

Shot Fatal To Brother

Roseburg — (UP) — Reginald James Hastings, 15, of Roseburg, was fatally shot Friday night when his brother Gerald Lee Hastings, 18, fired at what he thought was a raccoon.

The victim is the son of Mr. and Mrs. Jehn Hastings of Roseburg. According to state police, the elder Hastings is home on leave from the Navy and is stationed at a Naval air station in Alameda, Calif.

The two boys went raccoon hunting Friday night along the Garden Valley road here. The older brother reportedly told the victim to stay on the road while he circled through an area of brush and the shooting accident occurred a short time later.

Investigating officers say Gerald told them he fired when he saw something jump in the brush and thought it was a raccoon.

Neuberger, Morse Join Migrant Farm Bill

Washington — (UP) — Oregon senators Richard L. Neuberger and Wayne Morse have joined 13 other senators in introducing a bill to prevent exploitation of migrant farm workers.

Compulsory registration with the Labor department would be required of migrant labor contractors who transport, feed, supervise and recruit some 800,000 migrant workers and their families who go from state to state.

Las Vegas Desert Inn Sold for \$10 Million

Las Vegas — (UP) — Sale of Wilbur Clark's Desert Inn for more than \$10 million to Lawrence A. Wien, New York attorney and real estate investor, was announced today.

It was believed to be the largest real estate deal of its kind in Las Vegas history. The sale included a lease-back agreement.

The Inn will continue to be operated by Clark and associates.

The defense department's Pentagon building covers about 34 acres of land.

One of Every Eight Persons Will Enter Hospital Next Year; Types Are Explained

Editor's note: The chances are that you or some member of your family will occupy a hospital bed at some time in the coming year. How much do you know about hospitals—the various types, the charges they make and why, what sort of care the different hospitals offer? This is the first of two dispatches on the American hospital system.

By PATRICIA McCORMACK
UPI Correspondent

New York — (UP) — About 20,000,000 Americans, or nearly one of every eight persons in the country, will enter a hospital in the coming 12 months.

The answers, of course, depend on the type of ailment, the neighborhood in which you live, your doctor and to some extent—your financial situation.

But there are certain generalities that can be helpful to anyone faced with the prospect of entering a hospital.

First, the bed you occupy in all likelihood will be one of 709,446 in the nation's network of 5,546 general hospitals. Of all hospital admissions in the past year, 95.4 per cent were to such institutions. The rest were new admissions to mental hospitals, TB sanatoria, and other special hospitals.

One of Four Types

From a management and financial standpoint, your

hospital will be one of four types: the voluntary, non-profit-making hospital; the federal hospital; or a city, county or state operated hospital.

Almost two-thirds of all patients enter the voluntary, non-profit hospitals. Voluntary means that the hospital, historically, was set up voluntarily to fill an unmet community need. Non-profit means it is not in business to make money. If such a hospital shows a profit, the money is poured back into the hospital to improve it.

Such a hospital is tax-exempt. This privilege, to some extent, is earned by a promise to keep its doors open to all—those who can't pay, as well as to those who can. As a result, such hospitals get many charity patients. In many localities, city, county or state funds reimburse these hospitals for a share of the charity care.

Endeavor to Break Even

Money to run the voluntary, non-profit hospital comes from paying patients, either directly when a patient digs into his pocket and turns over cash, or through hospital insurance, such as Blue Cross. Through charity care

reimbursement from public money or gifts from charitable organizations and persons, or both, the hospitals endeavor to break even.

Many voluntary, non-profit hospitals shoulder certain educational functions—such as the training of nurses, interns (student doctors) and other medical personnel.

The voluntary, non-profit hospital must be non-sectarian, even if it is nominally run by a religious group. Its destiny is normally in the hands of a board of community leaders who serve without pay.

By contrast, the proprietary, profit making hospitals usually are set up as corporate structures to make a profit. Six and a-half per cent of all admissions last year were to such hospitals.

These hospitals pay taxes. They admit only paying patients. Only in emergencies do such hospitals administer

Young Democrats Rap Idea of McKay Dam

Portland — (UP) — The executive board of the Oregon Young Democrats Sunday blasted the proposal to change the name of Green Peter dam to Douglas McKay dam.

A resolution adopted by the group requests that the proposed dam be renamed after Dave Epps, late Democratic chairman, instead of after McKay.

A LITTLE EARLY

New York — (UP) — At least one New Yorker Sunday appeared awfully impatient. Thomas J. Deegan Jr., chairman of the committee for a proposed World's Fair here in 1964, suggested that the time capsule buried at the 1939 fair be opened in 1964. That's 4,975 years early.

to the needs of those who cannot pay.

