

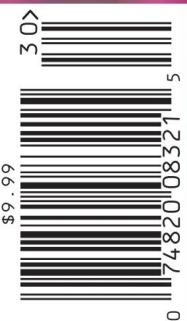


07.24.2020

# Newsweek®

# SURVIVING THE SECOND WAVE

WHAT DOCTORS LEARNED FROM TREATING THE EARLIEST  
COVID-19 PATIENTS IS SAVING LIVES NOW





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## FEATURES

### SAFE ARRIVAL

Avoiding unnecessarily dangerous procedures is one of the keys for hospitals that provide the highest quality care for mothers and infants.

—  
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4X-image/Getty

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## “We Didn’t Know What We Know Now”

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BY ADAM PIORE

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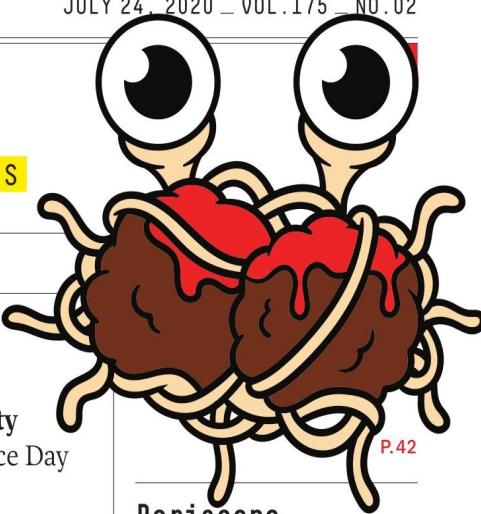
Newsweek and Leapfrog Group, a non-profit that reports on safety and quality of U.S. hospitals, teamed up to find the top 231 facilities in 36 states.

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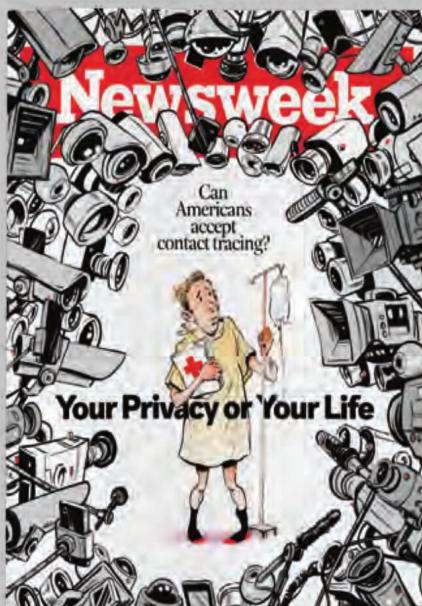
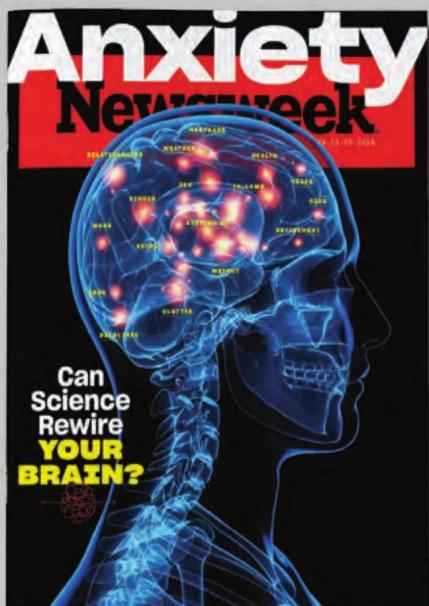
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“Journalism I don’t see elsewhere until later, if at all.”

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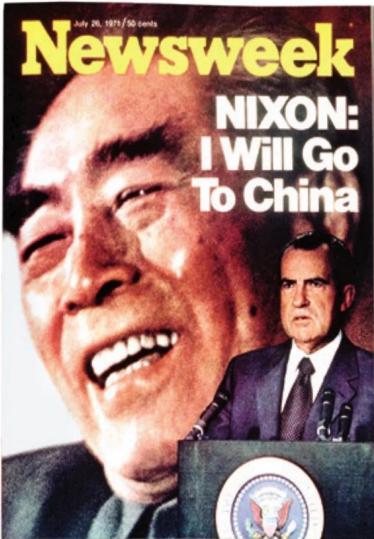
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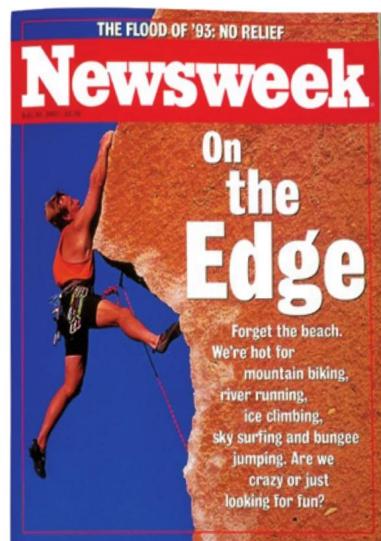
1986

As the American lifestyle continued to encroach on and dominate nature, *Newsweek* reported on the need “to re-think the role that national parks and wilderness play in the American psyche, to decide once and for all whether a given natural feature is worth any more than people are willing to spend for postcards of it.” With the 25.5 million acres of national park in the lower 48 United States “inadequate to guarantee the preservation of a pristine ecosystem,” *Newsweek* asked a pressing and still-relevant question: “Do the parks exist to conserve nature or to put it on display?”



1971

In a “masterstroke,” reported *Newsweek*, President Richard Nixon announced that he would visit China—marking the end of 25 years of isolation between the two nations. Last year, in a similarly historic move, President Donald Trump became the first U.S. president to meet with a sitting leader of North Korea.



1993

“On bikes, rafts or in free fall, Americans are looking for adventure,” said *Newsweek*, adding that fitness was at “the intersection of practically every fashionable trend in American society.” Between 1973 and 1993, adventure travel had grown into an \$8 billion dollar industry. By 2018, the global market had increased to \$586.3 billion. ■

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ISTANBUL, TURKEY

## Celebration

On July 10, a Turkish court revoked the sixth-century Hagia Sophia's status as a museum, clearing the way for it to be turned back into a mosque. The Istanbul building, a magnet for tourists, has been a museum since 1935, open to believers of all faiths.

PHOTO: OZAN KOSE



OZAN KOSE/AFP/GETTY



NEW YORK CITY

### Independence Day

Fireworks explode over the Statue of Liberty during Macy's Fourth of July Fireworks Spectacular on June 30. Macy's produced five days of fireworks in all boroughs of New York City leading up to the finale on the Fourth of July. Macy's first July 4 fireworks show, with Disney, was in 1976 in celebration of the Bicentennial; since then it has been an annual event.

→ GOTHAM



ZURICH, SWITZERLAND

### Fakes

Switzerland's Riccarda Dietsche (R) and Ajla Del Ponte compete in the women's 3x100 meter relay in front of cardboard spectators, during the Inspiration Games exhibition, held across different countries, at the Letzigrund Stadion on July 9. Switzerland hosts the event but athletes competed across the globe in a live streaming, due to the coronavirus pandemic.

→ FABRICE COFFRINI

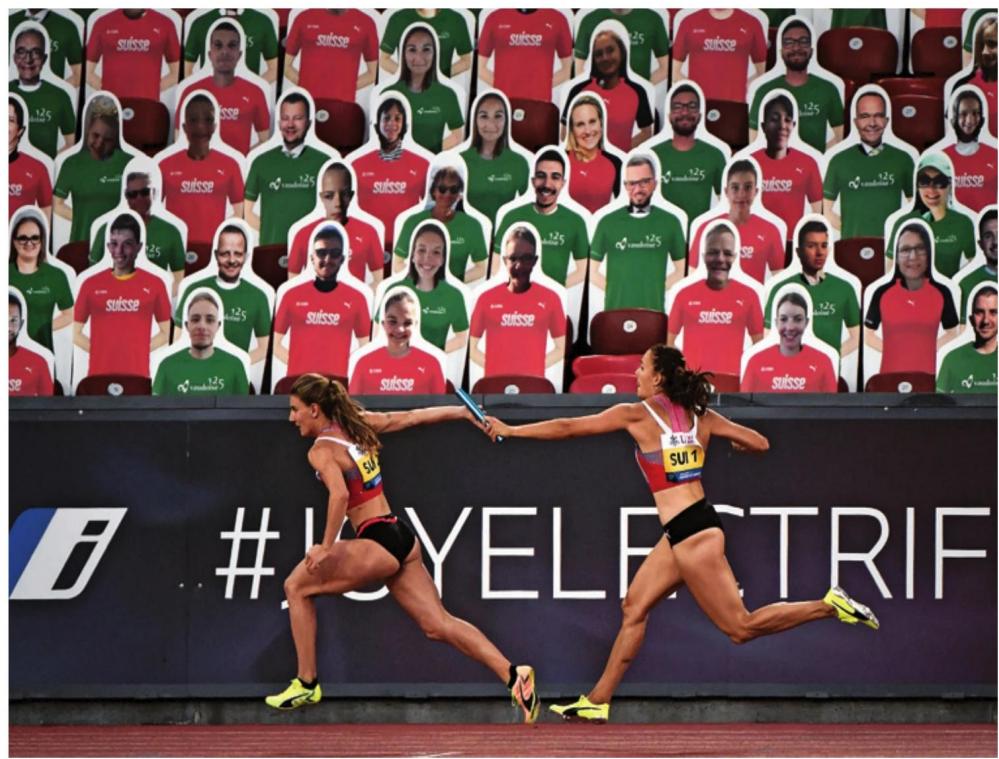


HITOYOSHI, JAPAN

### Landslide

A police officer, on July 5, stands in mud as he directs traffic in Hitoyoshi. At press time, 66 people were confirmed dead, and 16 others were missing after unprecedented torrential rain fell in the Kumamoto prefecture, causing widespread flooding and landslides.

