# **OP-ED**

# All quiet on the front

### **DOYLE McMANUS**

ERE'S AN important fact you haven't heard much about in the presidential campaign: The armed forces of the United States are at war in at least four countries, and that number could increase any day.

About 87,000 Americans are still fighting in Afghanistan, and some are likely to stay past 2014. We're at war in neighboring Pakistan too, mostly using unmanned drones but with a handful of people on the ground.

U.S. drone and special operations forces are also waging attacks in Yemen and Somalia, operations big enough that President Obama felt compelled to acknowledge them publicly last month in a letter to Congress

In addition, the U.S. Navy is hunting pirates in the Indian Ocean and patrolling off Iran's coast in the Persian Gulf, and in both missions shots have been fired.

American troops are training and advising counter-terrorism forces in West Africa and the Philippines. More troops are on the ground in central Africa, helping local troops root out the brutal Lord's Resistance Army.

And those are just the missions we know about. U.S. special operations forces are engaged in "more than 100 countries worldwide," Adm. William H. McRaven of the Special Operations Command told the Senate last

month. Most of those engagements don't involve actual combat, but because what McRaven's units do is secret, it's impossible to say exactly how many places U.S. forces are fighting in at any given time.

So why, when American troops are engaged in so many places, are the operations receiving so little public attention?

Some of the reasons for our national inattention are obvious.

The United States is fighting in at least four countries right now. So why aren't Obama and Romney talking about it?

Americans, and the presidential candidates, are preoccupied with the travails of the domestic economy. And now that we have a professional, all-volunteer military, a narrower cross section of Americans has a family member in the armed forces.

But another reason we're hearing so little about U.S. combat operations is that we have two presidential candidates who don't seem all that comfortable with their own positions on war and peace.

In 2008, Obama could run as an antiwar candidate, but that's

hard to do as commander in chief of a military engaged in combat — and one who dramatically increased drone strikes. The president has made a commitment to keep troops in Afghanistan through 2014, and he plans to keep advisors and trainers there even longer. But he has never seemed all that enthusiastic about putting American lives and money into defending Hamid Karzai's regime.

Moreover, he knows the Democratic voters he's relying on for reelection grew sick of the war long ago. A nationwide poll released by the Chicago Council on Global Affairs this week found that 67% of Americans think the war in Afghanistan is not worth fighting, and that number rises to 79% among Democrats. It's no wonder the president doesn't talk about it much, beyond noting that he's set a date for pulling out most of the troops.

Mitt Romney has an equally thorny dilemma. Unlike Democrats, Republicans are deeply divided over the war. The Chicago Council poll found that although 58% of Republicans say the war isn't worth fighting, 41% still think it's worthwhile.

That means that Romney has to tread lightly. As much as he'd like to criticize the president's handling of the war, finding the right grounds to do so has proved tricky. He criticized Obama's 2014 deadline for a troop drawdown, only to later call it "the right timetable." He has expressed support for the war effort in Afghanistan while at the

same time saying that "we've learned that our troops shouldn't go off and try and fight a war of independence for another nation."

But with U.S. citizens engaged in seven or more conflicts around the world, don't both candidates owe us some plain talk about their plans? How many troops would they keep in Afghanistan after 2014, and how long would they keep them there? How would they deal with Pakistan, our most troublesome "frenemy"? If sanctions don't cause Iran to abandon its work on building a nuclear weapon, would they support military action there? And what about Syria?

Later this month, Romney plans to head to London (to remind voters that he once ran the Winter Olympics), Israel (to remind pro-Israel voters that Obama hasn't been there since taking office) and Poland (to remind hawks that he favors more spending on missile defense).

While he's abroad, he should seize the opportunity to talk more about America's many armed conflicts and how he would handle them. And he should challenge Obama to explain his thoughts on military engagement too.

Judging from the current state of the campaign, both candidates seem as if they could use a change of subject. And so could we.

doyle.mcmanus@latimes.com

# PATT MORRISON ASKS | ANGELA RUGGIERO

# Olympian task

ALLEY NATIVE AND four-time ice hockey Olympic medalist Angela Ruggiero — one gold, two silvers, one bronze — was elected in 2010 by her fellow Olympians to the Athletes Commission of the International Olympic Committee. She's one of 12 athletes designated to speak for the wrestlers, runners, swimmers, skaters and all the other competitors in the hierarchy that governs the Games. Next week's London Olympics are her first as a member of the IOC, but she's already working far ahead: on the 2018 Winter Games in South Korea, on the 2016 youth Olympics in Lillehammer, Norway, and on her MBA at Harvard, her alma mater. The proponent of women's sports is off the competitive ice but on the larger Olympic team.

