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**Governing policies with New custodians of the State :  
 Partial regimes or reshaping democratic state ?<sup>1</sup>**

William Genieys

## **Abstract**

This paper combines methods in sociology of elites with those in public policy in order to build a new elite ideal-type (“custodians of the state”). I present the constitutive elements of this elite type – social backgrounds, occupational careers and specializations in sovereign policies sectors, formal position-holding, reputations for policy influence, and not least shared ideas – with what elites actually do in public policy decision process. By applying this approach to French health policy since the early 1980s, I highlight the structure and the increasing importance of this new elite type in the reshaping of French strong state capacity.

**William Genieys** is French senior research fellow at the CNRS (University of Montpellier 1). This work has published in major journals including *Governance*, *International Political Science Review*, *French Politics*, *Journal of Health Politics, Policy and Law*, *International Journal of Urban and Regional Research*. He is the author of a number of books : *The New Custodians of the State* (2010); *Elites, Ideas, and the Evolution of Public policy* –with Marc Smyrl (2008); and *Sociologie Politique des Elites* (2011). He is working on the transformation of the height of US political elites (OPERA Program).

**William Genieys**, Senior Research Fellow, CNRS at the University of Montpellier 1, Member of the CEPPEL UMR 5112.

Mail: [wgenieys@univ-montp1.fr](mailto:wgenieys@univ-montp1.fr)

Phone: +33 4 34 43 28 36

Mobile : +33 6 87 73 14 17

Faculté de droit et de science politique

Bat 2-bureau 421

39 rue de l'Université

34060 Montpellier (cedex 2)

**France**

Globalization and economic crisis, together with growing criticism of the size of governments and policies they pursue impel a re-examination of ‘Who governs?’ from Suzanne Keller’s (1963) point of view, namely, “strategic elites” surrounding and influencing formal governmental and policy processes. Research has shown, for example, how elite actions emanating from the “Washington Consensus” effected policy changes in Latin American countries during the 1990s, notably “palace wars” won by new elites dubbed “the Chicago Boys” (Dezalay and Garth 2002). Some scholars have asked if policy changes effected by new elite groups centered on the George W. Bush administration in the U.S. during the 2000s eroded the elite foundations of American democracy (Higley and Burton 2006: 197-201). Michael Lindsay (2008:79) has shown how, at the beginning of the 2000s, leaders of evangelical movements in the U.S. acquired a pronounced capacity to influence Bush administration policies. Research on both sides of the Atlantic highlights the centrality of “policy elites” in contemporary welfare states, at the same time renewing debate about the extent of elite policy-planning networks and state autonomy, as explored by G. William Domhoff (1996) in his “power structure” approach (see also Burris 2005, 2008). More specifically, this approach doesn’t take into account the role of elites when based on the so-called state’s (general or sectoral) “strength”: e.g. their ability to design, to put on the agenda and implement policies (Krasner 1978; Nordlinger 1981; Badie and Birnbaum 1983; Skocpol Finelgold, 1982 ; Skocpol 1985). We propose an analysis of how “new kinds” of programmatic elites are involved in various policy domains and have influenced the transformation of state capacity (Genieys and Smyrl 2008).

In this context, one must underline the fact that the “new” sociology of the state has deliberately avoided the elite question (King, Le Galès, 2011) qualified as “classical” (King, Le Galès, 2013[2014]). In fact, under the influence of *welfare statism* that underestimates the involvement of elites in the making of compromises within the state (Higley, Burton, 2006), and loose concepts like “infrastructural power” (Mann, 2012) and “the gilded age of neo-conservatism” (i.e. “the government is the problem”), elites, and *a fortiori* state elites, have, at least partially, disappeared from the sociologist’s and political scientists’ tool box (Genieys 2011). My empirical research on the process of restructuring of the French and American states tends to prove the contrary. I will focus on the French “strong” state case where one can observe a struggle between different new types of state elites contributing to the transformation of state’s action (Genieys 2010).

Elites, it will be recalled, are generally understood as groups with the organized capacity to affect political outcomes regularly and significantly (Higley and Burton 2006:7); but this general conception of elites needs specification and focusing. How best to do this has generated considerable debate about power elites, strategic elites, plural elites, state elites, and so on. The concept of “new custodians of the state”, as presented here, is a further specification (Genieys 2010: 9). This new kind of elite consist of individuals sharing certain characteristics who, when confronted by a generalized weakening of government power, constitute themselves into relatively homogenous groups focused on specific sets of sovereign policies (i.e. Defense, foreign policy, public health policy...). Developing and systematically favoring specific sectoral career paths, their overarching goal is to reaffirm the state’s institutional advantage through the formulation of specific and concrete policy programs. The power of these new state policy elites is characterized by three kinds of resources: i) a collective construction of public policies and intervention in the policy-making process; ii) an active presence and influence in loci of intellectual reflection about policy ideas and reforms; iii) the capacity to institutionalize their authority by placing themselves in new positions of power created by implementation of policies they advocate.