→ CARL COURT



CLOCKWISE FROM LEFT: GOTHAM/GETTY; FABRICE COFFRINI/AFP/GETTY; CARL COURT/GETTY



#### DEFYING GRAVITY

Despite the ongoing pandemic and deep recession, the U.S. stock market has surged 20 percent over the past three months.

"A defining feature of America is that it is a liberal nation." »P.14



ECONOMY

# Pockets of Opportunity

As business conditions slowly start to improve, there are deals to be had for savvy consumers and savers—if you can afford to take advantage of them

↗ IMAGINE YOU JUST WOKE UP FROM A SIX-month coma. You're informed that while you were out for the count a new virus spread across the world, claiming more than 500,000 lives and infecting nearly 12 million people worldwide. That, in turn, caused a nasty recession and the highest unemployment rates in the U.S. since the Great Depression. As if that weren't enough, the killing of a Black man by a Minneapolis police officer, captured on video, sparked global protests in more than 60 countries, with demonstrators demanding racial justice and an end to police violence.

After a moment to collect your breath, you're then told that the U.S. stock market has soared by about 20 percent over the past three months, retail sales surged a record 17.7 percent in May and employers added 4.8 million jobs to their payrolls in June as businesses nationwide began to reopen.

Pretty weird, right?

It's a mixed-bag picture that Americans are waking up to daily. The country is still in the midst of a devastating economic downturn and, with cases on the rise in at least 38 states, it's not like COVID-19 has gone anywhere.

But as financial conditions improve in some sectors, there are also, undeniably, opportunities and good deals popping up to help save or make money—at least for the three quarters of Americans who still have jobs and can afford to take advantage of them.

If you're among the fortunate ones, here are four smart moves to consider making now.

## Renovate on the Cheap

AS NEWS OF A GROWING SECOND WAVE OF CORONAVIRUS cases spread, mortgage rates hit another all-time low in early July, with 30-year fixed-rate loans dropping to 2.92 percent, according to *Mortgage News Daily*. That might make this seem like an ideal time to shop for a new house but it's not; indeed, home sales tend to drop dramatically during pandemics, notes certified financial planner Brian Lockhart of PCM Capital Management. In fact, in a recent NerdWallet survey, about three-quarters of Amer-

icans expressed concern about buying a house this year, worried about their ability to safely tour prospective homes, sell their current residence or make mortgage payments.

What it could be an ideal time

BY

TAYLOR TEPPER

Twitter: @TaylorTepper

for instead, says Lockhart: taking on a renovation project to make your home more attractive to potential buyers when the market finally normalizes—and a lot nicer to live in while you're still in it.

Many homeowners seem to have gotten the word. A recent Bank of America poll found that 70 percent of respondents planned to tackle home improvement projects this year, with more planned for 2021. And, perhaps because they're spending a lot more time in their living quarters lately, owners are already hard at it. Spending on improvements shot up 40 percent at the end of June, compared to the same period last year, Earnest Research reports.

If your home has gone up in value you can take advantage of today's historically low mortgage rates and raise funds to renovate inexpensively with a cash-out refinancing of your current loan, says Chris Hutchins, head of autonomous financial planning at Wealthfront. To qualify, though, you'll need at least 20 percent equity in your home and a credit score of 720 or higher to nab the best rates.

### **Slash Your Credit Card Interest**

IN FACT, AFTER THE FEDERAL RESERVE slashed its benchmark rate to zero earlier this year in response to the pandemic, most borrowing rates are low these days. There is one notable exception: Rates on credit cards remain stubbornly high, at 16.6 percent on average for accounts that charge interest. That's a full three percentage points above where rates were in 2015.

Erasing that high-rate debt can immediately improve your bottom line. The average credit card user has a balance greater than \$6,000, according to the credit agency Experian, and that can result in hundreds of dollars in interest charges a year.

Refinancing that debt with a new lower-rate credit card, often recommended by advisors in normal times, is probably not the best solution now. Banks, leery of risk with the economy in flux, are getting tight with their open-ended credit spigot, and card offers have gotten stingier—a far cry from the generous introductory bonuses, extravagant spending rewards and long zero-percent financing periods offered when the economy was more robust.

If you have a solid credit score of 720 or higher, a better way to work down debt may be via a personal loan, with an average interest rate of 9.6 percent on a two-year loan, per the Fed. That's the lowest average in at least five years. Another plus: The consistent installment payments on a personal loan might give you the necessary discipline to wipe out your debt faster than the lower, variable payments allowed on credit card balances.

Before searching on a loan aggregator site for the best deals, check with your local credit union, since these institutions often offer lower rates than banks and other lenders.

### **Nab a Deal on a New Car**

SHOPPERS, UNDERSTANDABLY, HAVEN'T been inclined to look for new wheels lately. Inquiries for auto loans among

**“A recent poll found that 70 percent of Americans plan to tackle home improvement projects this year, with more planned for 2021.”**

**MIXED SIGNALS** The U.S. Treasury Department backs continued reopening of the economy even as COVID-19 cases rise, creating a confusing picture of what lies ahead for consumers and investors.

the most creditworthy borrowers dropped by two-thirds in the early months of the pandemic, according to the Consumer Financial Protection Bureau. Sales have continued to sputter, and are expected to be down 34 percent when second-quarter results come out, car research firm Edmunds reports.

Unlike the situation with credit card lenders, though, dealerships are offering increasingly generous financing terms to try to win back your business. Many manufacturers are offering loans of up to six years at zero percent interest for buyers with excellent credit, according to RealCarTips.com. Meanwhile, Nissan is taking it one step further, kicking in an extra 12 months of interest-free financing on top of that. *Car and Driver* reports many auto companies, faced with a supply glut, are also holding down prices overall.

Good credit is key to getting the best deal, though, as banks are tightening lending standards for auto loans. According to the Federal Reserve Bank of St. Louis, 16 percent of auto lenders raised the criteria for qualifying in the second quarter of the year—the highest percentage in at least nine years—versus none who were doing so when 2020 began.

### **Grow Your Retirement Savings**

PERSONAL-FINANCE SCOLDS ADVISED folks not to abandon stocks in their 401(k)s, IRAs and other retirement accounts just because shares fell into one of the swiftest bear markets in history when the pandemic hit. Most savers, but not all, heeded the call.

According to Fidelity, of the 7 percent of their customers who made



## High Score, Lower Rate

Personal loan rates vary dramatically, ranging from 5 percent to 35 percent recently, depending on how creditworthy lenders consider you. For that reason, these loans only make sense for borrowers with the highest credit scores.

CREDIT SCORE	PERSONAL LOAN RATES (Avg.)
Excellent: 720-850	→ 10.3% to 12.5%
Good: 690-719	→ 13.5% to 15.5%
Average: 630-689	→ 17.8% to 19.9%
Bad: 300-629	→ 28.5% to 32%

NOTE: RATES, AS OF JULY 1, 2020. SOURCE: BANKRATE

changes to their investments from February to May during the worst of the carnage, nearly one in five sold stocks. The exodus was even steeper among older savers: Of the 7.4 percent of investors age 65 and older who made changes, nearly a third cashed out some of their stocks, thereby turning what had been losses on paper into the real thing at a period of their lives when they have less time available to recoup.

Those savers, young and older, missed out on one of the most dramatic rebounds in market history, with the S&P 500 rising 45 percent from March 23rd to June 8th, according to Sam Stovall, chief investment strategist at CFRA Research.

The moral of the story: You can't let big news events derail your long-term financial plan. The day-to-day, week-to-week and even year-to-year movements of the financial markets are impossible to predict, and gains often come in short, sharp spurts; by the time you recognize what's happening, the upswing is often over and the reason for it is only apparent—if there even is a rational explanation—in hindsight.

What seemed to reassure the markets this time? After stocks' initial nosedive in February, Congress passed a trillion-dollar relief package and the Fed slashed rates and snatched up bonds like candy, with the central bank stepping in again to allay investor jitters in mid-June as second-wave

fears intensified. And the central bank will likely run its printing press for the foreseeable future, experts say.

"The Fed is not expecting to raise rates for years, even as the economy recovers through 2022," notes Morningstar senior equity analyst Eric Compton.

The most important reason to stick with a sizeable stake in stocks in your 401(k), though, is history: Over the long run—periods of 10, 15, 20 years or longer—they have outperformed all other investments and are your best bet to grow your savings into a comfortable nest egg for retirement.

Following some simple rules can help smooth out the ups and downs and lead to bigger gains in the long run. For starters, automate contributions to your account, so you end up buying more shares when prices are low and fewer when shares are up. Also make sure you have a good mix of different kinds of stocks, because the various categories tend to do well at different times. For instance, over the past three months, the big stocks that dominate the S&P 500 index have risen 19 percent in value, but the smaller companies of the Nasdaq have gained 32 percent. You should have some money in each type, along with a fund that invests in stocks outside of the U.S. and some fixed-income investments too.

Perhaps most importantly, when the going gets tough again, as it inevitably will, try to remember that the stock market isn't synonymous with the economy, and one day the coronavirus pandemic will be firmly in the past. Invest for then, not now. **N**

→ **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*.