# What will you be doing in London at the Games?

We have meetings the week before. I'll get to run the torch in one of the boroughs, Richmond upon Thames. I'm going to try to get to as many events as possible. And I get to give out medals. I don't know which yet; I'm a newer member, so I wait to see what events are left after the senior members select.

The amount of detail that goes into planning the Olympics has been surprising. As an athlete, you show up and everything is great and you have everything you need, and you don't really think about all the work that goes into it. Being a member now and seeing plans that were developed 10 years out is pretty incredible.

#### You retired from the U.S. ice hockey team and international competition in December. Was it hard to hang up your skates?

Yeah, I've been playing hockey since I was 7, so to step away from it, there's a bit of a void. I told my team that I will be in Sochi [Russia, site of the 2014 Winter Olympics] cheering you on, and I hope I'm the one who gets to give you your gold medal!

# How about those Kings, winning the Stanley Cup?

It was my childhood dream to see them win. I wanted to be on the Kings when I was little. There was no women's Olympics [hockey], and I didn't really see women's NCAA hockey because it was all on the East Coast, so the Kings were it for me.

## Is it true you went to secondgrade Career Day dressed as a hockey player?

White Oak Elementary [in Simi Valley]. I showed up in my gear. No one had seen that before.

# It's the 40th anniversary of Title IX, which bans discrimination against women in education, including school sports.

Everyone in women's sports in the U.S. is indebted to Title IX. The government really took a stand: Of course we should provide equal opportunity. People all the time ask, why do American women do so well in the Olympics? And I point to Title IX.

# Encouraging women to play sports has had other benefits

You earn higher wages, you have more confidence, you're less

prone to domestic violence, have better eating habits, lower obesity

Sport in general is a universal right, in my opinion. Everyone should have the opportunity to try sport, to try activities that lead to healthier living.

#### Yet London is the first Olympics in which every competing country will include women on its team.

Saudi Arabia opening the doors to women this summer is super exciting. I met a young woman who competed in the youth Olympics in equestrian for Saudi Arabia, and she medaled. She wants her dream to come true.

# In 1972, the year of Title IX, IOC President Avery Brundage observed that the ancient Greeks may have had the right idea — they didn't even let women watch the Games.

Obviously change takes time and patience. Finally, in Sochi, women will compete in ski jumping, and in Rio [at the 2016 Summer Olympics], you'll have women's boxing, women's golf, women's rugby. They're making a push to make sure every sport has a men's and women's division. It's about participation, about equal opportunity. It's a blueprint of what you value.

# Some say female athletes just aren't as good as the men.

You can only climb as high as the ladder is high. I competed in a men's professional hockey game a few years ago. That was a great opportunity for me to get out there and prove that I belonged. I'll never compare to a [Zdeno] Chara of the [Boston] Bruins, who's almost 7 foot. I'd be tiny compared to him, and I'm one of the bigger players in my game. But as far as skill—.

Give the same time [and resources] for each team and each athlete to succeed. Women compete at the NCAA level; they have four years of great training and development, [but] then if they don't have the same opportunities as the men when they graduate, they can't continue to develop as an athlete. Therefore the level of women's sports is actually stunted, in my opinion.

You're president-elect of the Women's Sports Foundation, which is running a public service campaign called



TOM DAHLIN Getty Images

# "Keep Her in the Game."

"Keep Her in the Game."

The campaign is saying girls drop out [of school sports] at twice the rate of boys by age 14. The PSA shows a girl on the soccer field, ready to kick the ball, and a loudspeaker comes on shouting all these things that girls get pressured about: how they look in their jeans, their boyfriends, all this peer pressure that boys don't have to the same degree. And then you see her walking off the field.

## After you won your first Olympic gold medal in Nagano in 1998, you were barred from playing in a pickup game at a public rink in Michigan that had a men-only rule.

I thought it was a joke. I had my \$5 to get on the ice; I was willing to change in the bathroom; they said no. So I contacted Fox 2 News and went back [with] an undercover camera and got them saying that on camera. I went back after they changed the rules. I had 10 goals [against] a bunch of beginner men. It wasn't even the hockey; it was the principle of it.

