INCOME TRANSFER PAYMENTS AS CONTRIBUTORS TO INFLATION

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Payments transferring income, in the form of cash, goods, or services, to individuals under programs established by the Congress are subject to continuing scrutiny. Income transfers made under such programs contribute to demand-pull inflation.

Transfer payments are made by either federal or state agencies with funds appropriated by Congress and matched or supplemented with funds appropriated by state and local government. Income transfers are a method of allocating public resources in an income-sharing assistance process designed to achieve a set of purposes that have been accepted within the political economy.

Before this acceptance initially occurs, years may elapse. Consider, for example, that when Old-Age and Survivors Insurance was accepted in 1936 as social security for individual workers, 18 years elapsed before social security was accepted in 1954 for farmers and agricultural workers.

Competing Mentalities Provide Differing Programs

The decisions that have led to the present income transfer programs reflect, according to Robert Lampman at Princeton University, the result of "a contest of four competitive mentalities"—the minimum provision mentality, the replacement of loss mentality, the horizontal and vertical equity mentality, and the efficiency of investment mentality.

Programs resulting from the minimum provision mentality have a defensive and crisis-oriented purpose. Such programs include those designed to provide public assistance, public housing, and special services for the poor. The food stamp program and the program for emergency assistance to needy families with children are examples.

Decisions based on the replacement of loss mentality provide programs that offer a form of insurance. These programs are directed toward alleviating severe variation in income or expenditure resulting from events beyond the control of the individual. Unemployment insurance and health insurance programs are examples. Such programs share risks, costs, and losses, among those individuals who have an ability to pay and those who are eligible to participate in any specific program.

The program that reflects the horizontal and vertical equity mentality most fully is the individual income tax. Ideally, the goal of such a program is to provide horizontal equity. This is done by treating equally individuals in groups facing similar situations and to provide vertical equity by narrowing the inequality among groups facing dissimilar situations. Deductions, credits, exemptions, and other procedures utilized in determining individual tax-table income contribute to horizontal equity. Progressive income-tax rates contribute to vertical equity.

The efficiency of investment mentality seeks to direct income transfers toward improving the quantity and quality of final output. Such transfers have the objective of providing benefits to society in some future time-period. Programs that support additional schooling for entitled or qualified individuals are examples. Individuals who have served in the armed forces are entitled to additional schooling. Finalists in the competitive national merit scholarship examinations are included among those qualified for additional schooling.

The programs that originate from each of these four mentalities transfer and redistribute income—in part from those who suffer no crisis or catastrophe to those who do, in part from those with higher incomes to those with lower incomes, and in part from those who now pay taxes to those who will pay taxes. The total effect reflects the compassion which society has found beneficial to accept and display over the years as the social structure has changed and as changes have occurred in both the amount and distirbution of income and wealth.

Cost Rises Despite Control Efforts

Income transfers to individuals contribute toward a sense of community within the society. Such a sense is more easily developed and maintained when the general price level is stable and the economy is expanding. Under these conditions, the transfers of income among individuals and groups forming the society take place amid relative harmony. But when the general price level is rising and inflation exists within an economy having minimum growth in real income, perhaps even a decrease in real income, disharmony easily surfaces.

This disharmony is reflected in the effort individuals and governments make to exercise greater control over expenditures. Individuals do this by (1) curtailing government expenditures, (2) by changing tax-levying rules through such message-sending actions as

Proposition 13, (3) by increasing the care with which their self-assessed personal income tax expenditures are determined, and (4) by increasing the rate at which they use pejorative terms about individuals receiving transfers identified as welfare.

This social phenomenon is particularly directed toward individuals whose transfers are made highly visible by the rules of eligibility or method of transfer and whose payments are made in cash or its near equivalent; rent supplement and food stamp programs are examples.

On the government side, efforts are made to find ways to adjust the rules relating to transfer programs, especially those perceived as welfare programs, so that relatively less cash and fewer goods and services may be transferred. This effort is justified on the basis of eliminating waste by the recipients and strengthening the character of both individuals who remain eligible and individuals who become ineligible for programs for which rules have been made more restrictive.

Despite the efforts of individuals and governments, expenditures on all income transfer programs have risen rapidly in response to acceptance of new programs, to the indexing of many programs on the basis of changes in the consumer price index, and to other actions designed to enable many transfer payments to remain reasonably in line with economic trends which have been inflationary throughout the seventies.