# Blame It All On John Locke?

The Founders relied on Enlightenment ideas about freedom. Is that why the country seems so broken right now? A political scientist and a conservative commentator face off.



## LIBERALISM HAS FAILED

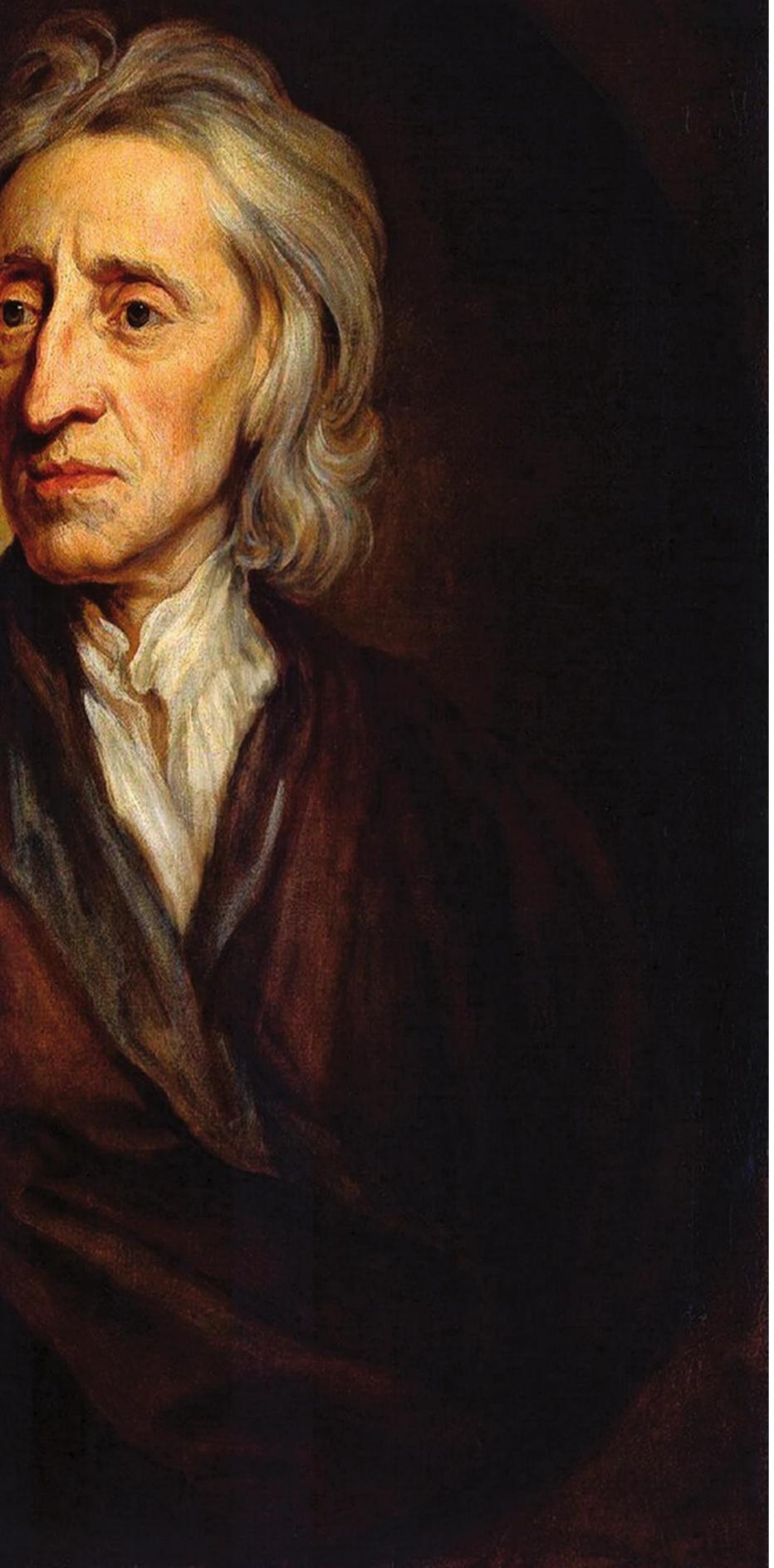
by Patrick J. Deneen

MOST PEOPLE AGREE THAT A DEFINING feature of America is that it is a liberal nation. In a way, that is not true of any other country—most of which have known different forms of political governance and political self-understanding. From its political inception, America has oftentimes been defined by its adherence to liberal philosophy. Conservatives such as George Will and Jonah Goldberg, and liberals such as Yascha Mounk and Barack Obama—for all their differences—believe that America is liberal, and that the way out of our current political brokenness is to restore its liberal foundations.

While people differ about how to define American liberalism, there is a broad consensus to begin with the

Declaration of Independence. Human beings are endowed with rights—or certain spheres of liberty that can be neither “alienated” nor abridged. These include “Life, Liberty, and the pursuit of Happiness.” Governments are founded to “secure” these rights. Echoing the Enlightenment-era arguments of the Englishman John Locke, humans are by nature “free and independent,” think of them in a “state of nature,” able to do and choose what they wish. According to such a view of the social contract, we create governments that limit some rights so that we may fully enjoy others. It is a philosophy that stresses our individual freedom, and it defines the purpose of any public life as advancing our individuality.

**THE SOURCE**  
A 1697 portrait of philosopher John Locke whose ideas about rights and government deeply influenced the Founding Fathers, particularly *Declaration of Independence* author Thomas Jefferson.



This philosophy sought especially to overthrow an older system that defined humans by their birth-right—noble or serf, aristocrat or commoner, king or subject. It was a world in which your name *was* who you would be (Smith, Weaver, Taylor) or defined you by whom or where you came from (O'Connor, Johansson, von Trapp). Liberalism was, perhaps above all, a declaration of independence from any identity that we did not ourselves choose—the embrace of a frontier in which who we were was simply who we wished to become. One of the reasons Americans have fixated on *The Great Gatsby* is because Jay Gatsby embodies the dream of becoming a completely new person—no longer the Midwest provincial, but now the swank and sophisticated New York

**“If you don’t succeed by the lights of modern liberalism, you are literally **on your own.**”**

financier whose abandoned past is a thing of speculation and mystery, and whose future can only be imagined.

I agree with the likes of George Will and Jonah Goldberg that this framing captures the philosophy of at least *some* ideas of *some* of the Founding Fathers *some* of the time, and that this notion of self-definition has become deeply embedded in America's collective psyche. However, America and its Founding was never reducible to this philosophy, and had many other inheritances, practices and self-understandings that complicated and even contradicted this liberal philosophy. This includes, above all, America's religious inheritance, including the Puritanism that

was present before the Founding; the various Protestant sects that settled in different parts of the country; the waves of Catholics who arrived in the 19th and 20th centuries; the Jews who arrived around that same time and, later, escaped fascism; and, more recently, Muslims settling in new communities throughout the land. These Abrahamic traditions, in their various ways, taught radically different lessons about ourselves: including the belief that “independence” from others and from nature is not the true form of freedom, but the longing that drove Lucifer from heaven; that rights are merely aggressions against others without more fundamental duties and obligations; that human society and government is rightly ordered and directed by natural and eternal laws, and not infinitely malleable according to human caprice.

Moreover, living in a federated political system and governing ourselves close to home, we also developed practices that emphasized not merely our individual rights, but also our civic duties and responsibilities. Visiting the United States in the 1830s, Alexis de Tocqueville lauded Americans for their active civic participation in local self-rule, rooted in townships and often oblivious to events in far-off Washington, D.C. Practicing the “arts of association,” Americans learned to govern themselves while expanding their sense of self to include the concerns and positions of others. Through a democracy conceived as the ongoing practice of self-government, and not the mere assertion of individual rights, Tocqueville observed that “the heart is enlarged.” America found a unique way of combining “the spirit of religion and the spirit of liberty,” one that moderated the excesses to which each might otherwise be inclined.

Yet Tocqueville noted, even then, that Americans tended to justify their actions in terms of self-interest—even when those actions were public-spirited and altruistic. As he remarked, “they do more honor to their philosophy than to themselves”; more honor to the liberal philosophy of some of our Founders than the fuller and more complex humans that we are. Tocqueville’s long text, *Democracy in America*, contains a warning that if Americans conform themselves wholly to that liberal philosophy, they will lose those vital inheritances that correct the self-interested, individualistic, materialistic and privatistic tendencies to which liberalism—left to its own devices—would tend over time.

American liberalism was feasible only because America wasn’t fully liberal. But today, we have become what our liberal philosophy imagined us to be: free of obligation and responsibility to each other, free of duties to past and future generations, masters of nature that we regard as our possession to use and abuse, consumers rather than citizens. With the weakening of religion, the centralization of our politics, a globe-straddling market

and the loss of civic responsibility, we have *willfully created* the conditions of the Hobbesian state of nature, a war of all against all. The tools of the liberal order that were intended to free us from interpersonal obligations—the state and a market—seem no longer under our control; in poll after poll, and expressed in film and song, Americans express the anxiety and fear that they no longer feel free. Rather, they feel as if they are subjects to the impersonal forces of our liberation: state, market and technology. Paradoxically, as liberalism became fully itself, it undermined the conditions that made a modest liberalism possible. We faintly recall that Gatsby died alone, his funeral almost devoid of friends and family.

