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Beyond Weak and Strong: Rethinking the State in Comparative Policy History

Most public problems can be approached in many ways.¹ Urban noise, the honking of car horns, for example, could be tackled by building effective mass transit and discouraging automobile use, by forbidding the use of horns within city limits and fining violators, by encouraging harmonious social circumstances, or at least stress-reduction education programs, to make drivers less aggressive, by developing horns that target sound waves only at offending motorists, or by encouraging everyone to wear noise-reduction earphones. The problem of sexually transmitted diseases can be solved by encouraging chastity and fidelity as virtues, by strictly criminalizing transmission, or by prescribing antibiotics after the fact. Such varying approaches are qualitatively different. They do not just reflect distinct degrees of statutory intervention. States that adopt divergent solutions may, in a similar fashion, be fundamentally different from one another, not just stronger or weaker versions of an abstract ideal of public authority.

Some solutions involve massive investment in infrastructure or extensive social reform. Some involve punctilious enforcement of legal strictures; others, nothing more than a relatively minor technical breakthrough. Which approach wins favor is a political choice. Build a perfect society, says the utopian social reformer or the revolutionary, and the citizens will follow suit. Forbid what is unwanted and it will not happen, claims the autocrat. Even in the midst of inevitably bad circumstances, hopes the moralist, the ethical person will fare well. Name the problem and eventually we will find a solution, insists the technocrat.

Not every problem has the same palette of possible solutions. Some can best be tackled collectively. We could all wear respirators, but clean air laws are probably the better approach. Sometimes, a technical fix spares us heroic interventions. We could exhort children never to go near the

medicine cabinet, but childproof bottle caps are much simpler. Still other problems require an individual solution. Municipal bike paths, however desirable, will probably never tackle obesity as effectively as individual eating habits.

Yet many problems can be solved equally well in an array of different ways. Does one allow a heroin addict maintenance doses of his accustomed poison, switch him to legal methadone, as in Britain, or insist that he abstain altogether, as in France? Is prostitution rendered yet another profession—taxable and insurable—among others, as in Germany and the Netherlands, or regarded as a crime to be punished, as in Sweden. Are criminals locked up and harshly punished, or rehabilitated?² Are the disabled given pensions or do quotas require employers to hire them? Is culture subsidized, directly through government grants, as in most of Europe, or indirectly via tax deductions, as in the United States? Is safety encouraged by direct regulation, as in Europe, or via courts holding manufacturers liable for damages, as in the United States?³ Does one have informal social trust to encourage and cement economic relations, as in the United States, Germany, and Japan, or does the state need to intervene in cultures where such social capital is lacking?⁴ Is air pollution tackled by encouraging mass transit, as in most of Europe, or strict emissions controls, as in the United States? Is redistribution achieved through the tax (U.S.) or the welfare (Sweden) system?⁵

States are often thought to differ mainly in having stronger or weaker abilities and desires to intervene. They all do much the same thing, in other words, but do it more or less. Recent comparative scholarship across a variety of public policies has demonstrated, however, that such a simple two-dimensional view of what states do fails to account for the full range of their activities. In fact, states make choices among a variety of solutions that are not merely more or less interventionist but are simply different. Comparative policy history has helped uncover the extent to which similar problems are dealt with among nations via different statutory tools. The time has come to modify our overall conception of the state in accord with this ever more nuanced historical understanding of what public authorities actually do at the coalface. States are, in this sense, qualitatively different, not merely stronger or weaker than one another.

A Thousand Flowers Blooming

Allowing for a multiplicity of policy styles has not been the usual way to approach political history. But slowly, the development of comparative approaches to policy history has encouraged a focus on the variety of statu-

tory responses to similar problems, both historically and among nations. Take, as an example, the historiography of the welfare state.

In its earliest formulations, all nations were seen to become welfare states, much as all nations were thought to industrialize in similar ways. Social policy was simply an appurtenance of industrialization; increasing wealth allowed resources to be redistributed to the dependent and the disadvantaged. Subsequent generations of analysis, which examined the details of national social policy histories, distinguished, in contrast, among various forms of welfare state development. While there might be a common residual element of statutory social policy, and while levels of government spending increased in all industrialized nations, not every country tackled problems in the same way or with the same generosity. Typologies were elaborated that distinguished between developed welfare states and the merely residual. High-spending nations included Scandinavia and northern Europe. The rest of the world fell short of such exalted standards. An even later cohort of interpretations, further informed by closer examinations of national histories, recognized, however, that differences existed even among generous welfare states. They developed a more nuanced typology that distinguished between liberal states, with less-developed social policy, and then again between social democratic and corporatist welfare states, each high spenders, but with divergent ways of employing their resources.⁶

