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**How Childhood Stress Makes You Sick**

It can be as toxic to the brain and body as eating paint chips or drinking water with lead in it.

BY ADAM PIORE

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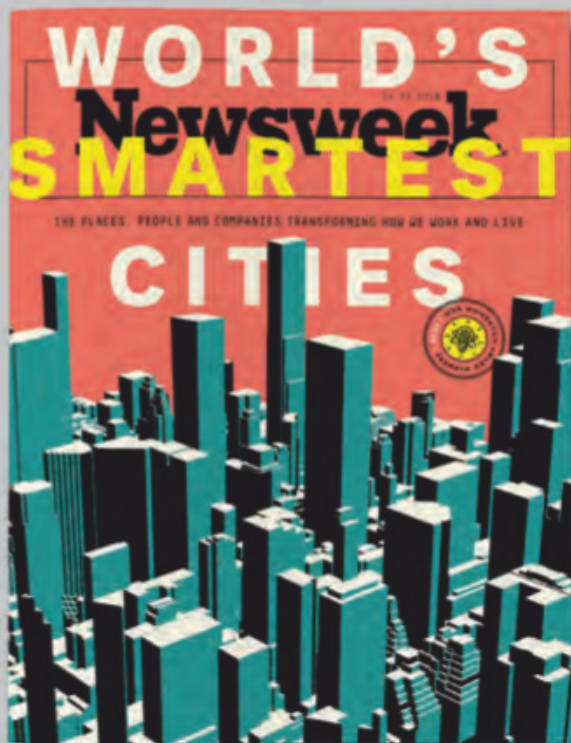
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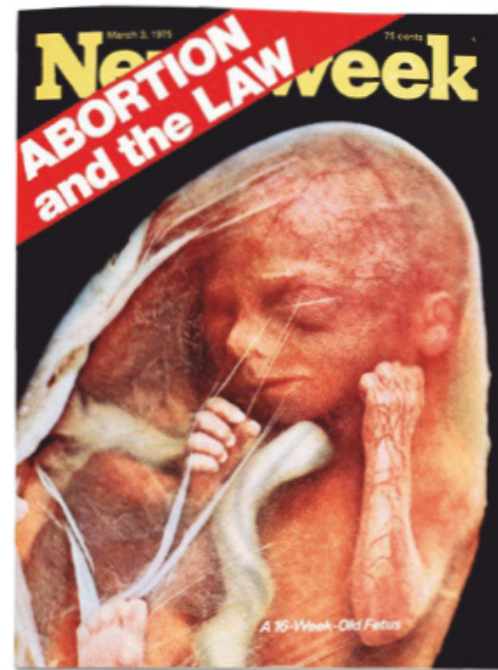


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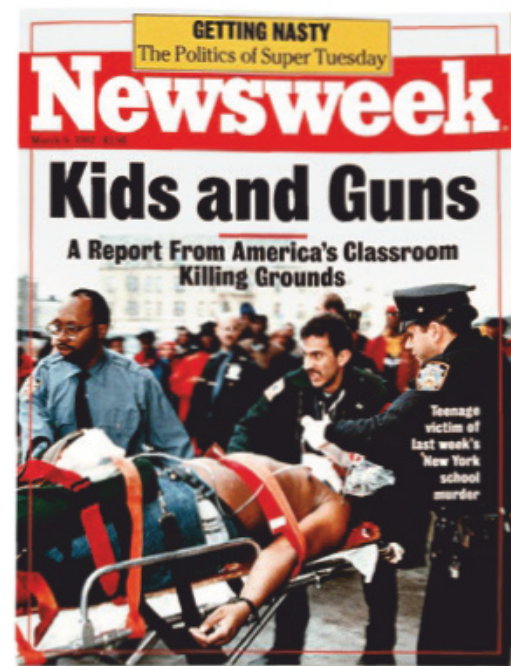
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# The Archives

**1985** “The rock scene has long cried out for women with power, ideas and an independent sense of style. Now, it seems, they’re emerging one after another,” wrote *Newsweek*. The new women rockers are “turning old ideas about pop’s feminine mystique inside out.” Said featured artist Cyndi Lauper, “I’m not trying to be different. I’m just saying it’s OK to be yourself, and if you have a few quirky things, that’s OK too.” Lauper’s message translates from the ’80s to today as the musical icon featured prominently in a 2020 *Project Runway* challenge, proving that girls really do still want to have fun.



**1975** Two years after *Roe v. Wade*, “complex moral and medical questions” remained on when life begins. Nevertheless, *Newsweek* wrote, “as a matter of public opinion and social policy, the right to an early abortion now is firmly established, and some of the nation’s right-to-life groups no longer seem opposed to certain abortions.”



**1992** In the wake of a New York City school shooting that killed two—and more than seven years before the Columbine school shooting in April 1999—*Newsweek* asked, “Are classrooms doomed to become free-fire zones?” Tragically, the death toll keeps climbing and lasting solutions remain elusive. **N**

CLOCKWISE FROM LEFT: HIRO ITO; LENNART NILSSON; KEN MURRAY

AN ERA FOR THE AGES.  
AN ICON OF HER TIME.

ANNE DE COURCY  
Bestselling Author of *The Husband Hunters*

# CHANEL'S RIVIERA

GLAMOUR, DECADENCE, AND SURVIVAL  
IN PEACE AND WAR, 1930-1944



**“Intoxicating descriptions...fashion innovations and love affairs...  
But glamour on the Riviera would soon give way to a fight for survival.”**

*—The New York Times Book Review*

**“Entertaining...a peek, at once envious and satisfyingly  
ensorious, at the lifestyles of the rich and famous.”**

*—The Washington Post*



# In Focus

— THE NEWS IN PICTURES



MARCH 06, 2020



DAYTONA BEACH, FLORIDA

# Lapping the Field

U.S. President Donald Trump and First Lady Melania Trump take a pace lap on February 16 in the presidential limousine before the start of the Daytona 500 race at Daytona International Speedway. According to a NASCAR official, it was a first of sorts: They made a complete lap with the full fleet of racing cars following closely by. The race, won by Denny Hamlin, was marred by an almost-deadly, fiery crash. The driver, Ryan Newman, amazingly survived.

SAUL LOEB

SAUL LOEB/POOL/AFP/GETTY



THE SPANISH CANARY ISLANDS

## Party Time

A participant presents her outfit during the Queen of the Carnival pageant in the Spanish Canary island of Tenerife on February 19. According to Spanish media, the carnival is in session for more than a month. The Carnival Queen competition is the festival's major event, which features ornately dressed contestants vying for the crown. Good luck!

📷 → GABRIEL BOUYS



SIHANOUKVILLE, CAMBODIA

## Waiting Game

A woman looks at the MS *Westerdam* docked nearby in Sihanoukville. When this picture was taken on February 17, there were 233 passengers and 747 crew members on board; all were tested for the coronavirus before they were allowed to depart. The ship was eventually declared free of the virus and the passengers were flown to Phnom Penh. An elderly American woman was later thought to be infected, then cleared.

📷 → PAULA BRONSTEIN



IDLIB, SYRIA

## Under Siege

The war that never ends: Pictured here, on February 14, are the children of Syrian families who have been forcibly displaced due to the ongoing attacks carried out by the Assad regime and its allies. The kids are looking out of a tent's zipper door at a camp in Turmanin, located near the Turkish border on a cold winter day in Idlib.

📷 → MUHAMMED SAID



CLOCKWISE FROM LEFT: GABRIEL BOUYS/AFP/GETTY; PAULA BRONSTEIN/GETTY; MUHAMMED SAID/ANADOLU AGENCY/GETTY





RELATIONSHIPS

# Sex, Lies & Money

Six in 10 people say financial infidelity is as bad as or worse than physical cheating. But not every money secret is a relationship killer

**➤** LAST MONTH, AS THE CALENDAR INCHED CLOSER to February 14, the air became thick with the usual Valentine's Day offerings—roses, boxed chocolates and a plethora of new polls warning couples that financial infidelity is rampant and likely to ruin your romantic relationship.

Consider just a sampling of some of these recent surveys. A CreditCards.com poll earlier this month found that 44 percent of respondents were financially two-timing their partners by hiding a checking, savings or credit card account, secretly being in debt or spending money their loved ones wouldn't approve of. Various surveys concluded that millennials are the worst offenders, when it comes to keeping money secrets, although the percentages varied widely: from 27 percent in a TD Bank poll to 57 percent in the

CreditCards.com survey. And no matter what their age, people agreed that lying to your partner about money is a serious risk to a relationship, with 60 percent of those recently surveyed by *U.S. News* claiming it's as bad as or worse than physical infidelity.

Before you start digging through your partner's credit card statements for evidence, though, take a step back and recognize that the truth is often more complicated than these surveys suggest and telling a financial lie to your romantic partner doesn't automatically make you a dirty, rotten cheater. The key, as with so many aspects of a relationship, is to understand why you or your loved one feels

the need to keep money secrets, how much real harm is being done and to come to an agreement about when it's okay to be hush-hush and when you should bare it all.

BY

**TAYLOR TEPPER**  
@TaylorTepper

**WHY LOVERS LIE ABOUT MONEY**

A few years ago, academics at the University of Southern Mississippi decided to look more deeply into what financial infidelity actually means and the kinds of money lies that people typically tell their partners.

They asked 414 participants a series of questions about money and their love lives and found that only 27 percent admitted to keeping a financial secret from their partner. The researchers then followed up with a series of questions that dug deeper into this idea of unfaithfulness; for example, have you ever lied to cover up debt or opened a credit card without telling your spouse?

When framed that way, more than half of the participants fessed up to one form of cheating or another—the discrepancy arose partly because some respondents didn't perceive their behavior as financial infidelity, the researchers suggested. Egad, screams your inner Puritan, we're a nation of fiscal heretics!

Not so fast. After all, noticing an attractive person who isn't your spouse doesn't rise to quite the same level as, say, clandestine trysts in a highway motel, just as fudging how much your stylist charges to put highlights in your hair or failing to mention that new video game you bought last week isn't equivalent to running up thousands of dollars in charges on a secret credit card or squirreling away money in a hidden stash.

The four most common "sins," in fact, were all about seemingly minor spending infractions: hiding a purchase from a partner, lying about the price paid for an item, spending money on the kids without telling a spouse and buying something for full price, then saying it was on sale. Less common were activities like covering up a secret money stash or siphoning

**Do You Want to Know a Secret?**

According to a University of Southern Mississippi study, these are the most and least common money lies couples tell.

**Most Common**

**24%** Hid purchases or receipts

**23%** Lied about a price paid

**22%** Spent money on the kids without telling spouse

**19%** Said you bought something on sale when you paid full price

**Least Common**

**2%** Spent money on porn

**4%** Kept a raise or bonus secret

**5%** Kept a secret account

**5%** Gambled money without telling spouse

cash from a joint savings account.

In other words, a lot of the time, financial "infidelity" probably isn't that big a deal. Telling your spouse you paid \$50 for a new watch instead of the actual \$100 it cost doesn't mean you're a fraud. Maybe you're just a grown adult who doesn't feel the need to explain and defend every financial decision you make.

In fact, concern about being judged is often the reason people don't reveal a particular purchase or an exact price to their romantic partner, along with wanting to maintain control and a measure of independence. As long as you're in an otherwise solid relationship and your finances are reasonably secure, an impulse purchase here or there, such as a new pair of shoes or a

toy or treat for your kiddo, isn't likely to break the family budget—or your feelings for each other.

That said, since hiding the truth often feels bad to both parties even when the money secret is fairly innocuous, why do it if you don't have to? Instead, get rid of the reason you feel compelled to obfuscate or lie outright by establishing a small judgment-free spending zone. You might, for example, agree on a set amount you're each allowed to spend each month, no questions asked, and put the money into a separate checking account you each maintain for exactly this purpose, suggests Sarah Behr, a financial planner in San Francisco.

"A freedom fund helps keep you feeling independent," says Behr.

**WHEN SECRETS MATTER MORE**

The salient question to ask yourself: Why are you keeping a secret—and



is whatever you are hiding doing real harm to your finances?

Shame over seriously mismanaging money or otherwise being in financial trouble is one reason some spouses keep financial secrets, says Baltimore certified financial planner Brent Weiss, co-founder of the online financial planning service Facet Wealth.

He remembers a young newlywed couple who walked into his office with a big problem: It was only after their wedding that one spouse learned the other owed about \$100,000 in student loan and credit card debt.

“They weren’t trying to be malicious,” says Weiss. “There are a lot of insecurities around money, and people are embarrassed about not understanding finances or being in control.”

Another reason is sloppiness or not having a shared financial vision for your relationship. Couples who don’t have a financial plan are more likely to

keep a financial secret than those who have a structured budget, Weiss contends. The solution, he adds, is simple but rarely easy: Start a conversation.

Getting the nerve to even bring up the subject of money can be hard—the subject is often viewed as more taboo than talking about sex—so start by taking down your self-consciousness with a deep breath and reassuring yourself with the mantra that you’re not alone and your situation is probably normal.

When you do talk with your spouse, whether to reveal an “infidelity” or simply to get on the same page about your spending styles, remember your partner has his or her own barriers and insecurities, so try to be understanding if defensiveness crops up.

Start small—and don’t raise the subject on Valentine’s Day or any other Hallmark holiday or special occasion. Instead, arrange a monthly “money date” when you check in with each other to see if you’re spending within your means and saving what you should for retirement and other goals and responsibilities, such as caring for kids, parents or pets. You needn’t fix everything at once.

Not only will you come to an agreement on the future, but you’ll naturally establish money management roles that may bring you more happiness. Satisfaction with your role, says University of Georgia associate

professor Kristy Archuleta, is more important than the role itself as long as you’re both clued in to the plan.

#### GET HELP IF YOU NEED IT

Sometimes, however, lying about money can be a symptom of more serious problems in a relationship. That’s especially true if one partner is using money as a way to control and exert power over the other. Financial abuse is very different than the occasional white lie about how much something cost, and has been found to occur in 99 percent of domestic violence cases. If you feel that your partner is controlling the money in order to control you, reach out to a trusted friend or a domestic violence organization for help.

But what if this is more of a case of your own secret spending as a result of feeling unseen or your needs going unmet? Are you going on shopping sprees or opening a new credit card as a way to reclaim some authority in the relationship or elsewhere in your life? If so, providing help isn’t a job for a financial planner. A licensed marriage counselor may be better able to assist.

What’s critical to keep in mind in all of these cases is that a financial lie, even a biggie, isn’t necessarily a death knell for a relationship. In the case of Weiss’s clients, for example, though the blindsided partner was shocked, that spouse’s response was compassionate, and with Weiss’s help, the couple was able to alter their financial plan and work through the problem.

A lie, even one about a challenging subject like money, should be the start of a conversation, not the end of it. **N**

**Telling a financial lie to your romantic partner doesn’t automatically make you a dirty, rotten cheater.**

→ **Taylor Tepper** is a senior writer at *Wirecutter Money* and a former staff writer at *Money* magazine. His work has additionally been published in *Fortune*, *NPR* and *Bloomberg*.





Q &amp; A

## Bill Barr's Wild Month

We asked a legal historian for his take on Attorney General Barr's recent flurry of actions. His verdict: "Remarkably not normal"

**➔** JUSTICE DEPARTMENT NORMS are under siege. This month, when Attorney General William Barr committed the latest in a succession of aggressively political acts, he touched off a firestorm. The crisis began on February 11, when he intervened in the prosecution of Roger Stone, a longtime Trump associate, to ask for a lighter sentence than the one recommended by career prosecutors. Four prosecutors

quit the case, with one resigning from the office. A few days later, it emerged that Barr had also quietly installed his own team of lawyers to re-examine a series of politically sensitive prosecutions, including that of Trump's former National Security Adviser Michael Flynn. By February 19, close to 2,500 former Justice Department officials

BY

ROGER PARLOFF

[@rparloff](#)

had signed an online petition calling for Barr's resignation. The same day—after President Trump persisted in tweeting criticisms of judges and prosecutors despite Barr's requests he stop—numerous newspapers reported Barr was weighing resigning. Within hours, a department spokesperson tweeted he had no such plans. (A day later, Stone was sentenced to 40 months, less than the original prosecutors sought. Trump continued his criticisms, hinting a commutation or pardon might be forthcoming.)

*Newsweek* asked legal historian Jed Shugerman, an expert on the Justice Department, to put Barr's conduct in a historical context. In this interview, Shugerman faults Barr for refusing to use special counsels, and calls for structural reforms to ensure greater Justice Department independence in the future. Barr's intervention in Stone's case, he says, was "yet another breach of norms in a pattern with Trump and Barr." He adds that Barr's "aggressively partisan" speeches at Notre Dame in October and before the Federalist Society in November, both of which Barr has posted on the Justice Department website, are "remarkably not normal" and "affect the legitimacy of everything the attorney general does."

As for Barr's complaint, in a recent ABC News interview, that Trump's tweets "make it impossible for me to do my job," Shugerman says the plea only "begs the question of what Barr thinks his job is. To do justice impartially? Or to keep protecting Trump behind the scenes without losing more Justice Department lawyers to rebuking resignations?"

A professor at Fordham Law School, Shugerman obtained his B.A. (1996), law degree (2002), and Ph.D. in history (2008) from Yale.

**“There may be innocent explanations. But it’s a lot of investigations that seem to have just gone dark.”**

**Newsweek:** Let’s talk about Barr installing his own team of lawyers to re-evaluate the way career prosecutors have handled politically sensitive cases. Have we seen this before, and what does it mean for the country?