Measured in nominal value, all income transfer payments to individuals totalled $62.6 billion in fiscal 1970. For fiscal 1980, the projected total is $249.2 billion (see Table 1). This was about one-half of the projected $502.6 billion in the 1980 budget. When the income transfers for fiscal 1970 are compared to fiscal 1978, the last year for which the consumer price index is finally determined, the cost in deflated value is $62.6 billion and $121.7 billion, respectively.

Table 1.—Income assistance payments for individuals, selected fiscal years, 1970-80 (in billions of dollars)

Type of program	1970	1975	1978	1979	1980
Major entitlement programs. . . .	43.6	100.4	134.6	146.8	165.6
Major means-tested programs. . .	7.0	17.2	21.2	22.3	24.1
Other	12.1	31.3	48.7	54.4	59.5
Total.	62.6	148.9	204.5	223.5	249.2

Source: Office of Management and Budget, "Payments for Individuals—Introductory Notes," January 1979.
Reprinted in *Setting National Priorities, The 1980 Budget,* Joseph A. Pechman, ed. (Washington, D.C.: The Brookings Institution, 1979), p. 124.

Eligibility Criteria Produce 3 Categories of Programs

Each income transfer program may be assigned to one of the three categories used in discussing such programs—entitlement, means-tested, and other. Entitlement programs provide transfers to recipients in specific groups because they have had an event or age disable them, have performed a service for the nation, or have a marital or blood relationship to an entitled individual.

Examples are, respectively, recipients who have been blinded by some accidental or uncontrollable natural event, who have served in the armed forces, or who are surviving spouses or children. The major entitlement programs include veterans' compensation for service-connected injuries, military retirement, social security, railroad retirement, civil service retirement and disability insurance, unemployment insurance, and old-age, survivors, and disability insurance (social security).

Means-tested programs base eligibility of recipients on an income test. Some programs use an individual, household, or family income test, some a group or area income test, and a few simply presumed need. The means-tested programs include aid to families with dependent children, veterans' pensions for non-service-connected disabilities, food stamps, and supplemental security income for the aged, blind, and disabled.

The programs categorized other include Medicare and Medicaid, housing payments, other veterans' benefits and services, and other public assistance and related activities. These generally use several criteria as a basis for eligibility. For example, the primary criteria for the Medicare program requires recipients to be aged 65 or over and receiving social security benefits. The Section-8 housing program requires participation by local governments, by owners of housing, and by eligible lower-income and very low income families.

Measured in nominal value, expenditure increases varied by program category between fiscal 1970 and fiscal 1980. Expenditures for the entitlement programs increased 280%, for the means-tested programs 244%, and for the other programs 392%. These data mask such facts as the 10% decline that occurred over the decade in expenditures for the cash-payment welfare program aid to families with dependent children (AFDC). By contrast, expenditures for Medicare and Medicaid increased from an annual rate of 13% for the period 1967-76 to 24.2% for the period 1973-76.

As researchers regularly demonstrate, inflation occurs as a consequence of many reasons and has roots in many sources. This applies even though college freshmen have been taught for scores of years in their economics courses that inflation is caused by "too much money chasing too few goods". This commonly-used phrase has been elevated to dogma by those espousing the Friedman argument that an excess rate of growth in the money supply causes inflation. Other arguments exist.

These hold that inflation develops from monetary or fiscal policy being ineptly applied, from continuing downtrends in productivity of both labor and capital as factors of production, from cost-increasing regulatory actions and over-regulation, or from some combination of these and other conditions. Economist Robert Lekachman, professor at Herbert H. Lehman College of The City University of New York, summarized several reasons for inflation in his book titled *Inflation*, which begins with this sentence. "As a chronic affliction of organized societies, inflation is fueled by private greed, the cowardice and stupidity of public men, specific characteristics of corporate and union organization, and systematic aggression by nation states."

Differing Effects on Inflation Arise from Different Transfers

From the perspective provided by the above review of the mentalities that lead to establishment of income transfers, of the categories of programs as determined by eligibility tests, and of the reasons why inflation occurs, some selected programs and groups of programs will be evaluated in relation to their contribution to inflation.