It was in this historiographical context that Richard Rose threw down a memorable provocation.⁷ Rather than assume that the social democratic welfare states of Scandinavia were the norm, to which social policy elsewhere should be compared, Rose argued that, taking into account geopolitical and demographic significance, the American-Pacific model of the welfare state should set the standard. More of the world's citizens lived in such welfare states, ones that were residual and privatized, than under the Scandinavian model. If one sought to explain the development of the welfare state as it was, not necessarily as it should be, then the focus had to shift away from northern Europe. Rose's challenge has now, in the intervening decade, begun to be met. A school of social policy history has arisen that, though not always comparative in its execution, is so in the framing of its questions. Some of these works were prompted by scholars from Australia, who were insulted that the inherited typologies had relegated their nation to the same liberal category as the United States. They argued that Australia tackled similar problems as the Scandinavian welfare states, but did so differently.⁸

The can now opened, such arguments have increasingly been trained also on the homeland of an exceptionalist view of the welfare state in the United States. Where America was once regarded as the most irremedi-

ably residual of welfare states, in recent studies it has come to seem more different than merely backward.⁹ Such work explains the U.S. welfare state not solely as a hobbled or underdeveloped variant of the social democratic ones. Instead, it is portrayed as different from those of northern Europe without necessarily being less extensive.

First and simplest, the percentage of GNP devoted to social policy, broadly understood, is much higher than that which is channeled only through the state. In its totality, the amount of money spent through direct and indirect social policies (statutory, local, and private) bears comparison with most European nations. American policies are, however, marshaled and employed differently. Assistance is distributed more through tax expenditures (credits, exemptions, loopholes) than elsewhere, and it is more reliant on private and voluntary measures. These are not issues only for trans-Atlantic comparisons. Recent work on the French welfare state, for example, highlights the interplay of public and private efforts while debunking the claim that French social policy is closer to the Scandinavian than the American model.¹⁰ Similar is the work on social policy inspired by parties to the right of center.¹¹ If anyone ever bothered to write an account of the Swiss welfare state in comparative perspective, the presence of a very Americanized, and certainly very privatized, system on European soil would be one of the conclusions.

The main insight won by such comparative work is the divergence of approaches taken by states to common problems. The question in studying American social policy becomes not, why is it so weak in comparison to some European equivalents, but why is so much of it arranged outside the state? The tendency of recent welfare state studies to adopt more individualized categorizations and to increase the number of alleged "models" of welfare statism to the point where almost each nation has its own, has thus been extended across the Atlantic to include also the United States. Social science has succumbed to the historian's particularization and it has done so as comparisons were extended ever outward.

Despite such sea changes in particular areas of policy, a larger reconceptualization of the state still awaits us. Ever more sophisticated monographs on specific policy fields have appeared, as well as empirically-based works ruminating more broadly on the state.¹² And yet, comparative conceptions of the state remain surprisingly underdeveloped. When theorized, the state is an often lamentably provincial concept, reflecting the national experiences and prejudices of its formulator. When comparing states to one another, the distinguishing concepts tend to be simple binary categorizations: bureaucratic versus patrimonial, centralized versus federal, and, above all, laissez-faire versus interventionist.

Americans distrust the state and limit its growth, it is said, while Europeans are more favorably inclined.¹³ Much the same is claimed for the British vis à vis their Continental neighbors.¹⁴ When it comes to comparisons among the Continental nations, the concepts are vague and inconsistently applied. France has a more centralized and, on paper, stronger state than federalized Germany. Yet, gut instinct holds the German state to be more interventionist, one way or another, than the French. Throwing Scandinavia into the mix confuses matters further. If anything, one would expect these nations to be more teutonic than the Germans: strong centralized states, homogenous civil societies, long traditions of Lutheran acceptance of worldly rulers' prerogatives.

Had we posed the question in the nineteenth century, the Scandinavians would probably have accepted, possibly even welcomed, such a comparison. But things look different in the post-Nazi era. Few Scandinavians care to make the obvious comparison across the Eider any longer, except to distinguish themselves. One heroic act of conceptual quarantine was the insistence by scholars of social policy that a radical distinction separated the Swedish from the German welfare states, the one social democratic, the other corporatist.¹⁵ Except for Hitler, such an intuitively unconvincing distinction would unlikely have been drawn so firmly. In other respects, there are surprisingly few comparisons.¹⁶ Most are debunking attempts to puncture the myths of Swedish ideological virginity. They seek to show, for example, that political ideology here, and even some aspects of practice, such as eugenics and sterilization policies during the interwar period, shared more teutonic assumptions than most Swedes care to acknowledge.¹⁷

We are, in other words, far from being able to develop an empirically grounded account of the state that will span from Reykjavik to Rome, much less from Berlin to Washington. How, then, can we begin to write a better comparative history of the state—which is, after all, what the history of policy ultimately does? Most rudimentarily, we need good empirical studies informed by an implicitly comparative framing of their questions. Too often, regardless of what the data show, the results are neatly pressed into already established conceptual categories. If framed comparatively, however, such new empirically informed studies should be able to change the very concept of the state. To take the case of the American welfare state, we need a new understanding of social policy that accounts for total efforts, not just those channeled directly through the state. Of course, differences remain between privatized and statutory social policy. The latter may be more robustly armored against retrenchment, for example. But to dismiss the former as somehow not pertinent is to employ a

concept of the welfare state that chokes off further conceptual development rather than encourages it.