JED SHUGERMAN: On the one hand, this process of bringing in prosecutors from other offices is not unprecedented, and in fact, the DOJ should be doing this more often. Prosecutors generally have too much discretion and power. We need more supervision and transparency in an era of partisanship, mass incarceration and prosecutorial overreach. But the risk here, especially with Barr’s extensive track record of bias and an agenda, is that this outside supervision is being cherry-picked to create a team of prosecutors under Barr’s supervision and Barr’s obvious partisan agenda.

This is precisely why we have independent special counsels. But this is also why the special counsel regulations are insufficient. It is time to pass legislation to re-enact a truly independent counsel and, even more importantly, to adopt structures of formal independence—like a long term of years, protections from removal, and a bipartisan commission structure—for parts of the DOJ like the Office of Legal Counsel, the Inspector General, and perhaps the DOJ overall.

**How unusual was Barr’s intervention in Roger Stone’s case?**

I think you’d have to say that the closest thing we have seen to this was President [Richard] Nixon and the Saturday Night Massacre. That was more severe, because Nixon actually fired people to stop or obstruct an investigation. Trump and Barr could’ve shut down the Stone prosecution before the jury came back, and they didn’t do it. On the other hand, it is yet another breach of norms in a pattern with Trump and Barr. And even though they didn’t shut down this investigation, we now have, reportedly and allegedly, somewhere between a half dozen to a dozen other criminal investigations that Barr may have shut down.

**What are you referring to?**

Connecting dots between what the Mueller Report said it was spinning off and other reported investigations. For example, Michael Cohen pleads guilty to aiding and abetting

an unindicted co-conspirator in campaign finance violations. It’s kind of surprising that you have the aider and abetter sitting in jail, and while we know the identity of the principal, that principal has still not been indicted. Why is that?

**Isn’t the answer that he’s president and we’re waiting till he leaves office?**

That might be true. But we also had other alleged or potential co-conspirators in that case, who were mentioned in either the indictment or in Michael Cohen’s recordings of his calls with Trump. Then there’s the investigation of whether the Trump inaugural committee misspent money from donations. A lot of strong evidence of felonies has led nowhere so far.

There was an unnamed foreign corporation that unsuccessfully fought a Mueller subpoena, behind closed doors, all the way to the Supreme Court last March. We’ve heard no more about it. There’s also Erik Prince, being investigated for whether he lied to Congress and other matters. There may be innocent explanations. But it’s a lot of investigations that seem to have just gone dark. So when you line up this Roger Stone interference, you have to put that in the larger context.

**In an interview with ABC News, Barr pushed back against Trump, saying he would not be “bullied or influenced by anybody.” What do you make of that?**

Barr said Trump’s tweets “make it impossible for me to do my job.” That begs the question of what Barr thinks his job is. To be the nation’s top law



**TWEET KING** Does Bill Barr want Donald Trump to tone it down so he can quietly do the president’s bidding? Left: Trump celebrates impeachment acquittal.

enforcement official? To do justice impartially? Or to keep protecting Trump behind the scenes without losing more DOJ lawyers to rebuking resignations? His track record is a clue as to which he means. Yes, Trump's tweets would make his partisan work more difficult.

**Rudolph Giuliani is reportedly under investigation...**

So that's another great example. The Ukraine conspiracy was, among other things, a conspiracy to solicit a foreign campaign finance donation, in kind. There's ample evidence that Giuliani was part of a campaign finance felony conspiracy.

**But Barr's Justice Department has already said the Ukraine Affair couldn't be prosecuted as a campaign finance felony because the "value" of Ukraine's announcing an investigation of Hunter Biden wasn't quantifiable. Do you find that implausible?**

This is exactly what the special counsel is for. William Barr is named in the whistleblower's report, and he's named repeatedly in the call summary of Trump's call with President [Volodymyr] Zelensky. It raises an obvious appearance that it's not just Giuliani who's a co-conspirator in a campaign finance and bribery conspiracy, but William Barr also. It doesn't mean he's guilty, but it raises that appearance. That's why you have special counsel.

**Although Barr's Justice decided that campaign finance charge was inappropriate, it never addressed a solicitation of bribery charge. What do you make of that?**

This is exactly when a special counsel needs to be involved. The claim of federal extortion is a stretch. But bribery, honest services fraud,

campaign finance violations—that's a closer question. Are there arguments against the interpretation of these acts as crimes? Sure. But Barr's so infected with conflict of interest, it's not credible. If a special counsel came up with those conclusions, at least you'd have some degree of credibility.

**Trump has talked about firing the intelligence community inspector general who found the whistleblower's complaint to be "credible" and "urgent." He has the right to do that, right?**

It's important how to talk about this. Many people will say the president has absolute power to fire anyone he wants. That's exaggerated. The Constitution never mentions explicitly the removal power. It was a gap in the Constitution. There was this long debate during the first Congress in 1789. They decided that the Constitution implicitly gave the president a removal power. But the Constitution also says that the president "shall take care that the laws be faithfully executed." Removal for corrupt reasons is in bad faith. In a paper with my Fordham colleagues Andrew Kent and Ethan Leib, we argue that the president can have a removal power, but it can't be used in bad faith and for corrupt reasons.

**“The closest thing we have seen to this was President Nixon and the Saturday Night Massacre.”**

**Has any court accepted that argument?**

This is new research. We published that article a year ago.

**So the notion we have today that prosecutors are supposed to be independent of political influence—how far does that go back?**

Let me put that differently. Prosecutors have to balance politics with professionalism. Our U.S. attorneys are appointed by presidents and confirmed by the Senate and then offer to resign from one administration to the next. So that's political. Our state prosecutors, in 46 out of our 50 states, run for popular votes as members of political parties. That is even more partisan and political. But the flip side is that we also have norms of professionalism that are all the more important to insulate those prosecutors from partisanship.

**Who was the worst attorney general in history?**

In the 20th century, there were several. A. Mitchell Palmer, a Democrat, toward the end of Woodrow Wilson's term, led the Palmer Raids. There was this post-WWI fear of immigrants and communism. Palmer was famous for these xenophobic, racist raids to roundup southern and eastern European immigrants. The one that followed him, Harry Daugherty, a Republican under Warren Harding [and Calvin Coolidge], oversaw a tremendous amount of corruption.

Then, under Democratic presidents, there were a lot of cronies. Then John F. Kennedy brought in Robert F. Kennedy, his brother, which was pretty stunning. Then you have Nixon. He had two attorneys general who were convicted of crimes. You have John Mitchell, who was directly involved with Watergate, and went



**TRUMPKINS**  
Clockwise from left: Roger Stone arrives at court; former Trump lawyer Michael Cohen testifies; and former Trump National Security Adviser Michael Flynn.

Barr has posted some very combative speeches on the Justice Department website. In October he gave one at Notre Dame, attacking “secularists and their allies among the ‘progressives,’” and he gave a speech before the Federalist Society in November attacking “the Left,” meaning Democrats. Is that normal?

It’s remarkably not normal. The language he’s used was deliberately inflammatory. Those words affect the legitimacy of everything the attorney general does. When he attacks the Left and portrays the Left as being a threat to Americans, it then undermines—

**He said, “In waging a scorched earth, no-holds-barred war of ‘Resistance’ against this Administration, it is the Left that is engaged in the systematic shredding of norms and the undermining of the rule of law.”**

And there’s more than that. He said the language of “resistance” is the language of revolution.

**Yes, he said: “‘Resistance’ is the language used to describe insurgency against rule imposed by an occupying military power... They see themselves as engaged in a war to cripple, by any means necessary, a duly elected government.”**

He frames the Left’s behavior in ways that, explicitly or implicitly, suggests that they’re involved with potential violence. One has to ask why would he get up in front of the Federalist Society or at Notre Dame and give fire-and-brimstone, aggressively partisan speeches. I wonder if he wants to frame himself as both hero and martyr. It’s bizarre behavior. It’s so unprecedented that it seems to be deliberate and strategic. There is almost no precedent for an attorney general to give such partisan speeches. **N**

to jail. And then Richard Kleindienst who pled guilty to a misdemeanor for lying about political favors relating to regulation.

**And where does Bill Barr fit in?**

Given how Barr has intervened to minimize the significance of the Mueller Report, to arguably misrepresent the Mueller Report and to perhaps aid and abet an international bribery conspiracy and campaign finance violation...

**But he denies any involvement.**

We don’t know. And we do have to

be skeptical of what Lev Parnas says. But the whistleblower’s complaint and the call summary itself raise significant questions about Barr’s involvement.

**Kamala Harris asked Barr if Trump had suggested investigations to him, and he didn’t really answer. Do we know yet for sure?**

When he comes back to testify in late March, I’m sure Democrats will ask questions in a precise way to give him less wiggle room about how the president has been involved.

NEWSMAKERS

# Talking Points

CBS NEWS

"I am not here to judge Roger Stone the person. That's for a higher authority."

—JUDGE AMY BERMAN JACKSON

BuzzFeed

"I WISH EVERYONE WAS AS PERFECT AS YOU, PETE."

—Sen. Amy Klobuchar to Pete Buttigieg



Amy Klobuchar

THE CHRISTIAN SCIENCE MONITOR

"I get very emotional watching this, because it is so, so close to what she wanted. The only thing missing is her, physically."

—SISTER-IN-LAW PAT HOUSTON ON "AN EVENING WITH WHITNEY: THE WHITNEY HOUSTON HOLOGRAM TOUR"

Hollywood REPORTER

"He said I did a good job and should rest, but only a little because he and everyone else was eagerly waiting for my next film."

—OSCAR WINNING DIRECTOR BONG JOON HO ON A LETTER FROM MARTIN SCORSESE

ESPN

"EVERY SINGLE GUY OVER THERE NEEDS A BEATING. IT'S WRONG. THEY'RE MESSING WITH PEOPLE'S CAREERS."

—ATLANTA BRAVES OUTFIELDER NICK MARKAKIS ON THE HOUSTON ASTROS AND SIGN STEALING



Nick Markakis

San Francisco Chronicle

"Let's call it what it is: It's a disgrace, that the richest state in the richest nation, succeeding across so many sectors, is falling so far behind to properly house, heal and humanely treat so many of its own people."

—CALIFORNIA GOVERNOR GAVIN NEWSOM

The INDEPENDENT

"I AM PUSHING MYSELF BEYOND MY COMFORT ZONE BY THE FEAT ITSELF, BUT I KNOW THAT I AM UP TO THE CHALLENGE. I MUST ADMIT, IT IS SCARY."

—Nik Wallenda on his plan to walk a tightrope over a Nicaraguan volcano



Pat Houston

FROM LEFT: MICHAEL REAVES/GETTY; THEO WARGO/GETTY; ETHAN MILLER/GETTY

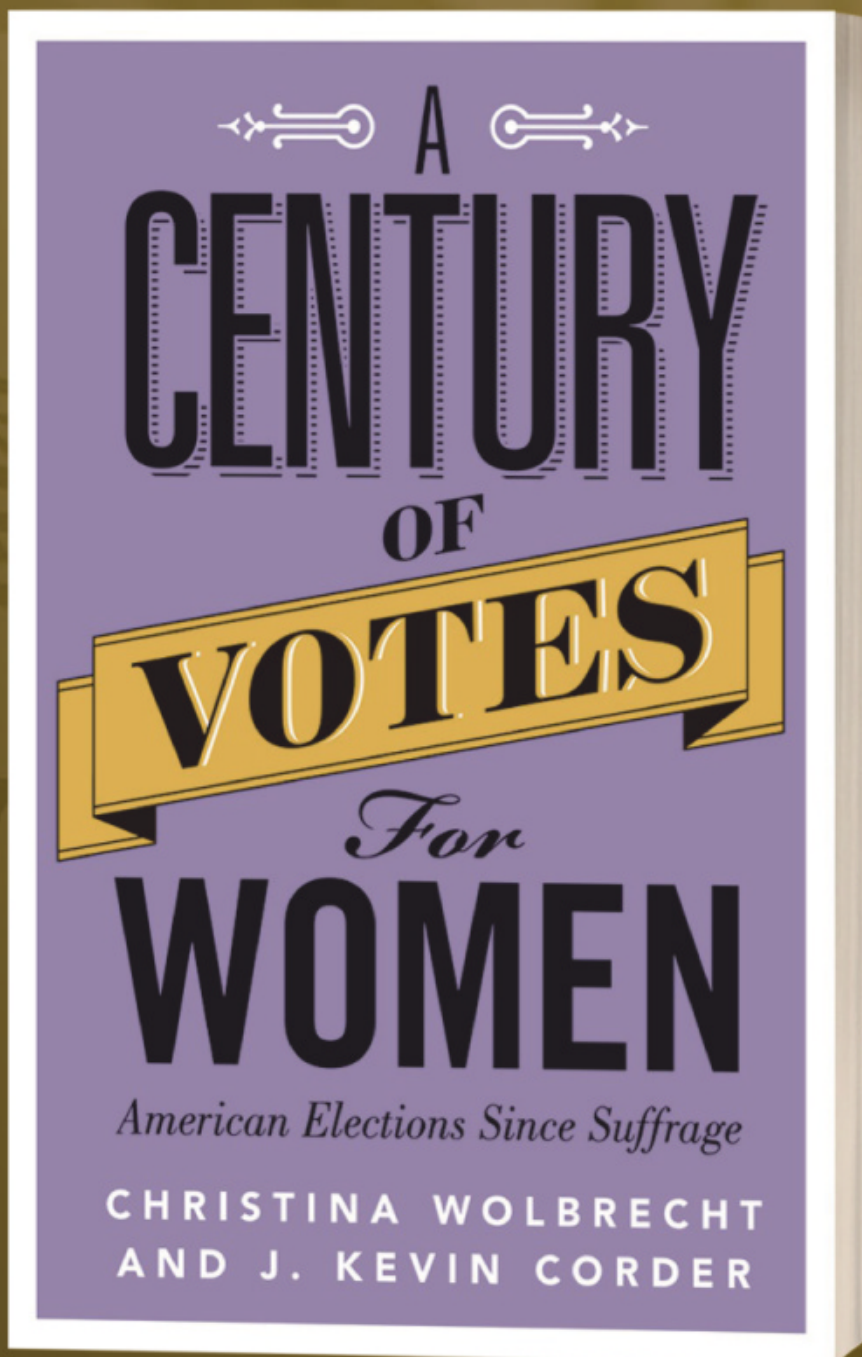
**“A REMARKABLE AND FITTING TRIBUTE TO MARK THE 100TH ANNIVERSARY OF WOMEN'S SUFFRAGE.”**

Susan Carroll, Rutgers University



**“THE TOUCHSTONE FOR UNDERSTANDING THE POLITICAL HISTORY OF US WOMEN AND THE VOTE FOR YEARS TO COME.”**

Karen Beckwith, Case Western Reserve University



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Surfing in Siargao Island.  
By Ruby Ann Fuentes

# The Philippines

## RIDING THE NEXT ECONOMIC WAVE

### Voices of Leaders eMags

Discover more about The Philippines' economy and sustainability initiatives in Voices of Leaders' interactive eMag "Blue Valentine - Ocean Edition"

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This special report was produced by **Voices of Leaders** in collaboration with **NewsWeek Magazine**.

Project Directors: Carla Pérez-Rosales and Gavin Hooper.  
Journalist: Natalia Diaz

The diverse archipelago of the Philippines is a snapshot of contrasts, as depicted by Filipino novelist Carmen Guerrero Nakpil: “300 years in a convent and 50 years in Hollywood.”

Today, amid rising challenges, including a global economic slowdown, the Philippine economy is nevertheless projected to remain on its upward trajectory, with 6% growth in 2020 and 2021, according to the World Bank’s “Philippines Economic Update”. The keys to this expansion include a robust public infrastructure program, remittances from Filipinos abroad, record tourism numbers and strong private consumption. Recently approved reforms like the Ease of Doing Business Act and the opening of the Philippine Economic Zone Authority (PEZA) promise to boost business competitiveness and attract more investment.

Human capital remains the country’s boon, with a growing middle class and an English-speaking labor force. Overseas Filipino Workers (OFWs) — 2.3 million strong — are an economic lifeline. “We have a local economy supported from offshore by Filipinos,” said **Jose Teodoro Limcaoco, CFO of Ayala Corporation**. Amid the country’s dynamic Business Process Outsourcing (BPO) industry is a new kind of “OFW” — Online Filipino Worker, with millions of Filipinos employed in virtual jobs. **Rey Untal, President and CEO of the IT and Business Process Association of the Philippines (IBPAP)**, said the BPO industry continues to have a significant impact on the Philippine economy: “The net multiplier effect is 3 to 4, for every job the industry creates, we indirectly create jobs in other support sectors. The impact our industry has on household income and overall GDP is substantial.”

### “Next Wave Cities”

The Philippines is currently seeing an unprecedented pace of infrastructure expansion, mandated by the Philippine government’s “Build! Build! Build!” plan. A government policy shift in 2019 has led to a new public-partnership model for several flagship projects including airports, railways, dams

and roads. Consequently, development is expanding beyond the capital of Manila. “The trend of big real estate companies is developing economic hubs in areas where there are massive infrastructure projects undertaken by the government,” said **CEO and President of Rafeli Realty & Development Corporation, Rafael Hernandez**.

Outside the capital, rising cosmopolitan cities such as Bacolod are making their mark. “Bacolod is one of what we call the ‘Next Wave Cities’ or ‘Digital Cities,’” said Untal, adding that over 30,000 people from Bacolod are employed by the BPO sector. Bacolod is also the birthplace of a homegrown brand of rum rising in worldwide popularity, Don Papa Rum. **AJ Garcia, Managing Director of Don Papa Rum**, said, “We are recognized as a company changing perceptions about products from the Philippines, alongside a growing local movement to showcase quality Filipino goods”.