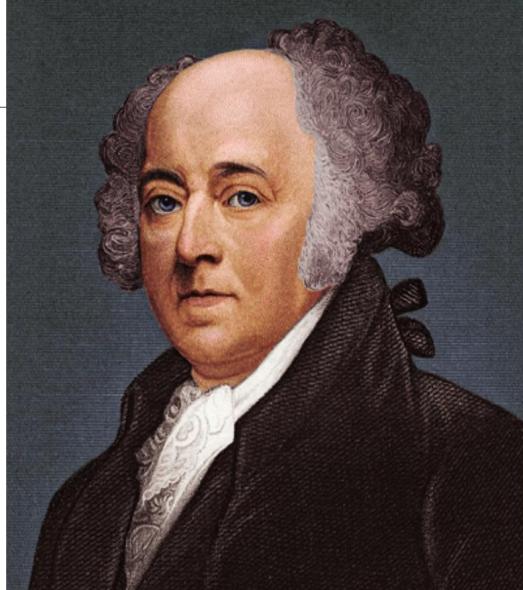
Moreover, this system that came into being to overthrow the arbitrary rule of the old aristocracy has given rise to a new powerful elite. A system that promised freedom by liberating people from others—from place, family, traditions and history—has proven ideal for a small subset of people who thrive in a borderless world of unbounded choice, amid the weakening of traditional institutions that



once instructed us to be public-spirited and generous with those choices. So-called “conservatives” advanced the liberal free market while claiming to support “family values” that unfettered capitalism undermines; while so-called “progressives” dominate the elite institutions, such as the academy, where they spout egalitarian bromides and limit admission to a tiny fraction of the well-heeled subpopulation. Today’s elites congregate in a narrow band of wealthy and expensive urban areas of the country, no longer living alongside the working class, and increasingly viewing the more traditional views of those in the heartland with contempt and derision. Tocqueville’s praise of “the arts of association” has been replaced by the virtue-signaling of an elite that professes its ferocious egalitarianism.

Meanwhile, local institutions corroded and collapsed, damaging especially the prospects for decent lives among the working classes of all races, which have experienced a breakdown in economic and social stability and a massive increases in deaths of despair. Washington, D.C. has been ruled by an alternating succession of parties that advanced different sides of the same liberal coin, expanding the global market while damaging the religious, familial and civic institutions and practices that are the most vital sources of education in true liberty and egalitarian opportunity. They are told that all is well because GDP and stock indices are higher, while unseen fellow citizens die in droves through suicide or self-medication amidst inexpressible loneliness.

Defenders of “classical liberalism”—those who have often claimed the label of “conservative” since the end of World War II, but would be called “liberal” in most European nations today—point to measures



**TOO MUCH** Second U.S. President John Adams, painted about 1790. Adams supported “sumptuary laws” against excessive wealth. Opposite: an 1819 depiction of the presentation of the Declaration of Independence to Congress in 1776.

of economic and material success as proof of liberalism’s moral superiority. What Jonah Goldberg calls “the Miracle”—the rapid ascent of wealth and prosperity that especially began with the period of industrialization in the 19th century—suffices, for some, to prove that no other system has been so successful at combating human misery. This “conservatism” comes to resemble core aspects of Marxism, claiming that the success or failure, and the morality or immorality, of a political system rests on its economic basis. An older—and truer—conservatism recognized that economic health was essential to human flourishing, but was as wary of *too much* wealth and *too much* inequality as it was of *too little* prosperity. John Adams, for instance,

wrote of the need for “sumptuary laws”—bans on “luxury”—because excessive wealth was as dangerous to the virtue of republican citizens as was too little prosperity. “Whether our countrymen have wisdom and virtue enough to submit to them, I know not; but the happiness of the people might be greatly promoted by them... Frugality is a great revenue..., curing us of vanities, levities, and fopperies.” Many of the members of the Founding generation, whom authors like Goldberg and George Will are ever-eager to cite, expressed grave concerns about the corrupting effects of wealth and the need to balance commerce with the cultivation of civic virtue. They discussed how an economy must be governed by concerns for the common good—especially to support the modest and frugal habits, avoidance of debt and the predominance of “middling” circumstances of most people.

“The Miracle” describes an aggregate accumulation of global wealth, but it ignores its concentration: the increasing, and even obscene, differentiation of wealth generated by the American economy and sanctioned by our political order. Classical liberalism defends to its final breath the legitimacy of this inequality, but the classical and biblical traditions regarded such inequality as unjust, oligarchic and deeply destabilizing. Conservatives of an older tradition measured the health of society not based upon a purely material basis—such as Marx or Goldberg, in their differing ways—but upon the overall health of its institutions and readily available shared decencies, especially to ordinary people. Amid the ongoing concentration of wealth in the households of elites, we have witnessed a stunning rise of deaths of despair in the working class, including the epidemic of opioid deaths and rising rates of suicide. The more straitened

**“The energy and most vital debates are taking place among those looking to construct the foundations of a post-liberal future.”**

your economic circumstance, the less likely you will marry, avoid divorce if you do marry, have children in wedlock and enjoy membership in the thick webs of civil society through churches and voluntary associations. By these measures, even as a diminishing number of people enjoy the fruits of “the Miracle,” the least among us are left with “the Devastation.” If you don’t succeed by the lights of modern liberalism, you are literally on your own. Liberalism envisions that we achieve happiness when we can become “independent”—self-making selves—but what most people need and desire are the deep bonds of community and mutual care that have become luxury goods in our liberal society.

Our politics today has become so unsettled and ferocious because liberalism has failed. It failed not because it fell short of its vision of the isolated and autonomous human person, and the effort to construct a society indifferent to questions of the common good—but because it succeeded in doing so. Like the aristocrats of old, some will fight ferociously to maintain this system against growing discontents by insisting—against the evidence of the senses of the powerless and dispossessed—that they benefit from its corruptions. But like the liberals of old—who several centuries ago called for a fundamental change, but today have *become* the corrupt oligarchic establishment—the energy and most vital debates are taking place among those looking to construct the foundations of a post-liberal future, and not those telling us all is well if you just limit your gaze to the tony neighborhoods of Washington, D.C.

→ **Patrick J. Deneen** is professor of political science at the University of Notre Dame and author of *WHY LIBERALISM FAILED* (Yale University Press).



## LIBERALISM HAS NOT FAILED

by Jonah Goldberg

LET ME START WITH A CONCESSION: Things are not going great right now in America. I feel this needs little elaboration, so I will just assert it. I do so to grant that this is not the ideal time for a conservative like me to disagree with a conservative like Patrick Deneen on the comparative merits and successes of Liberalism.

Now, of course, what we mean by Liberalism here is not progressivism, woke-ism, or anything else your typical right-wing radio host—or left-wing MSNBC host—means by liberalism. That’s why, for clarity’s sake, I’ll use a capital “L” for the Liberalism we associate with John Locke, Adam Smith, David Hume and aspects of the various social transformations that fall under the all-too-capacious catch-all label, “the Enlightenment.” (There were many Enlightenments—English, Scottish, French, American and even German—and not all of their contributions were equal or necessarily positive. But I’ll use the catchall term regardless, for the sake of simplicity.)

Deneen begins his book, *Why Liberalism Failed*, by stating that Liberalism is “a political philosophy conceived some 500 years ago, and

put into effect at the birth of the United States nearly 250 years later.” I might quibble with the date on the birth certificate, but we can work with this. In short, Deneen believes a bad idea was born five centuries ago, and that America made a grave mistake by running with it around the time of the Enlightenment.

We tend to use the term Enlightenment figuratively—humanity “saw the light,” etc. But it’s worth remembering that before the Enlightenment, things were dark—literally dark. The year 1520 was, like the 500,000 years before it, a time when “the world was lit only by fire,” to borrow a phrase from William Manchester. When the sun went down, the only way to artificially illuminate the darkness was with fire—which was actually quite expensive. So nighttime reading was a rare luxury, made rarer still because 90 percent of Europeans still couldn’t read. This probably wasn’t that much of a burden, given that most Europeans spent their days in backbreaking labor and were probably too tired to read anyway—even if they could afford a book (another luxury).

Life expectancy in England

**“I would rather live in a society that often fails to live up to its Liberal ideals than in one that succeeds in forcing me to bow down to illiberal ones.”**



improved from around 30, at the beginning of the 1500s, to nearly 40 by the end of the century. The numbers for child-aged deaths climbed to more than a third by the age of six, and a heart-wrenching 60 percent by the age of 16. Women, who by all rights should live longer than men, died younger because of the dangers of childbirth. "On her wedding day, traditionally, her mother gave her a piece of fine cloth which could be made into a frock," Manchester writes of a typical woman of

**CHECKS AND BALANCES** Alexis de Tocqueville wrote that America had developed a new way to combine "the spirit of religion and the spirit of liberty."

the time. "Six or seven years later, it would become her shroud."

As bleak as things were 500 years ago, it's worth noting they weren't that much better 250 years later, when Deneen argues we took a wrong turn. At the time of the Founding, life-expectancy and literacy had improved, but if I ran through the numbers, it would still sound like I

was describing an extremely poor third-world nation today. That's because nearly everything we associate with a halfway-decent quality of life burst onto the scene in a relative blink of an eye. Until Liberalism—free markets, limited government, democracy and individual rights—the average human being lived on roughly three dollars a day. You can quibble with the math, but no economist would dispute the basic point: From the Agricultural Revolution about 12,000 years ago, all the way up until three centuries ago, the typical human lived in crushing poverty and died at an early age from violence or, more likely, some bowel-stewing disease. As economist Todd Buchholz puts it, "For most of man's life on earth, he has lived no better on two legs than he had on four."