Imagine a similar conceptual broadening applied to the state as a whole. Would this not burst the old, rough-and-ready categories of *laissez-faire* and interventionist? Significant comparative work has already been done to modify traditional couplets between authoritarian and bureaucratic states, on the one hand, and liberal and patrimonial or decentralized ones, on the other.¹⁸ Much has been done to question the inherited concept of strong and weak states when applied to the comparative couplets of England and Prussia, or England and France, or France and Prussia.¹⁹ Take, as examples, two fields in which the supposedly *laissez-faire* British state of the nineteenth century appears to have been stronger than its Continental counterparts: taxation and public health.²⁰ Despite its flexible and, in some sense, amateurish tax collection system, the British state was able to extract a far higher percentage of GNP than the French.²¹ It also implemented direct income taxation earlier and more thoroughly than France or Germany—a form of extraction involving great knowledge of the individual citizen and intense meddling in his business. The British state was also able to extract more resources via voluntary loans from its citizens than other nations.²² It thus had greater fiscally penetrative power than the Continental states, which were forced to rely on ineffective, but administratively less demanding, indirect taxes.²³

Similarly counterintuitive contrasts held for public health. The Prussians joked that their police could do whatever they wanted in such respects.²⁴ But, compared to the British, both the Germans and the French were ineffectual interveners. True, they rattled their prophylactic sabers at the borders, imposing inspections, disinfections, and quarantines on arriving passengers and goods from abroad. But they did so largely because they distrusted their governmental machinery to undertake the sorts of domestic interventions employed by the British to tame and control epidemic disease. Most obviously, the British invested greater sums in sanitary infrastructure during the nineteenth century than the Continentals, cleaning up the urban environment and rendering it less noxious. But even in more specific senses, the British state's machinery of preventive intervention was impressive. During the cholera epidemics of the late nineteenth century, for example, the French insisted on detaining at the border suspected travelers from abroad until it was clear that they were not infected. The British, in contrast, were willing to allow them entry, on the condition that they report their whereabouts and submit to periodic medical examination. They were confident in their ability to police visitors after their arrival, just as they had the machinery to impose house-to-

house visitations in search of premonitory cholera symptoms on a scale unknown on the Continent.²⁵

If we broaden our scope from the comparison between England and the Continent to extend also across the Atlantic, similar contrasts arise. Recent studies of the nineteenth-century American state have challenged the assumption that it was inherently limited. They have argued, for example, that in the regulation of public health and safety, interventions were much more extensive than previously thought.²⁶ Early railways were publicly financed and regulated to a degree unexpected in a *laissez-faire* system.²⁷ But what if one pushes beyond such topics to others? Was the American state as residual as the myth of its resolutely *laissez-faire* character insists?

In the micromanagement of certain bad habits through prohibitive legislation, whether alcohol or tobacco, the U.S. state should be compared to Sweden rather than to the more hands-off British, German, or French.²⁸ On the testing and regulation of medicines, the United States has long been more stringent than many other developed nations. Courts meet out harsh punishments to producers and providers of services, holding them to strict standards of liability. American consumer protection laws are often regarded by Europeans as exaggerated and evidence of—surprisingly—a nanny state. In environmental legislation, the United States was an early and strict intervener.²⁹ In protections for the disabled, the United States has set the pace, mandating more drastic interventions to assure handicap access to public facilities than in most of Europe. The 1990 Americans with Disabilities Act remains the standard against which attempts at emulation abroad are measured. In Europe, quaintly corporatist measures sometimes remain in place, like those reserving certain professions for the handicapped: elevator and car park attendants positions are kept for the disabled in the U.K. and the blind are preferred for vacant telephonists' jobs in Greece and as masseurs in Italy.³⁰

Styles of Statism

To notice that there were areas in which the British state was in fact more interventionist than the Continental is not to argue that it was stronger or more active across the board. Nor is the point of new work on the American state just to reconsider its administrative prowess, rating it higher on the inherited scale of statism. If such implicitly comparative studies are to bear fruit worth the effort, then a reconceptualization of states and statism altogether should be the result.