## **Studying a New Elite Type and the Restructuring of State Power**

Taking into account the new custodians of the state involves a double shift in the sociology of state elites (Hecló 1974 ; Suleiman 1974, 1978 ; Putnam 1977 ; Aberbach & al. 1981 ; Page & Wright 1999). Conventionally, by contrast, the US sociology of elites and the state concentrates on how policies are shaped by demands and pressures from outside the state (Domhoff 1990). Long ago, Hugh Hecló (1978: 108) speculated that a transformation of

governmental activities was being accompanied by a new set of “policy politicians” and “issue specialists.” Looking at what happens inside the policy domains of relatively autonomous states requires quantitative data about the wins and losses of interest groups, or even entire civil societies, when competing with such policy elites (Kriesi and Jegen 2001; Hassenteufel and *al.* 2010).

The definition of the new elite type, designated the “custodians of the state” rests on two premises: (1) the importance of considering professional careers in public policy domains over extended periods; (2) the importance of competition in the framing of sovereign policies. The concept relates the content of policy programs to the formation of elite groups with distinctive sociological and intellectual characteristics. It supposes that the transformative powers of elite groups in specific policy domains derive from programs for change and from resources, such as professional knowledge and location in key power positions, sufficient to implement programs. Unlike “policy brokers” in the advocacy coalitions sketched by Sabatier and Jenkins-Smith (1999) or by Fernandez and Gould (1994) in health policy formulation, the influence of this new state elites on the policy process is not linked to their occupational backgrounds. Instead, the focus is on actors’ career trajectories (in order to understand the accumulation of resources), their cognitive frameworks (in order to understand the direction of action), and their interventions in the policy-making process (in order to understand the nature and the scope of action). Besides, qualitative data about the intellectual programs of elite groups in specific sovereign policy domains and how they evolve over relatively long time periods are required<sup>2</sup>. In fact, the new custodians of the state are not only common bureaucrats or technocrats, but also special kinds of policy elites who focus their professional trajectories on involvement in state policies during sequences of increasing state capacity, particularly in crisis periods.

### **Formation of the New Custodians of the State : the French case**

To test my approach’s utility and explore the existence and effects of the new custodians of the state, we conducted two studies of the French health policy-making domain between 1981 and 2007.<sup>3</sup> This involved investigating the transformative power of technocrats in France’s strongly centralized state (Suleiman 1978 ; Badie and Birnbaum 1983 ; Jobert, Théret, 1994), albeit in a domain where the state’s autonomy for action has been limited historically by employer and employee associations that have managed sickness funds and by important interest groups, such as doctors’ and other medical unions (Hassenteufel, 1997). An initial study was conducted in 1997-1998 and covered health policy during the left-of-center presidential administrations of Francois Mitterrand between 1981 and 1995 (MIRE 1). A follow-up study was conducted in 2006-2007 and covered health policy during the right-of-center presidential administrations of Jacques Chirac between 1995 and 2007 (MIRE 2). The two studies enabled us to analyze health policy continuities and discontinuities that spanned six National Assemblies and three episodes of divided executive government (“*cohabitation*”) during which the president and prime minister belonged to opposing parties and competing political blocs.

French welfare policies underwent major changes between 1981 and 2007, most dramatically after constitutional reforms, known collectively as the “*Réforme Juppé*” after the minister who championed them, were adopted in 1996. In particular, the Organic Law passed by the National Assembly on 22 July 1996 amended Article 34 of the Constitution and made the Assembly responsible for drawing up the annual Social Security system budget – the *Loi de Financement de la Sécurité Sociale* (LFSS). In the manner of other budgetary legislation, the LFSS sets a target for and authorizes state health insurance expenditures on hospitals and ambulatory services during the next fiscal year. In reality, the LFSS gives greater power to the administrative units and personnel who prepare each year’s law than to the National Assembly, which merely passes it. The magnitude of this change in health policy can best be seen by examining two main axes: deviations from financial expenditures authorized by each LFSS, and the French state’s changed powers over the health policy domain’s overall architecture.

In the 1997-1998 study (MIRE 1), we first identified 133 individuals who occupied senior administrative positions in the health insurance and family policy sectors between 1981 and 1997<sup>4</sup>. These individuals were selected initially on the basis of two institutional criteria: membership in a minister's personal staff ("*cabinet ministerial*") or holding a senior administrative position (director or deputy director of a central administrative unit). This led to identifying three categories of individuals who potentially comprised a group of social policy elite<sup>5</sup>.

