

Between the State and the Common: Public Services

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Abstract

In the early months of the epidemic, the philosopher Étienne Balibar proposed to revisit the concept of crisis in a three-part essay. In the first part, he examines what happens to politics in times of crisis, taking as reference the unexpected emergence of protests against state racism in the United States and elsewhere, addressing the question of why the rally cry “Black Lives Matter” resonated throughout the world in the grip of the pandemic. In the second part (translated below), he explores the tension between the logic of the state and the logic of the common through the question of public services. He concludes this series of three articles by focusing on the enormous economic crisis (with immense social and geopolitical repercussions) that has now gripped the world, advocating for totally new solutions.¹

My concern here is to describe a strategic dimension of our experience of this crisis that has profound implications for the theoretical tools that we use to analyze the conflicts and alternatives that weave together “the political” in the period brought on by the crisis. I am particularly interested in our conception of the *State* and its relationship to society. Hypothetically, I see this period, as a long *transitional phase*, whose initial conditions are observable but whose future course remains unpredictable.

This is why I consider it so important to identify in the conjuncture what Foucault called symptomatic “points of adversity” and “points of heresy” that the development of the pandemic and its social consequences are gradually bringing to light. The first symptom to note is what I will call the *crisis within the crisis*, referring to the fact that *public services*—beginning with but not limited to public health—have appeared more than ever (or reappeared) as essential conditions for our individual and collective survival or for the very relations that we weave among each other to continue to live “humanely.” But at the same time, these services have shown themselves to be unstable institutions, shot through with contradictions, whose functioning reveals incompatible logics.

These logics are not purely *technical* or administrative. They are *political* in the full

¹ This is a translation of the second part of a three-part article originally published on July 16, 2020, by the French online media *Analyse Opinion Critique* (AOC). The original article was the French expanded version of Etienne Balibar’s lecture for the London Critical Theory Summer School 2020 Virtual Programme (Institute for the Humanities, Birkbeck College, London) delivered on July 3, 2020.

sense of the word, creating divisions between their advocates and servants. These break down along two lines. On the one hand, a *logic of public action*, whose subject is the State, financed by its budgets and administered by its representatives, which acts like a “Leviathan” to protect individuals and, by extension, exerts disciplinary control over their conduct. On the other hand, there is a *logic of “horizontal” social solidarity*, of egalitarian cooperation and mutual aid, which is best described by the concept of the *common* (*Common, Commonwealth*). These ancient models have been updated for the present by people like Michael Hardt, Antonio Negri, and other “neo-communist” thinkers. Although the tension between these two logics is vivid, it is not easily resolved. I would like to reflect on why and how this tension might produce historical innovations.²

Countries like France (with its public assistance and university hospitals) and Great Britain (with its National Health Service) are proud of having created public health services that elevated private or mutualist institutions that predominated before the Second World War. These institutions combine “universal coverage” of medical expenses, a very dense network of caring services accessible to all, and a set of institutions for fundamental and applied research in medicine and biology. During the crisis, it became obvious that the institutions that provide collective services during emergency situations have been deeply damaged by privatization policies, underinvestment in public health, and neo-managerial norms (*new public management*) that seek cost-effectiveness. In France, this led to an extreme shortage of hospital beds, respirators, virological tests, medical masks, and research programs — more or less concealed by state lies.³

In spite of all this, public services held up under pressure and proved themselves to be more essential than ever, saving thousands of lives and “caring” for the population in the full meaning of the term.⁴ However, it remains unclear whether the public services’ capacity for care was due to its administration by the State where its role as a “public service” protected it from private interests and market competition (although this is not always the case for hospitals), or whether we should credit instead the perseverance and creativity of the doctors and nurses who had to overcome the contradictions and errors of the government, thus stressing their capacity for *autonomous initiative* thanks to the trust and solidarity of citizens? This is a difficult question that requires a few preliminary remarks.

We should not lose sight of the fact that there are a wide variety of public services, each with its own unique function and history (a diversity which is further magnified by

² Here I am returning to and modifying ideas published in my article « L’Etat, le Public, le Commun: trois notions à l’épreuve de la crise sanitaire », to be published in *Dessine-moi un pangolin*, dir. Pierre Jacquemain, éditions Le Diable Vauvert (September 2020). Also available online: <https://blogs.mediapart.fr/etienne-balibar/blog/270520/l-etat-le-public-le-commun-trois-notions-l-epreuve-de-la-crise-sanitaire>.

³ Regarding virological research see Bruno Canard’s landmark testimony: <http://www.sauvonsluniverse.com/spip.php?article8685>.

⁴ However, this ignores the case of Ehpad (assisted living facilities for elderly people), already largely privatized, that experienced extremely high death rates early in the pandemic, also hidden from view as long as possible. To say nothing of asylum seekers, prisoners....

national differences). Certain public services, especially those within municipal administration,⁵ are decentralized, while others are highly centralized, at least formally, as is the case of education in France. These institutions “serve” the public in very different, sometimes even opposing ways, providing resources, knowledge, and help, while elsewhere imposing disciplinary norms and constraints. In the present crisis, we saw how these sides could complement each other since we had to confine the population at the same time as we had to care for it.

We can think of this distinction as a set of two ideal types: at one extreme sits the public service of the police while at the other, services of education and culture...⁶ Nevertheless, what makes the public health service exemplary, if not unique, is that it cuts across administrative hierarchies. In order to fulfill its social function, it must combine and organize a huge range of functions and professions, coextensive with society itself. It brings together all sorts of agents whose status and pay are extremely unequal: doctors, academics, researchers, and administrators but also nurses, cleaning and catering personnel, ambulance drivers, home care workers, social assistants, etc.