First and simplest: Should we expect states to be uniformly one thing or the other? States are lumpy. They may focus their energies and attention on certain matters while ignoring others. They may not be consistently *laissez-faire* or interventionist, but be so in one respect and the opposite in another. Why do those easygoing, anarchistic Germans allow their citizens to drive as fast as they please on the Autobahnen, take their clothes off and drink alcohol in public, and set off fireworks on a practically military scale at New Year? While the *kadavergehorsam* Americans enforce the pokiest speed limits in the Western world, prohibit public drinking, keep their citizens in sartorial purdah, and mandate boring, bangless New Year's Eves? Why do the French, whose police boast of an ability to get their man within twenty-four hours and who parade about with armaments otherwise reserved for the military in full combat readiness, regard American antismoking laws as health totalitarianism? The interesting question, from a comparative point of view, is why a given state is preoccupied with certain matters while ignoring others.

Beyond this, there is a broader question of whether different states tackle common problems differently. If so, a better set of conceptual tools is required to understand what it is they do. We need to abandon the idea that all states can be positioned on a single scale of behavior defined at its respective endpoints by *laissez-faire* and interventionism. A two-dimensional axis of social policy endeavor between active and residual welfare states is now, after two decades of empirical comparative work, inadequate. So, too, must the palette of statutory activities be understood as encompassing a wider range of possibilities. Some scholars have proposed studying national differences in policy styles.³¹ Yet, more is required. We need, as a starting point, a typology, or at least a grasp of the possibility, of various kinds of states.

In the late nineteenth century, two of the great British public health reformers, Edwin Chadwick and Richard Thorne Thorne, sought to contrast the British approach to public health, broadly speaking, with that of the Continental nations. They distinguished between the preventive approach of the British with the curative approach taken across the Channel.³² A number of matters were their concern. First, the emphasis in England on measures to prevent industrial accidents that concentrated the costs of risk on employers, who were best positioned to prevent them. Though interventionist in the daily management of production, this solution was better than downplaying safety concerns and giving workers disability pensions after the fact. To this came the massive investment in sanitary infrastructure that Britain undertook half a century before the Continent. This meant both that the nation could snap its fingers at disease and was spared reliance on the massive and intrusive governmental

machinery of keeping transmissible illness out of the country—the quarantinist interventions still prevalent across the Channel. Chadwick and Thorne Thorne traced back the curative system of the Continent to the still undeveloped nature of these nations' economies, with long working hours, low wages, and inefficient production. From this sorry economic base, the authorities were forced to take what actions they could, which were less decisive and effective than the Victorian state's.

Whatever we may think of the details of the contrast drawn here, Chadwick and Thorne Thorne sought to formulate a concept of different forms of statutory activity going beyond simply more or less intervention. In a similar way, recent work on the American state has argued that it has tackled problems faced by every industrialized polity in ways that differed from European solutions. The point of liability legislation, often remarked on as an unusual feature of the American regulatory landscape, has been similar to the logic of contributory accident insurance: positioning the costs of risk on those actors best able to mitigate them.³³ It allots the burden of risk preemptively via regulation, rather than distributing it post facto through a statutory welfare system. The American state in this sense sought to bypass the state while still dealing with the problem of managing risk. It established what one observer has called statism for antistatists. It passed worker compensation laws rather than providing public medical care, introduced deposit insurance rather than setting up state banks. Product liability and medical malpractice laws were more stringent than elsewhere, managing risks without involving the state directly.³⁴

The distinction between preventive and curative approaches to risk is suggestive. Risk can be dealt with by avoiding it, preventing it, shifting it, or redistributing it.³⁵ Perhaps such various strategies lie at the heart of the different kinds of statutory responses possible to otherwise commonly shared problems. Whether a society seeks to prevent or cure, to tackle problems before or after the fact, is a political decision. One can seek to avoid calamity or redistribute its effects post facto: require lightning rods on houses or engage in barn raisings after the fires; insist on vaccination or isolate the sick; allow contraception or abortions; fluoridate the water or foot the dentist's bills; eat healthily or install defibrillators in public places; pasteurize milk or treat consumptives; provide night schools or spend money on the dole; enhance workplace safety or distribute disability pensions; circumcise or treat cervical cancer; place condoms in all hotel rooms or give penicillin post-coitally. Stimulating and otherwise managing the economy may cut the need for unemployment insurance, promoting health and safety may lessen the need for disability pensions.³⁶