The objective was to identify actors who might possibly have influenced both the decision-making process and the contents of policies.<sup>6</sup> At the time of our MIRE 1 study, however, the 1996 constitutional reform had just taken effect and we were therefore unable to measure how it affected rules of the policy-making game. Because we identified all senior administrators concerned with policy-making in the health insurance and family policy sectors between 1981-1997, we sought to reduce this large population to those deemed reputationally to have important influence on policy-making in the two sectors<sup>7</sup>. This entailed investigating three aspects of these individuals' career trajectories:

- *accumulation of a specific area of expertise* derived from a specific *social learning* process, especially within administrative bodies such as the *Cour des Comptes* (Budgetary Control), the *Inspection Générale des Affaires Sociales* (Inspectorate for the Welfare Sector) or the *Direction de la Sécurité Sociale* (Social Security Directorate) that asserted themselves as key institutions in the two sectors and where ideas for health insurance reforms originated;
- *longevity in the sovereign policy sectors* (i.e. public health) as indicated by successively holding multiple positions of power that facilitated interventions when defining public policies and provided relative autonomy from the political elite of Ministers and MPs;
- *inter-personal bonds* as indicated by considerable amounts of mutual respect.

### *Three generations of the new custodians of the state*

Informal interpersonal networks central to recruiting ministerial staff and sustaining affinities among policy actors were then scrutinized. Three "generations" marked strongly by the political context in each ascended to top positions could be observed (Table 1).

**Table 1 : Social and occupational background of new custodians of the state by generation**

Source: Genieys 2010: 112

	<b>The Elders</b>	<b>The '81 Generation</b>	<b>Social Policy Managers</b>
<i>Education</i>	ENA	ENA	ENA
<i>Entry into the sector</i>	<i>Grands corps</i> Personal staff of minister	Personal staff of minister <i>Grands corps</i>	Personal staff of minister <i>Grands corps</i>
<i>Positions occupied within the sector</i>	Director of central administrative unit or of sickness funds	Director of central administrative unit or of sickness funds, IGAS	Deputy director of central administrative unit, IGAS
<i>Professional mobility outside the sector</i>	Weak <i>Cour des Comptes</i>	Moderate <i>Cour des Comptes</i>	Strong <i>Cour des Comptes</i> ; Ministry of Finance
<i>Exit strategies from the sector</i>	Political advisors or <i>Grands corps</i>	Private sector (esp. insurance)	Most are still within the sector

The first were the "Elders" who had been in place before the 1981 elections gave presidential power to Mitterrand and the first of his several left-of-center administrations. Sheer longevity in the health policy domain gave this group considerable moral as well as practical authority. Strengthened by secure positions in the *Grand Corps*<sup>8</sup> —most often in the

*Cour des Comptes*—and returning regularly to decision-making positions despite shifting parliamentary majorities during the 1980s and 1990s, these individuals were defenders of state authority and the health care system’s integrity. In addition to illuminating direct policy-making roles played by these entrenched actors, analysis of their careers, which stretched back into the 1970s, enhanced understanding of how the passage of time affects policies. The elders’ influence on specific policies and, just as important from the perspective of this study, on sustaining a stable and domain-specific policy elite was of the first importance. It was the elders, by and large, who significantly increased the health and family policy domain’s prestige and in so doing set precedents and put ideas in place that influenced successive generations of policy-makers in the domain.

The second generation consisted of men and women whose accession to policy-making power occurred in the years immediately following Mitterrand’s election in 1981—thus we label them the ‘81 Generation. The presidential and legislative elections of 1981, which for the first time in the history of the French Fifth Republic gave government control to the Socialist and (much reduced) Communist parties, were a watershed in parliamentary and presidential politics and in the health and family policy elite’s evolution. Being mostly graduates of the National School of Administration – the ENA – between 1972 and 1979, the experts and civil servants making up the ‘81 Generation had been kept in the policy-making anteroom, holding only peripheral positions before the 1981 elections. Many belonged to the “expert study groups” convened by the Socialist Party during years leading up to the 1981 elections. These civil servants and experts had in common the fact that their appointment to high policy positions after 1981 was intended both to mark a political change and impel an administrative one. Although it is unlikely they would have been familiar with the phrase, the Socialist-led government was in effect trying to avoid the sort of “government of strangers” characteristic of incoming presidential administrations in the United States (Hecló 1977). While the ‘81 generation was made up of men and women sympathetic to the political left, they had had much the same educational and professional experiences as their predecessors: technical positions in the senior civil service and experts in the *Commissariat Général au Plan* (National Planning Agencies). Their arrival in power embodied political change, but ironically, their actions once in power were affected strongly by the fact that they were the first policy elite generation to be faced with enforced rationalization of social welfare budgets after the Mitterrand government’s permanent turn to austerity in 1983. But as detailed below, they contributed directly to the construction of policy instruments that eventually overcame the budgetary constraints of austerity.