Transfers in cash to veterans. Some income transfer programs for veterans are based on entitlement, others are based on means-tests. The former are discussed in this section, the latter in the next section.

Veterans entitlement programs include paying compensation to veterans who either have service-connected disabilities or who have retired, or both. Such entitlements are extended to veterans and their survivors. Entitlements may continue over extended periods. Consider that for fiscal 1980, the federal budget provides that veterans and their survivors receive payments based on military service rendered prior to the Spanish-American War, in the Spanish-American War, in the Mexican border period, in World War I, in World War II, in the Korean conflict, in the Vietnam era, and in peacetime. During fiscal 1980, some 2,296,500 individuals will be entitled to compensation payments, averaging near $2,580.

These payments reflect a value system that confers upon an individual who enters into military service a contract for support throughout life in relation to the extent of any service-connected injury incurred and for continuing support of the surviving spouse. Such support provides horizontal equity. This form of equity is also provided by transfer payments made available to individuals who, upon obtaining eligibility for retirement after 20 years of service, have become entitled for life to an income transfer. During fiscal 1980, some 1,300,000 individuals will be entitled to retirement-determined transfers, averaging near $8,800 each.

Transfer of compensation for disability contributes, in the years before recipients retire, to inflation in two ways. First, to the extent an individual's productivity is impaired by a service-connected injury, the productivity of the labor force is reduced without any change in the level of compensation. Second, funds allocated to disability transfers cannot be allocated to investments in capital assets. As the quality of capital assets declines, productivity declines. In this way, these transfers also contribute to inflation.

Military retirement payments can also contribute to inflation in several ways. Two will be discussed. First, to the extent individuals who have yet to attain age 65 are encouraged to refrain from entering the labor force, productive resources employed in the economy are reduced. Second, some recipients of such payments have full-time employment in high-quality, often relatively high-paying, jobs.

Individuals in this group can contribute to inflation by being able to continue to expend their incomes on the same, or maybe a proportionally greater, share of scarce consumable goods and by purchasing assets that reflect effects of inflation by increases in price.

Transfers in cash to needy families. Income transfers to needy families are always made through means-tested, minimum-provision programs. Veterans who are 65-years of age or older and poor, and non-aged veterans with disabilities not related to military duty, are eligible for veterans' pensions. These payments are similar to supplemental security income payments made under old-age and survivors insurance program to the aged, blind, and disabled. During fiscal 1980, some 2,296,500 individuals who are either veterans or survivors will be recipients of veterans' pensions averaging some $1,675. An additional 4,245,000 individuals will receive supplemental security payments averaging some $1,327.

Non-veteran-related and non-aged needy families with children can be eligible through the AFDC program for income maintenance payments designed to assist families in meeting the costs of daily living. This program is sharply criticized on a continuing basis for contributing to malingering, to out-of-wedlock birth, and to incorrect stating of fact; thereby, to cheating of taxpayers. As a consequence, this program is a constant candidate for efforts to further restrict the rules of access and, hence, the expenditure level.

Under the AFDC program, the eligible unit is a child (and its mother or other caretaker relative) who has been deprived of parental support or care because one of its parents, usually the father is absent from the home, incapicitated, unemployed, or dead. Eligibility extends to children under age 18, or if students, under 21, subject to the condition that family members have registered for training or jobs unless they are school children or mothers of preschool children.

During fiscal 1978, the AFDC transfers totalled $11.8 billion, of which 54% was paid from federal sources, with state and local sources providing the remainder. In June 1978, some 10,517,000 individuals, of whom 71.5% were children, 25.2% mothers, and 2.2% fathers, forming 3,506,500 families received the AFDC payments.

These payments are made to families with practically no wealth, but who have a high propensity for current consumption. This increases the demand for non-durable goods. The ease with which the AFDC recipients who are required to seek jobs obtain and keep jobs increases when the economy is growing and decreases when it plateaus or declines. Consequently, in the traditional expansion-recession cycle, the AFDC payments decrease and increase in a counter-cyclical pattern, which effectively dissipates the inflationary effects such transfers might create. A perverse condition is created by stagflation, however, and some contribution to inflation can be made.