Of course, not all decisions are clearly one way or the other. Substitution therapy for narcotics addiction, for example, may be curative from

the point of view of preventing drug use (whether by criminalizing such behavior, cutting off the supply of drugs, or providing good social circumstances to discourage drug use in the first place), but it may be preventive from that of lowering crime by addicts in search of a fix. Generally speaking, as a million samplers attest, prevention is better than cure. But matters are not quite that simple. Prevention often involves greater investments than otherwise would be necessary. It was a political decision to foot the costs of making air travel safer than the risks we are willing to accept for automobiles. Prevention also frequently means unwanted control over personal lifestyles. Banning smoking in public places, stoically accepted by most Americans as a victory for health, is rejected as an unwarranted incursion in the individual's right to tar and feather his own lungs by the same European pedestrians who happily wait in the driving rain on an empty night for the crossing light to turn green. "Health fascism" is the accusation leveled by those who wish to see less preventive control on personal behavior.³⁷ A preventive approach can also lead to outcomes that turn out to be politically undesirable. Eugenics, enthusiastically promoted not only in fascist Germany but also in social democratic Sweden and liberal America, enjoyed favor before being tainted by the Nazis precisely because of its commonsensically preventive approach: Why let unnecessary problems appear in the first place?³⁸

Which issues a state and its nation approaches preventively and which, instead, it prefers to mop up after the fact would be very interesting to pursue broadly and comparatively. During the first decade of the AIDS epidemic, for example, the U.S. government financed the lion's share of basic research into a biomedical solution. The other developed nations, with the exception—at a far remove in terms of spending—of France, freeloaded.³⁹ The bulk of American federal spending on AIDS went to basic biomedical research, vaccine development, clinical trials, and epidemiological surveillance, rather than to public health education and prevention programs.⁴⁰ Most European nations, in contrast, spent their monies on care of the ill.⁴¹ In the 1980s, American research spending was a hundredfold that of the British and ten times per inhabitant of the Swedes.⁴² In 1993, French spending was only 3 percent (2 percent in 1997) of the American, but even this modest sum was a third more than the British, its nearest competitor, and thrice that of Germany. The United States provided some 90 percent of global governmental AIDS research funding.⁴³ The equivalent French budget, one critic calculated, would have paid for constructing four kilometers of mountainous highway.⁴⁴

Why was this the case? Of course, a vaccine or other biomedical solution would have been the best outcome, providing a universal public good of use to all humanity. But the question remains, Why did some nations

feel prompted to pursue this, while others remained unmoved? To some extent, of course, the disease had afflicted the United States earlier and harder than any European nation. But such simple functionalism does not get us far, since problems rarely produce their own solutions in any straightforward sense. American culture was imbued with a faith in biomedicine that may have nudged it in this direction, but whether enough more than other nations to make a difference is unclear.⁴⁵ More pertinent is the observation that the United States had interests in a form of prevention because the epidemic tested the limits of its haphazard, complicated, inefficient, and profoundly inegalitarian health system. It was precisely groups often excluded from the system—poor minorities and gays (who raised the issue of family-based coverage in a system where membership was heavily contingent on the work contract)—who suffered the most early in the epidemic. Pouring greater resources into medical research than other nations had been an American tradition since the 1930s. Besides the universalist goal of pursuing public goods, there were political pay-offs. Voting for research funding allowed American politicians to demonstrate their support for health, since other avenues of largesse, such as health insurance for all, were blocked. “Medical research,” as Congressman Melvin Laird put it in 1960, “is the best kind of health insurance” the American people could have.⁴⁶

For countries with universal and effective health-care systems, in contrast, the epidemic posed less of a political problem. So long as citizens were entitled to reasonable standards of care and so long as the problem did not mushroom out of hand, a new illness was just another blip on the political radar. For these nations there was little political advantage to funding biomedical research rather than, say, building hospices to ensure comfortable terminal care for the stricken. (Even in France, the annual budget for indemnifying infected hemophiliacs was many times that for research; in America the proportions were reversed.)⁴⁷ For the United States, in contrast, a new epidemic was much less digestible. It suffered the perennial problem of insurance coverage and the disease struck precisely groups that were least cared for (as well as articulate and politically surprisingly adroit sexual minorities).

More generally, the Americans found a biomedical approach consistent with the values of pluralistic democracy. It appealed especially to a polity fraught with multiculturalism—its social, cultural, and sexual balkanization—and unable to rely either on the cohesion of traditional European ethnic and cultural homogeneity or even on the classic assimilationist ethos of Americanization.⁴⁸ In a heterogeneous nation, with multiple moral and religious standards, even the act of disseminating consistent information was fraught with delicate issues of what could be said

to whom. Informal behavioral control was even less something to rely on.⁴⁹ Seeking biomedically to cure or avoid a stigmatized disease, one spread via behaviors and lifestyles widely regarded as immoral, was the socially and politically most liberal approach. It involved the least tinkering with civil society and its mutually antagonistic proclivities. A biomedical approach promised to spare the United States vexing political choices. By intervening in nature, social interventions could be sidestepped. The behavioral change that was unlikely to arise through informal social influence, and whose strict enforcement via rules and laws was difficult, could thus be avoided altogether. The biomedically proactive approach sought to head off political issues that were most conveniently left alone.⁵⁰

