

Misogyny and Women's Health in Ireland.

Mary Smith

Introduction

In 2012, Catherine Corless, a local historian from Co. Galway, published an article titled 'The Home' in the annual *Journal of the Old Tuam Society*. By that time she had discovered that 796 infants and children died while at St Mary's mother and baby home, run by the Bon Secours nuns, in Tuam, but there was no record of burials. The story would later make international headlines when the babies' bodies were found stuffed in a sewerage system on the grounds of the home.

The following year, in 2013, it was announced that a new National Maternity Hospital would be built on the site of St Vincent's University Hospital in Elm Park in Dublin and rented to the State via a lease *by the nuns!* The Religious Sisters of Charity order owns the land on which the new hospital is to be built at a cost of around €1 billion of public money. You couldn't make it up!

While we rightly celebrate the victory of 'Repeal.' of the Marriage Equality referendum and the very real and progressive changes in Irish society in recent years, we still have the nuns, the state and their vile misogyny, expressed in no clearer terms than in the framing of women's health, both historically and contemporarily. This article seeks to outline some examples from the past and present and to review government plans for future change.

Health Is Wealth?

Former Central Bank governor Patrick Honohan published a report last year showing that in terms of gross domestic product (GDP) we rank among the richest nations in the world. The same report also shows that for "actual individual consumption" we're not even average in EU terms.¹ Roughly speaking, this means there's loads of wealth in Ireland but most of us are nowhere near even getting a sniff. This state of affairs is reflected in our health status: you'd think with all that money we'd have loads of hospitals and care homes and GP services and childcare supports, and everything befitting. But instead, we are around the bottom of the league tables in Europe in terms of most meaningful health (and social) service measures. And who fares worst in this state of affairs? Women.

The reasons for this mainly relate to poverty and inequality; all the ways in which women are more likely to earn less, work more and have less power and control over their lives. We'll discuss more of this later, but it is useful to look back briefly, at how the state has 'cherished' women's health over the decades.

A History to Make You Sick

The Irish Revolution, in the words of the 1916 Proclamation, was for 'Irishmen *and* Irish women' and promised a state that 'guarantees religious and civil liberty, equal rights and equal opportunities to *all* its citizens.' What happened? Tragically, the revolutionaries lost, and the counter-revolution won. It's a hundred years exactly since 1922, when the signing of the Treaty and the smashing of the forces who opposed it marked the end of the forward march of progress for women and the 'rolling back' of the gains made in the revolutionary period.

What followed was the establishment of a highly conservative state that looked to the Roman Catholic Church to help maintain its stability. In return, the Church was effectively granted the running of essential services relating to health, education and welfare. The misery and misogyny produced by this arrangement would eventually be documented in reports on mother and baby homes, Magdalen laundries and the orphanages, industrial schools, convents and Christian Brothers schools where education was delivered with a stick by nuns and priests, and sadists and paedophiles, for generations. The scale of it makes you gasp. Ireland confined a disproportionately higher number of pregnant women and girls in institutions than any other country *in the world* in the twentieth century.²

The mother and baby homes started in the twenties and operated into the nineties. They 'took in' (the women had little choice) unmarried women and girls, who were treated like criminals for being pregnant, processing around 56,000 women and around 57,000 babies in the intervening seventy-odd years. They were places of punishment and cruelty masquerading as care homes, and were worse before 1973, when state welfare payments to unmarried mothers were instigated. Babies were taken, often without warning or permission, and sold in the USA or sent on for adoption, or sent to other state or religious institutions. Efforts by countless thousands of the women and their children to later find each other were frustrated by those who originally separated them. The very successful film *Philomena*, based on a true story, told the heart-rending tale of one such mother and her son. And lest we think that having been named and shamed, the Church and the state have come out with their hands up, consider the long-delayed government report on these homes, produced by the Commission of Investigation into Mother and Baby Homes and published in January 2021, amid howls of pain and outrage. The Coalition of Mother and Baby Home Survivors castigated the report despite apologies for the shame and stigma caused to them. Hundreds of

women who provided personal and distressing testimonies have been given to understand that their stories are likely to be 'erased' in the interest of 'best practice' in data retention. Misogyny for the twenty-first century! And as for redress payments: the government haven't yet produced the legislation that would enable the (measly) payments proposed for the aging survivors.

