts Reject Dublin VD Statistic," *Irish Times (1921–Current File)*, <http://search.proquest.com/docview/529491330?accountid=14404>; Freedman, *Sexually Transmitted Diseases*.
50. Telephone conversation with Dr. James Walsh, 23 July 2013.
51. Seanad Éireann Debate, "Information and Education Programme on AIDS," *Motion* 118, no. 14 (25 February 1988).

52. Owen Bowcott, "Thatcher Tried to Block "Bad Taste" Public Health Warnings about AIDS," *The Guardian*, 30 December 2015, <http://www.theguardian.com/politics/2015/dec/30/thatcher-tried-to-block-bad-taste-public-health-warnings-about-aids>.
53. Ibid.
54. Berridge, *AIDS in the UK*, 81.
55. Author interview with Dr. James Walsh, 3 February 2011.
56. Ibid.
57. Author interview with Barry Desmond, 14 February 2011.
58. Dublin AIDS Alliance (DAA) Ltd Archive, uncatalogued, "Gay Health Action," *AIDS leaflet 1*, May 1985.
59. David Nowlan, "Campaign to Focus on Drug Abuse," *Irish Times*, 9 June 1986.
60. Ibid.
61. Ibid.
62. Moore, "Quinn in AIDS Leaflet Rumpus," *Sunday Independent*, 25 August 1985.
63. Ibid.
64. Ibid.
65. Author interview with Barry Desmond, 14 February 2011.
66. Ibid.
67. John Kingdon, *Agendas, Alternatives, and Public Policies*, 2nd ed. (New York, 2003), 38.
68. Dáil Éireann Debates, "Ceisteanna, Questions: Oral Answers," *Health Education Bureau 357*, no. 2 (21 March 1985).
69. Health Boards were created by the Health Act of 1970 with responsibility for delivering statutory provision of health care in eight districts or regions.
70. Author interview with Dr. James Walsh, 3 February 2011; John Armstrong, "AIDS Details Cut from Health Booklet," *Irish Times*, 14 August 1986.
71. Private Video Collection of Dr. Derek Freedman, *RTE News*, "Interview between Richard Crowley, RTE Broadcaster, and Dr James Walsh, National AIDS Coordinator" (1986), broadcast date unknown.
72. Ibid.
73. Dublin AIDS Alliance Archive, uncatalogued, "AIDS News Action: Newsletter of GHA" (February–March 1988).
74. Dublin AIDS Alliance Archive, uncatalogued, "Letter from Chris Robson, Gay Health Action to Minister for Health, Barry Desmond," dated 16 May 1985.
75. Ibid.
76. Dublin AIDS Alliance Archive, uncatalogued, "Letter from Private Secretary to Minister of Health, Barry Desmond, to Chris Robson, Gay Health Action," dated 6 June 1985.
77. Ibid.
78. Dublin AIDS Alliance Archive, uncatalogued, "Letter from Chris Robson, Gay Health Action, to Minister for Health, Barry Desmond," dated 6 October 1985.
79. Dublin AIDS Alliance Archive, uncatalogued, "Letter from Chris Robson, Gay Health Action, to Minister for Health, Barry Desmond," dated 14 February 1986.
80. Dublin AIDS Alliance Archive, uncatalogued, "Letter from Alan Smith, Private Secretary to Barry Desmond, Minister of Health, to Chris Robson, GHA," dated 20 February 1986.

81. Dublin AIDS Alliance Archive, uncatalogued, "Letters from Chris Robson, GHA, to John Collins, Department of Health, or the Minister," 1985–87.
82. Dublin AIDS Alliance Archive, uncatalogued, "AIDS Action Alliance Newsletter," October 1987.
83. David Nowlan, "GHA Report Prejudice in AIDS Response," *Irish Times*, 25 June 1986.
84. Author interview with Dr. James Walsh, 3 February 2011.
85. Ferriter, *Occasions of Sin*, 495.
86. Desmond, *Finally and in Conclusion*, 295.
87. Dublin AIDS Alliance Archive, uncatalogued, "AIDS Action Alliance Newsletter," November–December 1987.
88. Archbishop Kevin McNamara, "Curriculum and Values in Education," in *Is the School Around the Corner Just the Same?* ed. Joe McCarroll (Dublin, 1987), 81.
89. 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](http://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_19861001_homosexual-persons_en.html): Vatican; "Vatican Issues Sexual Guidelines," *Irish Times (1921–Current File)*; 2 December 1983.
90. The Second Vatican Council was appointed by Pope John XXIII on 11 October 1962 to consider the position of the Roman Catholic Church in the modern world. The process was concluded by Pope Paul VI on 8 December 1965 and set in motion a number of important changes.
91. Bishop B. C. Butler, *Who Was Who at Vatican II: Papal Voices in Vatican II—Voice of the Church*, <http://vatican2voice.org/4basics/papal.htm>.
92. Oliver, *The Politics of Public Health Policy*, 218; author interview with Fr. Paul Lavelle, Co-ordinator of the National Bishops' Task Force on AIDS (1987–88), 27 January 2011.
93. Author interview with Fr. Paul Lavelle, 27 January 2011.
94. John W. Kingdon, *Agendas, Alternatives, and Public Policies*, 2nd ed. (New York, 2003), 53.
95. Hug, *The Politics of Sexual Morality in Ireland*, 219.
96. 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," 21 December 1986.
97. Freedman, *AIDS*, 97.
98. *Ibid.*
99. Dennis Altman, "Political Sexualities: Meanings and Identities in the Time of AIDS," in *Conceiving Sexuality: Approaches to Sex Research in a Postmodern World*, ed. R. Parker and J. Gagnon (New York, 1995).
100. Diarmaid Ferriter, *The Transformation of Ireland: 1900–2000* (London, 2004), 8–9; Hug, introduction, *The Politics of Sexual Morality in Ireland*.
101. Author interview with Mary Jackson, 30 April 2011.
102. Samuel Beckett, *Murphy* (London, 2003).
103. Author interview with Deirdre Seery, 13 June 2011.
104. Author interview with Maeve Foreman, 15 March 2011.