

Equestrian

Continued from page 10

edged.

"It's hard to have a social life," Burke admitted. "You're on the go all the time."

Unlike other sports — where people compete as individuals or as part of a team — riding requires a close relationship between a person and a horse, observed Missy Clark, Burke's coach for the past four years.

"You've got the animal to contend with," Clark said. "You've got to deal with it as well as your own stamina and strength."

Successfully working with horses is a matter of trust, Burke noted.

"They trust you and you trust them," she observed.

That trust, Burke explained, is built over years of working and training together — something which she enjoys. "I like trying to work with the animals," Burke said. "It's like a real team effort."

How far that "team effort" will take her is now up to Burke, Clark said. "She has all the ingredients to go far," Clark said. "I definitely think she could be one of the best in the country." Clark said that one of Burke's strengths is her competitiveness.

"She always rises to the occasion," the coach noted. "The (greater) the competi-

tion is, the harder she works."

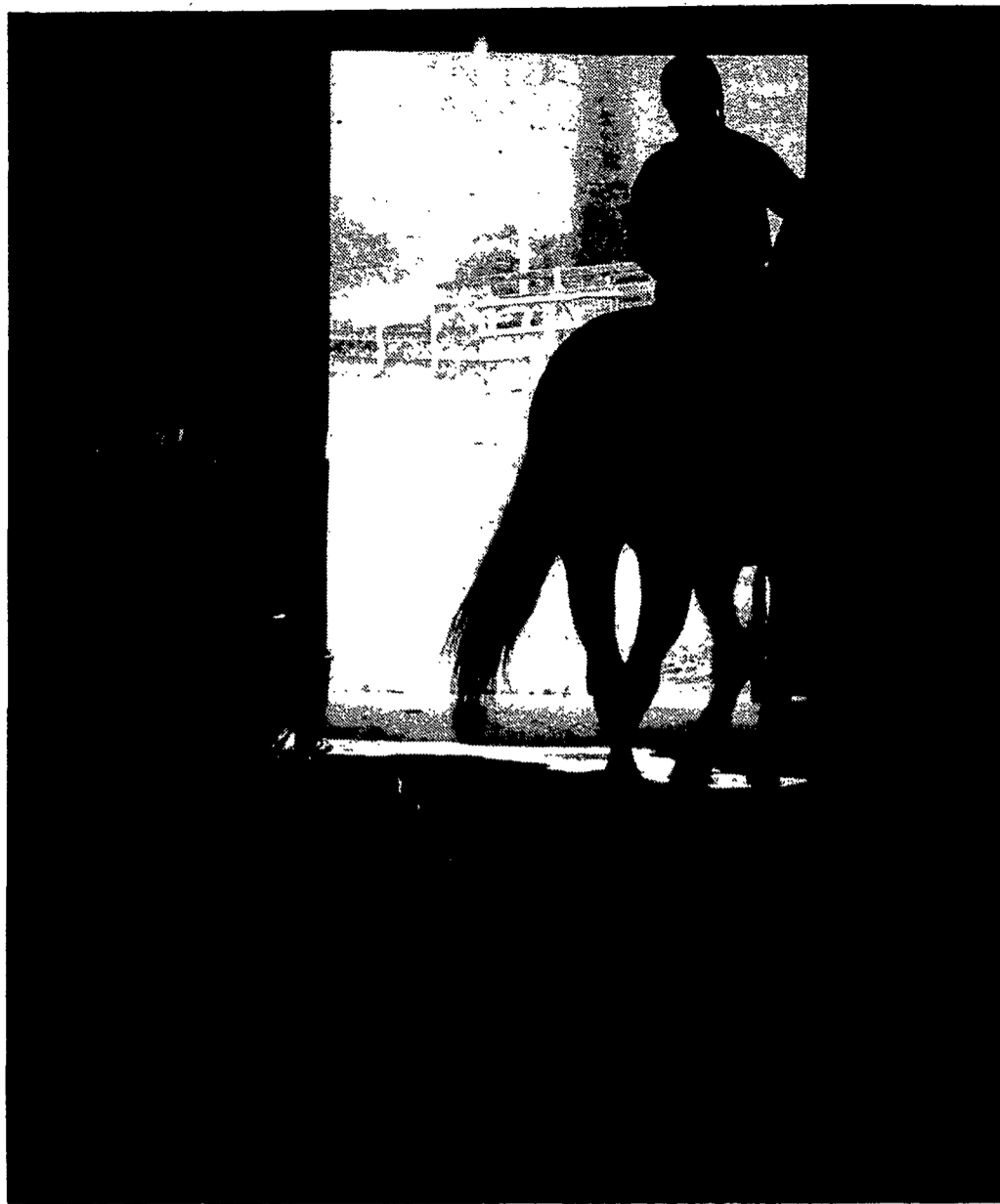
A prime example of her ability to raise the level of her riding came at the equitation championships last October. Equitation events are judged by how well the rider handles his or her horse over the obstacle course. Burke, who is only in her second year of competing in the nationals, was not expected to do well because of her inexperience in such prestigious events. Yet she finished sixth in the preliminary rounds, and fifth in the finals.