A trove of natural resources is driving industries from food production to tourism. “The full potential of the Philippines is yet to be explored, we have 7,107 islands,” said **Rosalind Wee, Co-Founder of W Group of Companies and Marine Resources Development Corporation**, which harvests and processes seaweed from the waters of Jolo Island. Efforts by the private sector and government are pushing agricultural sustainability through innovative farming technologies. **Universal Harvester Inc. CEO Dr. Milagros How** said, “We are an agricultural country, we need to train and educate farmers on best practices.”

Tourism to the Philippines has been an economic driver in recent years, hitting a historical record of 7 million international tourists in 2018. The Philippines has sharpened its focus on sustainable tourism, even closing its world-famous Boracay Island to undertake massive environmental rehabilitation. “The coming years will focus on enforcing environmental laws to mitigate problems at top tourism sites,” said **Philippine Tourism Secretary Bernadette Romulo-Puyat**.

With solid government and consumer spending, overseas remittances and booming tourism, the Philippines is on firm footing to regain its momentum at the start of a new decade. ●



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FULLY BOOKED

# Making Destinations “More Fun Forever”— The Philippines commits to championing sustainability

It is impossible to step foot in the Philippines without hearing its catchy slogan: It’s more fun in the Philippines! The viral catchphrase has been a verbal wink to explore this Southeast Asian archipelago of 7,641 islands in the Pacific, blessed with powdery sand beaches, World Heritage-listed coral reefs and vestiges of its Spanish colonial past, topped up with the infectious warmth of the Filipino people.

Recently, the Philippines shifted gears to not only showcase its world-class destinations but also champion sustainable tourism. “Our natural resources are our capital, we must protect and preserve them so future generations may benefit from them and carry the practice of sustainability,” says Bernadette Romulo-Puyat, Secretary of the Department of Tourism of the Philippines. Such commitment is spotlighted in the updated “More Fun in the Philippines” tourism campaign underpinned by a modified message: #MoreFunForever.

## Boracay blueprint

Beyond viral slogans, the Philippines has proven to walk the talk. In April 2018, the country took a valiant step

to shut down top tourism landmark Boracay Island, once hailed “The Best Island in the World” by Conde Nast Traveler, to undertake a massive environmental cleanup. Strict regulations were implemented to rejuvenate the island from several years’ worth of tourism decadence. Accommodation establishments were mandated to comply with strict ordinances to be allowed to operate, while littering, illegal drugs, beachside smoking and drinking alcohol have been prohibited.

The ambitious efforts were fruitful — Boracay reopened after six months with an evident change in seawater quality. Hatchling turtles, eagles, and even whale sharks returned to the island. The Boracay initiative has become the sustainable tourism blueprint for the country’s other renowned destinations, including El Nido in Palawan, Panglao Island in Bohol, and surfing haven Siargao Island.

## Advancing the three pillars of sustainable tourism

Sustainable tourism has long been recognized by the UN as a significant contributor to the environmental, social and economic pillars of sustainable development. Along this line, the DOT will help create and implement ordinances protecting the precious natural resources of tourist destinations, while also communicate rules and regulations to tourists to encourage responsible actions while traveling. Through national policy and the synergy of



the Boracay Interagency Task Force (BIATF), composed of the DOT, the Department of Environment and Natural Resources (DENR) and the Department of Interior Local Government (DILG), the “No Accreditation, No Operations” rule was strictly enforced on Boracay’s White Beach. Implementing the “25+5 meter” easement rule, prohibiting establishments from building within 30 meters from the shoreline, has not only improved the tourist experience immensely, it has also created goodwill for Boracay. Moreover, the DOT aims to radiate tourism’s economic benefits past the big tourism enterprises to include Boracay’s locals. The BIATF is encouraging businesses in Boracay to prioritize hiring locals, who are also being offered free capacity building work-

shops by the Technical Education and Skills Development Authority (TESDA) to equip them with needed skills. Local sourcing of products, supplies and materials by tourism businesses also help spread the economic wealth.

The Philippines’ sustainability actions have positioned the country as a model of sustainable tourism in Southeast Asia. Looking ahead, a bigger challenge remains in terms of legacy building. Says Secretary Romulo-Puyat, “instilling a culture of sustainable tourism entails a paradigm shift in the public and private sectors to change how we think about tourism, to care more about our natural resources and tourism destinations.” For more information check out [www.philippines.travel](http://www.philippines.travel)





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# How Childhood Str



Growing up in **ADVERSITY** can take a big toll on health later in life—and perhaps even for future generations.

Public health officials are **BEGINNING TO ACT**

# **ess** Makes You Sick

Story by **ADAM PIORE** Portraits by **SENSOR SPOT**



## In the mid-2000s,

Dr. Nadine Burke Harris opened a children's medical clinic in the Bayview section of San Francisco, one of the city's poorest neighborhoods. She quickly began to suspect something was making many of her young patients sick.

She noticed the first clues in the unusually large population of kids referred to her clinic for symptoms associated with attention deficit hyperactivity disorder—an inability to focus, impulsivity, extreme restlessness. Burke Harris was struck not just by the sheer number of ADHD referrals, but also by how many of the patients had additional health problems. One child arrived in her clinic with eczema and asthma and was in the 50th percentile of height for a 4-year-old. He was 7. There were kindergarteners with hair falling out, two children with extremely rare cases of autoimmune hepatitis, middle-school kids stricken with depression and an epidemic number of kids with behavioral problems and asthma.

Burke Harris noticed something else unusual about these children. Whenever she asked their parents or caregivers to tell her about conditions at home, she almost invariably uncovered a major life disruption or trauma. One child had been sexually abused

by a tenant, she recalls. Another had witnessed an attempted murder. Many children came from homes struggling with the incarceration or death of a parent, or reported acrimonious divorces. Some caregivers denied there were any problems at all, but had arrived at the appointment high on drugs.

Although none of her mentors at medical school back in the early 2000s had suggested that stress could cause seemingly unrelated physical illnesses, what she was seeing in the clinic was so consistent—and would eventually so alarm her—it sent her scrambling for answers.

“If I were a doctor, and I was seeing incredibly high rates of autism, I’d be doing research on autism,” she says. “Or if I saw incredibly high rates of certain types of cancer, I’d be doing that research. What I was seeing was incredibly, incredibly high rates of kids who were experiencing adversity and then having really significant health outcomes, whether it was difficulty learning, or asthma, or weird autoimmune diseases. I was seeing that the rates were highest in my kids who were experiencing adversity. And that drove me to the latest scientific literature.”

What Burke Harris found there would eventually thrust her to



“What I was seeing was incredibly, **INCREDIBLY HIGH RATES** of kids who were experiencing adversity and then having **REALLY SIGNIFICANT** health outcomes.”



the forefront of a growing movement that aims to transform the way the medical profession handles childhood adversity. Childhood stress can be as toxic and detrimental to the development of the brain and body as eating lead paint chips off the wall or drinking it in the water—and should be screened for and dealt with in similar ways, in Burke Harris’ view. As California’s first Surgeon General, a newly created position, she is focusing on getting lawmakers and the public to act.

Earlier this year, thanks in part to her advocacy, California allocated more than \$105 million to promote screening for “Adverse Childhood Experiences” (ACEs)—10 family stressors, first identified in the late 1990s, that can elicit a “toxic stress response,” a biological cascade driven by the stress hormone cortisol that is linked to a wide range of health problems later in life.

In recent years, epidemiologists, neuroscientists and molecular biologists have produced evidence that early childhood experiences, if sufficiently traumatic, can flip biological switches that can profoundly affect the architecture of the developing brain and long-term physical and emotional health. These “epigenetic” changes—molecular-level processes that turn genes on and off—not only make some people more likely to self-medicate using nicotine, drugs or alcohol and render them more susceptible to suicide and mental illness later in life. They can impair immune system function and predispose us to deadly diseases including heart diseases, cancer, dementia and many others, decades later. Not only does childhood stress harm the children themselves, but the effects may also be passed down to future generations.

A groundswell of support has arisen in the world of public health in favor of treating childhood adversity as a public health crisis that requires intervention—a crisis that seems to run in families and repeat itself in trans-generational cycles. At last count, at least 25 states and the District of Columbia had passed statutes or resolutions that refer to Adverse Childhood Experiences. Since 2011, more than 60 state statutes aimed at ACEs or intervening to mitigate their effects have been enacted into law, according ACEs Connection, a website devoted to tracking the phenomenon and providing resources. California’s effort is among the most aggressive. The state has set aside \$50 million for next year to train

**FOLLOW THE STRESS**

None of her mentors at medical school suggested that childhood stress could cause seemingly unrelated physical illnesses. But what Nadine Burke Harris saw in the clinic alarmed her and sent her searching for answers. Far left: A children’s home in Bucharest, Romania. Left: Burke Harris.

doctors to provide screening, and \$45 million to begin reimbursing doctors in the state’s MediCal program for doing so (\$29 for each screening). If it proves effective, other states may soon follow.

“The social determinants of health are to the 21st century, what infectious disease was to the 20th century,” says Burke Harris. She rose to national prominence after writing a 2018 book on the subject, embarking on a national book tour and

recording a TED Talk that has been viewed more than 6 million times. She was tapped for her new post by Governor Gavin Newsom in January 2019.

The research is so fresh that many clinicians are still debating the best way to tackle the problem, most significantly whether the science is mature and the interventions effective enough to implement universal screening. And the details of California's approach to screening are controversial in the world of public health. (The epidemiologist who developed a key questionnaire being used as a screening tool says it was never intended to be used to evaluate individuals.) But there is broad consensus, at least, about one thing. For all the buzz in public health and policy circles about "ACEs," few people have heard the term before. The first task, many people on the front lines of health education agree, will be to change that so that caregivers themselves can learn about the vicious cycle of childhood adversity, and get the help they need to break it.

### The Science of Toxic Stress

THE RESEARCH ON ACE STEMS FROM A SEMINAL 17,000-PERSON

clean. Yet when she woke up, there were boxes and cans open and dirty dishes in the sink. Patty lived alone and had a history of sleepwalking. Was it possible, she wondered, that she was "sleep eating?"

When Felitti asked her if anything unusual had happened in her life around the time the dirty pots and pans began to appear, one event came to mind. An older, married man at work had told her she looked great and suggested they have an affair. After further questioning, Felitti learned Patty had first started gaining weight at age 10, around the time her grandfather began sexually molesting her.

Felitti came to believe that for Patty, obesity was an adaptive mechanism: she overate as a defense against predatory men. Felitti began asking other relapsing study participants if they had a history of sexual abuse. He was shocked by their answers. Eventually, more than 50 percent of his 300 patients would admit to such a history.

"Initially I thought, 'Oh, no, I must be doing something wrong. With numbers like this, people would know if this were true. Somebody would have told me in medical school,'" he recalls.

Felitti started bringing patients together in groups to talk about their secrets, their fears and the challenges they faced—and their

→ "The social determinants of health are to the 21st century, what **INFECTIOUS DISEASE** was to the 20th century."

epidemiological study published in 1998. The first clue came years earlier, however, with the plight of an obese, 29-year-old woman from San Diego named Patty.

Over the course of a 52-week trial of a weight-loss diet, Patty dropped from 408 lbs. all the way down to 132. Then, over a single three-week period, she abruptly gained 37 pounds of it back—a feat that her doctors didn't even know was scientifically possible.

Patty's dramatic weight swings got the attention of Vincent Felitti, the head of the preventative medicine program at the massive managed care consortium Kaiser Permanente, and the man who had designed the obesity study. Felitti had been astounded at the rapid pace with which the study subjects lost weight. "In the early days of the obesity study, I remember thinking 'wow, we've got this problem licked,'" Felitti recalls. "This is going to be a world-famous department!"

Then, for reasons nobody could explain, patients began dropping out of the program in droves. Felitti found it particularly alarming because the ones leaving the fastest seemed to be the ones losing the most weight. When Felitti heard about Patty, he arranged a chat. Patty claimed she was just as mystified by her massive weight gain as he was; she assured him she was still vigilantly sticking to the diet. But then she offered up a suggestive clue: Every night when she went to bed, she told Felitti, the kitchen was





FROM TOP: SEBASTIAN KAULTZKI/SCIENCE PHOTO LIBRARY/GETTY; PHOTOALTO/JAMES HARDY/GETTY; CROTOGRAPHY/GETTY

#### TROUBLING LINKS

The ground-breaking ACE study found a direct, dose-dependent link between childhood exposure to emotional, physical and sexual abuse and household dysfunction, and behavioral issues like alcoholism, smoking and promiscuity later in life. Top to bottom: The adrenal gland; a boy receiving treatment for asthma; a woman drinks a shot of whisky in a bar.

weight loss began to stick. Within a couple years, the program was so successful that Felitti was receiving regular invitations to speak about his program to medical audiences. Whenever he brought up sexual abuse and its apparent link to obesity, however, audience members would “storm explosively” out of the room or stand up to argue with him, he says. Nobody, it seemed, wanted to hear what he had to say.

At least one person was intrigued by his findings. Robert Anda, a researcher at U.S. Centers for Disease Control (CDC), had been studying chronic diseases and the counterintuitive links between depression, hope and heart attacks. He knew firsthand what it was like to deal with colleagues who considered his work flaky. Anda and Felitti got to talking. They realized there was only one way that both of them would be able to overcome the skepticism they were encountering: they needed to do a rigorous study. At Anda’s urging, Felitti agreed not just to recruit a larger sample but to expand its scope to examine the link between a wide array of common childhood stressors and health later in life.

This became the ground-breaking “ACE Study,” a 17,000-person retrospective project aimed at examining the relationship between childhood exposure to emotional, physical and sexual abuse and household dysfunction, and risky behaviors and disease in adulthood. Starting in 1998, and continuing with follow-ups well into the 2000s, Felitti and Anda’s team published a series of counterintuitive papers that upended much of what we thought we knew about the mind-body connection.

To gather the data, Felitti persuaded Kaiser Permanente-affiliated doctors to recruit patients in Southern California undergoing routine physical exams. The patients were asked to complete confidential surveys detailing both their current health status and behaviors, and the types of adversity they’ve endured: physical, emotional and sexual abuse, neglect, domestic violence, parental incarceration, separation or divorce, family mental illness, the early death of a parent, alcoholism and drug abuse. To analyze the data, the researchers added up the number of ACEs, calculated an “ACE score,” then correlated those scores with high-risk behaviors and diseases to see if they could find any patterns.

The first shocker was just how common these ACEs were. More than half of those participating had at least one, a quarter had two or more and roughly 6 percent reported four or more. This was not just a problem of the poor. Childhood emotional adversity cut across all racial, ethnic and economic lines. Even more surprising was the impact of these stressors later in life. When the researchers ran their analysis, they discovered a direct, dose-dependent link between the number of ACEs and behavioral issues like alcoholism, smoking and promiscuity—those who had experienced four or more categories of childhood exposure had a four- to 12-fold increased risk of alcoholism, drug abuse, depression and suicide attempts.

The results went beyond these common trauma-related health

risks. The study also linked childhood trauma to a host of seemingly unrelated physical problems, including ischemic heart disease, cancer, chronic lung disease, skeletal fractures and liver disease.

What made the study so shocking was that the data suggested that even those who didn't drink, use drugs or act out in risky ways still had a far higher rate of developing ischemic heart disease, cancer, chronic lung disease, skeletal fractures and liver disease. Unexpectedly, the researchers had discovered that childhood adversity seemed to be an independent risk factor for some of the leading causes of death decades later.

"We found a strong graded relationship between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults," the authors wrote.

The study dropped like a bomb in the world of public health. But the scientific work was just beginning. In the years since, scores of researchers have begun to dig into the biological mechanisms in play. And with emerging brain scanning technologies and advances in molecular biology, an explanation for the ACE study has begun to emerge. Some clinicians and scientists have begun to turn these findings into concrete interventions and treatments they hope can be used to reverse or at least attenuate the impact.

Much of the research has focused on how ACEs affect the functioning of the hypothalamic-pituitary-adrenal (HPA) axis, a

biological system that plays a key role in the mind-body connection. The HPA axis controls our reactions to stress and is crucial in regulating an array of important body processes including immune function, energy storage and expenditure—even our experience of emotions and mood. It does so by adjusting the release of key hormones, most notably cortisol, the release of which is increased by stress or low blood sugar levels.

Cortisol has many functions. On a daily basis, it regulates the level of energy we have as the day progresses: we generally experience our highest levels of cortisol, and energy, upon waking up. These levels gradually diminish throughout the day, reaching very low levels just prior to bedtime.

Cortisol also serves a role in the body's energy allocation during times of crisis. When all is calm, the body builds muscle or bone and socks away excess calories for future consumption as fat, performs cellular regeneration and keeps its immune system strong to fight infection. In the case of a child, the body fuels normal mental and physical development.

In an emergency, however, all these processes get put on hold. The HPA axis floods the bloodstream with adrenaline and cortisol, which signals the body to kick into overdrive immediately. Blood sugar levels spike and the heart pumps harder to provide a fast boost in fuel. If an 11-foot-tall grizzly bear is lumbering in your direction and licking his chops, the additional burst of energy helps you run screaming through the woods or wrestle

→ "If you're being regularly abused,

the critter to the ground and plunge a Bowie knife into its heart.

However, when the emergency goes on for a long time—perhaps over an entire childhood of abuse—the resulting high levels of cortisol take a big and lasting toll.

Almost as soon as the ACE study was published, dysregulated cortisol levels seemed a likely culprit to explain the study's startling implications. Was it possible that the chronic stressors identified by Felitti and Anda led to elevated cortisol levels in children? And could those elevated levels account for seemingly unrelated diseases and the range of additional problems that researchers were beginning to link to ACEs?