A third generation, which we label “Social Policy Managers”, consisted of a new wave of elites whose accession to the most senior positions came after the first period of “*cohabitation*” by President Mitterrand and a conservative parliamentary majority and prime minister between 1986-1988. This generation attained senior positions in the social policy domain after 1988. A dense network of relations was evident between it and the two generations that preceded it. Self-identification with the social policy domain was nurtured by passage through specific professional positions (Hecló 1974). Among those were junior positions in the “Social Chambers” of the *Cour des Comptes* and the *Inspection Générale des Affaires Sociales* (IGAS). It was largely in those two civil service hothouses that domain identity solidified among young high-flyers around a shared vision of the state’s role in social welfare policy<sup>9</sup>. Concretely, this involved apprenticeship periods in the IGAS or the *Cour des Comptes* and, with increasing frequency, the forecasting and budget directorates of the Ministry of Finance. However, the third generation’s arrival in top positions coincided with the spread of neo-liberal ideology in France and its pronounced impact on social policy (Jobert & Théret 1994 ; Schmidt 1996). Nevertheless, despite having to face budgetary constraints on social policy imposed by the Ministry of Finance, the third generation’s actions demonstrated that the new custodians of the state are able to take initiatives and impose its choices on policy contents. In practice, this policy elite progressively mobilizes his new sectoral identity—based on a revisited vision of state action in the health policy domain—to struggle with its rival in the ministry of finance.

### *Commonalities among generations*

The three generations shared first and foremost a set of professional skills and knowledge transmitted through seminars, student internships, and junior postings. Their passage through the *Cour des Comptes*, the IGAS or external postings to the Ministry of Finance created a shared and evolving vision of the French social security model. Interpersonal relations developed through service in ministerial *cabinets* or administrative agencies in the social policy domain buttressed this and supplied a common body of knowledge. The intellectual commonalities across generations could be seen in a growing commitment to live with financial constraints and turn them into programmatic advantage. The influence of the Elders was key in this regard. To cite but one example, the ex-Director of two central administrative units used his prestige and legitimacy as *Inspecteur des Finances* plus his positions as Director of Hospitals and Director of the Budget to play a central role in transforming the very conception of social policy. Adopting his ideas about efficiency in social expenditures, the new custodians of the state put forward the notion that it was essential to defend and reinforce the state's central role while accepting frugal budgetary constraints. It was possible to discern in the more or less uniform career contours of the elders, the '81 Generation, and the Social Policy Managers a basis for intellectual homogeneity and a concerted approach to social policy. The longevity of the policy elite's members in this domain during years of political turmoil attested to the elite's relative independence from electoral politics.

Members of the new custodians of the state effectively shared and carried out a *common program for change* that could be formulated as follows:

*“To preserve the French system of social protection, it must be adapted to meet current financial constraints. This, in turn, can be accomplished only by reinforcing the directive role of the state and targeting benefits to the most disadvantaged sectors of society.”* (Underline by the author)

Elite members faced up to challenges facing the French system of social protection by putting forward concrete options in reforms to reinforce the state's central directing role. To be sure, the degree of elite homogeneity must not be overstated: its collective coherence was the gradual result of parallel career paths and gradual acquisition of sector-specific skills and information. But, for the elite as a whole the result was growing programmatic autonomy vis-à-vis the Ministry of Finance. In the case of the French “strong state”, this kind of policy elite is structurally relatively autonomous from the interest groups in its policy domain (i.e. Union of medical specialists, trade unions, corporates...). These horizontal and intra-elites conflicts which take place in the core of decisional process were intensified by an external factor: the neoliberal turn (Jobert and Théret 1994).

The elite consisted of actors who by and large accepted, evaluated, and ultimately moved beyond the budgetary constraints imposed on social policy after 1983. This challenges the thesis that social policy was “colonized” by *Inspecteurs des Finances* or “brought to heel” by the Ministry of Finance. The “colonization” thesis does not take sufficient account of the capacity of sector-specific elites to structure the policy-making process and it underestimates the impact of struggles over the budgetary dimensions of public policy. It too readily assumes that a handful of actors in *Bureau 6b* of the budget directorate of the Ministry of Finance have power to impose their will on the whole of the social policy domain. What actually happened is that the programmatic elite in the domain imposed its authority by using budgetary constraints for its own advantage. The actors we interviewed were all deeply attached to the foundations of the French *Sécurité Sociale*, yet they accepted the need for a budget-centered approach to social security policies. They emphasized the state's responsibility, seeing it as ensuring a measure of equity, rather than enforcing a total equality. This affirmation of the role of public administration as opposed to that of the health insurance funds managed by representatives of private insurance entities constitutes a recurrent leitmotiv, which although not radically new returned in force after 1981.

It was no accident, therefore, that during the 1980s and 1990s members of the programmatic elite of the 1980s and 1990s in the social sector gravitated to the institutions whose power of financial audit and control were ascendant—the *Cour des Comptes* and the

IGAS. This became all the more important after 1986, when frequent change in partisan government majorities became the norm. Membership in one of the financial *Corps* came to be seen not only as a reward for academic or professional success, but also as a fallback position during a period of political disruptions. Financial tools and, perhaps more importantly financial culture, became part of the shared background of the social policy elite. One member of the social policy managers generation interviewed recalled that an important aspect of his policy-making experience was the opportunity to work with respected figures of the Elders and the '81 Generation.