The Virgin Mother—A Hard Act to Follow

It's not unique, but it is interesting—the way in which our oppression as women, particularly evident in the early Irish state, relates so much to our reproductive function. Women's role in bringing the next generation into the world might be what singles us out for special thanks, loving appreciation, first in line for care, high status. Instead it's what damns us, (literally, in the eyes of the Church) to social vulnerability, even opprobrium, as well putting our health seriously at risk.

It suited long-term leader of Fianna Fáil Eamon de Valera, and his best pal, Archbishop John Charles McQuaid, though. They had to keep a tight rein on us, in the interests of God and the nation, of course, and they did so for over 40 years, writing the Constitution, framing our legislation, devising the institutions together. Sure, you wouldn't know what women would be looking for next if they weren't kept in check! Shame them and diminish them; refuse them control of their own bodies; let them teach submission and fear to their kids. That way, you're more likely to get a passive 'flock' who won't be too quick to challenge the powers that be, won't be expecting fancy wages and won't be expecting services that would cost the state. You don't want any more rebels, especially with godless communistic ideas in their heads.

Some of the treatment (care plans?) of vulnerable women during the de Valera/McQuaid era, and beyond, beggars belief. The story of the Magdalen laundries, run by the nuns (who else?), even today, takes time to get your head around. They actually *enslaved* women for months and years—sometimes a whole lifetime—of hard labour to make up for their sins. The sin was having had sex, or a child, outside wedlock, or simply being considered likely to offend in this way. Or being the daughter of a woman who had offended in this way. Or looking like you might offend in this way. The labour was the unpaid and unremitting drudgery of providing laundry services for the well-to-do, the hotels and related industries and the army. It was hugely profitable (slavery often is) as the nuns were able to undercut everyone else in business. The women were physically abused and living conditions were atrocious. The police were often involved in stopping women running away, or returning them when they had. The last laundry closed in 1996. In just over 70 years, around 10,000 women, half of them under the age of 23, went through the 'care' of the nuns in this way.

The inquiry into the Magdalene scandal was finally prompted by a report from the UN Committee against Torture in June 2011. It called for prosecutions where necessary and compensation to surviving women. The McAleese report into the laundries was published in February 2013. It has been criticised by survivors, advocacy groups, the human rights community and the United Nations, essentially for minimising the horror. There were no prosecutions. Many of the aging survivors are still waiting for compensation promised to them by the State.

Women who went through the mother and baby homes, or the Magdalen laundries were clearly not all the same, but there was a common factor. It was their class position that sealed their fate. Middle- and upper-class women, urban or rural, did not generally end up there. The abuse suffered by these women—physical, psychological, emotional, financial—had obvious implications for their health. But of course it was not the health services as such that had so badly failed them. Surely the *actual* health services would seek to respond to vulnerable women's needs. You might think.

Dr Noel Browne, a socialist and TD for Clann na Poblachta, became minister for health in a coalition government. In 1950 he attempted to introduce a new health scheme that would allow mothers and their children free healthcare up until the children turned 16. Dr Brown argued that this scheme was well overdue and would end the waste of lives of young children and reduce risks to their mothers. During this year, over 26,000 infants died—why would anyone oppose giving free healthcare to mothers and their children?

But Archbishop McQuaid came down on it like a ton of bricks, and the Irish Medical Association were none too happy either. The latter feared for their incomes; a free state-sponsored scheme could jeopardise their comfortable fee arrangements. But the biggest clash was with the Roman Catholic Church—the scheme challenged the duties and role of mother Church in providing for her flock, as well as of Christians more generally. The theological basis was provided by St Augustin (who else!)—the principle of 'subsidiarity' was sacred and at stake (don't ask!). And besides, wouldn't this lead to demands for family planning, women's bodily autonomy, abortion?! All of which smacked of Godless communism. The holy threads were tightly interwoven in the church-state tapestry by this time, and they would not be broken. McQuaid won. Browne stepped down as minister of health the following year.

But These Are More Enlightened Days...

You would think, given the degree to which the then Irish State had been so remiss, that current state representatives would be falling over themselves trying to make it up to the people that were so badly let down. Think again.

It took a long time, but finally the brutality of symphysiotomy was acknowledged in Ireland. This was a procedure that butchered young women, usually in labour, permanently maiming them in the name of Catholic doctrine. It caused incontinence, mobility problems, chronic pain, emotional trauma and sexual problems, often on a lifelong basis.

Doctors had refused to perform the surgery in the past because, from the first procedure on a woman in Paris in 1777, it was known that it could cause life-long mobility problems and incontinence. Yet from 1944–84, 1500 women suffered at the hands of Irish surgeons doing God’s work.