Distinguishing between preventive and curative approaches might help make sense of the American proclivity to spend monies on education rather than welfare in the more traditional sense. It has long been known, and the results have become increasingly clear as European higher education settles into underfinanced mediocrity, that American society pours more resources into education of all sorts than most others. Equality of opportunity rather than of outcome is the goal and education rather than welfare is the way chosen to achieve it.⁵¹

Such a distinction might also shed light on a fundamental statist conundrum: whether a strong state can intervene to reduce its own role. Similar in its logic to the classic theological dilemma of whether an omnipotent God can create a problem he cannot solve, this question might be more easily resolved if one allowed for different styles of statutory intervention. Antitrust and monopoly laws, which in the United States went further to rule out conglomerates than in many other nations, intervened in the economy in order to keep the state at bay in other respects.⁵² This might be taken as evidence of a strong, or at least confident, state. But on the other hand, it might also prompt the need for further intervention in other respects. If banks are prevented from organizing supra-regionally and condemned to remain small and fragmented, hence more liable to fail, and therefore in need of government insurance: Is this evidence of strong or weak statism?

Or take the similar case of privacy legislation. Although starting from a shared common-law background with the U.K., the United States nonetheless developed privacy protection and legislation throughout the first half of the twentieth century, while Britain did not. The U.S. government was an early participant in such activities, even though it could be argued that, as in England, Anglo-American culture does not put as much value on citizens' privacy as does the Continental.⁵³ Is it a strong state that, as until quite recently in the U.K., guaranteed its citizens few pro-

tections against intrusion, especially by the media, upheld freedoms of speech and the press as primary goods, and reserved for itself wide-ranging powers of information gathering and storage?⁵⁴ Or is a strong state one that pries open its own archives and databases, allowing itself no particular advantage, and sets clear limits as to what can be known by whom about its citizens, as in the United States and, nowadays even more so, on the Continent?

This raises, in turn, the question of how to measure and evaluate state strength or weakness. Too often, what government authorities do is accepted at face value. Huffing and puffing is taken as the equivalent of action. Does the inordinate complexity of the U.S. tax system, with its labyrinthine legislation and lengthy and detailed returns, indicate a strong fiscal apparatus? Or does it betray the weaknesses, even amid much churning, of a system that has made so many concessions to interest groups that its structure threatens to dissolve in intricacy, leaving its overall effect almost impossible to gauge?⁵⁵ After a morning spent filling out the forms required of him as a newly appointed visiting professor at an American state university, Göran Therborn, theorist of a large, powerful, and redistributive state, once remarked, "I can see what they mean about cutting back the state." What he was referring to, of course, were not the excesses of a powerful state, but precisely the last-ditch, desperate measures of a weak one, unable to track its citizens adequately, constantly needing to repeat information for a fragmented social insurance system.

Similarly, in public health, the quarantinist nations of the Continent may have seemed as though they were doing more than the British to keep disease at bay in the nineteenth century. In fact, seen from another angle, the British were much more interventionist. Their sanitationist agenda involved statutory incursions into civil society and presupposed a wealth and willingness to act on the part of the authorities, both central and local, that put Continental efforts to shame. Quarantinist public health was, from this vantage, not the tactic of strong states but precisely that of weak administrations able to enforce their power only at particular bottlenecks, but otherwise unconvinced of their ability to penetrate civil society very far.⁵⁶ A strong state, one might be tempted to conclude, is not seen, while a weak one flails about noisily.

States may thus adopt quite different approaches to similar problems. Such divergent solutions can often not be compared with each other merely in terms of being more or less interventionist. Often they are equally, but differently, interventionist. Indeed, it may be true that the most thoroughgoing interventions are also the least noticeable. Still interventions run deep.

The Pas de Deux of State and Civil Society

So far, I have focused on the state by itself. But the state is, of course, only half of the classic binary division in political theory that opposes it to civil society. One of the main reasons states differ from one another in their approaches is that they interact variously with civil society. The controls and regulations that shape behavior can be imposed by authorities from outside on civil society. But they can also come from within civil society, regulating itself and thus obviating the need for formal impositions. Whence, precisely, control and regulation emanate is crucial to understanding what states do or need to do. Not all authorities have the same work cut out for them. It is time to remove the state from its splendid Hegelian isolation and soften up the hard binary edges of the dichotomy between state and civil society.