Burke said that her showing at the championships was the high point of her career thus far. "There are so many people in it — 256 — so I didn't expect to do that well," she said.

Because of her age — she is only 17 — Burke will be able to compete as a junior for two more years. When she turns 19, she will have to decide whether she will compete as an adult in Grand Prix events. Subsequently, she could compete in world class competitions — and possibly even the Olympics.

Unless something gets in the way, Burke said she will probably decide to continue as a professional. Clark, for one, thinks she has a good chance of attaining much success.

"There are so many great riders, but I certainly think she could be among them," Clark said.



Lynn A. Thornberry
Sheila Burke and Roulette leave the barn for a practice session. Hard work and a competitive spirit have led Burke to several championships.

Midwives

Continued from page 12

ing to do."

In addition, Cooper noted, because they are trained to deal with complications, doctors are more likely to treat pregnancy and delivery as an illness, not a natural process. Midwives are more likely to treat the process as natural and normal.

"(Midwives) tend toward natural solutions, whereas doctors tend toward a technical solution," Clark suggested.

Although they are not used universally, the efforts of nurse-midwives are gaining recognition, Cooper noted. Yet a recent bill that would have allowed midwives to earn licenses without obtaining nursing degrees stalled at the committee level in both the New York Assembly and Senate. The bill was opposed by nurses and physicians, Cooper said.

In the Rochester area, nurse-midwives are generally accepted, Cooper said, es-

timating that that eight midwives are currently active in the city. Several other midwives work in the area as well, she said. Meanwhile, several midwives have established working relationships with St. Mary's, Strong Memorial and Rochester General hospitals.

The demand for nurse-midwives is also growing, Cooper said. "Now physicians are seeking midwives in their practices because patients are asking for them," she noted. "By and large in Rochester, most of the physicians would see it as an important adjunct to their care."



The two Curtis Clarks take time out to get acquainted.

Rationing

Continued from page 15

velop a way to make decisions on health-care allocation," giving priority to preventative care, Kitzhaber said.

A primary objective is to "insure the uninsured," Kitzhaber said, even those not currently covered by Medicaid, such as childless couples and single men and women who are below the federal poverty line but don't qualify.

Pointing to cases in which government officials decide to spend hundreds of thousands of dollars on questionable treatment for individuals in emergency situations, Kitzhaber argued that rationing of health care is already in effect in the nation.

For each such "explicit" decision on health care, he said, "implicit" decisions

are made about what then cannot be covered with that money.

"I'm not saying to cast aside compassion, but when we make an explicit decision, we're making an implicit decision to take money away from something else.... (Such decisions) are made in a vacuum. It's a highly emotional time," Kitzhaber said.

In his remarks Dougherty agreed with Kitzhaber that the country already rations care.

But his overall assessment was highly critical.

"Oregon's focus on the problem may force national leaders to pay attention, but I think the Oregon plan may divert attention from the national character of the problem," he said. "I'm afraid it will become another patch on an already too-worn patchwork system of health care."

If "some decent amount of health care is a right of all Americans, this plan doesn't guarantee it," he continued. "It is flawed," he added, warning against the plan's "widespread adoption."

He called for a national health-insurance system that would have a single payer, create universal access and control costs.

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