In the decade after the 1998 ACE study, researchers began seeking out children in Romanian orphanages and measuring

**AFTER EFFECTS** Regardless of whether adversity took the form of neglect or abuse, the effects can have profound consequences later in life. Left: A daughter of undocumented immigrants and the victim of sexual abuse now suffers from depression. Right: A child draws during an art therapy session.





often it's partially because your parents are **NOT INTERVENING.**"

cortisol levels, in the hopes of verifying this hypothesis. When researchers began to compare their levels to that of children who had not faced adversity, they found substantial differences. But the results were difficult to interpret.

"There was growing evidence that there was an impact, but the studies were contradictory," says Jackie Bruce, a research scientist at the Oregon Social Learning Center, an NIH-funded research center in Eugene that studies child development. "Sometimes people were finding kids with early adversity had low cortisol and sometimes they were finding they had high cortisol."

In 2009, Bruce and her colleagues demonstrated a possible explanation for the discrepancies. Since morning cortisol levels play such an important role in getting well-functioning individuals ready for the day, they sought out a group of 117 maltreated 3- to 6-year-old children transitioning into new foster care placements in the United States. The researchers then trained the children's caregivers to collect saliva samples before breakfast. For comparison, they recruited a control group of 60 low-income children living with their biological

parents who had no previous record of abuse or maltreatment.

Children who had experienced more severe emotional, physical and sexual maltreatment did indeed have abnormally high morning cortisol levels. But scientists also found that children who experienced more severe neglect had abnormally low morning cortisol levels. Different types of adversity, in other words, had different impacts on the HPA system. But whether the adversity took the form of an absence of stimulation or the presence of negative, threatening stimulation, the effect was bad for normal development.

"Low cortisol levels, particularly in the morning, had been linked to externalizing disorders—things like delinquency and alcohol use—whereas high cortisol levels have been linked to more anxiety and depression," and post-traumatic stress disorder, Bruce says.

Even so, Bruce and her colleagues noted that within both groups, "some kids are doing really well, some kids are not doing well." This suggested other factors were also involved. And in recent years, much of the research has focused on understanding





the complex interaction between external stressors, genetics and interpersonal interventions.

One of the most important findings to emerge recently is that the experience of childhood adversity, by itself, does not appear to be enough to lead to toxic stress. Genetic predispositions play a role. But even among those predisposed, the effects can be blunted by what researchers call emotional “buffering”—a response from a loving, supportive caregiver that comforts the child, restores a sense of safety and allows cortisol levels to fall back down to normal. Some research suggests that this buffering works in part because a good hug—or even soft reassuring words from a caregiver—can cause the body to release the hormone oxytocin, sometimes referred to as the “cuddle” or “love” hormone.

One of the reasons the ACE study was so effective at highlighting the potential long-term health effects that early childhood adversity can have on health, says Burke Harris, was the nature of the stressors measured. The stressors took place within the context of a family situation that often reflected the failure of a caregiver to intervene as a needed protector.

“The items that are on the ACE screening have this amazing combination of being high stress and also simultaneously taking out the buffering protected mechanisms,” Burke Harris says. “If

you’re being regularly abused, often it’s partially because your parents are not intervening.”

This hypothesis is supported by experiments in rodents. Back in the 1950s, the psychiatrist Seymour Levine demonstrated that baby rats taken away from their mothers for 15 minutes each day grew up to be less nervous and produce less cortisol than their counterparts. The reason, he suggested, was due to affection from their distressed parent in the form of extra licking and grooming. Studies in the 1990s confirmed that the extra affection and comfort offered by the affectionate parents seemed to have flipped biological “epigenetic” switches that caused their offspring to internalize the sense of safety that had been provided and replicate it biochemically as adults.

Scientists have since documented many biochemical mechanisms by which emotional buffering can help inoculate children exposed to adversity to long-term consequences, and how chronic overactivation of the HPA axis can interfere with development—or, as one widely cited scientific paper put it, can have an impact akin to “changing the course of a rocket at the moment of takeoff.” Neglected and abused Romanian orphans were shown to have smaller brains as a population than those placed in loving foster homes, suggesting a lack of stimulation interfered with normal neuronal growth.

FROM LEFT: INGO WAGNER/PICTURE ALLIANCE/GETTY; MR. COLE PHOTOGRAPHER/GETTY; UNIVERSAL IMAGES GROUP/GETTY

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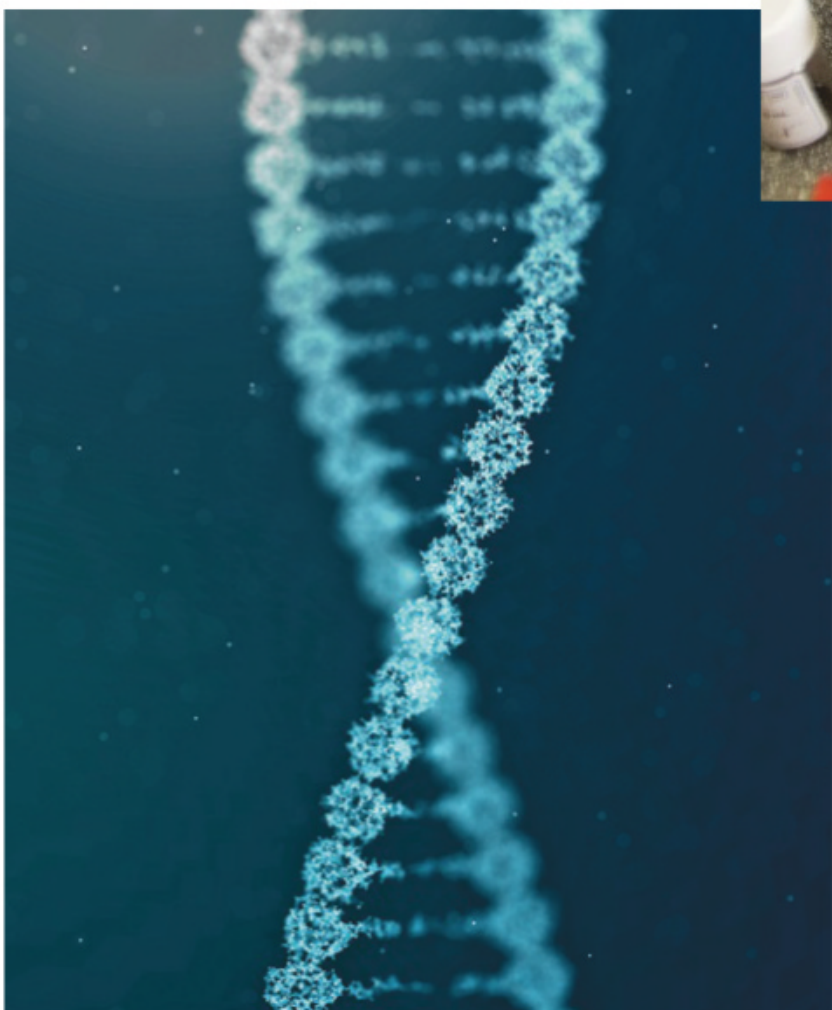
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“The effects can be blunted by what researchers call **EMOTIONAL ‘BUFFERING’**— a good hug can cause the body to release the hormone oxytocin, or **‘LOVE’ HORMONE.**”



**COURSE CORRECTION** Adversity can have an impact akin to “changing the course of a rocket at the moment of takeoff.” But scientists have found biochemical mechanisms by which emotional buffering can help protect children from the worst consequences. Left to right: Pupils in Germany learn how to cope with stress; an artist’s rendering of DNA; and a scientist tests saliva samples.

Adversity and stress without adequate buffering can turn on genes that flood the system with enzymes that prime the body to respond to further stress by making it easier to produce adrenaline and reactivate the fight-or-flight response quickly, which can make it harder for children with toxic stress to control their emotions.

Toxic stress can also have powerful influences on the developing immune system. Too much cortisol suppresses immunity and increases the chance of infection, while too little cortisol can cause an inflammatory immune response to persist long after it is needed. That can act directly on the brain to produce “sickness behavior,” characterized by a lack of appetite, fatigue, social withdrawal, depressed mood, irritability and poor cognitive functioning, according to a 2013 review paper aimed at bringing pediatricians up to speed on the emerging science. As adults, children maltreated during childhood are more likely to have elevated inflammatory markers and a greater inflammatory response to stress, the researchers reported. Chronic elevations in cortisol have also been linked to hypertension, insulin resistance, obesity, type 2 diabetes and cardiovascular disease.

In recent years, Felitti and Anda’s original 1998 paper has been cited more than 10,000 times in further studies. And as awareness in the public health community has risen, so too has the amount



### CUDDLE CURE

California's Burke Harris wants to encourage parents to be nurturing caregivers, which can buffer children from adversity, and to focus on maintaining proper sleep, exercise and nutrition. Right: A mother and her adopted son practice some buffering techniques.

of data available to work with, and the vast body of research documenting the far-reaching consequences of ACEs. Last fall, the CDC analyzed data from 25 states collected between 2015 and 2017, and more than 144,000 adults (a sample 8.5 times larger than the original 1998 study). The authors noted that ACEs are associated with at least five of the top 10 leading causes of death; that preventing ACEs could potentially reduce chronic diseases, risky health behaviors and socioeconomic challenges later in life and have a positive impact on education and employment levels. Reducing ACEs could prevent 21 million cases of depression; 1.9 million cases of heart disease; and 2.5 million cases of obesity, the authors said.

Hundreds of new studies are published every year. In just the last month, studies have come out analyzing the “mediating role of ACEs in attempted suicides among adolescents in military families,” the impact of ACEs on aging and on “deviant and altruistic behavior during emerging adulthood.”

### How to Save the Kids

WHILE THESE FINDINGS HELP EXPLAIN THE LINK TO CHRONIC diseases, Harris Burke and other public health officials believe they also provide the basis for some of the most promising

interventions in the clinic today. Not surprisingly given her background, Burke Harris looks to pediatric caregivers and other doctors to lead the effort to detect and treat patients suffering from toxic stress. To help them do it, late last year, California released a clinical “algorithm”: basically a chart spelling out how doctors should proceed once they compiled a patient’s ACE score.

Patients are found to be high-risk for negative health outcomes if the doctor, using a questionnaire, can identify four or more of the adverse childhood experiences or some combination of psychological, social or physical conditions found in studies to be associated with toxic stress. For children, that’s obesity, failure-to-thrive syndrome and asthma, but also other indicators such as drug or alcohol use prior to the age of 14, high-school absenteeism and other social problems. For adults, the list includes suicide attempts, memory impairment, hepatitis, cancer and other conditions found to be higher in populations with high ACE scores.

Doctors are encouraged to educate all patients about ACEs and toxic stress regardless of their ACE scores. For patients found to be at intermediate or high risk, additional steps are recommended. The first step in the case of children is to make sure parents or caregivers understand the links ACEs can have

to adverse health outcomes. That way, they can be on the lookout for new conditions and take action to prevent them.

Key to this educational process is making sure caregivers understand the protective role buffering can play in countering the corrosive effects of stress. Buffering includes nurturing caregiving, but it can include simple steps like focusing on maintaining proper sleep, exercise and nutrition. Mindfulness training, mental health services and an emphasis on developing healthy relationships are other interventions that Burke Harris says can help combat the stress response.

The specifics will vary on a case-by-case basis, and will rely on the judgment and creativity of the doctor to help adult caregivers design a plan to protect the child—and to help both those caregivers and high-risk adults receive social support services and interventions when necessary. In the months ahead, the protocols and interventions will be further refined and expanded. “Most of our interventions are essentially reducing stress hormones, and ultimately changing our environment,” says Burke Harris. “But some

these stressors only intermittently? On a population level, surveying thousands, the outliers would cancel each other out. But on the individual level they could be misleading.

It’s a concern echoed by others. “I think the concept behind ACE screening, if it’s about sensitizing all of us to the importance of looking for that part of the population that’s experiencing adversity, I’d say that’s good,” says Jack Shonkoff, a professor of child health and development who directs the Center on the Developing Child at Harvard University. “But if it’s used as an individual diagnostic test or indicator child by child, I would say that’s potentially dangerous in terms of inappropriate labeling or inappropriate alarm. We need to make sure that people don’t misuse this information so that parents don’t feel like they’ve just been given some kind of deterministic diagnosis. Because it’s not that. It’s also dangerous to totally give a clean bill of health for a kid who may be showing symptoms of stress.”

Burke Harris notes that she has been using ACE scores as part of her clinical care for more than a decade. When used correctly, it is only one part of a larger screening process. And she points out that

→ “We need to make sure that people don’t misuse this information so that parents don’t feel like they’ve just been given some kind of **DETERMINISTIC DIAGNOSIS.**”

of the things that I think are really exciting are on the horizon.”

In recent years researchers have begun to explore whether the “love drug,” oxytocin—a hormone released when a parent hugs a child—might form the basis for potent pharmaceutical interventions. For now, however, “we’re on the scientific frontier,” she says.

The relatively young state of the science and the fuzziness and subjective nature of the tools California plans to use to evaluate the threat have alarmed some public-health experts. They worry that the state is moving too fast, before more is known about the science of toxic stress. Robert Anda, for one, is uncomfortable with the use of screening tools that rely on an ACE score. He worries it might be misused in the doctor’s office because it doesn’t measure caregiver buffering or genetic predispositions that might prove protective. The questionnaire he and Felitti developed for the original study was always meant to be a blunt instrument—suited for a survey of a huge population of patients. The problem with applying it to individual patients, he says, is that it doesn’t take into account the severity of the stressor. Who’s to say, for instance, that someone with an ACE score of one who was beaten by a caregiver every day of their life is less prone to disease than someone with an ACE score of four who experienced

despite the early phase of the field, the stakes are too high to wait any longer. “This is extremely urgent,” she says. “It’s a public health crisis. We have enough research now to act. And once we have enough research to act, not acting becomes an unconscionable path.”

In the years ahead, more precise methods of detection will likely be available. Harvard’s Shonkoff recently completed a large, nationwide feasibility study aimed at developing and rolling out a saliva test which could be used to screen for biomarkers that indicate a toxic stress response in both children and adults. The test, developed as part of a six-year, \$13 million grant, measures the level of inflammatory cytokines present in the spit sample. Shonkoff and his colleagues are in the process of taking the next step, which involves gathering enough data to develop benchmarks that indicate normal and abnormal levels for stress markers by age, sex, race and ethnicity.

Even the cautious agree a little education will go a long way. “The most important fundamental prevention idea is that people who are caring for children, who are parenting children, need to understand that childhood adversities are likely leading to issues in their own lives,” Shonkoff says. “And if they don’t find a way to do things differently with support, they will be embedding that same biology back in their children.” ■

# ECONOMIC BALANCING

China remains committed to its development goals

With the world's attention focused on China's battle against the novel coronavirus outbreak and the possible economic repercussions of the epidemic, an important milestone has tended to be overlooked.

China's per capita gross domestic product surpassed the \$10,000 landmark last year, the National Bureau of Statistics said on January 17. In 2019, the GDP totaled \$14.38 trillion, showing the long distance it has traveled in recent decades.

In 1978, when China adopted

its reform and opening-up policy, the figure was \$149.5 billion, accounting for just 1.8 percent of the global economy. The per capita GDP stood at \$156, much lower than the average in even the least developed countries south of the Sahara, which was \$490.

While the epidemic, resulting in tens of thousands of infections, has taken a toll, given the solid foundation of the Chinese economy, the impact will be short-lived. It is unlikely to derail China's efforts to pursue development of a higher standard.

## World Factory

In the past four decades, the average annual growth rate of China's GDP reached 9.5 percent. The rapid growth is a miracle in global economic history and a significant driver of global growth.

The once relatively isolated nation has stepped into a new and open era, with its closed and planned economy replaced by an open market economy. Hundreds of millions of people have moved out of poverty, a feat that took developed countries several centuries.

Prior to that, though a basic industrial system had been established, China's industrialization was not running at full steam. Its modern manufacturing industry grew slowly, as most of the rural surplus labor force hadn't migrated to industry yet.

The reform and opening-up policy spurred a dramatic change. Resources and markets both at home and abroad were given full play. China has since deeply integrated into the global production chain and shared the benefits of globalization. Today, it has the world's most sophisticated industrial system. Also, it's the world's leading trading nation, offering quality and competitively priced manufacturing products to consumers worldwide and creating enormous wealth for its citizens.

The large population is key to economic development. At the early stage of reform and opening up, the inflow of migrant workers into cities led to the vigorous development of labor-intensive industries. They processed orders from other

countries and regions, making China a world factory.

In early February, after an extended Spring Festival holiday with virus prevention measures in place, the government called on companies to resume production while following safety measures to restore normalcy and minimize the impact on supply chains.

## Hurdles to Overcome

As for the \$10,000 landmark, the celebrations should not forget the fact that the improved per capita GDP still lies a little over the middle of the global rankings.

Now China's growth rate is slowing down due to the transition to quality development from fast growth, and the future will see uncertainties because of complicated changes both at home and abroad.

Despite China crossing the milestone and ranking 81st among 199 economies, its per capita GDP is still lower than the world average of \$11,300. Some comparisons will make the situation clearer. For instance, the per capita GDP of Argentina, a developing country that went through a severe economic crisis in recent years, reached \$11,700, ranking 70th. Malaysia, once suffering from economic recession and receiving assistance from China, ranked 72nd with a per capita GDP of \$11,400. Russia's per capita GDP, despite oil market shocks and sanctions, was around the world average and ranked 73rd. The per capita GDP readings of several other developing countries, such as



Workers make protective clothing for novel coronavirus control at a factory in Hebei province, north China, on February 10.