Transfers as food aid to low-income households. The principal food-aid transfer is made in near-cash equivalent, as food stamps. This is a federally-funded transfer in which most but not all participants pay some money to receive their monthly allotment of food stamps which have greater food purchasing power than the required payment. This means-tested program is both a minimum-provision and an efficiency-of-investment program. The former is directed toward providing a nutritionally adequate diet to families. The latter seeks to provide adequate nutrition to fetuses, babies, and children, so that the physical and mental capacity of the stock of population in future time-periods will be enhanced.

The eligible unit is the household. Each participating household must meet three nationally-uniform eligibility tests: a poverty-level-income test, a liquid assets (and certain non-liquid assets) test, and a register-for-and-accept-suitable-employment if-offered-job, test. For March 1979, poverty level income for a four person household was $542 for the month, with the maximum food stamp allotment to such a household being $191, after any required payment. During fiscal 1980, some 17,400,000 persons are projected to participate monthly in the food stamp program, receiving an average transfer per month of some $31 in the form of food stamps, at a cost near $6.9 billion.

In the absence of an abundant food supply, income transfers in the form of food stamps contribute to demand-pull inflation. Given short supplies of some food items, such transfers would cause substitutions in diet among all groups as the transfers enable recipients to bid-up prices of the short-supply item relative to items in adequate or excess supply. For example, research has shown that food stamps have increased the demand for and the price of beef.

Transfers in health care services to individuals. Transfers designed to provide health care services to individuals are made through two distinctly different programs, known as Medicaid and Medicare. Both programs are provided under the Social Security Act, and both make payments to providers and vendors of services. Medicaid is an efficiency of investment program that provides medical assistance to low-income individuals under the medical assistance program. Medicare is an insurance program that provides medical assistance to the aged. Each program provides services to the recipient and makes transfer payments to providers and vendors of health care services; doctors, pharmacists, and hospitals are examples.

Medicaid is a federally aided, state-designed and administered program of medical assistance for low-income persons. There are two classes of eligibility: categorically needy and medically needy. States must provide medical assistance for categorically needy individuals, federally prescribed as persons who are receiving cash payments under the AFDC program and as persons who are receiving benefits under the supplemental security income program. States have the option of providing medical assistance for medically needy individuals, defined as persons whose incomes are large enough to cover daily living expenses, as determined by each state, but not large enough to pay for medical care, providing that they are aged, blind, or disabled, or members of families with dependent children. The federal government funds 50 percent or more, depending upon the state of all transfer payments for Medicaid.

Medicaid transfer payments total the largest single grant to states and localities. During fiscal 1980, Medicaid transfers will total some $21 billion, of which some $11.08 billion will be the federal share. Some 23,005,000 recipients, of whom 10,802,000 will be children under 21 years of age, will be recipients of Medicaid in 1980.

Medicare is a federally administered health insurance program consisting of two completely distinct plans: a hospital insurance plan and a voluntary supplemental medical insurance plan. The former is financed by the Old-Age and Survivors Insurance payroll tax paid on taxable earnings by employees and employers in equal parts, is an entitlement program making eligible all persons age 65 and over and any disabled person receiving retirement benefits, and is designed to cover specified hospital and posthospital care. The latter is financed through individually paid monthly premiums, is based on voluntarily paying the required premiums to obtain coverage, and is designed to cover physician services rendered on an inpatient or outpatient basis.

Medicare expenditures for fiscal 1977 totaled $20.8 billion, or 14.5%, of the total national outlay of $142.6 billion on personal health care. During fiscal 1978, the two health care insurance plans for individuals required some $17.4 billion in federal expenditures. For fiscal 1980, expenditures were estimated at some $23.02 billion.

Transfers made to provide health care services to individuals have contributed to inflation. Efforts to control the expenditures made for both Medicaid and Medicare have been unsuccessful to date. Charles Schultze stated in the Godkins lectures, given at Harvard University and published in **The Public Use of Private Interest,** that efforts to control the cost of these transfers "produced only burgeoning volumes of regulations and no results," noting that regulations governing the Medicare programs took up 342 pages in fiscal 1977. Uwe E. Reinhart stated, in the **American Economic Review** of May 1979, that administration of Medicare is cumbersome and that it provides the aged only incomplete health insurance coverage. He says further that "equally troublesome is the fact that the fiscal flow mobilized is sufficiently large to generate demand-pull inflation in the health-care sector."

Moreover, there is increasing concern that additional expenditures on Medicare may fail to yield significant medical benefits—at least at the margin—and that the program indirectly displaces outlays for several programs whose benefits are more readily obvious.