The rationale for it was that when childbirth is obstructed, caesarean section may be called for. But caesarean section is not a safe procedure to resort to repeatedly, and what if it may, again, be necessary for future pregnancies? This might discourage women from choosing to get pregnant again in the future. Symphysiotomy, however, will allow the child to be born and is unlikely to restrict successful delivery in future pregnancies. Church teaching was, of course, very strict about attempts to limit pregnancy. Better to butcher the mother than offend God.

In the symphysiotomy procedure, doctors slice through the cartilage and ligaments of the pelvic joint to widen the pelvis for vaginal birth. The women then, in excruciating pain, have to deliver their babies. The pelvic bone itself is also sawn through in more extreme cases, known as a pubiotomy.

In 2014, the UN Human Rights Committee asked Ireland to deliver a ‘prompt, independent and thorough’ inquiry into symphysiotomy. That report acknowledged the influence of religion on obstetricians in a Catholic country where birth control was illegal from 1935 to 1980.³

It noted that Alexander Spain and Arthur Barry—the doctors who championed the procedures at Dublin’s National Maternity Hospital in the 1940s and 50s—were ‘devout Catholics, serving a predominantly Catholic patient population, and they made no secret of their willing conformity to religious precepts in the treatment of patients.’

As a result of the government-commissioned inquiry, an ‘ex-gratia’ compensation scheme was launched—one that allowed for payment without admission of liability. Most of the women who successfully applied, were awarded €50,000, a minority received the maximum of €150,000 for a lifetime of pain and disability.

Back to Basics...

Contraception in Ireland was illegal until 1979, when the Family Planning Act was introduced. This allowed contraception on prescription ‘for bona fide family planning purposes only’—widely interpreted as meaning that contraceptives were only available to

married couples. It was not till 1985 that condoms could be sold legally to those over 18 years of age. For women, the ability to control our own fertility is fundamental. How can you control any other aspect of your life without it? How you work, study, find a home, enjoy yourself—it’s all completely different with a child. Some women want a child early in their youth; more want to wait; some don’t want children at all. All these choices should be facilitated, but without fertility control, choice was denied to generations of Irish women. And it still is, one could argue.

Ireland has one of the highest rates in Europe of children living in single-parent households—nearly 90 percent of which are headed by women. The Survey on Income and Living Conditions (SILC) 2018 and 2019 results showed that lone parents in Ireland have the second-highest rate of income poverty, persistent poverty and severe deprivation among all EU-15 countries. And Ireland has a high proportion of lone-parent families; a quarter of all families with children in Ireland are one-parent families.⁴

All the national and international research shows the greatest determinant of health is wealth—the poorer you are, the less healthy you’re likely to be.⁵ So we have a cohort of women whose health is hugely compromised by the circumstances of their lives—that they are mothers, parenting alone, with little money. And into the mix add the ‘challenges’ faced by women in marginalised groups: traveller women, women in direct provision, migrant workers, refugees, women with disabilities, trans women, women who experience racism, women who have been trafficked... The impact of any one of these factors on an already compromised health status could be huge.

But Sure Don’t Women Live Longer?

When we try to examine health information sources for comparisons regarding a population’s health status, we find there are issues. For instance, a detailed description of gender differences in health for all EU-25 countries is not possible due to the fact that very little data are available broken down by gender.⁶ I wonder why.

Despite this, some good research has been commissioned and conducted in Ireland, notably by the National Women’s Council of Ireland (NWCi). ‘Women’s Health in Ireland,’ a report produced in 2019, contains a great deal of useful information. The NWCi use census data from the CSO, and tell us that ‘Irish women live on average almost four years longer than Irish men.’⁷ Well isn’t that great! Except we then discover that, ‘although women have a higher life expectancy than men, women spend many more years than men living with age-related ill-health and disability.’⁸ Yep. We keep on keeping on! It’s no surprise to find that ‘women undertake the majority of unpaid care work in Ireland. In 2016, 98% of those looking after the home/family were women.’⁸ For most women, that’s a lifetime of stress and hard work. The report goes on to state that ‘the structural

inequalities women face, which have the potential to negatively impact on their health, include the fact that women are more likely to: —Be poor; — Parent alone; — Be the main provider of unpaid care work; — Be in precarious employment earning low wages; and — Be at risk of domestic or sexual violence.”