Cost About Same

The proprietary hospitals, in effect, slices that part of the hospital service pie that it knows can be served up with a profit. Except for swank gold coast rooms, the proprietary hospital rooms, private and semi-private, cost about the same as similar rooms in voluntary, non-profit hospitals. But the proprietary group, in addition to not handling charity patients do not maintain as many seldom-used facilities as do the voluntary hospitals. Thus their operating costs, or "overhead," are smaller.

The proprietary hospitals provide services that can be offered at a profit. The voluntary, non-profit hospitals endeavor to offer comprehensive services to both paying and non-paying (charity) patients, in addition to absorbing nurse-training and other medical instruction costs.

The proprietary, non-profit hospitals, except in very rare circumstances, do not train doctors and nurses.

VA Hospitals Example

Federal hospitals are different again. Their money comes from Uncle Sam. Their patients, as a rule, do not pay. They are primarily veterans with or without service-connected disabilities, and servicemen, plus their dependents.

Veteran's Administration hospitals are an example. Public Health Service Hospitals are another. Walter Reed Hospital in Washington is, perhaps, the best known of the federal hospitals.

The federal hospitals carry a part of the educational function, especially in the training of young doctors who want to qualify for specialists. If they have money problems, expenses exceeding budget,

they battle them out with the Budget Bureau.

Last year, 5.9 per cent of hospital admissions were to federal hospitals. Most of the doctors in such hospitals are salaried. In the voluntary, non-profit hospitals the salaried staff doctor is the exception. In the profit-making hospitals, the doctors who own the hospitals may split the profits.

Tax Supported

Salaried, too, are the doctors in hospitals operated by city, county or state governments. Such hospitals are tax-supported and are operated principally for the benefit of charity patients. Some of these hospitals also bear part of the educational burden, helping, as do the federal hospitals, to train young doctors.

The over-flow from the city, state or county hospitals goes to the voluntary, non-profit hospitals in most localities. That is because the city, county and state fathers find it more economical, and in some cases better for the patients, to send them to the voluntary hospitals. Funds are allocated to pay the voluntary hospitals

for the patients they get this way.

Last year, 18 per cent of admissions were to the tax-supported local hospitals, placing them, from a patient-load standpoint, right behind the voluntary, non-profit hospitals. The profit-making hospitals, in terms of patients cared for, stand third and the federal hospitals, fourth.

Must Meet Standards

Which type of hospital is best. None is fly-by-night. Each must meet certain standards to belong to the American Hospital Association. In addition, in many places, there are local and state licensing requirements to meet.

But, as in the automotive business, there is a difference between a six-cylinder car and a twelve-cylinder one, there are differences concerning the level of quality of hospital care.

In the hospital business, the equivalent of 12-cylinders is something called "Accreditation by the Joint Commission on Accreditation of Hospitals."

The Commission, with headquarters in Chicago, is composed of representatives from

the American College of Surgeons, the American Medical Association, the American College of Physicians and the American Hospital Association.

When a hospital seeks accreditation, the Commission sends fact-finders to inspect the hospital and evaluate the quality of patient care. Physical plant, governing body, medical staff, nursing service, administration and the medical department are given a thorough going-over. One qualification for accreditation is that the hospital offers services "of a quality more intense than minimum."

Symbol of Safety

Accreditation has come to be a symbol of patient safety. In recent years, there has been increasing public pressure on hospitals to become accredited. Of 368 federal medical and surgical hospitals, 256 are accredited; 2,059 of the 3,060 voluntary ones are; 131 of the estimated 900 proprietary one are; and 445 of 1,147 city, county and state ones bear the accreditation stamp.

The accreditation certificate usually may be found,

framed, in the main lobby of a hospital or near the bank of elevators on the first floor. Or you can ask to see it, or check with your doctor.

(Next: The voluntary, non-profit hospitals versus the profit-making ones.)



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Quotes From the News

By UNITED PRESS INTERNATIONAL

Gettysburg, Pa. — President Eisenhower, expressing sorrow at the death of Fleet Adm. William F. (Bull) Halsey: "His great personal contribution to the successful campaigns in the Pacific and the exploits of the forces under his command are a brilliant part of American military history."

Washington — Sen. Homer E. Capehart (R-Ind.) stressing in a newsletter that the United States will uphold the doctrine of non-intervention even though that might open the way to charges of supporting Latin American dictators: "The fact is that both Nicaragua and the Dominican Republic have stable governments, and in a topsy turvy world we are interested in stable governments."

Plainsboro, N.J. — Mrs. Thomas A. Powner, commenting on the disclosure that hidden microphones listened in on her, her husband and their children during the 14 days they spent in an atomic "fallout" shelter: "Of course, we would have lived much differently if we had known we were being recorded. We would have been much more self-conscious."

Los Angeles — Police Officer Austin Burt Fernwald, 36, who had delivered three babies from parents who couldn't get to the hospital on time, after he had to do the same for his own wife: "I wasn't at all nervous until I started to drive home. Then it hit me. I really took it easy going home."

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