XINHUA

**A farmer signs his name to get his dividends from a rural cooperative in Nanchang, Jiangxi province, in east China, on January 16.**

Chile, Poland, Kazakhstan and Equatorial Guinea were higher than China's. So China still has a long way to go.

The Chinese economy has entered a new normal. In 2015, the GDP growth rate entered the 6 percent era with a reading of 6.9 percent. Three years later, it decreased to 6.6 percent. In 2019, the figure was 6.1 percent, and in the future that number may fluctuate around 6 percent. With China's economic growth slowing down, so will the speed of its rise in the global per capita GDP ranking.

However, China has realized that the quality of development is much more important than the growth rate and rankings.

While rapid economic growth has greatly improved people's living standards, it has also created some serious problems. Many provinces gained rapid GDP growth by overexploiting natural resources, consequently causing severe damage to the environment. Also, the dividends of reform and opening up didn't percolate sufficiently to some disadvantaged groups, leading to an unfair distribution of income and a widening gap between the rich and the poor, which impeded social harmony. In addition, China has yet to offer high-quality public services, including medical care, education and elderly care, to all citizens.

#### **Way to Better Development**

While China's economic aggregate, measured by purchasing power parity, surpassed the United States' in 2014 and ranked first in the world, it reflects only one facet of development. To avoid the so-called middle-income trap, the goal of China's economic growth is to improve people's lives and make them happy.

Disposable incomes need to be increased. This should be a key development goal while maintaining a certain growth pace. People's disposable income is a true gauge of improvement in their well-being. The income redistribution mechanism, which uses taxation, social security and transfer payments as its main tools, should be optimized to promote equity.

The rich-poor gap will be narrowed. Wealth disparities still exist in different regions,

between urban and rural areas, and among various industries. More should be done to achieve coordinated development between urban and rural areas and among different regions. Some 5.5 million people still living below the national poverty line—a per capita annual income of 2,300 yuan at 2010 constant prices (\$340 at the 2010 exchange rate)—will be helped out of poverty by the end of the year.

Public services should be improved. The focus should be not just on sectors that can directly prop up the economy, but also on those related to people's livelihood. This includes raising pensions, subsistence allowances and unemployment insurance. More money should be earmarked for education and medical care services, including a national public health emergency management system.



By Wang Xiaosong

The author is a research fellow with the National Academy of Development and Strategy of Renmin University of China.



# THE WORLD'S Best H

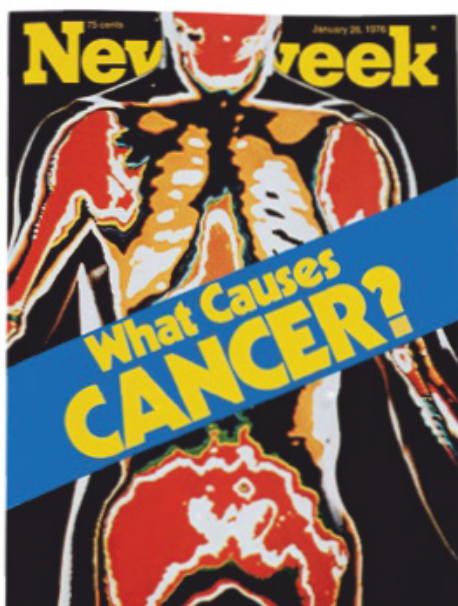


# ospitals

## 2020



Photo illustrations by RYAN OLBRYSH



SINCE ITS FOUNDING IN FEBRUARY 1933, *NEWSWEEK* has reported on advances in medicine, science and the search for good health—and good care. We know that dealing with a health crisis or a worrisome diagnosis, whether for yourself or a family member, can be overwhelming, and that knowing where to turn can lessen the stress. That’s why, for the second year in a row, *Newsweek* partnered with global data research company Statista Inc. to rank the leading hospitals in 21 countries.

If you were asked to name the world’s best hospitals, you might well have mentioned the Mayo Clinic, Massachusetts General and the University Hospital, Zurich. You might not have thought of the Sheba Medical Center near Tel Aviv, the Karolinska Institute in Stockholm or Singapore General. But the researchers and experts who help build this authoritative list are keenly aware of what’s going on in hospitals around the globe, and they can, with confidence, identify the ones that set the standard for excellent care.

We’re proud to offer this ranking and hope you know that you can rely on *Newsweek*. —**Nancy Cooper**, *Global Editor-in-Chief*

## METHODOLOGY

THE WORLD’S BEST HOSPITALS 2020 ranking lists the best hospitals in 20 countries (and one city-state): United States, Canada, Germany, France, United Kingdom, Italy, Spain, Switzerland, Netherlands, Sweden, Denmark, Norway, Finland, Israel, South Korea, Japan, Singapore, India, Thailand, Australia and Brazil. The areas were mainly selected based on standard of living/life expectancy, population size, number of hospitals and data availability.

The rankings are based on recommendations from medical professionals, results from patient surveys and key medical performance indicators.

Statista, in collaboration with trusted insurance provider GeoBlue, invited tens of thousands of medical professionals in the selected countries to an online survey from September to November 2019. The survey was also promoted on *Newsweek.com*.

- The number awards per country varied based on the number of hospitals and data availability. The U.S. had the most hospitals awarded, with 300, and U.S. hospitals are also recognized with a best in state award.

- Scores are comparable only between hospitals in the same country. The study includes a Global Top 100 list.

- Specialized hospitals, like heart or cancer hospitals, are displayed in a separate list, sorted alphabetically.

# The Experts

Provided guidance and methodological input for the rankings



## DAVID W. BATES, M.D.

Brigham and Women's  
Hospital, Boston

Chief of the division of general internal medicine and primary care at Brigham and Women's Hospital, Bates is also a professor at Harvard Medical School and the Harvard School of Public Health and serves as medical director of clinical and quality analysis for Partners Health-Care in Boston. Internationally recognized for his research on using medical technology to improve safety and patient outcomes, he has also served as external program lead for research in the World Health Organization's Global Alliance for Patient Safety and is the past president of the International Society for Quality in Health Care.



## JENS DEERBERG-WITTRAM, M.D.

RoMed Kliniken,  
Rosenheim, Germany

CEO and president of RoMed, a German nonprofit health system, Deerberg-Wittram is the founding president of the International Consortium for Health Outcomes Measurement and a regular lecturer on value-based health care. Previously, he worked as a health care strategy consultant, served as the CEO of a German for-profit hospital and taught at Harvard Business School.



## GARY S. KAPLAN, M.D.

Virginia Mason Health  
System, Seattle

Chairman and CEO of the Virginia Mason Health System and a practicing physician, Kaplan is an expert on patient safety. He is the chair of the IHI Lucian Leape Institute, a founding member of Health CEOs for Health Reform and has served as chair of the Institute for Healthcare Improvement's board of directors.



## GREGORY KATZ

University of Paris School  
of Medicine, Paris

A professor at the University of Paris School of Medicine, Katz holds the chair of Innovation and Value in Health. He is founding director of the VBHC Consortium, a nonprofit dedicated to accelerating the emergence of value-based health care to enable medical teams to compare and improve patient outcomes. He also served as director of research and innovation at private hospital groups in Europe.



## CHRISTOPH A. MEIER, M.D.

University Hospital  
Basel, Switzerland

Chief medical officer and deputy CEO of the University Hospital Basel, where he implemented the principles of value-based health care. He is also active as a practicing internist and serves on several boards, including the Swiss Medical Board for Health Technology Assessments. Previously, he was chief of medicine at the Triemli Hospital in Zurich and chief of the endocrine unit at the University Hospital of Geneva.



## EYAL ZIMLICHMAN, M.D.

Sheba Medical Center,  
Ramat Gan, Israel

Deputy director general, chief medical officer and chief innovation officer at Sheba Medical Center, Zimlichman also holds an appointment at Brigham and Women's Hospital and Harvard Medical School's Center for Patient Safety Research and Practice. He is a founding member of the International Academy of Quality and Safety in Health Care and was an adviser to the Office of the National Coordinator for Health Information Technology in the U.S. Department of Health and Human Services.



# The Global Leaders

Today there are no better places on earth for medical treatment than these 50:



## Mayo Clinic

The largest—and original—Mayo Clinic has been in Rochester, Minnesota, since 1889. Every year, approximately 1.3 million people from 138 countries come to the Mayo Clinic's 19 hospitals in five states for their specialized team approach. With over 4,800 staff physicians and scientists and over 4,000 full-time research personnel, it is committed to finding answers to the toughest medical cases. Always on the cutting edge, the clinic recently announced several new cancer initiatives. In a counterintuitive move, researchers in Rochester found that by encouraging cancers to mutate, the cancers can be targeted by immunotherapy, and clinical trials for pediatric patients with brain tumors will put this into practice shortly. It also recently announced an agreement to build the first carbon ion therapy treatment center in North America to treat challenging cancers at its Jacksonville, Florida, campus. Patients who seek out the Mayo Clinic appreciate the convenience of its rapid, same-day test results and free concierge services to assist with logistics and travel advice. [MayoClinic.org](https://www.mayoclinic.org)

COURTESY OF MAYO CLINIC

# 2

## CLEVELAND CLINIC

Cleveland Clinic has always made patient care its centerpiece, and it takes to heart its motto: “Care for the patient as if they are your own family.” Historically, Cleveland has also been known for medical breakthroughs and organ transplants, including the first face transplant in the United States. In 2019, it broke its own organ transplant records—897, up 3 percent from the year before—including the world’s first single-port robotic kidney transplant, which allows for a single small incision and limits the need for postoperative opioids for pain relief. Cleveland’s health system encompasses 18 full-service locations systemwide. In 2018, there were 7.9 million outpatient visits, from 185 countries, across all of its campuses. [My.ClevelandClinic.org](https://www.clevelandclinic.org)



FROM LEFT: COURTESY OF CLEVELAND CLINIC (2); SUZANNE KREITER/THE BOSTON GLOBE/GETTY



# 3

## Massachusetts General Hospital

Over 200 years old and the original and largest teaching hospital of Harvard Medical School, Massachusetts General Hospital is known for its cutting-edge research. Mass General doctors put the insights they gather from that research to good use when diagnosing and treating the nearly 1.6 million patients who walk through its doors annually. With an annual budget of more than \$850 million for research and more than 1,200 clinical trials taking place at any time, it is no wonder that Mass General publishes more research articles in prestigious medical journals and receives more federal funding than any other independent hospital in the country. Its researchers’ findings range from linking sleep timing and teen obesity to tagging cells using laser particles so as to better understand the growth of—and treat—tumors. [MassGeneral.org](https://www.massgeneral.org)

## Toronto General Hospital (UNIVERSITY HEALTH NETWORK)

Since 1819, Toronto General Hospital has been a leader in cardiac care, organ transplants and the treatment of complex patient needs. TGH has focused on novel therapies to treat endocrine and autoimmune disorders ever since insulin was developed, and its first clinical use in the treatment of diabetes at the hospital was in 1922. This past year, TGH doctors performed the first robot-assisted brain surgery on a live patient, which they hope will bridge even more frontiers and eventually allow patients in remote communities to get this kind of life-saving care. Its five-year strategic plan focuses on patient well-being and provides regular, transparent performance reviews of health outcomes and patient experience. [Uhn.ca](http://Uhn.ca)



# 5

## Charité- Universitätsmedizin Berlin

Given that Charité was founded in 1710 when bubonic plague threatened Berlin, it is fitting that, in what is now one of the largest university hospitals in Europe, Charité researchers are taking the lead on identifying and treating infectious diseases such as Zika, SARS and MERS. Charité researchers developed the first diagnostic test to identify the COVID-19 coronavirus, which originated in Wuhan, China. More than half of all German Nobel Prize winners in physiology or medicine can be claimed by Charité as one of its own, and the hospital is internationally renowned for its excellence in teaching and training. In a new partnership announced in July 2019, Charité is integrating the Berlin Institute of Health under its umbrella; according to a statement from the BIH, it “is to become—alongside patient care and the medical faculty—the third pillar of Charité.” [Charite.de](http://Charite.de)



# 6

## THE JOHNS HOPKINS HOSPITAL

The Johns Hopkins Hospital, founded in 1889 in Baltimore, is not only a leading teaching and research hospital, but it is also central to the history and development of American medical education. William Osler, one of the hospital's founding physicians, invented the idea of medical residency, taking students out of the lecture halls and onto the wards to examine patients. Today Johns Hopkins has 1,162 beds and more than 2,400 full-time attending physicians. Among other firsts, Johns Hopkins was the first hospital in the U.S. to perform male-to-female sex-reassignment surgery. [HopkinsMedicine.org](https://www.hopkinsmedicine.org)



BRENDAN SMIALOWSKI/AFP/GETTY



THE FULL LIST IS AVAILABLE AT [NEWSWEEK.COM/BEST-HOSPITALS-2020](https://www.newsweek.com/best-hospitals-2020)



# 8

## SINGAPORE GENERAL HOSPITAL

The oldest and largest hospital in this city-state, Singapore General Hospital, a teaching hospital, was founded 1821. Now, it employs more than 10,000 people and sees more than 1 million patients every year. It is home to Southeast Asia's only full multidisciplinary center for cancer and is an acute tertiary referral hospital with over 40 clinical disciplines. In 2010, it was the first hospital in Asia to receive the Magnet designation for nursing excellence from the American Nurses Credentialing Center. [Sgh.com.sg](http://Sgh.com.sg)



# 7

## Universitäts Spital Zurich

The lineage of this hospital, the first in Zurich, dates back to 1204. It is one of five university hospitals in Switzerland. Currently, it has 43 departments and institutes, ranging from a center on aging and mobility to a department of surgery and transplantation. The hospital has 980 beds, and 1,500 physicians and scientists. It treats over 42,000 inpatients and has over 500,000 outpatient visits every year. In 1977, a physician here successfully restored normal blood flow to constricted coronary arteries using a balloon catheter. Today, the procedure is widely used all over the world. [En.Usz.ch](http://En.Usz.ch)

FROM LEFT: NICOLAS ZONVI; COURTESY OF SINGAPORE GENERAL HOSPITAL (2); COURTESY OF SHEBA MEDICAL CENTER; JONATHAN NACKSTRAND/AFP/GETTY



# 9

## Sheba Medical Center

The Sheba Medical Center at Tel Hashomer, near Tel Aviv, serves as Israel's national research and university-affiliated training hospital. It was founded in 1948 as the country's first military hospital. Today, it collaborates with biotech and pharmaceutical companies around the world to develop new drugs and treatments. Serving more than 100,000 patients a year, its facilities include an acute care hospital, a rehabilitation hospital, a women's hospital, a children's hospital, an eating disorders clinic, a post-traumatic stress disorder clinic for soldiers and an outpatient clinic. Its research specialties include cardiology, cancer, brain diseases, obstetrics and gynecology, genetics and medical education. [Shebaonline.org](http://Shebaonline.org)

# 10

## Karolinska University Hospital

This hospital, with about 15,000 employees and 1,340 beds, is affiliated with the Karolinska Institute, which was founded in 1810 by King Karl XIII as a school for military surgeons, given the alarm about death rates in army field hospitals. Today it is one of the largest and most prestigious medical schools in the world. The facility incorporates two children's hospitals and is known for its specialties in reproductive medicine, fetal medicine, surgery, urology and neurosurgery. It is a member of 18 referral networks across Europe concentrating on rare diseases. [Karolinska.se](http://Karolinska.se)



RANKINGS 11 - 50 →



**11 Aarhus Universitetshospital**  
AARHUS, DENMARK

**12 Hôpital Universitaire Pitié Salpêtrière**  
PARIS, FRANCE

**13 Centre Hospitalier Universitaire Vaudois**  
LAUSANNE, SWITZERLAND

**14 Universitätsklinikum Heidelberg**  
HEIDELBERG, GERMANY

**15 University of Michigan Hospitals-Michigan Medicine**  
ANN ARBOR, MI, USA

**16 St. Luke's International Hospital**  
TOKYO, JAPAN

**17 Brigham and Women's Hospital**  
BOSTON, MA, USA

**18 The University of Tokyo Hospital**  
TOKYO, JAPAN

**19 Rigshospitalet-København**  
COPENHAGEN, DENMARK

**20 UMC Utrecht**  
UTRECHT, NETHERLANDS

**21 Hospital Clínic de Barcelona**  
BARCELONA, SPAIN

**22 UCSF Medical Center**  
SAN FRANCISCO, CA, USA

**23 Les Hôpitaux Universitaires de Genève HUG-Cluse-Roseaie**  
GENEVA, SWITZERLAND

**24 Sunnybrook Health Sciences Centre**  
TORONTO, CANADA

**25 Helsinki University Hospital**  
HELSINKI, FINLAND

**26 Oslo Universitetssykehus**  
OSLO, NORWAY

**27 Universitätsklinikum Hamburg-Eppendorf**  
HAMBURG, GERMANY

**28 Royal Melbourne Hospital-Parkville**  
MELBOURNE, AUSTRALIA

**29 Mount Sinai Hospital**  
TORONTO, CANADA

**30 Klinikum der Universität München**  
MUNICH, GERMANY

**31 National University Hospital**  
SINGAPORE

**32 Groupe hospitalier Pellegrin**  
BORDEAUX, FRANCE

**33 St. Thomas' Hospital**  
LONDON, UNITED KINGDOM

**34 Tel-Aviv Sourasky Medical Center**  
TEL AVIV, ISRAEL

**35 Stanford Health Care-Stanford Hospital**  
STANFORD, CA, USA

**36 The Alfred**  
MELBOURNE, AUSTRALIA

**37 Asan Medical Center**  
SEOUL, SOUTH KOREA

**38 Hospital Israelita Albert Einstein**  
SÃO PAULO, BRAZIL

**39 New York-Presbyterian Hospital-Columbia and Cornell**  
NEW YORK, NY, USA

**40 Academisch Medisch Centrum**  
AMSTERDAM, NETHERLANDS

**41 Hospital Universitario La Paz**  
MADRID, SPAIN

**42 Samsung Medical Center**  
SEOUL, SOUTH KOREA

**43 Medizinische Hochschule Hannover**  
HANOVER, GERMANY

**44 University College Hospital**  
LONDON, UNITED KINGDOM

**45 Kyoto University Hospital**  
KYOTO, JAPAN

**46 Hospital of the University of Pennsylvania-Penn Presbyterian**  
PHILADELPHIA, PA, USA

**47 Grande Ospedale Metropolitano Niguarda**  
MILAN, ITALY

**48 Akademiska sjukhuset**  
UPPSALA, SWEDEN

**49 Clinica Universidad de Navarra**  
PAMPLONA, SPAIN

**50 Ronald Reagan UCLA Medical Center**  
LOS ANGELES, CA, USA

# National Champs

These are the leading general hospitals—meaning in-patient hospitals that are not focused exclusively on treating only one specific body system, type of patient or ailment—in the U.S., Germany, Japan, France, the U.K., Italy, South Korea, Spain and Canada. For most countries, the 10 premier institutions are listed. For Canada, the selection has been limited to the five best.

