Mr. CRAWFORD: I merely suggest that the situation would be even more acute than it is if we were expected to provide hospital services for everyone in a community. With all respect I suggest the House of Commons is far too large a body to serve as the board of management of a community hospital.

These are some of the reasons that we should not, as a federal department, open our doors to community patients. I suppose one alternative to doing this is to accept the fact that we are going to be devoted solely to the provision of chronic care for veterans. This raises the problem how we are going to get our veterans in need of acute care into community hospitals which are already full and, of course, it raises the very grave problem of changing our whole attitude toward the treatment of veterans. I think I would be required to staff such hospitals with full time medical staff, which is not going to be easy today because good physicians and surgeons who are willing to work for the department on a full time basis are very hard to find. So, on the basis of logic alone it seemed that the dilution of our patient population, which I think would be desirable, would best be carried out by having someone else operate departmental hospitals. I think of the situation we have in Edmonton, for example, where our active treatment is carried out in a veterans pavilion attached to a general hospital, a university hospital, or in St. John's, Newfoundland, where the beds not used by veterans are available for anyone in the community. If we cannot do that and if some other operating agency can do it for us, it seems to me a logical move to take advantage of this situation.

Now, Mr. Herridge asked how far this program had progressed. I suppose the answer to that is that it has not progressed very far at all.

Following the minister's speech on March 16 in the House of Commons we received inquiries or expressions of interest from almost every area in which we have a departmental hospital. I said "almost", but not quite; there were one or two who were not in the least interested. We have investigated all these inquiries. In most of them, when we made our position understood and explained to these interested provinces the requirements which we had for the protection of the treatment of veterans, explained the number of beds on which we would have to retain priority, and said that we would have to retain control of the admission policy, some of them immediately threw up their hands and said: "that's too tough for us". Others have said: "well, we think we might be able to meet these conditions with help."

Now, as I told you last year, if we are going to turn over any institutions we must first know what is going to happen to the veteran that needs admission to hospital. Are there facilities in the community which are adequate in our view to meet this need for acute care or chronic care or for whatever kind of care that is required? Now, if those facilities are not available in communities then it seems to me we should be prepared to assist in the provision of these facilities, which will be available not only for veterans but for other members of the community who need them.

I am not at liberty, Mr. Herridge, to name places. I think the minister indicated pretty clearly in his opening remarks that he was not prepared to name places so, obviously, I cannot, except to say that there are still two places in Canada where we think that a completely satisfactory arrangement might be worked out. It has not been worked out yet; we are working on it. If we can satisfy ourselves that the care of veterans is going to be adequately provided under some other arrangement then and only then would we feel free to proceed with the implementation of this program. We have taken a number of steps in a number of places which the minister has announced in the house. For example, in Saint John, New Brunswick, we have pretty well concluded an arrangement with the workmen's compensation board to take over the operation