Sexual Violence

Although it would cost the government a relative pittance, we are long overdue an update and repeat of the SAVI research project into sexual abuse and violence in Ireland.⁹ This report showed in 2002 that more than four in ten (42 percent) of women reported some form of sexual abuse or assault in their lifetime. The most serious form of abuse, penetrative abuse, was experienced by 10 percent. Shockingly, almost half (47 percent) of those who disclosed experiences of sexual violence to the researchers for that study reported that they had never previously disclosed that abuse to others. Yet our rape crisis services are so grossly underfunded that they can’t keep up with the demand for counselling, and women’s refuges turn away on average seven women every day due to lack of space.¹⁰ Nine counties in Ireland are without a women’s refuge. The money spent by the government to support women’s refuges is less than half what it spends on supporting the horse racing industry in Ireland—€34 million versus €89 million last year.

Mental Health

We have a shameful record in Ireland relating to care of the mentally ill. And while the huge institutions that once characterised mental health services have thankfully closed their doors, the promised care at the community level does not exist at a standard even near capable of meeting existing need.

Take one example: Since 2015, Dublin’s Ballyfermot has had a suicide rate that is three times the national average. Over a ten-week period in 2019, eight young women in their 20s and 30s died by suicide in the general area. Four of the women were from Ballyfermot. The others were from nearby Palmerstown, Clondalkin and Tallaght.

Many of the women were young mothers. The cluster of female suicides prompted a HSE investigation. A rapid-assessment response team was established to report on what had happened in the area to cause such an upsurge in suicides.

Their report found that deprivation and the housing crisis were key drivers of death by suicide in the area. The report said that ‘the lives lost of these young women has been deeply traumatic to the area.’ A lot of Ballyfermot is ‘significantly impacted by deprivation.’

And more shocking findings on the mental health of women are documented in the NWCI report:

- Young women (15–24 years) were the group with the highest rate of negative mental health (17 percent)
- Adolescent girls and young women report a higher degree of mental health distress than

boys and young men. A higher percentage (24 percent) also engages in self-harm compared to males (16 percent)

- One in every 131 girls (15–19 years) presented to hospital in 2016 as a consequence of self-harm.
- Sixteen percent of pregnant women in Ireland are at probable risk of depression during their pregnancy. With the second-highest birth rate in Europe, this means that each year over 11,000 pregnant women could be experiencing, or at risk of, depression
- 62.7 percent of Traveller women disclosed that their mental health was not good enough for one or more days in the last 30 days; this was compared to 19.9 percent of General Medical Services (that is, medical card) female cardholders.
- Nineteen percent more women than men attempt suicide, while men are four times more likely to die by suicide than women. Female rates of self-harm in contrast were 21 percent higher than male rates in 2017

But the Health Budget Is Huge

So successive ministers for health tell us, but it is still below the EU average, and women are the least well served by our services. General government expenditure on health in the EU amounted to €1073 billion, or 8 percent of GDP in 2020. Ours was under 6 percent.¹¹ In addition to insufficient funding, there is an incredible amount of waste and inefficiency. It is beyond the scope of this article to provide a thorough analysis of health spending, but a couple of examples will illustrate the point. The biggest expenditure in any health service is staff. Ireland is no exception. But while we have a shortage of nursing and medical staff, of clerical and cleaning staff, of ancillary and ambulance staff, we have no shortage of managers. An article in the *Irish Times* at the end of April this year makes the point: “The Health Service Executive (HSE) took on five times as many senior managers as doctors or dentists in the second quarter of last year, according to figures presented to its board.”¹² And they are well rewarded; the pay and pension package for Paul Reid, the chief executive of the Health Service Executive, increased last year to €420,103.

We’re told that ‘if you pay peanuts you get monkeys,’ so you would expect that at least what services we have, would be well run. Consider this 2018 report on one of the cruellest wounds inflicted on women by the services they depended on.

The HSE executive overseeing CervicalCheck...who failed to track if women with cancer were told they were the victim of a wrong test result, has been promoted. Dr Stephanie O’Keeffe [not a medical doctor] was the €156,296-a-year HSE director for health and wellness at the time the patient reviews, confirming the

blunder, were secretly paused in 2016. She is now director of strategic planning and transformation.¹³

The cervical-check scandal would never have come to light were it not for the courage of one of its victims—Vicky Phelan. Vicky and 220 other women now have terminal cancer, resulting from a flawed testing process and the failure of health service managers to inform the women concerned. The flaws are rooted in a decision made in 2008 by the Department of Health to close down the state testing facilities and to outsource cervical smear tests to private for-profit laboratories. Two hundred and twenty-one women were not informed of the serious nature of their smear test, with catastrophic results—some have already succumbed to their fatal illness.