One reason I've been successful, I think, was because I was cut from a boys' all-star team when I was little because they didn't want a girl. I was 9, playing in Pasadena, they put together an all-star team going to Canada, and I had to stay home. It was, like, we don't want a girl on the

team. It actually made me a better hockey player in the long run because from the age of 9 I was determined. I made the national team when I was 15 years old.

#### I read that years ago you were in an exhibition game in Canada and some guy in the stands yelled, "She's nuts, she's gorgeous, she's my girl." A lot of male fans wore your jersey.

When I see a man with my jersey on, that's awesome; he respects me as a hockey player, not as a female hockey player.

# If you could talk to the parents of girls in elementary school about sports, what would you say?

I would say the same thing to parents of a boy or girl: Understand the importance of getting your kids active at a very young age, not only for their health and education but the way they view themselves, the way they view others. It's going to help them in so many areas of life. Especially young girls: Even though there is not a multimillion-dollar [sports] contract on the horizon, [for] the intangibles, support them like they would their sons.

patt.morrison@latimes.com This interview was edited and excerpted from a tape transcript. A longer version of this interview and an archive of past interview is at latimes.com/patt asks.

# Making medicine rational

# By Ira Byock

HE AFFORDABLE Care Act remains in Republican cross hairs and very much in the news. In recent days, several patients have asked me what the law will mean for them. Many of the people I care for are incurably ill and need expensive medical care to stay alive. They've heard politicians say "Obamacare" will take away their choices, rob them of hope for living longer and cast their fate to "death panels" of faceless bureaucrats. Fortunately, none of this is true.

As a palliative care physician, I was relieved by the Supreme Court's ruling and hope Congress allows the law to stand. This is not a partisan reaction. Diseases know no politics. I'm relieved because this law may well unravel patterns of payment and practice that promote irrational care and make dying much harder than it has to be.

Today, most doctors are salaried employees and healthcare is a complex industry. Yet we still pay physicians for the quantity of procedures they perform rather than the quality of care and results they provide. Our system is specialist-centered rather than patient-centered. And anyone who has watched a loved one die badly will tell you that sometimes specialists do too much.

Our current structure for financing and delivering medical treatment developed in the decades after World War II, when doctors' offices were the engines of the healthcare system. Doctors were paid for services: an office visit, house call, setting a broken bone, performing an appendectomy or tonsillectomy. The busier doctors were, because of demand or reputation, the more money they made.

The state of end-of-life care in America is marked by too many treatments and too little attention to alleviating pain, clear communication between doctors and patients (or their families), and coordination among multiple specialists or treatment centers. In the quest to save lives, our healthcare system has become exclusively a disease-treatment system.

Medical miracles abound: antibiotics, sophisticated surgery, organ transplantation, artificial kidneys, mechanical ventilators, implantable defibrillators and pumps to assist failing hearts. But medical science has yet to make one person immortal — although from the way the healthcare is paid for and delivered, you would think we had

In the prevailing fee-for-service financing system, insurers, including Medicare and Medicaid, routinely reimburse hospitals and doctors for treatments regardless of whether they have been proved to be effective. All of this makes money for doctors, hospitals and pharmaceutical and medical device companies. But it makes no sense for dying people, only adding to their and their families' miseries.

The Affordable Care Act advances a new approach, called accountable care, that aligns financial incentives with high-quality treatment. This key feature of the law transforms healthcare by making local health systems — made up of doctors, hospitals, clinics, laboratories and imaging facilities — responsible for the outcomes of care and the costs for the population of people they predominantly

Accountable care has real potential for moving our system toward safer, more effective, and less wasteful treatments. Personcentered services, such as individualized care planning, thorough communication and coordination of care, ongoing monitoring, meticulous medication management and early response to problems, make economic sense. In fee-forservice medicine, such things are reimbursed poorly and consequently are often not available.

Reforming healthcare to make it rational is not the same thing as rationing. The best care gives people every chance of living longer and well and, when the time eventually comes, allows them to die peacefully.

Thankfully, biology is kind. Hunger and thirst wane with serious illness. Failure of our liver or kidneys sedates us with metabolic byproducts. Heart failure or pneumonia cause our oxygen levels and blood pressure to diminish and consciousness to fade. Nature, in her wisdom — or, if you prefer, God in his — has given us gentle ways of leaving this life, if healthcare politics, payments and practices will allow.

IRA Byock is director of palliative care at Dartmouth-Hitchcock Medical Center in Lebanon, N.H., and the author of "The Best Care Possible: A Physician's Quest to Transform Care Through the End of Life."