We are doing some very remarkable things. There are many cases of old veterans who have been completely bedridden and through the exercise of a great deal of medical effort, physical medicine particularly and other aspects of treatment, we have been able to get these old gentlemen out of their beds. They have been able in certain cases to get around in a wheelchair or on crutches, and so on. It has added tremendously to their joy of living. But, it really has not made very useful citizens out of them. There is not any hope or expectation that we are going to get them back into the community.

Mr. CHATTERTON: In general terms, if you had an institution which would give you optimum results could both classes be accommodated in that same institution? Would there have to be separate institutions? I am thinking of an ideal situation.

Mr. CRAWFORD: An ideal situation would be one where we had an active treatment institution for active intense care, the sort of thing like a good general hospital. We would have a chronic disease hospital which was pretty heavily weighted on the side of rehabilitation, physiotherapy, certain techniques and so on, and we would have a nursing home level, if you will. I mean the sort of place a man would live under some degree of supervision—that is, nursing supervision. In there we would have the senile cases, those that were confused and get lost, where we would see they did not get lost, that they got fed and were kept clean. These three levels would make an ideal sort of treatment arrangement.

Mr. CHATTERTON: Could you give us a general figure in respect of the cost per bed operation of each of such three operations?

Mr. CRAWFORD: Well, in respect of treatment, the operating costs are around $30 a day. In respect of chronic care I think that operating costs would be $15, and for nursing home care, dependent upon what you are providing, anywhere from $7 to $10 or $12.

Mr. CHATTERTON: In the estimation of these costs do you include amortization of the capital cost of the building as well?

Mr. CRAWFORD: No, the figures I have given are in respect of patient costs.

Mr. CHATTERTON: And when you consider the cost of the structure the difference would be even greater?

Mr. CRAWFORD: The cost of the structures is a different thing. As a rough rule of thumb you have to say an active treatment hospital bed is going to cost you more than $25,000 to build. A chronic care bed probably can be built for around $15,000, or perhaps less, and a domiciliary care bed, $7,000 or $8,000.

Mr. CHATTERTON: If there were such institutions for chronic and domiciliary care, would the inmates thereof receive better medical treatment?

Mr. CRAWFORD: That is, in domiciliary care institutions?

Mr. CHATTERTON: I am thinking of their own needs.

Mr. CRAWFORD: I cannot give you a general answer. In some provinces I think the answer is that this sort of care now could be provided as well. I am thinking particularly of the province of Alberta, which has a very advanced social program, as you know, and nursing homes now have been brought under the control of the department of health in Alberta. Their standards are very high. These are fine domiciliary care institutions or homes, and they are looked after by very competent people. I regret to say that in some provinces there are some nursing homes which would not meet any reasonable man's idea of the standards of care required.

Mr. GROOS: Dr. Crawford, the minister made a statement or addressed the veterans of the Canadian Legion in Winnipeg and at that time he made a commitment that he would consult with service organizations—that is, the