This strikes me perhaps the single most consequential point imaginable in any discussion today of political history, and yet at times it seems like an afterthought for Deneen. Some argue that credit for our deliverance from grinding poverty and physical misery should go to the Scientific Revolution. The problem is that without Liberalism, the Scientific Revolution would have been a short-lived revolt. Many civilizations had amazing moments of scientific advancement and innovation. Yet each time new strides were made, the illiberal Powers-that-Be—in China, the Middle East or even in the Venetian Republic—suffocated innovation as an illegitimate threat to their rule. It was only optimistic Liberalism that changed the equation so that freedom—economic, political, social and scientific freedom—was recognized as a good in and of itself because the individual was sovereign.

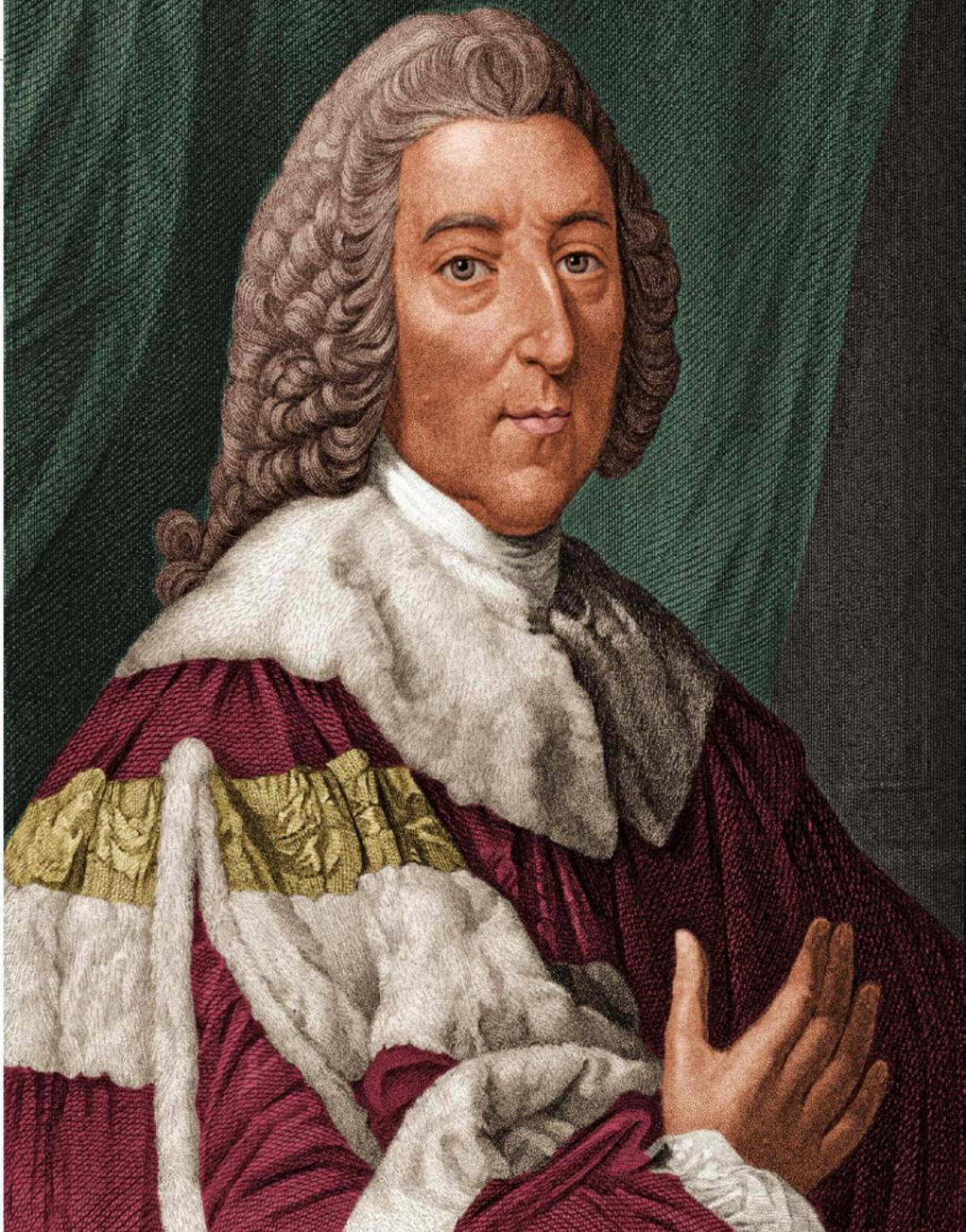
The arrival of Liberalism, first in England and Holland and then in

the New World, changed the human experience from one defined by scarcity and survival to one defined by occupations and endeavors ready for the choosing.

That last word—choosing—illuminates perhaps Deneen's greatest peeve with Liberalism. He argues that John Locke and a handful of ideological co-conspirators convinced everyone that humans are “non-relational creatures, separate and autonomous” who should make decisions based upon “calculations of individual self-interest without broader considerations of the impact of one’s choices upon the community, one’s obligations to the created order, and ultimately to God.”

I think this is a bit of a straw man, given how actual Liberals live (I've yet to meet one who doesn't care about how his or her decisions affect others). Regardless, I am happy to concede that Deneen makes many trenchant points that, as a conservative, I agree with to one extent or another. There are a myriad downsides to radical individualism. America's troubles today are inextricably linked with the breakdown of the family, local institutions, communities, organized religion and social trust. Such deterioration is driven, at least in part, by the relentless individualistic logic of Liberalism and the market (Joseph Schumpeter made this point about markets as far back as the 1940s).

But what is to be done about it? A first step would be to get the diagnosis right. I find Deneen's attempt to blame it all on John Locke & Co. deeply unpersuasive. And the shortcomings of this argument lead him to faulty conclusions. It's as if he believes that if he can just persuade everybody—including the billions of people who don't know who Locke



### THE KING MAY NOT ENTER

British Prime Minister William Pitt the Elder said a man's home was his castle, an idea echoed in the Fourth Amendment.

was—that Locke was wrong, some idealized society will emerge to fill the void. For starters, Liberalism did not spring forth from Locke's brow like Athena from Zeus's. Locke himself was a product of England's liberal culture, and in many respects he was simply synthesizing ideas and norms that were in the air for quite a while.

Liberalism's English roots stretch back a millennium before Locke was born. Take, for instance, the very

Liberal Fourth Amendment protection against unwarranted intrusion by the state: This idea stretches back to the quirky English custom that “a man’s home is his castle.” Some scholars trace it as far back as 1066 or earlier, and it can be found in the 14th century English legal text known as the *Mirror of Justices*. This longstanding tradition culminated in William Pitt's forceful defense in 1763, a century after it was already enshrined in common law: “The poorest man may in his cottage bid defiance to all the forces of the crown. It may be frail—its roof may shake—the wind may blow through it—the storm may

enter—the rain may enter—but the King of England cannot enter.”

Similarly, the checks and balances of the American constitutional system probably owe more to England’s geography than to Montesquieu’s (or Locke’s) political thought. As an island nation, England did not need standing armies. Without standing armies, the king was reliant on nobles to make war and stay in power. That’s why the Magna Carta was possible some five centuries before Locke was born. The point is that Locke, like so many intellectuals credited with some startling philosophical innovation, was in many respects a lagging indicator, synthesizing ideas and concepts already in wide use.

If America should become some new illiberal dystopia, future historians might credit Patrick Deneen’s book. But a closer study would reveal that, for all of Deneen’s brilliant insights, he was merely advancing an argument already in the groundwater.

If Locke had never been born, the American Revolutionaries would still have argued for their “ancient English liberties” and invoked the principles of the Glorious Revolution. Alexis de Tocqueville would still have described the American as “the Englishman left alone.” Indeed, the Protestant Reformation and the printing press that made it possible are vastly more important to the evolution of Liberalism than are the writings of Enlightenment political theorists. Any attempt to fix, never mind replace, Liberalism with something else needs to take all of this into account. Americans may be ignorant of Liberal theory, but they are enamored with Liberal culture and practice.

Let me head off an objection. I do not think Liberalism is good simply because it delivers the material

**“You will have to sacrifice a certain quality of life, but if you want to retreat from liberal democratic capitalism and party like it’s 1499, you can.”**

goods—though liberating humanity from privation and disease is obviously a good thing. Still, man lives by more than bread—and antibiotics, lightbulbs and air conditioning—alone. Deneen’s oddly Rousseauian rejoinder to this is that all we’ve done is replace one form of bondage with another. For instance, in his book, he is almost silent on the emancipation of women wrought by Liberalism except to decry the fact that *“liberalism* posits that freeing women from the household is tantamount to liberation, but it effectively puts women and men alike into a far more encompassing bondage.”

It’s true that if you see the market as a form of bondage, you’re going to object to Liberalism. It’s also true that every illiberal order ever known required people to work, too—it just didn’t give them much choice in the matter. What I don’t understand about this line of thinking is how little use it has for human agency, and for people exercising individual rights to pursue happiness as they see it. I’m all for elevating the status of stay-at-home mothers (or fathers), but that option already exists. Right now, there is nothing stopping anyone who hates the abundance of choices provided by the market from exiting it. You will have to sacrifice a certain quality of life, but if you want to retreat from liberal democratic capitalism and

party like it’s 1499, you can. The Amish made something like this choice, and I respect them for it, as does Deneen. What I object to is people who want to make that choice for others.

Deneen’s examples of alternatives to Liberalism are closed, small communities in which individual choice is circumscribed. There’s much to be said for such communities, so long as their inhabitants have the right to leave them. But the right to exit is precisely at the heart of Deneen’s indictment.