## USA

- 1 **Mayo Clinic**  
ROCHESTER, MN
- 2 **Cleveland Clinic**  
CLEVELAND, OH
- 3 **Massachusetts General Hospital**  
BOSTON, MA
- 4 **The Johns Hopkins Hospital**  
BALTIMORE, MD
- 5 **University of Michigan  
Hospitals–Michigan Medicine**  
ANN ARBOR, MI
- 6 **Brigham and Women’s Hospital**  
BOSTON, MA
- 7 **UCSF Medical Center**  
SAN FRANCISCO, CA
- 8 **Stanford Health Care–Stanford  
Hospital**  
STANFORD, CA
- 9 **New York–Presbyterian  
Hospital–Columbia and Cornell**  
NEW YORK, NY
- 10 **Hospital of the University of  
Pennsylvania–Penn Presbyterian**  
PHILADELPHIA, PA



**GERMANY**

- 1 **Charité-Universitätsmedizin  
Berlin**  
BERLIN
- 2 **Universitätsklinikum Heidelberg**  
HEIDELBERG
- 3 **Universitätsklinikum  
Hamburg-Eppendorf**  
HAMBURG
- 4 **Klinikum der Universität  
München**  
MUNICH
- 5 **Medizinische Hochschule  
Hannover**  
HANOVER
- 6 **Klinikum rechts der  
Isar der Technischen  
Universität München**  
MUNICH
- 7 **Universitätsklinikum Köln**  
COLOGNE
- 8 **Universitätsklinikum Freiburg**  
FREIBURG
- 9 **Universitätsklinikum  
Regensburg**  
REGENSBURG
- 10 **Universitätsklinikum Carl  
Gustav Carus Dresden**  
DRESDEN

**JAPAN**

- 1 **St. Luke's International Hospital**  
TOKYO
- 2 **The University of Tokyo Hospital**  
TOKYO
- 3 **Kyoto University Hospital**  
KYOTO
- 4 **Osaka University Hospital**  
OSAKA

- 5 **Kameda Medical Center**  
KAMOGAWA
- 6 **Kurashiki Central Hospital**  
KURASHIKI
- 7 **Kyushu University Hospital**  
FUKUOKA
- 8 **Center Hospital of the  
National Center for Global  
Health and Medicine**  
TOKYO
- 9 **Toranomon Hospital Kajigaya**  
KAWASAKI
- 10 **Juntendo University Hospital**  
TOKYO

**FRANCE**

- 1 **Hôpital Universitaire  
Pitié Salpêtrière**  
PARIS
- 2 **Groupe hospitalier Pellegrin**  
BORDEAUX
- 3 **Hôpital Claude-Huriez**  
LILLE



- 4 **Hôpital Lyon Sud**  
PIERRE-BÉNITE
- 5 **Hôpital Paris Saint-Joseph**  
PARIS
- 6 **Hôpital Européen  
Georges Pompidou**  
PARIS
- 7 **Hôpital Purpan**  
TOULOUSE
- 8 **Hôpital de Hautepierre**  
STRASBOURG
- 9 **Polyclinique Santé Atlantique**  
ST. HERBLAIN
- 10 **Hôpital Hôtel-Dieu**  
NANTES

**UNITED KINGDOM**

- 1 **St. Thomas' Hospital**  
LONDON
- 2 **University College Hospital**  
LONDON
- 3 **The Royal Victoria Infirmary**  
NEWCASTLE UPON TYNE
- 4 **Freeman Hospital**  
NEWCASTLE UPON TYNE
- 5 **Salford Royal**  
SALFORD
- 6 **Chelsea and Westminster  
Hospital**  
LONDON
- 7 **Addenbrooke's**  
CAMBRIDGE
- 8 **Guy's Hospital**  
LONDON
- 9 **Queen Elizabeth Hospital  
Birmingham**  
BIRMINGHAM
- 10 **Bristol Royal Infirmary**  
BRISTOL

FROM LEFT: THOMAS SAMSON/AFP/GETTY; UNIVERSAL IMAGES GROUP/GETTY

## ITALY

- 1 **Grande Ospedale  
Metropolitano Niguarda**  
MILAN
- 2 **Policlinico Universitario  
A. Gemelli**  
ROME
- 3 **Policlinico Sant'Orsola-Malpighi**  
BOLOGNA
- 4 **Istituto Clinico Humanitas**  
MILAN
- 5 **Ospedale San Raffaele-  
Gruppo San Donato**  
MILAN
- 6 **Azienda Ospedaliera di Padova**  
PADOVA
- 7 **Ospedale Papa Giovanni XXIII**  
BERGAMO
- 8 **Ospedale Borgo Trento**  
VERONA
- 9 **Ospedale Policlinico San Matteo**  
PAVIA
- 10 **IRCCS Arcispedale  
Santa Maria Nuova**  
REGGIO EMILIA

## SOUTH KOREA

- 1 **Asan Medical Center**  
SEOUL
- 2 **Samsung Medical Center**  
SEOUL
- 3 **Seoul National  
University Hospital**  
SEOUL
- 4 **Severance Hospital-  
Yonsei University**  
SEOUL



- 5 **Seoul National University-  
Bundang Hospital**  
SEONGNAM
- 6 **Korea University-Anam Hospital**  
SEOUL
- 7 **The Catholic University of  
Korea-Seoul St. Mary's Hospital**  
SEOUL
- 8 **KyungHee University  
Medical Center**  
SEOUL
- 9 **Kangbuk Samsung Hospital**  
SEOUL
- 10 **Ajou University Hospital**  
SUWON

## SPAIN

- 1 **Hospital Clínic de Barcelona**  
BARCELONA
- 2 **Hospital Universitario La Paz**  
MADRID
- 3 **Clinica Universidad de Navarra**  
PAMPLONA
- 4 **Hospital Universitari  
Vall d'Hebron**  
BARCELONA
- 5 **Hospital General Universitario  
Gregorio Marañón**  
MADRID

- 6 **Hospital Universitario  
12 de Octubre**  
MADRID
- 7 **Hospital Ramón y Cajal**  
MADRID
- 8 **Hospital Universitario  
Fundación Jiménez Díaz**  
MADRID
- 9 **Hospital Universitario  
y Politécnico la Fe**  
VALENCIA
- 10 **Hospital Universitario  
Virgen del Rocío**  
SEVILLA

## CANADA

- 1 **Toronto General  
University Health Network**  
TORONTO
- 2 **Sunnybrook Health  
Sciences Centre**  
TORONTO
- 3 **Mount Sinai Hospital**  
TORONTO
- 4 **North York General Hospital**  
TORONTO
- 5 **Jewish General Hospital**  
MONTREAL



# America's Finest

While some U.S. metropolitan areas, like Boston or San Diego, have long been known as centers of medical excellence, there are hospitals of the first rank all across the country. These are the leading hospitals in 42 states and the District of Columbia. Not represented on this list are states in which no hospital was considered among the 300 best in the country.

## ALABAMA

- 1 **UAB Hospital**  
BIRMINGHAM
- 2 **Fayette Medical Center**  
FAYETTE

## ARIZONA

- 1 **Mayo Clinic-Phoenix**  
PHOENIX
- 2 **Banner University Medical Center Tucson**  
TUCSON
- 3 **Mercy Gilbert Medical Center**  
GILBERT

## ARKANSAS

- 1 **Baptist Health Medical Center-Little Rock**  
NORTH LITTLE ROCK

## CALIFORNIA

- 1 **UCSF Medical Center**  
SAN FRANCISCO

- 2 **Stanford Health Care-Stanford Hospital**  
STANFORD

- 3 **Ronald Reagan UCLA Medical Center**  
LOS ANGELES

- 4 **Cedars-Sinai Medical Center**  
LOS ANGELES

- 5 **UCLA Medical Center-Santa Monica**  
SANTA MONICA

## COLORADO

- 1 **University of Colorado Hospital**  
AURORA

- 2 **Parker Adventist Hospital**  
PARKER

- 3 **Porter Adventist Hospital**  
DENVER

- 4 **Sky Ridge Medical Center**  
LONE TREE

- 5 **UCHealth Poudre Valley Hospital**  
FORT COLLINS

## CONNECTICUT

- 1 **Yale New Haven Hospital**  
NEW HAVEN
- 2 **St. Francis Hospital & Medical Center**  
HARTFORD
- 3 **Griffin Hospital**  
DERBY

## DELAWARE

- 1 **Christiana Care Hospital**  
NEWARK

## DISTRICT OF COLUMBIA

- 1 **MedStar Georgetown University Hospital**  
WASHINGTON

## FLORIDA

- 1 **Mayo Clinic-Jacksonville**  
JACKSONVILLE
- 2 **Cleveland Clinic-Florida**  
WESTON



## IDAHO

- 1 St. Luke's Regional Medical Center**  
BOISE

## ILLINOIS

- 1 Northwestern Memorial Hospital**  
CHICAGO
- 2 Rush University Medical Center**  
CHICAGO
- 3 University of Chicago Medical Center**  
CHICAGO
- 4 Advocate Good Samaritan Hospital**  
DOWNERS GROVE
- 5 Loyola University Medical Center**  
MAYWOOD

## INDIANA

- 1 Indiana University Health West Hospital**  
AVON
- 2 Indiana University Health Medical Center**  
INDIANAPOLIS
- 3 Indiana University Health-North Hospital**  
CARMEL
- 4 Community Hospital East**  
INDIANAPOLIS
- 5 Memorial Hospital of South Bend**  
SOUTH BEND

## IOWA

- 1 University of Iowa Hospitals and Clinics**  
IOWA CITY
- 2 UnityPoint Health-St. Luke's Hospital**  
CEDAR RAPIDS

- 3 Tampa General Hospital**  
TAMPA

- 4 St. Joseph's Hospital-BayCare**  
TAMPA

- 5 Sarasota Memorial Hospital**  
SARASOTA

## GEORGIA

- 1 Emory University Hospital**  
ATLANTA

- 2 Emory Saint Joseph's Hospital**  
ATLANTA

- 3 Emory Johns Creek Hospital**  
JOHNS CREEK

- 4 Piedmont Athens Regional Medical Center**  
ATHENS

- 5 Northeast Georgia Medical Center**  
GAINESVILLE

## HAWAII

- 1 Queen's Medical Center**  
HONOLULU

- 2 Straub Clinic And Hospital**  
HONOLULU

- 3 Kaiser Foundation Hospital-Honolulu**  
HONOLULU





## KANSAS

- 1 University of Kansas Hospital**  
KANSAS CITY
- 2 Via Christi Hospital St. Francis**  
WICHITA

## KENTUCKY

- 1 University of Kentucky–Albert B. Chandler Hospital**  
LEXINGTON
- 2 Baptist Health Lexington**  
LEXINGTON

## LOUISIANA

- 1 Willis Knighton Medical Center**  
SHREVEPORT
- 2 Tulane Medical Center**  
NEW ORLEANS

## MAINE

- 1 Maine Medical Center**  
PORTLAND
- 2 Northern Light Mercy Hospital**  
PORTLAND

## MARYLAND

- 1 The Johns Hopkins Hospital**  
BALTIMORE
- 2 Johns Hopkins Bayview Medical Center**  
BALTIMORE
- 3 University of Maryland Medical Center**  
BALTIMORE
- 4 Anne Arundel Medical Center**  
ANNAPOLIS
- 5 St. Joseph Medical Center**  
TOWSON

## MASSACHUSETTS

- 1 Massachusetts General Hospital**  
BOSTON
- 2 Brigham and Women's Hospital**  
BOSTON
- 3 Beth Israel Deaconess Medical Center**  
BOSTON
- 4 Tufts Medical Center**  
BOSTON
- 5 Newton-Wellesley Hospital**  
NEWTON

## MICHIGAN

- 1 University of Michigan Hospitals–Michigan Medicine**  
ANN ARBOR
- 2 St. Joseph Mercy Chelsea**  
CHELSEA
- 3 Beaumont Hospital**  
ROYAL OAK
- 4 Holland Hospital**  
HOLLAND
- 5 Beaumont Hospital**  
TROY

## MINNESOTA

- 1 Mayo Clinic**  
ROCHESTER
- 2 St. Cloud Hospital**  
ST. CLOUD
- 3 University of Minnesota Medical Center**  
MINNEAPOLIS
- 4 Regions Hospital**  
ST. PAUL
- 5 Fairview Southdale Hospital**  
EDINA



## MISSOURI

- 1 Barnes-Jewish Hospital**  
ST. LOUIS
- 2 St. Johns Mercy Medical Center**  
ST. LOUIS
- 3 St. Luke's Hospital of Kansas City**  
KANSAS CITY
- 4 Boone Hospital Center**  
COLUMBIA
- 5 SSM Health–St. Mary's Hospital**  
JEFFERSON CITY

## MONTANA

- 1 St. Vincent Healthcare**  
BILLINGS
- 2 St. Patrick Hospital**  
MISSOULA
- 3 Billings Clinic Hospital**  
BILLINGS

FROM TOP: ROBERT COHEN/ST. LOUIS POST-DISPATCH/TRIBUNE NEWS SERVICE/GETTY; ALESSIO BOTTICELLI/GC IMAGES/GETTY

**NEBRASKA**

- 1 **Nebraska Medicine-  
Nebraska Medical Center**  
OMAHA

**NEW HAMPSHIRE**

- 1 **Dartmouth-Hitchcock  
Medical Center**  
LEBANON
- 2 **Wentworth-Douglass Hospital**  
DOVER
- 3 **Catholic Medical Center**  
MANCHESTER

**NEW JERSEY**

- 1 **Morristown Medical Center**  
MORRISTOWN
- 2 **Hackensack University  
Medical Center**  
HACKENSACK
- 3 **Valley Hospital**  
RIDGEWOOD
- 4 **Overlook Medical Center**  
SUMMIT
- 5 **Newark Beth Israel  
Medical Center**  
NEWARK

**NEW YORK**

- 1 **New York-Presbyterian  
Hospital-Columbia and Cornell**  
NEW YORK
- 2 **The Mount Sinai Hospital**  
NEW YORK
- 3 **NYU Langone Hospitals**  
NEW YORK
- 4 **North Shore University Hospital**  
MANHASSET
- 5 **Strong Memorial Hospital-  
University of Rochester**  
ROCHESTER

**NORTH CAROLINA**

- 1 **Duke University Hospital**  
DURHAM
- 2 **University of North  
Carolina Hospitals**  
CHAPEL HILL
- 3 **UNC REX Hospital**  
RALEIGH
- 4 **The Moses H. Cone  
Memorial Hospital**  
GREENSBORO
- 5 **Carolina East Medical Center**  
NEW BERN

**OHIO**

- 1 **Cleveland Clinic**  
CLEVELAND
- 2 **University Hospitals  
Cleveland Medical Center**  
CLEVELAND
- 3 **Cleveland Clinic  
Fairview Hospital**  
CLEVELAND
- 4 **Ohio State University-  
Wexner Medical Center**  
COLUMBUS
- 5 **Miami Valley Hospital**  
DAYTON

**OKLAHOMA**

- 1 **Saint Francis Hospital**  
TULSA
- 2 **Norman Regional Hospital**  
NORMAN
- 3 **Southwestern Medical Center**  
LAWTON
- 4 **Integris Southwest  
Medical Center**  
OKLAHOMA CITY

**OREGON**

- 1 **OHSU Hospital**  
PORTLAND
- 2 **Providence Portland  
Medical Center**  
PORTLAND
- 3 **Providence St. Vincent  
Medical Center**  
PORTLAND
- 4 **Salem Hospital**  
SALEM
- 5 **Asante Rogue Regional  
Medical Center**  
MEDFORD

**PENNSYLVANIA**

- 1 **Hospital of the University of  
Pennsylvania-Penn Presbyterian**  
PHILADELPHIA
- 2 **UPMC Presbyterian & Shadyside**  
PITTSBURGH
- 3 **Jefferson Health-Thomas  
Jefferson University Hospitals**  
PHILADELPHIA
- 4 **Penn Medicine Chester  
County Hospital**  
WEST CHESTER
- 5 **Penn State Health-Milton S.  
Hershey Medical Center**  
HERSHEY