Individuals who participate in these health care service programs are not the recipients of the transfer payments made. Because providers and vendors of services receive the payments, their substantial inflationary effects are not necessarily limited to the health-care sector, but enter the economy through many routes. One effect, Reinhart says, has been to create a generous, possibly excessive, supply of health care personnel. To the extent that this resource misallocation has occurred, the inflationary effect is to decrease productivity while increasing costs.

Transfer as housing aid to low-income families. The largest housing program, the Section-8 program, provides income transfers as housing aid in the form of rent subsidies paid to participating owners. This is a minimum-provision means-tested program. The eligible unit is the family, with single person households considered families in certain cases. Income earned is the basis of eligibility for a family. The income earned by a lower-income family may not exceed 80% of the median income in the area; by a very low income family or single-person family, 50% of the median. The term area generally means a county. Depending upon the housing needs expressed in local housing assistance plans, transfer payments may subsidize existing units, rehabilitated deteriorated units, or newly constructed units. These may be owned by participating private owners, cooperatives, or public housing agencies.

The rent charged by a participating owner of Section-8 housing must be within limits established by the federal administrative agency, the Department of Housing and Urban Affairs, after a survey of fair market rents in the area, except that rents up to 20% higher than the survey-established limit may be allowed, if necessary, as an incentive to owners to supply housing.

Families who are recipients of such housing aid must pay, as rent, at least 15% and no more than 25% of their countable housing income. The annual cost of transfers for Section-8 housing aid to regular rental units bought from existing stocks is some $2,670, from newly constructed stock about $4,200 per unit. About 248,650 units were made newly available to the program in 1979. Transfer payments were $21.1 billion in fiscal 1978, an estimated $25.3 billion in fiscal 1979, and a projected $20 billion for fiscal 1980.

With demand for housing as property as a hedge against inflation pressing the capacity of the housing sector and its many suppliers, transfer payments under Section—8 clearly contribute to inflation. Moreover, the program design can function in such a way that increases in rent can occur throughout participating communities, even in the absence of new construction. However, such increases may reflect, in part, an increase in the average quality of rental housing available in the community and, in particular, to eligible families.

Transfers in cash as social security for retired workers. Transfer payments provided under the initial part of the social security program, the Old-Age and Survivors Insurance program, are made to protect individuals and families from the risk of economic loss resulting from old age and death. The eligible unit is the worker or the self-employed individual who has made, in accordance with taxable earnings, law-required contributions to the insurance trust fund. The program provides income transfers as entitlements to retired workers, their dependents, and their dependent survivors. During fiscal 1980, these transfers will total some $98.9 billion and be made to about 30.7 million beneficiaries for an average near $3,200.

To the extent that these income transfers are based on the self-provided contributions of workers, they are minimum provision and equity oriented. However, the program is becoming more of a social equity program as compared to a minimum-provision program with an increasing proportion of the transfers being financed through general revenues. Anthony Pellichio, writing in the **American Economic Review** of May 1979, notes that increased resistance to contributions based on payroll taxes will develop as it becomes more evident to workers "that the relationship between payroll taxes [contributed] and benefits [received] is tenuous for any given individual."

Old-age and survivors insurance transfers are often analyzed as a transfer between current workers and retirees. But, Pellichio argues that the system creates wealth by reallocating the worker's "income to later years to provide support for his own retirement," and that the benefit should be viewed on a lifetime basis.

He found that the system currently includes disincentives to work. These cause the value of work to decrease with each of 3 steps. First, there is the earning-entitlement step, achieved upon completing a law-required number of calendar quarters of contributions to the trust fund. Second, there is the eligibility step, achieved by most people upon attaining age 62. Third, there is the retirement test's exempt-amount step, which reduces a retiree's benefits when earning's from his own work exceed the law-prescribed exempt amount. A study conducted by Pellichio found that these disincentives "can have a substitution effect that reduces the number of years of work" performed by an eligible worker. So, Old-Age and Survivors Insurance has a work disincentive designed into it.

Consequently, the program contributes to inflation in two ways. One removes more funds than necessary through payroll taxes, money that workers might personally save with a resulting increase in investment in capital goods. The other reduces the number of years an individual has an incentive to work before retiring. These effects function to reduce productivity of the labor force and, in turn, the supply of goods produced either for current consumption or as capital.