And that’s what makes all of this so confusing. There is an odd tendency among today’s critics of Liberalism to denounce it for the very things they would like to do themselves, just on their terms. They often decry “cancel culture” for me, but want it for thee. They despise their opponents in the culture war for trying to impose their values on *us*, but write eloquently about the need to impose *our* values on *them*. In this, there’s an interesting symmetry in the mobs on the Left literally tearing down statues and the more rarefied and polite cadres on the Right figuratively doing the same thing.

An illiberal order that allows people to say and think what they want, innovators to create what they want and citizens to maintain loyalties to things other than the perpetuation of the regime is an oxymoron. Which is why I would rather live in a society that often fails to live up to its Liberal ideals than in one that succeeds in forcing me to bow down to illiberal ones. ■

→ **Jonah Goldberg** is editor-in-chief of THE DISPATCH, an American Enterprise Institute fellow and author of SUICIDE OF THE WEST: HOW THE REBIRTH OF TRIBALISM, POPULISM, NATIONALISM, AND IDENTITY POLITICS IS DESTROYING AMERICAN DEMOCRACY (Crown Forum).

## OPINION

# Trump Could Lose — And Still Win

The White House and its allies are readying a series of ominous contingency plans for November and beyond

**↗** IT IS INCREASINGLY LOOKING AS IF Joe Biden can beat President Donald Trump. The president seems more and more out of step with the national mood, from his handling of the pandemic to his response to racially biased policing, not to mention a wide array of other issues. Even in key swing states, Trump is losing ground.

For Trump, there are two broad pathways to maintaining power. First, we can already see a strategy designed to suppress voter turnout with the purging of registration rolls of large numbers of mostly urban voters; efforts to suppress mail-in ballots, which are more necessary than ever, given COVID-19; a re-election apparatus that is training 50,000 poll watchers for the purpose of challenging citizens' right to vote on Election Day; and significant efforts to make in-person voting in urban areas as cumbersome as possible in order to have long lines that discourage people from exercising their voting rights.

The second pathway to subverting the election is even more ominous—but we must be cognizant of it because Trump is already laying the groundwork for how he can lose the popular vote, and even lose in the key swing states necessary for an Electoral College victory, but still remain president.

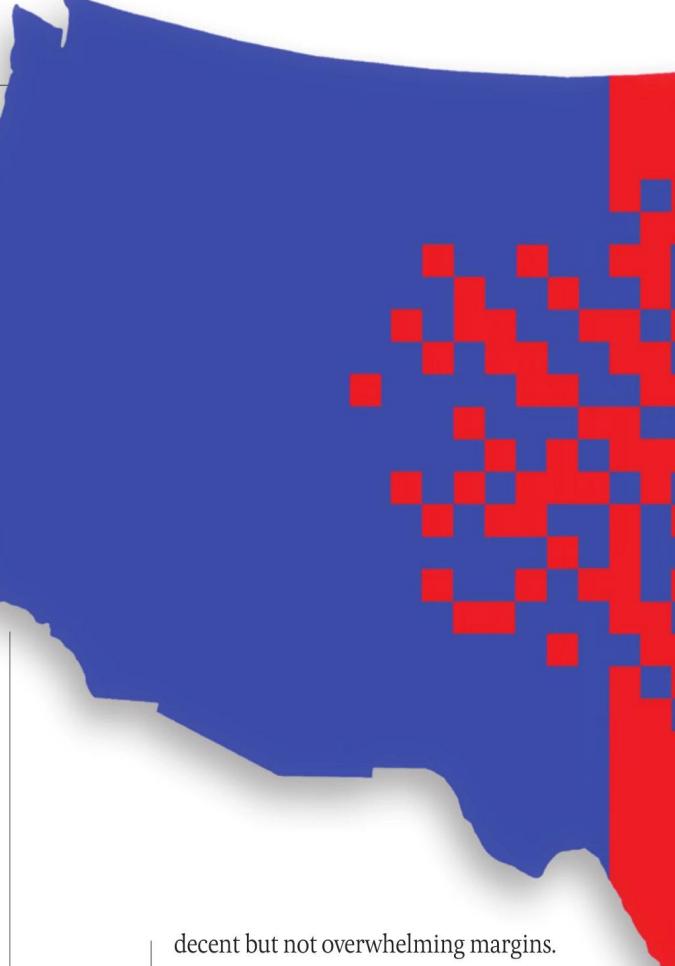
This spring, HBO aired *The Plot Against America*, based on the Philip Roth novel of how an authoritarian

president could grab control of the United States government using emergency powers that no one could foresee. Recent press reports have revealed the compilation by the Brennan Center at New York University of an extensive list of presidential emergency powers that might be inappropriately invoked in a national security crisis. Attorney General William Barr is widely believed to be developing a Justice Department opinion arguing that the president can exercise emergency powers in certain national security situations, while stating that the courts, being extremely reluctant to intervene in a national security emergency, would allow the president to proceed unchecked.

Something like the following scenario is not just possible but increasingly probable because it is clear Trump will do anything to avoid the moniker he hates more than any other: "loser."

Trump actually tweeted on June 22: "Rigged 2020 election: millions of mail-in ballots will be printed by foreign countries, and others. It will be the scandal of our times!" With this, Trump began to lay the groundwork for a process by which he holds on to the presidency after clearly losing the election:

Biden wins the popular vote, and carries the key swing states of Arizona, Wisconsin, Michigan and Pennsylvania by



decent but not overwhelming margins.

Having railed against the Chinese throughout the campaign, calling Biden "soft on China," Trump immediately declares the voting was rigged, that there was mail-in ballot fraud and that the Chinese were behind fake mail-in ballots and other "election hacking" in the swing states that gave Biden his victory.

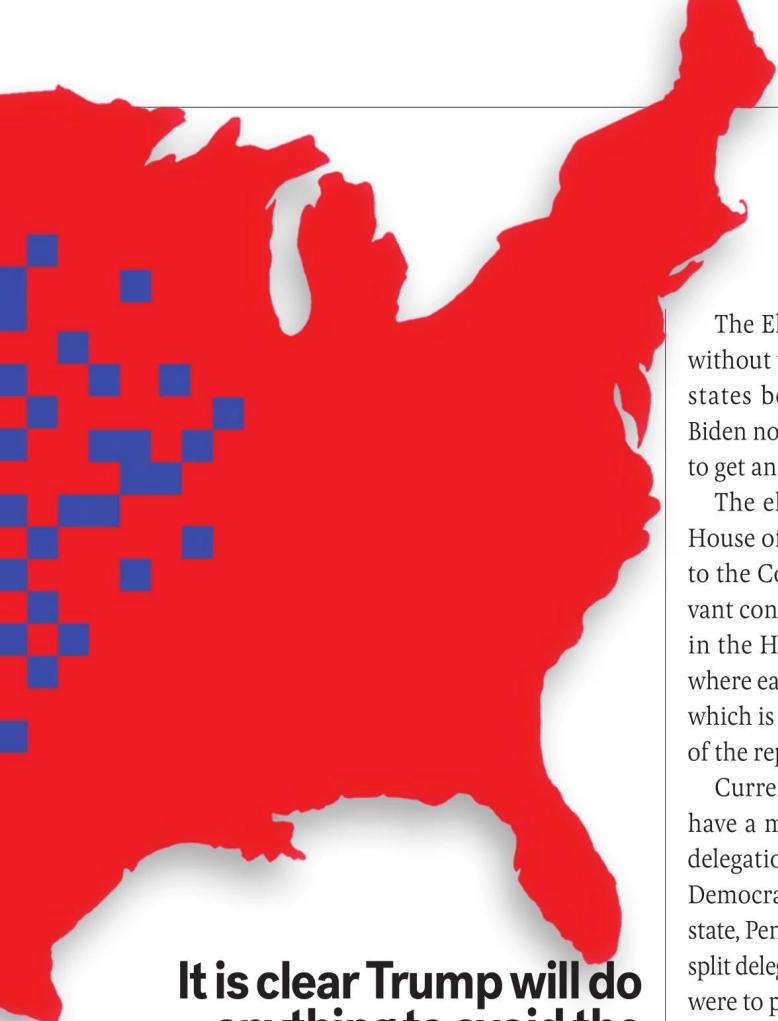
Calling this a major national security issue, Trump invokes emergency powers, directing the Justice Department to investigate the alleged activity in the swing states. The legal justification for the presidential powers he invokes has already been developed and issued by Barr.

The investigation is intended to tick down the clock toward December 14, the deadline when each state's Electoral College electors must be appointed. This is the issue the Supreme Court harped on in *Bush v. Gore*, ruling the election process had to be brought to a close, thus forbidding the further counting of Florida ballots.

All four swing states have Republican controlled upper and lower houses of their legislatures. Those legislatures refuse to allow any Electoral College

BY

**TIMOTHY E. WIRTH  
AND TOM ROGERS**



## **It is clear Trump will do anything to avoid the moniker he hates more than any other: “loser.”**

slate to be certified until the “national security” investigation is complete.

The Democrats will have begun legal action to certify the results in those four states, and the appointment of the Biden slate of electors, arguing that Trump has manufactured a national security emergency in order to create chaos.

The issue goes up to the Supreme Court, which unlike the 2000 election does not decide the election in favor of the Republicans. However, it indicates again that the December 14 Electoral College deadline must be met; that the president’s national security powers legally authorize him to investigate potential foreign country intrusion into the national election; and if no Electoral College slate can be certified by any state by December 14, the Electoral College must meet anyway and cast its votes.