Norbert Elias's work points in this direction. He shows the extent to which social controls were not just imposed from the outside by authorities on their subject population, but internalized during the course of historical development, so that citizens became in large measure self-policing. Michel Foucault continued similar themes, not always in ways that historians could reproduce, much less operationalize. But at least power was not seen as flowing in just one direction but was shared across the divide that once separated the state from civil society. Nikolas Rose has pursued such themes very interestingly, showing how democratic social and political systems rest on the ever-greater self-policing of civil society.⁵⁷ The work of communitarian social thinkers—Amitai Etzioni, Robert Putnam, and others—suggests that certain forms of civil society do not require the same kind of statutory intervention as others.⁵⁸

Useful in tandem with such work is the distinction drawn by Michael Mann between despotic and infrastructural power.⁵⁹ On the one hand is the official, formal, and evident power of the state to constrain and coerce its citizens' behavior. On the other is the administrative and organizational ability actually to implement such powers. Also elaborating the interplay between the public and private exercise of power is the work of John Hobson on taxes. He argues that, in examining the respective abilities of governments to extract resources from their societies, more than just the brute power of the state must be considered. States have had to negotiate with their civil societies. Where a consensual agreement developed between the two actors, greater resources were freed up with less effort than where coercion was required.⁶⁰

Considering the interplay between state and society, one can imagine two ends of a theoretical spectrum: on the one hand, a garrison state

with omnipotent authority and an abjectly subject population; on the other, a withering away of any formal control imposed from the outside as citizens learn and internalize what is expected of them and social shaming accomplishes what police functions used to. Social theorists like Elias and Rose have argued that there is an overall progression in the development from one toward the other. In the process of modernizing and civilizing, societies become ever more informally controlled and autocratic interventions become decreasingly necessary. Elias located a caesura sometime in the early modern period, after which humans began to control their baser instincts, becoming civilized in the modern sense. He has been attacked, both on historical and anthropological grounds, for the temporal and cultural provincialism of his belief in a unique transition characteristic of Western culture at a particular moment.⁶¹

Similarly, one may question Rose's Whiggish conviction that the course of historical development proceeds in only one direction. Yes, in many ways we govern ourselves via internal controls that have made external impositions less necessary. Our thresholds of sexual arousal, to take an obvious example, are much higher than in the past, with public all-but nudity provoking no apparent reactions. And yet, at the same time, external controls are becoming more prevalent than they were just a few decades ago. Citizens are no longer obliged to dress according to their social station, but official sartorial prescriptions are increasingly common, whether regulating Muslim headdress among women in France or outlawing gang insignia on high school students in Los Angeles. Sexual relations in the workplace are more highly regulated now than just a decade ago. Relations between adults—even parents—and children are more formalized than earlier, down to the explicit prohibition of corporeal punishment in many nations. Our consumption of inebriants is more controlled by law than used to be true. Indeed, the very heterogeneity of modern society, its multiculturalism, may be leading to a renaissance of formal controls, as the informal behavioral standards we used to learn with our mother's milk can no longer be taken for granted.⁶²

Historians always find exceptions to, and therefore correct and nuance, the overarching trends discovered by the harder social sciences. That is part of their job. They will therefore be more impressed by the differences among nations in terms of where they locate control—formally or informally—and the unsimultaneity of such developments than they will be by their alleged grand uniformity. Nonetheless, the attention drawn by theorists like Elias and Rose to the multiple sources and interplay of forms of social control is stimulating. For one thing, it means that historians other than those interested in politics or the machinery of government must be drawn into a discussion of the state. If we see the informal shap-

ing of behavior also as part of the history of the state, new topics appear on the horizon.

A few examples: American historians have paid much attention recently to the way the United States, with its heterogeneous population, had to work to develop and nourish the informal behavioral control that in more homogeneous European societies could be taken for granted.⁶³ Understanding why only some nations took drastic sanctions against alcohol requires consideration of the differences in drinking habits between the beer and spirits nations, with their binge consumption, and the everyday imbibition of the wine-based Mediterranean, and these in turn are connected to theological distinctions between Protestant and Catholic.⁶⁴ Grasping the extent to which privacy is protected, or not, requires plumbing cultural attitudes about celebrity, exposure, and shame.⁶⁵

All nations had to deal with the problems of turning country dwellers into city folk, encouraging them to act with consideration for their newfound olfactory, auditory, and epidemiological proximity to others. But the United States was confronted with another dimension of this problem since many of those being metropolitanized were also immigrants from abroad. Out of this sprang two contradictory aspects of American public health development: (1) the interventions that officials invoked against immigrants who were considered unable or unwilling to follow behavioral prescriptions, which were often much harsher than equivalents in Europe;⁶⁶ and (2) the hopes invested in the educational system of encouraging appropriately hygienic behavior, the endless attempts to create by official persuasion what in other cultures could be taken as given.⁶⁷