It was within the *Cour des Comptes* and the IGAS and around a few leading figures of the Elders generation that a new orientation for social policy was forged – one that in effect “domesticated” budgetary constraints. The game of negotiating and balancing among ministries, which is central to the French system of government, naturally lead programmatic elites in the context of more-or-less permanent austerity to appropriate tools of budgetary control, the better to overcome them (Jobert and Théret 1994). Two linked strategies can be observed: efforts to have a collective impact on the content of policy, and efforts to establish and defend a collective identity vis-à-vis the cohesive budgetary elite in the Ministry of Finance (Kadushin 1995). This was readily observable in the health insurance domain. The growing tendency to internalize budgetary constraints on insurance was part of the effort to secure autonomy from the Finance Ministry elite. Taking the perspective of the new custodians of the state into account and the increasingly frequent practice of serving “apprenticeships” in the Ministry’s Budget Directorate testified to this. This specific process of social learning which affects the development of major governmental policies is comparable to the Swedish case analyzed by Hecló in his study on modern social politics (1974).

### *The Wider Elite Context*

The new custodians of the state was also closely involved in the production of sectoral expertise and evaluation, exemplified by a working group on health policy in the Commission on Social Protection for the *Tenth Plan* and a *White Paper* on health and health insurance policy. The elite’s influence and participation were evident in these and other evaluation and planning documents that contributed to a redefinition of the normative framework for social protection policies. The elite strategy of constructing new instruments of public action was accompanied by a desire to influence social welfare policy through what might be termed a “counter-culture” within most key administrative directorates of the social policy domain: *Sécurité Sociale*, family policy, hospitals, public health, etc. The *Sécurité Sociale* directorate was exemplary, especially under the leadership of the Director of *Securité Sociale* from 1994 to 1996, who was central in promoting ideas that became the intellectual foundation of health insurance aspects of the Juppé Reform of 1996. It is striking to observe how the elite group at the top of this administrative unit claimed authorship of Juppé health reform despite being, for the most part, politically opposed to Juppé and the government that ultimately implemented and took public credit for the reform. It was not a coincidence that that the Directorate’s staff increased significantly in number and acquired the means to propose new orientations for social policy. Actors whose vision centered on “social progress” gave way to a new social policy elite that put forward a budget-controlled approach to social policies, to the point of transforming the Directorate into a quasi-ministry for a “social budget.”

Consolidation of these new roles facilitated homogenization of the new custodians of the state, which was forced to clarify its ideas in order to face up to rival elites (Genieys 2010). Affirming the state’s centrality in social policy became a shared strategy when dealing with employers and labor unions, whose capacity to “govern” the policy domain as they had under the old technocratic model was diminished. Formation of new elite coalitions demonstrated how introducing greater democratic governance in areas of state action led to a substantial transformation of state power. While it is undeniable that the autonomous power of state administrative elites has declined in some policy domains (Suleiman 1974, 1978), notably those in which competence must be shared with the European Union or those strongly affected by territorial decentralization. There are other domains in which the vertical and



hierarchical dimension of the French state “strengthen” has been reaffirmed by new or reinvigorated elites within the state mobilized around programs intended to restore and enhance the state’s capacity for autonomous decision making.

Unlike an earlier era when the collective identity of state technocrats rested on their general technical skills (Putnam 1977), the identity of new state elites is founded on their identifications with specific programs for public action. We are now in the presence of new kind of “custodians of the state”, because the latter stays “strong” only in some policy domains such as public health or national Defense (Genieys 2010). By amending the constitution to require annual parliamentary votes on the *Sécurité Sociale* budget, which had previously been kept outside the political realm, the *Plan Juppé* was a high point in this process. It is important to emphasize that such innovations were effected despite repeated alterations of partisan government majorities. There was strong continuity in social policy even as the life spans of governments shortened during the 1990s and early 2000s. Our second study (MIRE 2), conducted in 2007, tracked this continuity and we will now summarize its main findings.

## The New Custodians of the State Ascendant

Our study of policy developments between 1998 and 2006 investigated whether elite actions between 1981-1997, the subject of our earlier study, manifested a sustained implementation of the new custodians of the state program. Interviews using the same framework as in the first study showed that a decade later the profile of Social Policy Managers was still highly relevant to the health policy domain (MIRE 2, 2006-2008).<sup>10</sup> Interviews of actors who held the same decision making positions throughout the period between the Juppé Plan in 1996 and a subsequent reform, known as the Douste-Blazy reform, in 2004 sought to assess effects of the programmatic social elite’s political strategy. As before 1996, changing partisan government majorities (i.e. the socialist Jospin government, 1997-2002, followed by the conservative Chirac government, 2002-2007) did not prevent the social policy elite from implementing the same set health insurance policies.<sup>11</sup> The trajectory of the Social Policy Managers corresponded to the trajectory of elites who made a career commitment to the social policy sector two decades earlier. There was not only the shared acceptance of budget constraints on social policies, but also the desire to employ policies strategically vis-à-vis elites inside and outside the state in policy-making struggles.

