

## A Reply<sup>1</sup>

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We appreciate Professor Ivan Perry's thoughtful and insightful reading of our work, and associated reflections on policy for public health. Perry sets out the central question, as he sees it: '[W]hat are the core features of the socio-political landscape on the island of Ireland and in the UK that have contributed to this calamitous failure to mount an effective and well-coordinated response to this public health emergency...?' Finding his answer in the failure of a neoliberal political culture to adequately fund an effective public health infrastructure in either the United Kingdom of Great Britain and Northern Ireland or the republic of Ireland is a conclusion that few working in the sphere of public health would dispute. However, the question underpinning the study led by Professor Ann Nolan asked whether or not

<sup>1</sup> This article replies to Ivan Perry, "Tracking the wave of a calamitous failure: A response to 'Obstacles to public health that even pandemics cannot overcome: The politics of Covid-19 on the island of Ireland' by Ann Nolan *et al.*", *Irish Studies in International Affairs: ARINS* 32 (2) (2021), <https://doi.org/10.3318/isia.2021.32b.24>.

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inter-jurisdictional commitments for health as contained in the 1998 Belfast / Good Friday Agreement ('the Agreement') had led to coordination and cooperation within a framework defined by the Oxford Covid-19 Government Response Tracker.

The hypothesis that we brought to the work was informed by the dominant narrative at the time, which appeared to suggest that there was significant disparity in public health policy between the jurisdictions and a general paucity of dialogue and alignment between Belfast and Dublin. We were therefore surprised to learn that the architecture for health as defined by the Agreement appears to have delivered broad synchronicity, albeit with some missed opportunities for greater policy coherence in some areas of the Covid-19 response.

What Professor Perry calls 'our shared geography and deep ties of language, culture and kinship' suggests an identity that is universally accepted. Looking at this from within Northern Ireland, and for reasons that we don't need to revisit here, this is a problematic assumption. While the Agreement resulted in a welcome peace, the governing parties in the Stormont Assembly have represented the greater extremes of British unionism and Irish nationalism, with Dublin and London proverbially caught between the devil and the deep blue sea. While Professor Perry's response favours a 'purist' all-island zero-Covid approach, we contend that this is extremely challenging to implement for the reasons we explored in our study and revisit here. We appreciate that the 'principles of infectious disease control...have evolved over centuries', but equally, that public health policies are neither adopted nor implemented in a socio-political vacuum and in order to achieve public health, it is not sufficient to know which health policies should be implemented; we must also understand<sup>2</sup> 'how and why each country sets the priorities it does in health policy and between health and other areas of policy'.<sup>3</sup>

The coincidental timing of Brexit may have reinforced some of these political divisions, which could have been felt in our collective efforts to respond to the Covid-19 crisis. Yet, encouragingly as Nolan *et al.* found, the framework of

<sup>2</sup> Constance A. Nathanson, 'Disease prevention as social change: toward a theory of public health', *Population and Development Review* 4 (22) (1996), 609–37.

<sup>3</sup> D.M. Fox, 'Using social science to prevent and control HIV infection: the experience of Britain, Sweden, and the United States', in L.C. Chen *et al.* (eds), *Advancing health in developing countries: the role of social research* (New York, 1992), 85–98.

the Agreement seems to have enabled a degree of coherence through ongoing dialogue and cooperation between the health administrations in each jurisdiction. It was not perfect and while we might wish for our 'deep ties of language, culture and kindship' to be the driving force of all our actions for public health and other policies, we are not quite there yet.