**SOUTH CAROLINA**

- 1 MUSC Health–University Medical Center**  
CHARLESTON
- 2 Bon Secours St. Francis Hospital**  
CHARLESTON
- 3 Roper Hospital**  
CHARLESTON
- 4 St. Francis Downtown**  
GREENVILLE

**SOUTH DAKOTA**

- 1 Sanford USD Medical Center**  
SIOUX FALLS
- 2 Avera McKennan Hospital and University Health Center**  
SIOUX FALLS

**TENNESSEE**

- 1 Vanderbilt University Medical Center**  
NASHVILLE

**TEXAS**

- 1 Houston Methodist Hospital**  
HOUSTON
- 2 UT Southwestern Medical Center**  
DALLAS

- 3 Baylor University Medical Center**  
DALLAS

- 4 Baylor St. Luke’s Medical Center**  
HOUSTON

- 5 Memorial Hermann–Texas Medical Center**  
HOUSTON

**UTAH**

- 1 University of Utah Hospital**  
SALT LAKE CITY

- 2 Intermountain Medical Center**  
MURRAY

- 3 Utah Valley Hospital**  
PROVO

- 4 LDS Hospital**  
SALT LAKE CITY

- 5 Logan Regional Hospital**  
LOGAN

**VIRGINIA**

- 1 University of Virginia Medical Center**  
CHARLOTTESVILLE

- 2 Inova Fairfax Hospital**  
FALLS CHURCH

- 3 Inova Alexandria Hospital**  
ALEXANDRIA

- 4 VCU Medical Center**  
RICHMOND

- 5 Sentara Williamsburg Regional Medical Center**  
WILLIAMSBURG

**WASHINGTON**

- 1 University of Washington Medical Center**  
SEATTLE

- 2 Virginia Mason Medical Center**  
SEATTLE

- 3 Swedish Medical Center**  
SEATTLE

- 4 Harborview Medical Center**  
SEATTLE

- 5 Legacy Salmon Creek Medical Center**  
VANCOUVER

**WEST VIRGINIA**

- 1 WVU Medicine**  
MORGANTOWN

**WISCONSIN**

- 1 University of Wisconsin Hospitals**  
MADISON

- 2 Aurora St. Luke’s Medical Center**  
MILWAUKEE

- 3 Froedtert Hospital and the Medical College of Wisconsin**  
MILWAUKEE

- 4 UnityPoint Health–Meriter**  
MADISON

- 5 Mayo Clinic–Health System in Eau Claire**  
EAU CLAIRE

**WYOMING**

- 1 St. Johns Medical Center**  
JACKSON



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# Specialty Treatment

Some kinds of illness—and some kinds of patients—are best treated in facilities specifically devoted to them. Below are the best hospitals in the U.S. in five fields: heart illnesses, cancer, bone and joint ailments and care for children.

## CARDIOLOGY

**Arkansas Heart Hospital**  
LITTLE ROCK, AR

**Banner Heart Hospital**  
MESA, AZ

**Baylor Scott and White the Heart Hospital Plano**  
PLANO, TX

**Oklahoma Heart Hospital**  
OKLAHOMA CITY, OK

**St. Francis Hospital**  
ROSLYN, NY

**St. Vincent Heart Center of Indiana**  
INDIANAPOLIS, IN

## ONCOLOGY

**MD Anderson Cancer Center**  
HOUSTON, TX

**Memorial Sloan Kettering Cancer Center**  
NEW YORK, NY

## ORTHOPEDIC

**Hospital for Special Surgery**  
NEW YORK, NY

**New England Baptist Hospital**  
BOSTON, MA

## PEDIATRICS

**Boston Children's Hospital**  
BOSTON, MA

**Children's Hospital Colorado Anschutz Medical Campus**  
AURORA, CO

**Children's Hospital Los Angeles**  
LOS ANGELES, CA


**Children's Hospital of Philadelphia**  
PHILADELPHIA, PA

**Cincinnati Children's Hospital Medical Center**  
CINCINNATI, OH

**Orlando Health-Orlando Regional Medical Center**  
ORLANDO, FL

**St. Louis Children's Hospital**  
ST. LOUIS, MO

**Texas Children's Hospital**  
HOUSTON, TX

**UPMC Children's Hospital of Pittsburgh**  
PITTSBURGH, PA 



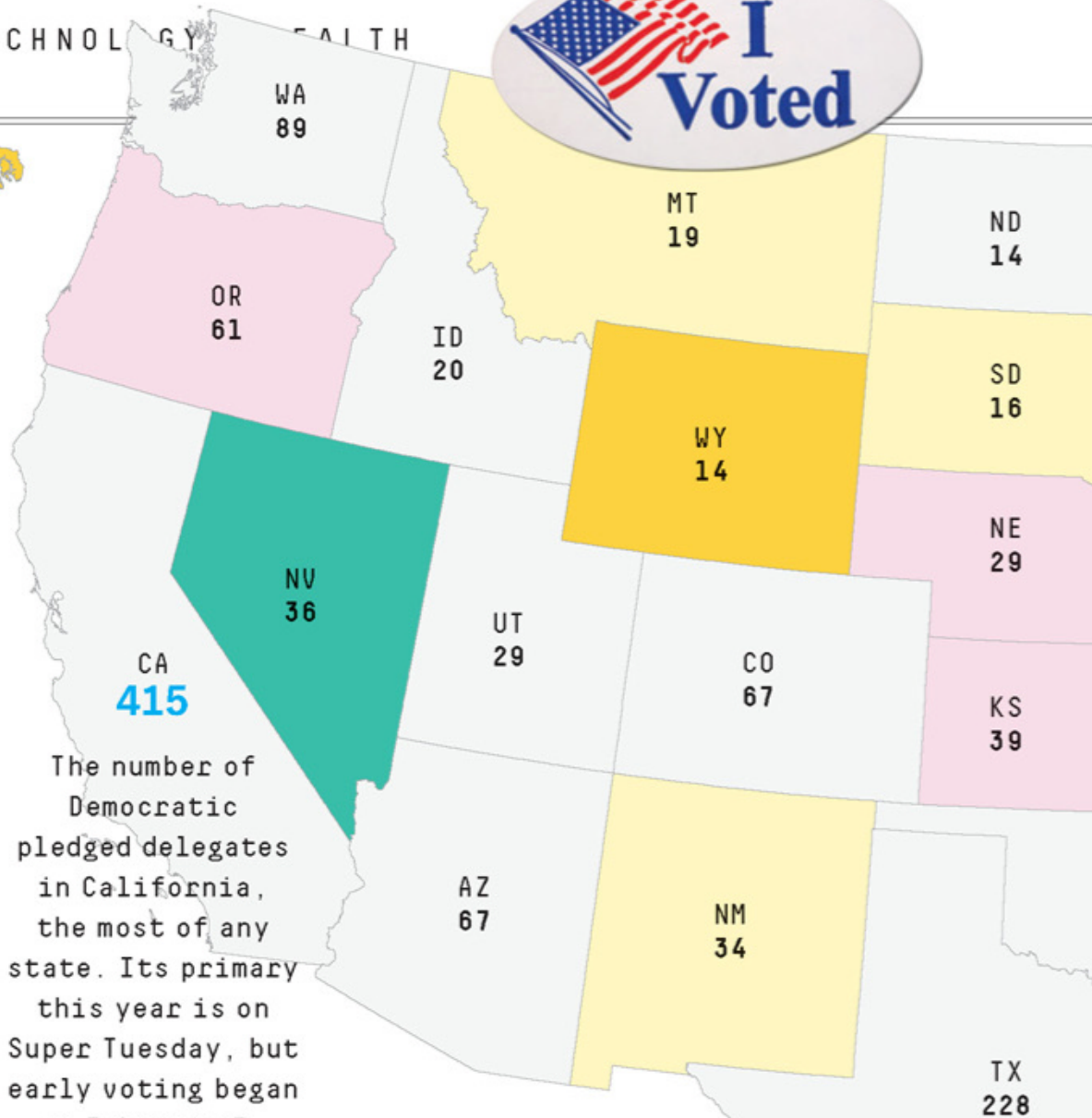
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BY THE NUMBERS

# Primary Season

The race to become the Democratic Party's candidate for president really heats up in March, when 29 of the 57 scheduled state and territory nominating contests take place and 62 percent of the pledged delegates will be chosen. Here are other key facts and figures that define the 2020 election season. —Sarah Dreher



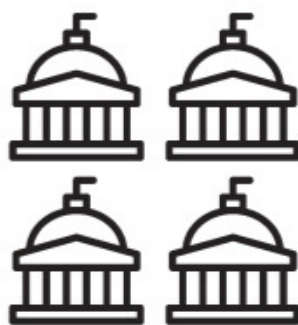
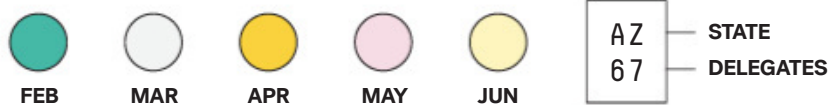
The number of Democratic pledged delegates in California, the most of any state. Its primary this year is on Super Tuesday, but early voting began on February 3.

### Amounts raised by individual candidates' committees:

\$464,143,378	MICHAEL BLOOMBERG
\$270,666,548	TOM STEYER
\$217,940,958	DONALD TRUMP
\$132,564,706	BERNIE SANDERS
\$91,990,805	ELIZABETH WARREN
\$81,490,817	PETE BUTTIGIEG
\$68,281,497	JOE BIDEN
\$34,188,150	AMY KLOBUCHAR

### 2020 Delegate Contests, By State

Primary & Caucus Dates



### Four

The number of states holding caucuses this year, down from 15 in 2016. They are Iowa, Nevada, Wyoming, North Dakota, plus two U.S. territories: American Samoa and the U.S. Virgin Islands.

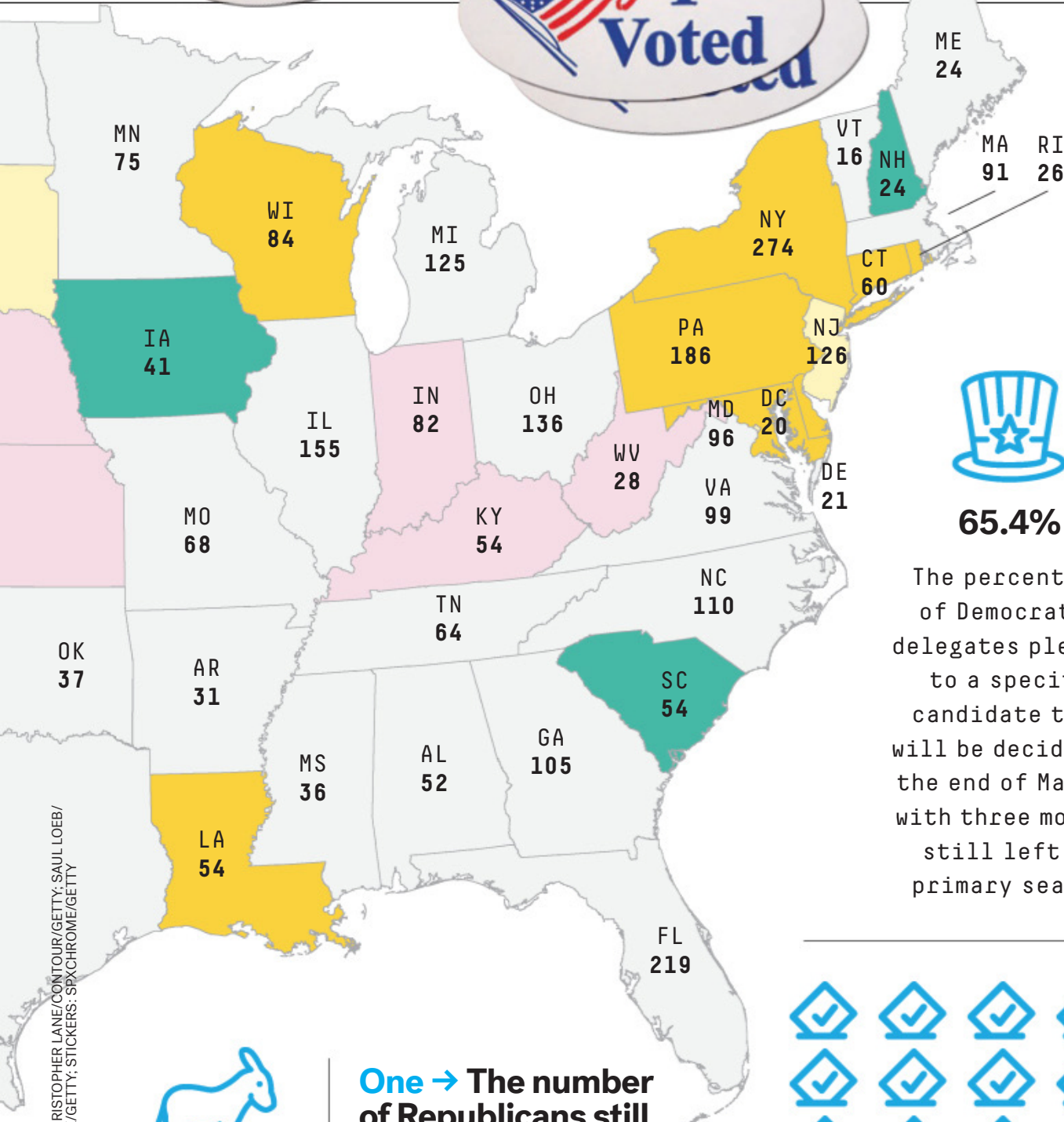


**20 →** The number of candidates who have withdrawn from the race for the Democratic presidential nomination so far. The latest: Michael Bennet, Andrew Yang and Deval Patrick, who ended their campaigns in mid-February.



MICHAEL BENNET





# 14



65.4%

The percentage of Democratic delegates pledged to a specific candidate that will be decided by the end of March—with three months still left to primary season

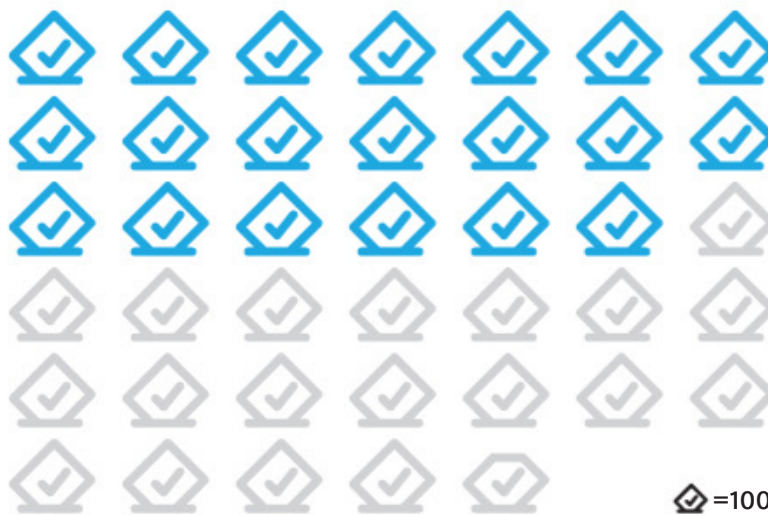
The number of states holding Democratic primaries on March 3, a.k.a. Super Tuesday—far more than any other day this election season. The American Samoa caucus and start of week-long voting for registered Democrats living abroad also happen on this day.



34%

The percentage of Democratic delegates up for grabs on Super Tuesday—1,357 out of a total of 3,979 pledged delegates in all

**One** → The number of Republicans still officially campaigning against President Trump for the Republican nomination. The challenger is former Massachusetts Governor Bill Weld, who won 9% of the Republican vote in New Hampshire's primary.



1,991

The minimum number of pledged delegates needed to win the presidential nomination on the first ballot at the Democratic convention

🗳️ = 100

SOURCES: BALLETOPEDIA, CENTER FOR RESPONSIVE POLITICS (OPENSECRETS.ORG), NATIONAL CONFERENCE OF STATE LEGISLATORS, WELD2020, ELECTION CENTRAL



ANDREW YANG



DEVAL PATRICK

# \$1,582,300,000

The amounts raised by presidential candidates for the 2020 election (through Feb. 3, 2020).



PORTRAITS FROM LEFT: JAMIE MCCARTHY/GETTY; CHRISTOPHER LANE/CONTOUR/GETTY; SAUL LOEB/AFP/GETTY; CHRIS GRAYTHEN/GETTY; ICONS: LUSHIK/GETTY; STICKERS: SPXCHROME/GETTY



MUSIC

# Kissing It All Goodbye

As KISS heads toward the the end of the road, superfans are happy to pay handsomely to relive the past

## BROWSING WELCOME

A novel way to celebrate National Reading Month » P.62



**➔** ROBERT HABERKORN IS A 55-YEAR-OLD CONTRACTOR from New Jersey. He and his son, Joe, 32, like KISS. A lot. On a dreary Tuesday night in February they've come to see the band's Allentown, Pennsylvania, stop on its current "End of the Road Tour," advertised as their last ever. (A 2000 reunion of the original members of the band was also supposed to be their swansong, but never mind.)

"This is my 65th time tonight since 1977," Haberkorn says. "My first one was at Madison Square Garden in December '77 with the four original guys in makeup, and I took my son for his first one at the Garden in New York City, the same four guys with the makeup, and he's been coming to every show since then. He's at 29, I'm at 65."