Continuity of elite personnel was also clear (Table 2). Among Social Policy Managers holding leading positions in the health insurance domain after 1997, almost half had held positions in the domain before 1997. In addition, trajectories of those who entered the domain after 1997 displayed continuity in passing through *cabinet* roles that gave quick access to key positions in the domain or specializing in the domain from the outset.

**Table 2 : The new custodians of the state trajectories: Social Policy Managers, 1997 and 2007**  
Sources : Authors’ interviews, 2006-2007 (MIRE 2)

Trajectory Criteria	Social Policy Managers (MIRE 1, 1997)	Social Policy Managers (MIRE 2, 2007)
<i>Education</i>	ENA	ENA
<i>Entry into the sector</i>	Personal staff of minister <i>Grands corps</i>	Personal staff of minister, IGAS (sectoral corps), Central administrative unit (DSS)
<i>Positions occupied within the sector</i>	Deputy director of central administrative unit	Deputy director of central administrative unit, Secretary of health, Deputy director of UNCAM
<i>Professional mobility outside the sector</i>	Strong: <i>Cour des Comptes</i> ; Ministry of Finance	Weak: IGAS, Secretary of Health
<i>Exit strategies from the sector</i>	Most remained within the sector over the period 1997 to 2007	Most were still within the sector at the head of the newly created institutions

Examples taken from the careers of leading elite members confirm and illustrate the social policy managers' ascendance at the highest levels of the domain power structure. Here is a typical trajectory:

After finishing the ENA he decided on the IGAS “*because the topics and the social issues at stake [sic] all seemed to be important in terms of both public policies and financial issues.*” In the IGAS he undertook many different *Sécurité Sociale* assignments which led to contacts in the Directorate for Social Security (DSS). Between 2000 and 2001 he worked for Martine Aubry’s cabinet in a temporary support assignment role to oversee national health insurance expenses. After having carried out the compulsory external *Corps* posting outside of his original location, he “*naturally chose to integrate the DSS as Assistant Director [in charge of Healthcare System finances]. I knew this Assistant Directorship from my work with the IGAS and from my time in the cabinet and I liked both the atmosphere and the motivation of the staff as well as their competence on the topics of the management of health insurance expenses.*” (Interview, 2007)

This trajectory shows there is a kind of aggregation logic among elites following careers in which competence is put to use in shared public policy programs such as health care. Interpersonal bonds of this sort were recorded in a majority of our interviews. Actors readily acknowledged they knew each other and had worked together on several occasions during their careers, often in spite of different political views. An ex-Director of Social Security talked about the career of his second in command at the Directorate in these words:

*“X, who was my deputy, took over from me as Head. We knew he had worked with right-wing ministerial staff but I was aware of his qualities and his competence concerning questions in the sector, which meant he was uncontroversial for the job. Therefore when Y suggested him for the job as assistant to the DSS we accepted. Then when I worked with him, I could see how extremely competent he was. You know that we are politically divided but we continue to function as a professional community nonetheless”* [emphasis in the original interview, 2006].

To implement their programs centered on the central role of the state and possess autonomy vis-à-vis the Ministry of Finance, labor unions and employers’ organizations in charge of the sickness funds (the so-called “*social partners*”), interest groups (doctors, the pharmaceutical industry, etc.), and political actors, the elite used its consolidated positions in domain institutions. The fact that statisticians and others who evaluate public policies have progressively replaced jurists in this task denotes a general trend: “*Today the DSS controls all the public policy tools: the financial aspects, the assessments and the audits. Public health policies – it is we who define them*” (Interview, 2007). Members of the elite are concentrated in the DSS where there are 40 senior professional staff members possessing high technical knowledge, much administrative *savoir faire*, and extensive specialization in health insurance policies. Consequently, they are in a position to take autonomous control of social insurance from the Ministry of Finance. One elite person in the DSS explained this change in the balance of power as follows:

*“Bercy (the Ministry of Finance) ... of course they are globally powerful, but in terms of welfare, they only have one bureau, the 6b (with 2 people) and a few people on the Board of Prevision who consider the questions. Honestly, they aren’t up to size to go against the arguments concerning policies laid out by the DSS.”* (Interview, 2006).

The 1996 Juppé Reform reduced the latitude in which social partners could affect health policy, and a law passed in 2004, known as the Douste-Blazy reform, reduced the partners’ latitude still further. According to an actor we interviewed, the Douste-Blazy reform

“*came 99% from the DSS*”. By creating the National Union of Health Insurance Funds (UNCAM)<sup>12</sup>, the 2004 reform shifted the way health insurance policies are made in favor of the elite clustered in and around the DSS. Indeed, the UNCAM came to be managed by a senior civil servant who served as General Director of the National Sickness and Social Funds (CNAMTS). The reform empowered the General Director to negotiate directly with the Union of Doctors and other members of the health care professions concerning practical aspects of implementing health policies. This major prerogative had formerly been that of the President of the Administrative Council of the CNAMTS, who represented the social partners. The 2004 grant of strong powers to the General Director of the UNCAM, named for a 5-year period and the sole person in charge of appointing Directors of the individual sickness funds who report directly to him, significantly weakened the policy influence of social partner bodies.