Apart from wasted lives, an incredible waste of money can be seen in the numbers of jobs and services that were once part of healthcare delivery up and down the country and that are now privatised. Contractors now deliver most cleaning, cooking, and ancillary services, as well as many professional services, all making a profit for the contractor, frequently at a loss in the quality of services delivered. The HSE has become a funnel for public money to the private sector. The health benefits of markets and neoliberalism!

Let's Celebrate the Victories

Well yes, but even then, women have been cheated of their full measure. The campaign to repeal the Eighth Amendment to the Irish Constitution was hard fought and won by a massive movement of women, and their male supporters, who petitioned and protested and canvassed and finally won a referendum to repeal the hated eighth, which had copper-fastened the illegality of abortion in Ireland for the previous 30 years. But more than three years on from that glorious victory, only 10 percent of Irish GPs and half the eligible hospitals are providing abortion services. Campaigners have yet to see the promised 'safe access zones' put in place (to prevent anti-choice fundamentalists intimidating women using the services).

And then there were the promises of free contraception (even low-waged women in Ireland pay more for contraception, and other medicines, than in most countries in Europe). And promises of non-ethos-based sex education for schools, 94 percent of which still remain under the controlling influence of the Church. These measures were agreed to following the referendum, but like so many other aspects of women's health needs, they have been pushed further down the list of priorities. The review of services promised three years after the legislation was passed is long overdue.

The Marriage Equality referendum was also a great victory, but research shows that 'LGBTQI+ women experience barriers in accessing health and social services due to a lack of understanding of their specific needs and a lack of targeted service promotion.'¹⁴

Stephen Has a Cunning Plan

Health minister Stephen Donnelly is on it. Just take a look at the website explaining that we now have, since September 2019,

a Women's Health Taskforce...established by the Department of Health to improve women's health outcomes and experiences of healthcare...a forum for advancing Departmental commitments under the National Strategy for Women and Girls led by Department of Children, Equality, Disability, Integration and Youth. The Taskforce has modelled 'open policy making' working in a collaborative way, involving policy makers, clinicians, international partners, advocates, health experts and the voices of women through workshops, research and outreach.¹⁵

So that should work then!

Especially when you consider that

Budget 2021 has provided a dedicated multi-annual €5 million Women's Health Fund to implement a programme of actions arising from the work of the Taskforce.... Budget 2022 committed to invest an additional €5 million into the Women's Health Fund to fund innovative new approaches to women's health services nationwide.

Is that all? Ten million euro! Nooo! They have a 'master plan': the Women's Health Action Plan, 2022–23.¹⁶

The plan has stopped short of setting any targets for the reduction in gynaecology waiting lists for the 35,793 patients who need to either see a specialist or receive treatment, but you have to hand it to Stephen: he knows how to tick boxes, get in all the buzzwords, all the 'right-on' language. Here is an example, right at the get go:

When this plan talks about 'women' it is intended in the most inclusive sense of the word. It is used as shorthand to describe all those who identify as women as well as those that do not identify as women but who share women's biological realities and experiences.

We will commit to keep our language under constant review so that all those for whom this plan and programme are relevant see themselves reflected in it.

This Action Plan is the product of the passionate partnership and collaboration of so many people.¹⁷

...and blah, blah, blah

We're told the plan is all about 'broadening,' 'embedding,' 'transparency' 'radical listening,' 'bringing women into the policy process,' ensuring 'diversity, equality, and inclusion' so we can 'reflect and...celebrate.' The plan is going to 'meet the additional health needs of women who experience poverty and social exclusion, including groups like homeless women, Traveller and Roma women, and international protection applicants.

Its ten actions are going to sort out:

Contraception...disability...assisted human reproduction. The Use of Uro-Gynaecological Mesh in Surgical Procedures...HPV vaccination...older women...breastfeeding mothers...Period Poverty...osteoporosis...Carers Health... women before and after menopause... paediatric and adolescent gynaecology services...perinatal genetics service... mental health services and eating disorders.

And there are promises of more one-stop-shop clinics for women that will presumably fix all the problems.

Really! Is there any box that is not ticked? Is there anything Stephen cannot do? And all for €31 million!

And there's the rub. €31million. That will just about pay for the glossy reports and website designers, the think-ins and launches, the ads and the spin-doctor fees, and of course the senior managers, who will oversee the junior managers, who will oversee the orchestrated 'spin,' which is what the plan is really about.