Many Other Programs Exist

Only a few among many programs that provide transfer payments have been discussed. For instance, only 4 among some 40 programs classified as being within the welfare system were evaluated. This system consists of programs that provide cash aid, food aid, housing aid, medical care, education aid, jobs and training, and social and legal services, primarily to persons with low income. By contrast, income restraints are not placed on such entitlement-determined transfers as disability compensation and retirement for veterans, as hospital insurance for persons over age 65, or as Old-Age and Survivors Insurance to workers.

But the point is made: transfer payments can contribute to inflation, and do. The inflationary effect even when very small, always contributes to demand-pull inflation. A considerable part of the inflation associated with programs providing income transfer benefits could be alleviated by reexamining and adjusting the program-related rules.

Choosing

So, assume that a choice exists and that efforts are made to eliminate deficit spending by the federal government and to bring expenditures in line with collected general revenues. Would the choice be to have government reduce those transfer payments from programs that are existing candidates? Or, would the choice be to have government reduce purchases of services of selected types and maintain income transfers near an existing level? Or, would the choice be to do something else?

One might begin by asking what programs are candidates for reduction. In addition to finding that each program is subject to emotional arguments and has the support of a special interest group, certain program features would have a bearing upon the choice. Some programs are contractual in nature, some are viewed as being contractual in nature and financed with "my money"; some have other features.

Transfers for military service-connected injury and retirement are contractual and, as such, are protected by federal law as entitlements. Consequently, expenditures for such programs would be nearly, if not, impossible to reduce.

Old-Age and Survivors Insurance social security payments in cash are viewed as based on a contract, although no such obligation exists. However, a commitment in trust of government is designed into this program, which is viewed as being financed by contributions paid by each worker from taxable earnings to a specific account that can be drawn upon, as "my money", as an entitlement at the time of eligibility. Efforts to reduce transfers from this program would rapidly result in disharmony.

By contrast, the means-tested programs in the welfare system may be viewed as candidates for change. However, the degree of candidacy varies by program. To reduce the efficiency-of-investment type programs will contribute to lowering the quality of the stock of population in future time-periods. This would be particularly associated with education-aid and certain food-aid, especially that made available under the AFDC and child nutrition, programs. The cash-aid portion of the AFDC program is a continuous candidate for cost reduction, which is achieved by redesigning the rules to restrict eligibility.

But, in a perverse way, as expenditure on income transfers generally would be reduced, more just-barely-not-poor would become eligible for the AFDC transfers. A decrease in program cost would not necessarily follow. So, from the standpoint of choosing on a program-by-program basis or a program category basis, the choice is not simple, and many outcomes must be balanced when choices are made.

Would the choice be to reduce government purchases of services of selected types and maintain income transfers near an existing level? By reducing government purchases, demand-pull inflation will be reduced, as labor will shift among jobs, and some portion will become unemployed. The type of purchases that are reduced will determine how many of the shifts will be by just-barely-not-poor workers who will become unemployed, poor, and eligible for income transfers. So, at least in the short run, reducing purchases by government could result in causing the cost of transfer payments to rise.

To act to restrict rules of eligibility in such cases would be both applauded and criticized, with a rise in disharmony a distinct possibility. So, reducing government purchases of services would increase unemployment, cause an increase in eligibility for transfer payments, and create difficult situations for reducing expenditures in such programs.

So, could the choice be something else? Though changing the rules for eligibility for some income transfers likely would occur, rules also could be changed with respect to providers and vendors of services. This effort has been made several times with respect to health care. Housing programs could also be a candidate for rule changes with respect to supplies of rental housing of some types in some areas. Changes that would reduce the disincentive to work could also reduce costs of several programs. Of course, there are many other transfer programs that are potential candidates for changes in the rules. Such changes could, though varying by program, lead to increases in productivity and reduced expenditures for income transfers.

From this bare sketch about inflation, it is evident that inflation arises from many causes and many routes must be traversed to bring it under control. A useful sentence to remember is that written by Lekachman. "As a chronic affliction of organized societies, inflation is fueled by private greed, the cowardice and stupidity of public men, specific characteristics of corporate and union organization, and systematic aggression of nation states."

The Policy Legislative Process