A ministerial conflict during 2004 over the Douste-Blazy reform pitted the social policy elite against a rival elite based in the Ministry of Finance, and it facilitates measuring how the balance of power has been inverted in favor of the state elites in the social policy sector. Rallying around a defense of its policy approach, the DSS managed to get a majority of its proposals accepted when the ministerial-level conflict was arbitrated. The new custodians of the state used the argument of budgetary constraint to its advantage and ensured the durability of the French welfare model, that is, a sustainable *Securité Sociale*.

## Conclusions

Our study of French social policy, extending over two decades, suggests several main conclusions. Taken together, they call into question both the hypothesis about contemporary states undergoing a gradual dismantling process and the opposite (Suleiman 2003), but in my view equally misleading the redesign of the “strong state” action capacity. In the French case, pockets of the strong state are still active for at least three series of reasons.

First, there are no “strong policies” or “strong state capacities” without the support of an elite group—not necessarily the traditional so-called “technocratic elites”. The new custodians of the state studied consisted of policy makers with three chief characteristics: they held institutional positions of authority within the state; they were specialized in a particular policy sector; *and* they were capable of acting as a coherent collectivity in elaborating and defending a policy program centered on state capacity. In France, members of such new custodians of the state share the general sociological characteristics of senior civil servants, especially a career trajectory strongly marked by sector specialization at the highest level of institutional power. This career trajectory and the dense network of professional relationships it entails permit a high degree of collective social learning. The *marked sector specialization* contrasts sharply with the cross-sector profile of French elites described by Suleiman (1978:158) and with the more general notion of a non-specialized “technocratic elite”.

I have demonstrated, however, that in French policy-making, elites whose logics of collective action are constructed around knowledge and skills stemming from a socio-professional apprenticeship in the “art of shaping” (and trying to impose) public policies are crucial. The power of the new custodians of the state is manifested both through the creation of a shared identity structured around a policy program and the resulting ability to incorporate new members. On the strength of these capabilities, the logic of collective action typical of this new state elites is formalized in the creation and defense of domain-specific policy instruments. It is through conflicts that occur when public policy programs are turned into policy decisions that the solidarity of the new custodians of the state is most manifest. In the French case, this collective strategy consists in saving “portions” of the state power. By constructing their programs around a sectoral vision of the regulatory state that these elites establish themselves as “new custodians of the state”. Conceptualizing and demonstrating this power of elites requires rewriting the scenario of the dismantling of democratic states.

Second, our study of the French case somehow changes the classical approach of the strong state (Birnbau 2011), by introducing the roles played by ideas and cognitive matrices in policy programs as structuring elements of elite networks, and it focuses analysis on longer periods of policy-making, such as the two decades we studied. Studying the longer temporality of policy-making facilitates observations about how the state's power in a specific sector strengthens or weakens as political, economic and institutional crises occur (King and Lieberman 2009; King and Le Galès 2012). In addition, analyzing the role of the new custodians of the state allows reconsidering the distinction between "strong" and "weak" states by taking into consideration the capacity of a state to govern and implement policies that have major impacts on society. The research program OPERA<sup>13</sup> on the role of US policy elites, in health policy and defense sectors, in the transformation of the American state shows the presence "long timers" who stay "in and out" the state in order to promote and defend their vision on policy programs (Darviche & al., 2013). The question remains whether we are or not in presence of "custodians of the state" in the American case.

Third, there may come a time when new custodians of the state succumb to veto groups or rival elites. This new kind of state elites is not synonymous with the oligarchies described by Winters (2011). Rather, this new kind of state elites, which are more or less more or less homogenous, always engaged in struggles over public policies, and are bearers of programs for change, allows us to better understand transformations of democratic states. Although this elites could be considered as a new type of state elites because they make plausible public claims about helping democratic states adapt to changing economic and international environments. In this perspective, their broader political role invites a reconsideration of how pluralist democracies actually function.

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<sup>1</sup> This paper is an attempt to condense and synthesize an argument made in my book : *The New Custodians of the State* (Transaction books, 2010). A partial version of this thesis will be published with Patrick Hassenteufel in *Comparative Politics* : « The Shaping of the New State Elites. Healthcare Policymaking in France Since 1981 » [forthcoming]. The paper is enhanced by data provided by a second empirical research on the social height of the French state (2005-2007) led by Patrick Hassenteufel (MIRE 2). See above note 3.