The Electoral College meets, and without the electors from those four states being represented, neither Biden nor Trump has sufficient votes to get an Electoral College majority.

The election is thrown into the House of Representatives, pursuant to the Constitution. Under the relevant constitutional process, the vote in the House is by state delegation, where each delegation casts one vote, which is determined by the majority of the representatives in that state.

Currently, there are 26 states that have a majority Republican House delegation. 23 states have a majority Democratic delegation. There is one state, Pennsylvania, that has an evenly split delegation. Even if the Democrats were to pick up seats in Pennsylvania and hold all their 2018 House gains, the Republicans would have a 26 to 24 delegation majority. This vote would enable Trump to retain the presidency.

We cannot let ourselves believe that this is a far-fetched scenario. We have just seen Trump threaten to invoke emergency powers under the Insurrection Act of 1807 to call up the U.S. military against domestic protesters. The remarkable apology by Joint Chiefs Chairman General Mark Milley, stating that it was wrong to create a perception that the military would get directly involved in a domestic political protest and intervene against American civilians, underscores the corrupt use of executive powers Trump is willing to employ. As Fareed Zakaria recently said in summing up the lessons of former national security adviser John Bolton’s new book: “Donald Trump will pay any price, make any deal, bend any rule, to assure his own survival and success.”

So what do we do as citizens to face the impending reality of *The Plot Against America*? We must “out” this scenario—and do so loudly and

consistently. We have an imperative to build a “people’s firewall” that reaches deeply across the country and reflects public revulsion at the potential for Trump to undermine our entire democratic system of governance.

Nancy Pelosi, the House speaker, should immediately ask the Judiciary, Commerce, Armed Services and Intelligence Committees to hold hearings on how steps can be taken to safeguard against this scenario, especially how to confront any invocation of emergency powers by the president.

There needs to be an outpouring at all levels of society that this will not be tolerated—from government officials and lawmakers; to civic associations and civil rights groups; to businesses and trade associations, who have to recognize the economic chaos that would result from this kind of coup; to lawyers, academics and student groups practiced in resisting government policies; and, of course, to the editorial voices of the press, local and national.

The recent resistance of our military establishment is an encouraging sign and necessary component of the “people’s firewall.” The president has to know there will be overwhelming resistance to any post-election chaos to undermine our constitutional order. He must know that the “people’s firewall” will not yield to lawlessness. He has to be confronted with the reality that *The Plot Against America* must remain a work of fiction. ■

→ **Timothy E. Wirth** is a former U.S. senator from Colorado. **Tom Rogers** is an editor-at-large for Newsweek, the founder of CNBC and a CNBC contributor. He also established MSNBC, is the former CEO of TiVo, currently executive chairman of Engine Media, and is former senior counsel to a congressional committee. The views expressed in this article are the authors’ own.

NEWSMAKERS

# Talking Points

AP

"I simply do not get it. It is literally the least you can do."

—TOM HANKS  
ON WEARING MASKS



"DOES TUCKER CARLSON WANT TO WALK A MILE IN MY LEGS AND THEN TELL ME WHETHER OR NOT I LOVE AMERICA?"

—SENATOR TAMMY DUCKWORTH



Tammy Duckworth



"Yeezy wants to be Preezy. And, you know, laugh all you want, but this would be historic because, while this country has had a Black president, we've never had a crazy Black president."

—ANTHONY ANDERSON GUEST HOSTING JIMMY KIMMEL LIVE

CNN

**"I want to re-engage this economy more than anyone, but I'm not going to do it if it is too risky to do so."**

—MICHIGAN GOVERNOR GRETCHEN WHITMER



Gretchen Whitmer

Forbes

"LIKE ANYTHING I'VE EVER DONE IN MY LIFE I'M DOING TO WIN."

—Kanye West



Kanye West

Bloomberg

"I want the president to know that I have exhausted all my legal remedies and that only an act of clemency will provide justice in my case and save my life!"

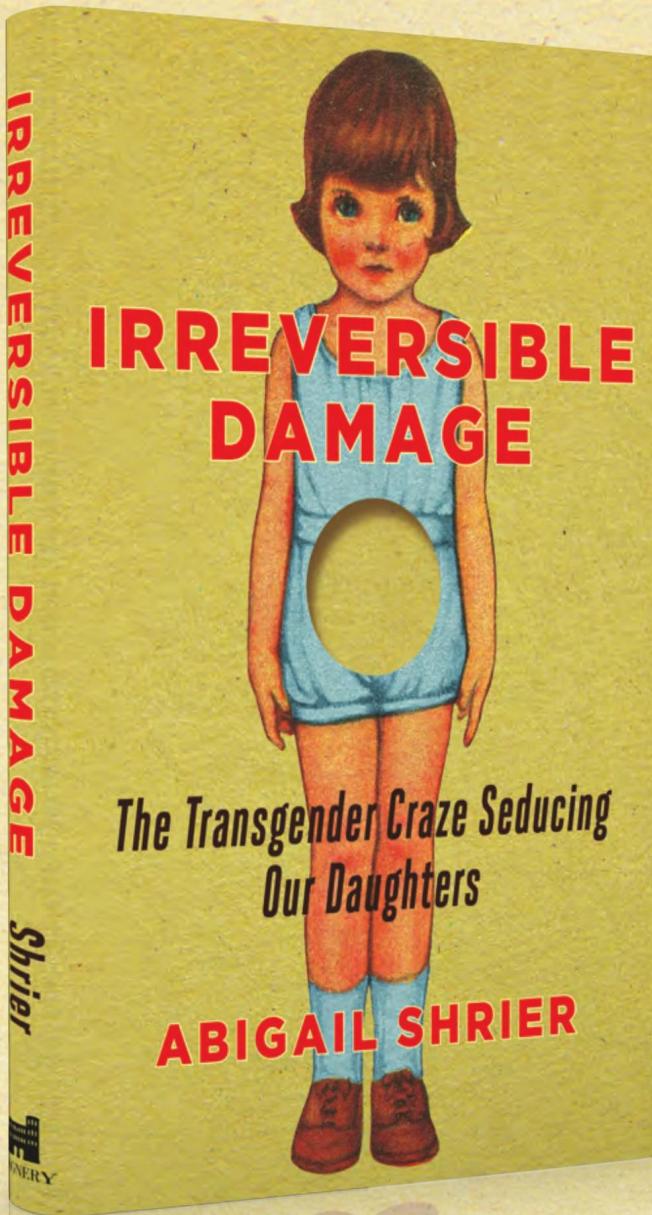
—ROGER STONE

American Council on Education

"WHEN INSTITUTIONS ARE DOING EVERYTHING THEY CAN TO HELP REOPEN OUR COUNTRY, WE NEED FLEXIBILITY, NOT A BIG STEP IN THE WRONG DIRECTION."

—American Council on Education  
President Ted Mitchell on ICE's new guidance on foreign students

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—AYAAN HIRSI ALI, research fellow  
at Stanford University's Hoover  
Institution

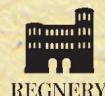
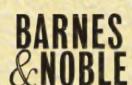
## A GENERATION OF GIRLS IS AT RISK.

In the last decade, an exceptionally dangerous peer contagion has surfaced. Entire groups of female friends in colleges, high schools, and even middle schools across the country—girls who never experienced any discomfort in their biological sex—are coming out as “transgender” at alarming rates.

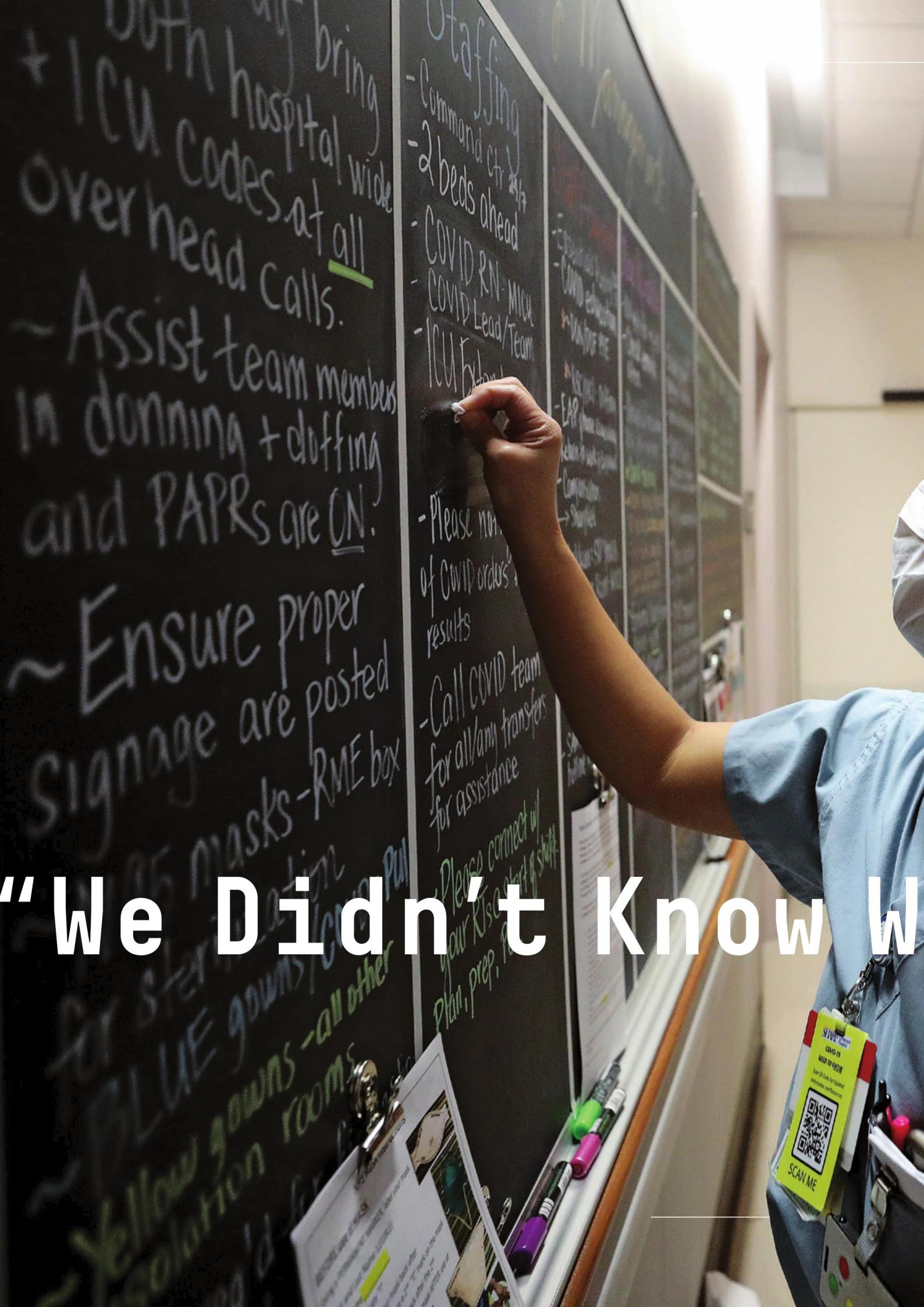
And it’s getting worse—between 2016 and 2017 the number of gender surgeries for natal females in the U.S. quadrupled—with biological women suddenly accounting for 70 percent of all gender surgeries.

