unprepared to enter electoral deals or commit themselves to proportional representation; they equivocated on devolution and self-government for Scotland. Buoyed by the polls, Labour began acting like a party in government reluctant to promise, say, or do anything that might upset the floating voters. And so on and so forth.

And yet Labour has not publicly pointed a finger at Neil Kinnock. In many ways Kinnock fought a creditable campaign, stoically pursuing his campaign strategy in the face of the sleazy tabloid attacks and the Tory abuse. But his passionate oratory was lampooned and his inability to provide one-liners and straight answers to questions was a constant source of criticism. His post-election resignation was expected, although not so soon. He attempted to expedite matters by resigning early and suggesting that a replacement should be elected by an early special conference in June. Labour’s National Executive Committee subsequently accepted his reasoning but extended his timetable into July for the leadership contest to be decided.

Two contenders have reluctantly come forward for the Labour crown: the shadow Chancellor John Smith (a 54-year-old Scottish MP from Labour’s Right) and Bryan Gould (a New Zealand born moderate with some Left support). The larger unions with 40% of the vote at the electoral college attempted to pre-empt the vote by ‘bouncing’ the party into choosing Smith before any other viable contender could assemble sufficient support. This strategy appears to have at least partly succeeded; an early conference has been called and unions (so they say) will not “have time” to ballot their members before the event, thus allowing union leaders to cast a block vote for their candidate.

Neither candidate for the leadership has as yet outlined his analysis of the defeat or a future policy orientation. Gould has criticised Smith as one of the “architects of the defeat”, arguing that his alternative budget was not attractive enough to hold voters. He has also implied that Smith would be hostage to the unions and unprepared to make changes. Meanwhile, Gould has been cagey about his own intentions, though he would probably drag Labour more in the direction of a European-style social democratic party, severing formal union links and aiming for wider policy appeal.

Whichever of the hopefuls emerges as leader in July, it is clear that Labour has much to do before the next election and needs to resolve many of the issues it has attempted to remain equivocal about. The party needs to shed its negative image as the only high-taxing party, especially when self-interest determines the voting habits of the majority. It needs to resolve its attitudes to devolution and constitutional reform, towards Europe, towards the unions, towards third parties and electoral reform. A Smith leadership will probably aim to make the party a better economic manager than the Conservatives. Gould may hold out more hope that these issues will be addressed, but the history of the Labour Party suggests that major changes are unlikely.

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Clean Bill of Health

It took months. Women’s health workers were deflected from their important constructive tasks to fight a defensive battle for the survival of the services, and for the survival of women’s health centres all over the country. There were four days of hearings, hundreds of pages of evidence, submissions and transcripts. Distinguished witnesses presented affidavits and gave evidence defending women’s health initiatives. Three barristers, four solicitors and numerous public servants from the ACT and the Commonwealth applied their expertise to the matter.

No one knows how expensive it has all been.

Finally, the President of the Human Rights Commission handed down his judgment in April in the discrimination case against women’s health services in the ACT, reported in ALR’s last issue (‘The Body in Question’, ALR 138). The bottom line—quite literally—of Justice Wilson’s decision was that he found “all the complaints unsubstantiated. They are therefore dismissed”. All the effort produced no positive advance, nor could this case have ever produced any improvement in anyone’s well-being. It resulted simply in legal legitimation for women’s health services to continue doing what they were doing before they were interrupted by the intrusion of the complaint. Wilson found that the services are discriminatory under the Sex Discrimination Act, but that they are exempted, either by Section 32 (which permits “services the nature of which is such that they can only be provided to members of one sex”) or Section 33 (the so-called “affirmative action” or special measures section). Thus, the women’s health services in the ACT are lawful, and so, presumably, are similar services around the country. The complainants did not lodge an appeal.

Women’s health services are now free to get on with the job. The judgment acknowledged that women are disadvantaged in obtaining adequate and appropriate health services, that some of their health needs (not only reproductive and gynaecological) are
best addressed through special, targeted services. Furthermore, it confirms that it is not unlawful to fund or deliver such services. However, even though supporters of women's health services won, they cannot completely relax. More effort is required if Australia is to protect its unique and precious heritage of community-based women's health services, which constitute a vital part of its overall network of community health services. Three issues in particular remain on the agenda.

1. Public and private discussion of the matter revealed widespread ignorance among both women and men as to the activities of women's health services. The public interest aroused by the case provides an opportunity to set the record straight, to inform people of what would have been lost if the complainants had succeeded.

2. The Sex Discrimination Act is currently under review by parliamentary committees. The relevant sections of the Act need to be amended so similar actions are more difficult in future. Women have been successful in seeking remedies for discrimination through the courts, and it is therefore essential that the Act is revised so that it can serve more effectively its original intention: to eliminate discrimination against women.

3. Men working positively for improvements in men's health have not been assisted by the action. The case has, however, focused attention on ways that men's health—as well as women's health—may be affected by gender, although discussion around the case has tended to imply that there is, somehow, a masculine equivalent for every women's health concern. Perhaps the case will prompt a fuller exploration of how many health concerns and risk factors could be addressed more effectively if we recognise their gendered character, and develop better understandings of the distinctive and different patterns of women's and men's health needs.

DOROTHY BROOM is the author of Damned If We Do: Contradictions in Women's Health Care (Allen & Unwin, 1991).

Donations to the Canberra Women's Health Centre, to help defray the expenses of the case, should be sent to the Centre, PO Box 1492, Woden, ACT 2616.