<sup>2</sup> Studying new custodians of the state involves seven main steps : 1) The first is to identify actors who may belong to an elite group in a given policy domain. This means selecting a population of actors who hold positions plausibly linked to important decisions in the *sovereign policy* domain being studied. 2) Second, individuals who over time have held several powerful positions in the domain must be identified. 3) Third, the extent to which careers of all those identified have been similar or disparate in contours and trajectories is investigated. 4) Fourth, the extent to which occupational socialization appears to have spawned a group identity based on reciprocal esteem and interaction is assessed. 5) Fifth, the extent to which the identified individuals have espoused a distinct intellectual program over a significant period of time is judged in terms of four dimensions: (i) objectives or general policy goals that reflect shared values and give preferred policy changes overall coherence; (ii) shared formulations of problems to be solved and diagnoses of how this should be accomplished; (iii) widely articulated arguments and reasons that justify preferred policy changes; (iv) agreed measures and instruments to accomplish the changes. 6) The foregoing five steps will not indicate how much influence or power a group has, so sixth, we must investigate the ways in which it has intervened in the policy-making process – for example, through proposals for change or the provision of new tools for implementing change. The extent of its members' interactions with other actors and groups in the domain must also be studied. 7) The final step is to analyze decisions and changes over at least a decade's time.

<sup>3</sup> This research was carried out as part of two research contracts financed by the *French Mission Interministerielle pour la Recherche* (MIRE). The first involved studying central actors in decision-making processes concerning public health services and family policies between 1981 and 1997 (MIRE report, 1999). The second involved studying actors holding the same decision-making positions ten years later, and then comparing French patterns with those in Germany, Spain and the United Kingdom (MIRE report, 2008). Empirical data (interviews, biographical data) used in this article will be referenced as MIRE 1 and MIRE 2.

<sup>4</sup> Utilizing existing biographical materials for all these individuals, we assembled aggregate profiles of their social backgrounds. Collection of biographical data for these high level civil servants was made from a cross section of different sources: *Bérard-Quélin, Directory of former ENA students, Trombinoscope, Bottin administratif, Who's Who in France ?*

<sup>5</sup> The selected power positions on the high social state were : i) Members of a *cabinet* responsible for dossiers relating to the control of spending for health and family policy, although identifying members was complicated by the fact that ministerial responsibility was regularly and frequently reassigned, so relevant cabinets were in much flux. For this reason, we included the personal staffs of the President and Prime Minister, as well as those of the frequently changing ministers responsible for health and family policy ; ii) Directors and deputy directors of government agencies or units responsible for social security (*Sécurité Sociale*), hospitals, social work, family policy, and public health ; iii) Deputy directors of budgetary units within the Ministry of Finance responsible for social protection (Bureau 6b) and directors of the national health insurance fund and the national family policy fund.

<sup>6</sup> Wanting to introduce a qualitative dimension derived from the selected individuals' reputations for policy influence, we then conducted semi-structured interviews with 32 senior civil servants and 9 “social experts” whom we considered to constitute an external control group, asking each of these 41 respondents for names of actors he or she “deemed important” for understanding decision-making processes in the health and family policy domains.

<sup>7</sup> Methodologically speaking, we used a *funneling technique* that reduced the global population of 133 individuals to 27 key or core actors. We then studied the historical settings of these actors' careers in the twin policy sectors, as well as the ideas and public policy programs associated with them.

<sup>8</sup> For historical details about the “Grand Corps” of the French state, see Ezra Suleiman, *Elites in French Society: The Politics of Survival*. (Princeton: Princeton University Press, 1978). It is important to note that the vision of senior civil servants presented here relies much more on their acquisition of sector-specific skills and knowledge, and much less on their generalized competence, than does Suleiman's portrait of them, in which “non-specialization” is interpreted as “organizational dexterity” (ibid.: 158). We believe this difference reflects a significant evolution during the past 40 years in the way in which careers are built at the summit of the French bureaucracy.

<sup>9</sup> In the words of one official we interviewed, “There were [in the Fifth Chamber of the *Cour des Comptes*] a collection of senior councilors (*conseillers-maîtres*) with strong personalities all of whom had been leading figures in social policy”. (Author Citation).



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<sup>10</sup> In the

2006-2007 study (MIRE 2) we interviewed 20 holders of the decision-making positions that were deemed important ten years earlier, albeit only position-holders in the health insurance domain, and we re-interviewed those who were still in positions they held ten years before.

<sup>11</sup> In interviews, the personal staff of Martine Aubry's cabinet when she was Socialist Minister for Health and Humanitarian Actions, 1997-2002, all highlighted their agreement with the logic of the 1996 Juppé reform and said they had no specific problems implementing them.

<sup>12</sup> The UNCAM groups together the three main health insurance schemes (i.e. the general scheme, the agricultural scheme and the scheme for self-employed professionals).

<sup>13</sup> This program is funded by the French National Research Agency (2009-2012) : ANR-08-BLAN-0032 : « Operationalizing Programmatic Elites Research in America 1988-2008 ».