All these agents, each with their own role but completely dependent on others, constitute a sort of miniature of society itself, with its differences in education, class, sex, and race. Public servants range from the “great” epidemiologist to the “lowliest” cleaners. The pandemic forced us to see what we had long wished to ignore in hospitals: the strategic role played by “frontline workers”, made in large part of women, precarious and underpaid workers, overseas citizens, and immigrants (including the undocumented). We saw that these people were an essential component of public services.

We took stock of the human conflicts that pervade public services, the result of a long history in France which has institutionalized inequalities of class, gender, and race, and that were exacerbated by neoliberal policies. But we also realized that it was possible to “moderate” or even “suspend” these conflicts in cases of a *common* medical emergency. At the same time, an entire body of citizens—the sick, their friends and families, their employers— took the measure of the crisis within the crisis, and endorsed the demands of these care workers, and expressed a desire for restoring public services and their capacity for action as well as a more extensive and more egalitarian system of social security.

For many citizens two things became obvious. First, following the two “revolutions” experienced in advanced industrial societies during the twentieth century (first the institution of the welfare state in a national and imperialist context which tamed “savage” capitalism; second the transformation of social policies into policies of human capital

⁵ I cannot develop a further comparison with Germany here. I will just say that many attributed the general superior “performance” of this country during the acute phase of the crisis to its decentralized system of public health organized by *Länder*, which, nonetheless did not prevent the federal government from coordinating efforts and encouraging social distancing.

⁶ As I write, Olivier Py, the director of *Festival d'Avignon*, has published a stirring defense of the *public service of culture*, threatened by the crisis and its management (or mismanagement) by the government in *Le Monde*. See: Olivier Py, “La culture n’est pas un luxe mais un devoir impérieux,” *Le Monde* 4 July 2020.

adaptation to free and open competition), it once again became clear that *public services cannot function without continuous State action* as a planner, builder, employer, financier, moderator (at least theoretically) of social inequalities, guarantor of universal access to the “common good” that is health. Besides, only the State can fund (whether directly or indirectly) the research and development activities that are not immediately profitable (like vaccines), but which may ultimately take on a life-or-death importance.

Supporting public services means that we need progressive taxation, health and pharmaceutical standards, etc. This is in total opposition to the ideology and practices of neoliberalism still dominant in Europe and the world, which, in a way, have turned *the power of the State against its own social functions*, an attempt to destroy public services from the inside. But it is as much opposed to a certain utopian (or rather ideological) dream of “the common,” that gives the impression that public services might consist only of practices of “care” by which the multitude cares for itself through the workings of its *general intellect*, or its own spontaneous capacity to think, foresee, and organize solidarity and cooperation through means like egalitarian citizen assemblies that would be nested into one another from the local to the national or even global level.

This should be stated frankly, even at the risk of offending some friends. At the same time, the experience of the pandemic showed that a society threatened by extreme risks (the next pandemic, coming ecological disasters...) is susceptible of breaking apart into antagonistic factions because of insufficient equality between its members. Societies cannot rely entirely on the State, even and especially one armed with a “state of emergency.” They cannot delegate their power to govern themselves to the State and its leaders (those who Bourdieu called “the State’s nobility.”) Recall Marx’s ironic question in the *Critique of the Gotha Program* (1875) regarding national education: “Who will educate the educators?” Today we might rephrase it: *Who will force the state to serve its own public services*, instead of subordinating them to some politics of class or status?

In both cases, the response is the same: what we need is democratic control involving professionals and users, in other words, ordinary citizens. Even better, this is an acting and reflective “multitude” for whom the idea of public service is nothing other than the enacting of *the common interest*, which itself is not so different in practice from the interest of the mass of *common people*. This was precisely the content and intention of the acts of solidarity and cooperation that developed during the crisis: doctors and nurses made decisions together to overcome the lack of resources and government response while associations and militant groups organized to bring food and masks, school support, and moral assistance in working-class areas. I see here authentic *community effects*, I would even say *moments of practical communism* suggested and produced by the crisis itself. As always these involve both combat (or resistance) and invention (or collective imagination).

In consequence, the state appears both as a solution, a protector, and an object of critique, a power that we must know how to replace with another, to contest with “counter-

conduct” and “counter-power,” instituting a precarious and problematic equilibrium at its very heart. Our old theories said *State – non-State*. But perhaps the name “State” does not always designate the same thing? Or rather it is the State that, during a crisis, *divides* itself according to antithetical logics, as if there was a “State from above” and a “State from below,” or one State that *dominates* society and another that would be *organic* to it, an *apparatus* and a *political body*? I would suggest that a possible solution to this enigma (which has long been studied by political philosophy but has recently re-emerged in different terms) lies in a reversal of the debate: *it is the “public service” itself which is in fact an antinomic notion*, an “active” (and evolving) principle that contains a dialectic of conflict and cooperation between two logics which we can associate with two concepts of the political: the logic of state *authority* (a term which serves better than “sovereignty” here) and the logic of solidaristic, egalitarian *community* (or the common).

The “public,” in spite of the apparent simplicity of its name, deriving from Roman law, is actually a complex notion, extraordinarily polysemic, which moves between public property, public authorities, and the accountability of institutions to “the public” in the democratic sense, i.e., the multitude of citizens discussing their own interests. This is not therefore a unified instance, a “material content of the state,”⁷ but the site where the two logics confront each other, and the stakes of their competition. Naturally, such a political figure is not some radically new historical form, especially in a period of crisis. Rather it is forcefully reappearing today. And it is unstable by definition. It remains to be seen where it will lead our societies. Much of this will depend on the way that the crisis influences the evolution of contemporary capitalism.

⁷ Following the definition proposed by the “*solidariste*” jurist Léon Duguit, a major French theoretician of public services (1925).