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I'm an American who lived in Canada for 21 years. I'd like to outline the reasons why healthcare costs would go down – quite sharply – with a single-payer plan.

Literally all other developed (and quite a few developing) nations have demonstrated for over 60 years that health care costs in the U.S. could realistically be cut in half with a single-payer system, in numerous ways.

First, within our traditional system, the astonishing amount of paperwork alone makes up some 30 percent of our end-user costs. This paperwork simply does not occur in other Western nations' systems, where the only question is, "Are you a citizen who needs care," rather than "Have you paid in sufficiently, and to our (ever shifting) specifications?"

Add to that the way pharma companies are free to charge Americans heart-stopping prices for their products. The governments of other nations – as the pharma companies' only customer for those nations – are in a position negotiate prices aggressively on behalf of their citizens. This is the only reason people outside the U.S. pay one-half to one-tenth as much as we do for meds.

There are a lot of other kinds of massive bloat and waste built right into our system. For example, unlike in other countries, our hospitals must compete with each other for business. This creates problems. Each individual hospital must budget substantial sums for costly marketing campaigns. If one hospital gets some new, expensive piece of latest-tech equipment, nearby hospitals feel the need get one, too, to keep up – meaning that communities pay (through higher hospital fees) for more of those machines than the local population actually needs. Incidentally, the amount of money wasted in these and other ways goes directly into the pockets of ad agencies and medical equipment suppliers – as well as, of course, their lobbyists. Many industries "dip their beaks" into our system.

The fact is that high quality healthcare is impossible when it is tied to big profits. People in the industry should make a nice living, yes. But that industry should not be able to create millionaires and billionaires. A setup like America's is veritably guaranteed to pressure individuals working in the industry to make decisions that end up keeping people sick. Surely the opioid epidemic is the supreme example of the predictable outcome of for-profit healthcare.

Another point: When many Americans hear the words "socialized medicine," they visualize soviet-like, cinder block medical buildings with scarce staff and water dripping from the ceilings. Since returning home from Canada in '83, I've observed repeatedly that most Americans can't seem to grasp the basic realities of nationalized healthcare as it is executed in other countries. They are dumbstruck when I describe my experiences of "Healthcare-Without-Violation" in Canada.

When I was sick in Canada, I (like everyone else there) went to the doctor of my choice (no doctor was "out of network"); walked into a pleasant, inoffensively-appointed office (i.e., lots of pastels); showed my wallet card; sat down next to a potted plant to read a two-year-old magazine for 15 to 20 minutes; saw my doctor, got treated and went home.

That was it. Never received a bill. No copay, no deductible, no mail weeks later with unwelcome surprises in it, no arguing with anyone about anything. I had received healthcare. Done, fait accompli, according to the bilingual Canadian government; I could now turn my attention back to living my daily life. I did not need to worry inordinately about some future illness or complication. I was covered, no matter where I worked. Indeed, if by chance I didn't work, due to disability or unemployment – even if I should find myself on welfare – I was covered.

(Actually, it was only when I became self-employed that I had to shell out for my own insurance. The cost: \$28 per month. Over the years since the 80s, when I lived there, I understand that cost went up to \$55 a month. Even that small premium was done

away with last year.)

We have to ask ourselves only one question: If this is possible in Canada, whose per-capita GDP is smaller than our own, how much more possible should it be in the U.S.?