Tickets in the 10,000-seat PPL Center went for prices starting at about \$40. The Haberkorns and 15 other people, though, have paid extra for the "Ultimate KISS Army VIP Experience," which entitles them, among other things, to a pre-show bar and hors d'oeuvres; a chance to try on Gene Simmons and Paul Stanley's platform boots; a tour of the stage, including a chance to sit behind drummer Eric Singer's kit; a meet-and-greet with the band; and the opportunity to watch the thunderous two-hour, fireworks and flash-bomb extravaganza that is a KISS show from a private area immediately in front of the stage. Anyone down there will be so close that when the flame cannons fire, their faces will feel sunburned, and when the dry ice smoke billows over them they'll be momentarily fogbound. Simmons, Stanley and lead guitarist Tommy Thayer will shower them with guitar picks throughout the night. And to top it all off, after the show Gene Simmons will privately present Bob Haberkorn with the fake-blood spattered, battle-axe shaped bass guitar he played on stage.

"This is the biggie," Haberkorn says, "This is the holy grail. We've done VIPs, and we met for a bunch of times and also tonight I'm getting his bloody bass. A lot people have the basses, but the bloody ones are few and far between. I'm such a fan and this is getting close to the end. This is like my big souvenir."

What is the price tag for all of that? Haberkorn says, "I think the total bill was 22." Thousand, that is.

Is that a lot of money for him? Haberkorn laughs and says, "It's a lot of money for anybody. At this point, it's half a car. Or a third of a car."

The paid backstage meet-and-greet has been a staple of live music for some time now, but KISS was among the first to do it, and they've stuck with it through the years with their characteristic gusto for merchandising. They sell a variety of packages at prices starting at \$750 and running well into the thousands. Front man Paul Stanley, 68, thinks of it like this: "If you buy a ticket on an airplane, you can either be in coach or first class, and if you're willing to pay the difference there are amenities that you get. You get to the same destination." He says he's long ceased to care about any criticism about it, particularly as the practice has become standard throughout the music business. "When we first started doing this, like many things we've done, it hadn't been done before," he says. "When you lead the charge, you are going to be the target."

"I see KISS more as a tribe," Stanley adds, "in that most bands are very age-demographic specific. And with us, unlike other bands, you're not uncomfortable that your little brother is there or your grandfather may be there. It's a communal atmosphere of

like-minded people, so it's a joyous atmosphere that I think is lacking in other events of a similar nature."

And if KISS charges a lot, they do take good care of their superfans. (While many acts charge significantly less, they also usually give their fans less access; a VIP ticket to see Janet Jackson this summer, for instance, will run you about \$1,300 but you don't get to meet the star. Meanwhile, the Rolling Stones reportedly charged \$17,000 for VIP meet-and-greets last summer, although part of the money went to charity.) Among the people getting the "Ultimate KISS Army VIP Experience" tonight are several repeat visitors, including the Haberkorns, an executive from a pharmaceutical company who is treating his wife and several members of his management team, and Solange Margery Bertoglia, 44, a Philadelphia psychiatrist, who says, "I've done it three times and one time I actually flew all the way from Costa Rica where I used to live."

BY

PETER CARBONARA

[@PeterCarbonara](#)

**WITH THE BAND**  
Fan Solange Margery Bertoglia with KISS. From left: Eric Singer, Gene Simmons, Paul Stanley and Tommy Thayer. While the price tag for the backstage visit was steep, she says it was "totally worth it."



## Culture

The KISS backstage crew are cheerful, friendly and professional and the band members themselves are attentive, joking easily with fans and patiently posing for endless rounds of photos. The days of dressing-room mayhem and hot-and-cold running groupies and drug dealers are long gone; but for the makeup, you could be backstage at the Ice Capades.

Oddly for a band, brand identity is nicely encapsulated by lyrics like “No place for hidin’ baby, no place to run/You pull the trigger of my/love gun”; for much of their audience, a KISS concert these days is a return to childhood.

Take John Bartos, president of a Houston and Philadelphia machinery company, for instance. While waiting backstage with his wife Marci and younger sister Toni Shramko to meet Paul Stanley privately, he beams when he says, “I’m the 55-year-old president of a big company, and I’m a little kid,” he says. The visit, which he says is mainly a treat for his sister, a KISS fan since the age of 5, will cost him \$6,000 and includes a brand-new, black Ibanez Paul Stanley Signature PS-120 electric guitar, which he will ask Stanley to autograph. And then smash on stage at the end of the show.

Stanley comes out of his dressing room in full KISS regalia, dancing a little on his black platform boots to make the chains hanging off them jangle. He chats quietly with the Bartos for a few minutes. “How are you?” he asks, solicitously. They tell him they’ve met before at a show of his paintings at a gallery at an upscale mall in New Jersey and ask if he remembers. “Yes, yes, I do,” he says. They ask him what kind of music he listens to at home when he’s painting. “I listen to Motown and early soul,” he says. Then he signs the guitar and the four prints of KISS album artwork Bartos has also brought with him, then withdraws to his dressing room before a group meet-and-greet, followed by an extended photo session with fans.

Bartos says he plans to have the pieces of the guitar framed and displayed in his family room. Later via email after the show, he writes, “The KISS backstage event was all we had hoped for—and more. The efficient way that the session was organized, and especially how much time Paul spent with us were both pleasant surprises.” As for the cost, he wrote, “You can’t put a price on a memory that will last a lifetime. That’s the way I justified it.” **N**



**ALLENTOWN, ROCK CITY 1** KISS fan Joe Haberkorn with Gene Simmons and Paul Stanley’s platform boots as part of the “Ultimate KISS Army Experience.” **2** Stanley on stage amid the pyrotechnics. **3** Elevator shoes of the stars. **4** Drummer Eric Singer. **5** Simmons operating rock music’s most famous tongue. **6** A face in the crowd. **7** Rock star moves. **8** Lead guitarist Tommy Thayer, sans makeup, autographing memorabilia backstage before the show. **9** Fan Robert Haberkorn posing with one of Simmons’ bass guitars during a backstage tour. **10** The next generation of KISS fandom.



“Unlike other bands, you’re not uncomfortable that your little brother is there or your grandfather may be there. **It’s a communal atmosphere** of like minded people.”





**01 Kansas City Library**  
— Kansas City, Missouri

Along the south wall of this parking garage's exterior, visitors are treated to what looks like a huge shelf of books. The building originally served as a bank, which is readily apparent when the library has screenings in its Vault Theater, inside an actual 1925 bank vault.



**02 Biblioteca Vasconcelos**  
— Mexico City, Mexico

Known as the mega library, the interior of this library is more akin to a massive storage facility than a library. The open interior has towering flooring of open grates that create a labyrinth effect, and surrounds the "Matrix Mobile" by Gabriel Orozco—a sculpture transformed from the skeleton of a gray whale. The exterior is surrounded by almost 6 1/2 acres of lush gardens devoted to plants endemic to Mexico.

**03 Stuttgart City Library**  
— Stuttgart, Germany

Opened in 2011, this nine-story public library designed by Yi Architects is characterized by its stunning white-on-white color scheme (lit by blue light at night), its bold cubic shape and its cavernous interior. This cultural center for the city, designed to feel open and full of light, can be entered from any of its four sides, and patrons can borrow artwork as well as books.



**04 Biblioteca Sandro Penna**  
— Perugia, Italy

In a country known for classical architecture and historical buildings, Biblioteca Sandro Penna stands out for its modern aesthetic. Housing books and multimedia, this library was built in 2004, is named after a local poet and it is easily identifiable by its circular pink glass top reminiscent of a flying saucer.



**06 The Camel Library Service**  
— North Eastern Province, Kenya

To combat low literacy rates in the desert of Kenya, the government created a roaming library composed of nine camels bringing books to villages. The library travels four days a week serving the region's nomadic people. Currently the service focuses on children, but with more funding they plan to increase their reach both in distance and the titles they carry.



01: JOHN DILLON/GETTY; 02: VIEW PICTURES/UNIVERSAL IMAGES GROUP/GETTY; 03: XINHUA/ZHANG CHENG/GETTY; 04: COURTESY OF COMUNI DI PERUGIA; 05: NURPHOTO/CORBIS/GETTY



**05 Beach Library**  
— Albena, Bulgaria

Reading a book on the beach is a classic, and in Bulgaria, one library encourages tourists to do just that. The white, weather-resistant shelves lined up not far from the surf feature 6,000 books in 15 languages so every visitor can find the perfect beach read to enjoy while soaking up the sun's rays.

**08 Seikei University Library**  
— Tokyo, Japan

Libraries are usually known for their quiet atmosphere, but this one encourages conversation. Pritzker Prize-winner Shigeru Ban designed the library with space-age, free-standing soundproofed pods to respect those who need uninterrupted study, while also being conducive to other methods of learning; they serve as perfect spots for study groups and lively discussions.



**07 Bishan Library**  
— Singapore

Built in 2006, this library with skylights and trellises, is meant to invoke a modern glass treehouse. Glass pods of varying colors stick out of the building randomly to create cozy yet airy nooks for reading throughout the building. At the same time, a more open-plan children's room on the basement level invites interaction while preventing noise from filtering upward and disturbing those concentrating in the lofty perches above.

**09 Macquarie University Library**  
— Sydney, Australia

A stunning combination of cutting-edge and sustainable, this building was made from recycled materials, features a green roof and was designed to emulate the look of a eucalyptus tree. It is also state of the art, using robot cranes to bring requested books to the front desk.



**UNCHARTED**

# Novel Libraries That Encourage Borrowing

Visiting your local library is the best way to celebrate March's National Reading Month, or to celebrate the birthday of beloved children's book author, Dr. Seuss, on March 2. The rest of the year, some libraries use unique architecture to encourage visitors to explore the racks and settle down with a new book, or use roving libraries to bring books to hard-to-reach populations. No matter how they achieve it, these amazing libraries are keeping the magic of reading alive. —*Laura Powers*

06: ALEXANDER JOE/AFP/GETTY; 07: COURTESY OF BISHAN LIBRARY; 08: SEIKEI GAKUEN; 09: COURTESY OF MACQUARIE UNIVERSITY LIBRARY

## PARTING SHOT

# Jane Fonda

**➤** JANE FONDA IS A LIVING ICON. SHE'S WON TWO OSCARS, HAILS FROM Hollywood royalty and has had an impact on nearly every aspect of popular culture for the past 60 years. But unlike many other legends of the silver screen, Fonda is almost as well known for her activism as she is for her performances. From her controversial involvement with the anti-Vietnam War movement to her longtime activism for women's rights, Fonda has become a symbol for social change. Now she's taking on climate change. "We're facing a collective crisis that requires a collective response." In 2019, Fonda made news for her weekly protests (and arrests) in Washington, D.C. as part of Greenpeace's "Fire Drill Fridays" and her now-iconic red coat. Now she's taking that protest to California. "This is a catastrophe," Fonda says. "If we had known what [the scientists] knew back in the '70s, we could have had a moderate incremental transition out of fossil fuel into a clean, sustainable energy system. But we didn't. We lost all that time, and now we have a decade left, so it's too late for moderation."

**"It could have been just an aging movie star comes to Washington and does this thing every Friday and then goes home."**



## Is California poised to lead the nation on climate change and passage of the Green New Deal?

There's a schism between what people think of California environmentally and the reality. We are very progressive [on] the demand side—alternative energy, electric cars. But we are also one of the biggest oil-producing states, and thousands of permits for new well drilling and fracking continue to be issued.

## What role do you think Hollywood in particular can or should be playing in climate change activism?

Every single person should be playing a role. Especially the actors have a platform, and it's always best that it be used in the context of an organization.

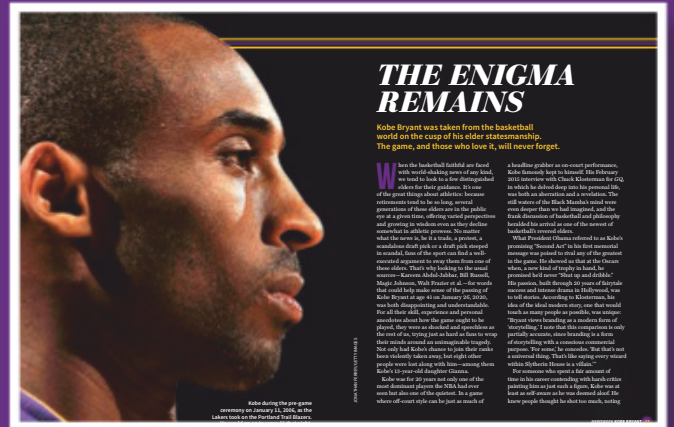
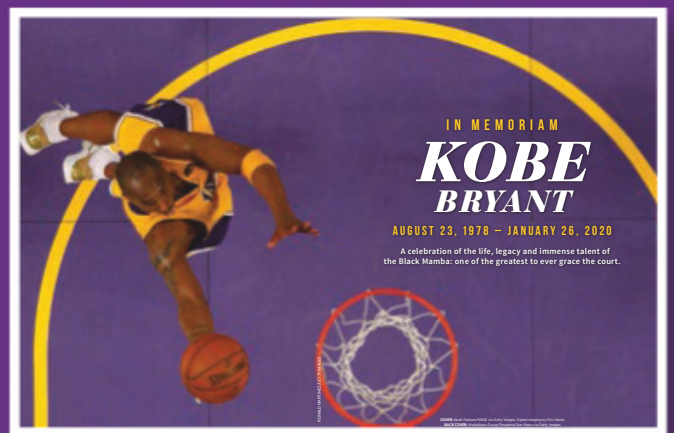
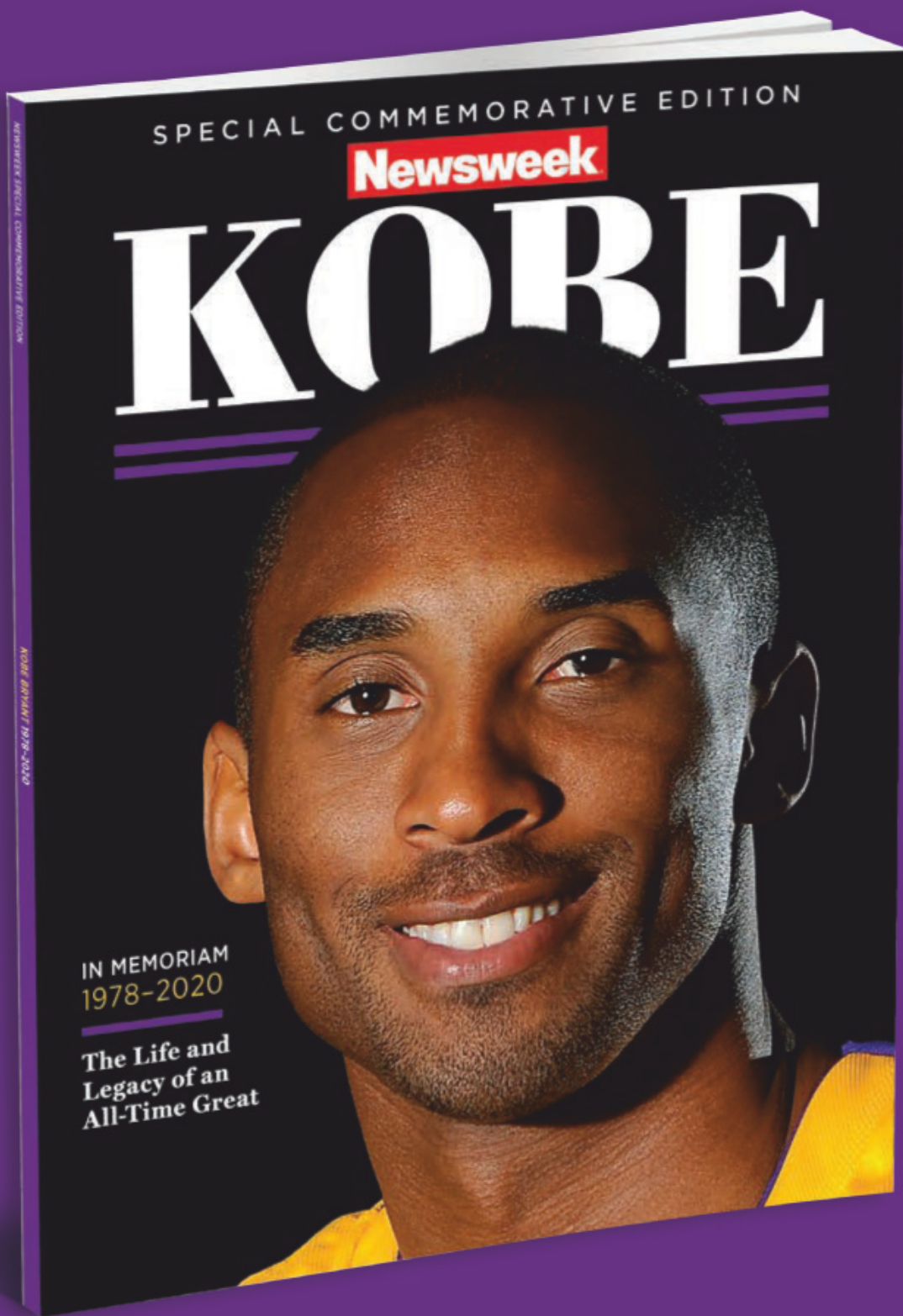
## What was your reaction to your time in D.C. Did it give you hope?

We had no idea whether this would work. It could have been just an aging movie star comes to Washington and does this thing every Friday and then goes home. But within a couple of weeks, it became clear that we were tapping into something needed.

## The red coat you wore during Fire Drill Fridays became a symbol for the movement. Why do you think?

I have no idea. We were meeting the organizers: "It's going to be called Fire Drill Fridays, maybe you should wear a fireman's coat? It's too hokey, but wear something red." So I went to Neiman's, and there was only one red thing, and it was this coat. —H. Alan Scott

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