On [Feb. 19, 2019 PolitiFact published](#) an explanatory article about "Medicare For All" under the title "[Medicare for All. What it is, what it isn't](#)."

The section on funding contains an obvious error (actually a group of errors). It states:

> A study of Medicare for All from the libertarian-oriented [Mercatus Center at George Mason University](#) put the cost at more than $32 trillion over 10 years. Health finance expert [Kenneth Thorpe at Emory University](#) looked at Sanders' earlier version during the 2016 campaign and figured it would cost about $25 trillion over a 10-year span.
>
> Where would the money come from?
>
> Sanders [offered some possibilities](#). He would redirect current government spending of about $2 trillion per year into the program. To that, he would raise taxes on income over $250,000, reaching a 52 percent marginal rate on income over $10 million. He suggested a wealth tax on the top 0.1 percent of households.

A person familiar with the Mercatus and Thorpe studies should know that the respective predictions represent estimates of added costs, that is, expenses added to what the federal government could expect to pay for medical services.

[An Oct. 11, 2018 article by PolitiFact Wisconsin](#) reported the Mercatus estimate correctly (bold emphasis added):

> According to Blahous' [report](#), Sanders' "Medicare for all" bill "would under conservative estimates **increase federal budget commitments** by approximately $32.6 trillion during its first 10 years of full implementation (2022–2031), assuming enactment in 2018."

The PolitiFact National version of the article failed to make clear that the cost projections represented added costs, then falsely suggested that Sen. Bernie Sanders proposed paying for the added costs by redirecting money the government already spends on medical care.

Money the federal government already spends on medical care cannot defray the added costs of Medicare For All. It can defray the total costs of Medicare For All. PolitiFact's Medicare For All explainer would lead readers to believe that redireding $2 trillion per year of what the government was going to spend on medical care without Medicare For All can help pay down the added cost of $3.2 trillion per year estimated by the Mercatus Center.

That's a huge mistake in reasoning.

I made multiple attempts to contact PolitiFact about its mistake. An incomplete list follows.

I [used Twitter to ask the author](#), Jon Greenberg, about the origin of the supposed $2 trillion per year that would help pay down added costs of Medicare For All. No response resulted.

I used Twitter with the #PolitiFactThis hashtag, which PolitiFact says it monitors for story ideas, [to flag the mistake](#). No response resulted.

As time moved on and the mistake remained in the article, I followed PolitiFact's instructions to those who believe they have found errors in PolitiFact's work. I emailed truthometer@politifact.com with a description of the error. Usually I receive an automated reply when sending email to that address, but this time I received no confirmation of my message. I sent a follow-up to the same address asking if its auto-reply feature was broken or disabled (with a CC to PolitiFact's Aaron Sharockman). No reply resulted.

I sent a second copy of the email to the same address with a note at the top flagging the potential problem with the auto-reply feature, with a CC to the [Poynter.org webmaster](#). No auto-reply and no reply of any kind resulted.

[As of Feb. 26, 2019, the error has stayed in the PolitiFact article for a full week](#), sending the false message to readers that $2 trillion per year in existing government medical costs can be redirected to help pay down $3.2 million (using the Mercatus Center projection) in added federal costs.

If a breakdown in the system for reporting errors has occurred, PolitiFact should fix it with due haste.

If PolitiFact has received the messages pointing out the error and has decided not to correct it, then it shows either an unserious attitude toward corrections or else an inability to perceive its mistake. I'm not sure which is worse.

Thanks for your attention to this matter.

Sincerely,

Bryan W. White
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