Cultural historians could be enlisted to make sense of policies on drug addiction. Conventionally, when comparisons of measures against narcotics are written, they are framed as a contrast between the U.S. and the U.K., with occasional attention paid to the Netherlands. In this dichotomy, the U.S., for reasons that are often summed up as some variant on Puritan traditions, has taken a harsh line, seeking to block supplies rather than worrying about demand and how to diminish or deflect it. The U.K., in contrast, followed a liberal line of maintaining some drug users on minimal doses of their poison and widely administering substitution drugs. In fact, if one casts the comparative net wider, the contrasts look quite different. Including Germany, France, and Sweden forces a reframing of the entire issue. The implicit assumption, based on a fleeting knowledge of Dutch and sometimes Swiss or Spanish policies, that Continental attitudes toward drug use were, if anything, even more liberal than the British, is revealed as misleading. The major (northern) Continental nations, in fact, took an even more moralistic approach, at least to hard drugs. The United States may have been the main power behind attempts

to block international traffic in narcotics, the supply-side approach.⁶⁸ In terms of demand, however, the main distinction has run between the Anglo-American nations and those of the Continent. The tendency among the latter has been to reject anything short of absolute abstinence. While both the British and Americans—the former more than the latter—accepted substitution therapy, whereby heroin addicts were shifted to methadone or other drugs, the Continentals resisted, at least until the AIDS epidemic made a new approach imperative.

From their vantage (and this attitude was especially strong in France), addiction was addiction, regardless of the drug in question. Only by foregoing narcotics altogether could the citizen be reclaimed for the community. The view, implicit in substitution therapy, that the user remain addicted and that the goal be simply to shift him to drugs that (because easily and legally available) rendered him less harmful to society—this was regarded from the Continental vantage as immoral social triage. It elevated society's merely practical interests in reducing harm above the individual's claims to whatever treatment promised to render him fit again for full citizenship.⁶⁹ The French ideology of universalist republicanism decreed that all must be citizens and no one might be a member of the nation except by belonging fully and uniformly. What might otherwise seem like a technical aspect of public policy is thus, in comparative perspective, revealed as the outcome of a fundamental ideological worldview. French conceptions of citizenship were crucial to the nation's approach to addiction. Just as the foreigner had to assimilate, just as politics based on gayness, or any other multicultural subgrouping, were regarded as impermissible balkanization, so too addicts had to toe the line of republican universalist citizenship.⁷⁰

Different Kinds of States?

Seeing states as either *laissez-faire* or interventionist implies a single standard according to which they are active or not. More plausible, but still largely unconceptualized—much less worked out in its empirical glory—is the possibility that similar problems may be tackled quite differently. States may be blind to certain issues, fixated on others. Problems may be universally, but not uniformly, tackled. States, in a word, may simply be different.

There may be overarching trends of statutory activity among modern, democratic, industrialized societies. Yet, it is hard to say precisely what they are. The belief that behavior can be regulated by edict and law, possibly characteristic of absolutist regimes, may no longer hold as firmly

in democratic systems. While an effective autocracy can mandate public health, as observers have noted, democratic regimes can do little more than educate their citizens.⁷¹ And yet, in some areas this is not the case. The world's arguably most liberalist societies—America's granola belt: Madison, Berkeley, Santa Monica, Cambridge—now treat tobacco smoking as it was in absolutist Prussia, with prohibitions in public and sometimes private.

Democratic regimes may rest on internalized behavioral limitations that eliminate the need for formal controls imposed externally, an ethos of what has been called “prudentialism.”⁷² If theorists like Rose are correct, with the internalization of informal controls, the state might well wither away. Other than for a few inherently public goods, such as defense, that require collective action, the need for external behavioral constraints would fade. We would all act appropriately, live healthily, indulge only in moderation, raise our children well, ensure against unavoidable risks on the open market. The result would be a kind of genteel middle-class anarchy: the world as a Santa Monica PTA meeting.

And on our octopus's third hand, it is plausible that a liberal, democratic, multicultural society with no single dominant standard of morality and few possibilities of enforcing or even encouraging a common ethos would favor the least incursive, quickest technical fix: build ever more foolproofly safe cars rather than teach good driving techniques, much less rely on automotive politeness; encourage universal condom use rather than insist on sexual parsimony; put locks on firearms rather than ban them outright; employ cyphers and codes rather than enforce confidentiality of communication or rely on discretion, and so forth.

Which sort of solution a given political culture opts for is hard to predict. Industrialized democratic nations may tend to favor one sort of solution over another, and they may make consistent choices among different options. On the other hand, it is equally possible that they are lumpy in their preoccupation with certain problems and issues, as well as in their vacillating decision for one type of solution in some instances and another elsewhere. This is an empirical, not a theoretical, question. Before we can answer it, much more groundwork on what states actually do is needed, much more history of public policy must be written. Indeed, a moratorium on further theorizing of the state should be called until the empirical basis of our claims has been brought up to speed.

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Notes

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14. José Harris, "Society and the State in Twentieth-Century Britain," in F. M. L. Thompson, *The Cambridge Social History of Britain, 1750–1950*, vol. 3 (Cambridge, 1990), 68.
15. Gøsta Esping-Andersen, *The Three Worlds of Welfare Capitalism* (Oxford, 1990).
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