Independent of the plan, the government has already spent €5 million trying—and failing—to get the land for the National Maternity Hospital off the nuns. And did I mention the horse racing industry? €88 million this year alone.

A publicly funded and run, single-tiered health service, entirely separate from Church interference, free to those who need it, with women's health front and centre. That's what need.

In the meantime, a recent survey of 1,100 Irish girls aged 12–19 found that half of them have experienced issues around the affordability of sanitary products.¹⁸ I wonder if Minister Donnelly really cares.

1. Eoin Burke-Kennedy, 'We're not as rich as we've been told to think we are,' *Irish Times*, February 4, 2021, available online at: <https://www.irishtimes.com/business/economy/we-re-not-as-rich-as-we-have-been-told-to-think-we-are-1.4476247#:~:text=The%20latest%20global%20standings%20show,Europe%2C%20we%20are%20ranked%20first>
2. Roisin Ingle, 'Mothers and babies: "The day I arrived in Bessborough, I landed in the bowels of hell,"' *Irish Times*, April 23, 2022, available online at: <https://www.irishtimes.com/culture/books/mothers-and-babies-the-day-i-arrived-in-bessborough-i-landed-in-the-bowels-of-hell-1.4857335>
3. The Convention Against Torture, Cruel, Inhuman or Degrading Treatment or Punishment, *Survivors of Symphysiotomy*, submission to the 61st session of the United Nations Convention against Torture, available online at: https://tbinternet.ohchr.org/Treaties/CAT/Shared%20Documents/IRL/INT_CAT_CSS_IRL_27972_E.pdf
4. 'Lone and single parents,' *Women4Women*, , <https://women4women.ie/directory-of-services/women-in-dun-laoghaire-rathdown/lone-parents/>
5. Michael Marmot, Peter Goldblatt, Jessica Allen et al., 'Fair Society, Healthy Lives- Strategic review of health Inequalities in England post 2010,' *Marmot Review*, (2010), available online at: www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review
6. Marcus Worz, Thomas Foubister and Reinhard Busse, 'Access to healthcare in the EU member states,' *Euro Observer*, https://www.euro.who.int/_data/assets/pdf_file/0007/80377/EuroObserver8_2.pdf
7. *Women's Health in Ireland*, National Women's Council of Ireland, available online at: https://www.nwci.ie/images/uploads/Womens_Health_in_Ireland_-_Evidence_Base_for_the_Development_of_the_WHAP_-_2019.pdf
8. 'Women and Men in Ireland 2016,' CSO (2016).
9. H. McGee, R. Garavan, M. deBarra, J. Byrne, R. Conroy, *The SAVI Report. Sexual Abuse and Violence in Ireland. A national study of Irish experiences, beliefs and attitudes concerning sexual violence* (Dublin: Liffey Press, 2002).
10. Ellen Coyne, 'Government criticised for lack of domestic abuse refuge spaces,' *Independent*, November 11, 2020, <https://www.independent.ie/news/government-criticised-for-lack-of-domestic-abuse-refuge-spaces-39729458.html>
11. 'Government expenditure on health,' *Eurostat*, February 2022, https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Government_expenditure_on_health
12. Paul Cullen, 'HSE hired five times more senior managers than doctors, report shows,' *Irish Times*, January 3, 2022, <https://www.irishtimes.com/news/health/hse-hired-five-times-more-senior-managers-than-doctors-report-shows-1.4767462>
13. Wayne O'Connor, 'Leo Varadkar dismisses questions on proposal for Emma Mhic Mhathuna to "choreograph" CervicalCheck scandal,' *Independent*, May 22, 2018, <https://www.independent.ie/irish-news/politics/leo-varadkar-dismisses-questions-on-proposal-for-emma-mhic-mhathuna-to-choreograph-cervicalcheck-scandal-36934959.html>
14. https://www.nwci.ie/images/uploads/Womens_Health_in_Ireland_Evidence_Base_for_the_Development_of_the_WHAP_-_2019.pdf
15. 'Women's Health Taskforce,' available online at: <https://www.gov.ie/en/campaigns/-womens-health/#>
16. 'Women's Health Action Plan,' available online at: <https://www.gov.ie/en/publication/232af-womens-health-action-plan-2022-2023/>
17. [Ibid.](#)
18. 'We Need to Talk. Period: Lifting the Barriers to Girls' Education,' *Plan International*, 2018, <https://www.plan.ie/weneed-to-talk-period/>