Wall Street Journal contributor **Abigail Shrier’s** essential book will help you understand what the trans craze is and how you can inoculate your child against it—or how to retrieve her from this dangerous path.

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# "We Didn't Know W



AS A NEW COVID-19 SURGE HITS THE SUN BELT,  
THE LESSONS DOCTORS LEARNED IN EARLY HOTSPOTS  
ARE LIKELY TO MEAN A HIGHER SURVIVAL RATE  
FOR AMERICANS INFECTED IN THE SECOND WAVE.

by Adam Piore



# “What We Know Now”

THE FIRST TWO COVID-19 PATIENTS TO reach the emergency room at Banner University Medical Center Phoenix were a young mother and her adolescent son.

They had been airlifted from a settlement in the sprawling Fort Apache Indian Reservation 180 miles east of Phoenix. By the time they finally arrived, the mother was in severe respiratory distress and the son was dead. This was mid-March and though the staff suspected they had COVID-19, it was still so new they weren't quite sure how to treat it.

"The mother was sick for a week, then went to a local clinic and within about two hours, she deteriorated and required a respirator," recalls Dr. Marilyn Glassberg, division chief of Pulmonary Medicine, Critical Care and Sleep Medicine, for the 800-bed hospital. "Because we didn't know what we know now, we didn't manage them the way we would manage them now."

If those first two patients had been among the current wave of patients flooding into Banner Health from around the state of Arizona today, the mother at least might have had a fighting chance. Even just a few weeks later, the doctors would have known about the devastating micro-clots found throughout the bodies of autopsy patients and put her on blood thinners. They would have understood that her own immune system was killing her, and they could have blasted her system with a powerful dose of steroids to try to get it under control. In fact, if that first patient and her son had gotten sick today, state and federal officials almost certainly would have identified them sooner, diagnosed them quicker and sent them on to Phoenix for critical care far earlier. If that mother and son had gotten sick today, in other words, they both might have made it.

As the nation is hit with a devastating self-inflicted second COVID-19 surge, brought on by a combination of hubris, the bizarre politicization of protective mask-wearing and that apparently irrepressible human urge to just live a little again, consequences be damned, there is at least one silver lining. Six months into the crisis, clinicians know more than they did when the pandemic first struck. As a result, the quality of care for many of those entering top hospitals in places like Phoenix, Jacksonville and Houston today is likely to be far better than it was for patients in Wuhan, Northern

Italy, New York City and other early hotspots.

"We've benefited, unfortunately, from what happened in China, then Northern Italy and then definitely New York," says Keith Frey, Chief Medical Officer for Dignity Health, which has six hospitals in the Phoenix metropolitan area. "We did have some time to prepare."

"Probably a day doesn't go by where we don't at least pick up one idea from somewhere else in the world that helps us do a better job," says Roberta Schwartz, executive vice president, chief innovation officer and COVID-19 "incident commander" at Houston Methodist Hospital, which, like Phoenix, is at the center of the current surge.

There's a good chance that the sickest COVID-19 patients in Arizona, Florida, Texas, California and other states now experiencing a steep rise in new cases will have a much better chance of surviving their illness than ever before—if these states succeed in flattening their curves. That's a big "if." In hospitals overwhelmed with patients, doctors won't have the chance to use all the knowledge they've acquired.



CLOCKWISE FROM BOTTOM LEFT: CAITLIN OHARA/BLOOMBERG/GETTY; OCTAVIO JONES/GETTY; MARK MAKELA/GETTY



ALL THE **KNOWLEDGE** IN THE WORLD WON'T BE ENOUGH  
IF PATIENTS DIE ON GURNEYS IN CORRIDORS OR DON'T COME TO THE HOSPITAL  
FOR **FEAR** OF BEING TURNED AWAY.

### Encouraging Signs

**A BETTER BET**  
The sickest patients have a better chance of surviving COVID-19 than ever before, unless hospitals are overwhelmed.  
Above: Anti-lockdown protesters in Harrisburg, Pennsylvania in May.

Top left: Coronavirus testing in Tampa, Florida.  
Bottom left: Banner University Medical Center in Phoenix, Arizona.

SO FAR, THE NUMBERS SUGGEST THAT THERE'S ALREADY been some improvement in survival rates. In the United States, the percentage of deaths attributed to pneumonia, influenza or COVID-19 decreased in mid-June from 9.5 percent to 6.9 percent, the ninth week of a decline, according to statistics released in July from the U.S. Centers for Disease Control and Prevention (CDC).

Epidemiologists say that it's too early to know to what extent those numbers are attributable to actual improvements and how much of them are statistical artifacts. As the availability of testing increases, it drives down mortality rates because

more healthy people are tested in the community than in the hospitals. Many of the patients driving the recent spike in COVID-19 case numbers are younger adults, who are at lower risk of complications. And it takes several weeks for people who are first diagnosed with the disease to die from it. Death rates have already started to tick upwards and will surely rise in the weeks ahead.

Still, hospital administrators in both current and former hotspots believe, based mainly on anecdotal information, that public health officials have identified more tools to more effectively fight the disease. "There's no question we're getting better at managing patients who are seriously ill," says Peter

Jay Hotez, a prominent virologist and the dean of the Baylor College of Medicine's National School of Tropical Medicine in Houston, Texas. "And I think that is beginning to save a lot of lives."

At NYU Langone Health, which has now seen more than 24,000 COVID-19 patients and was on the frontlines of the last surge, the mortality rate for those admitted has fallen from about 18-to-20 percent at the beginning of March to 10-to-12 percent for the last week statistics are available, says Dr. Fritz Francois, Chief Medical Officer and Chief Quality Officer. Those improvements have been mirrored in big-city hospitals in the new hotspots. At Houston Methodist Hospital, for instance, Schwartz estimates the number of patients who end up in the ICU has fallen from 50 percent to 30 percent, a change she attributes to innovations in care. Hospital death rates have fallen from 10 percent to 6 percent.

"We're not the only city in the United States seeing that switch and there are a lot of reasons," she says. "Sure, it's [due in part to] changing demographics—some of these patients skew younger. But it's also early recognition, earlier testing and better drug cocktails." That is what one would expect to see based on other public health emergencies seen in recent years, such as cholera outbreaks in Bangladesh and Africa, says Justin Lessler, a professor of epidemiology at the Johns Hopkins Bloomberg School of Public Health. "We generally see a high case fatality rate early on, but it drops significantly," he says. "And one of the reasons is that treatment gets better because the doctors learn how to treat better. Some of it is having the right tools available, but even more of it is knowing how to use them."

THE QUALITY OF CARE  
FOR MANY OF THOSE ENTERING  
TOP HOSPITALS IN PLACES  
LIKE PHOENIX, JACKSONVILLE  
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TO BE FAR BETTER THAN IT  
WAS FOR PATIENTS IN WUHAN,  
NORTHERN ITALY OR NEW YORK CITY.



### Coming Together in the Emergency Room

ONE OF THE MOST DISTURBING ELEMENTS OF THE current surge is the reckless disregard some young people have shown to protecting the health of older Americans. Many people adamantly refuse to wear masks, even though experts say this simple measure would reduce transmission of the virus. But the collaborative efforts of leaders in medicine offer some solace. In cities across the nation, institutional rivalries have been put aside as clinicians share up to the minute advice and insights.

This spirit of cooperation yielded insights from the start. When the first COVID-19 cases hit the U.S. and began to surge to their first peak, hospital policymakers and staffers in New York City participated in phone calls and video conferences with colleagues overseas and out west, who warned them of the crippling toll the disease had taken on healthcare workers and urged precautions.

As the number of cases ramped up at NYU's main Manhattan campus, administrators sealed off an area in the emergency room from the rest of the hospital and limited access to a select group of staffers clad in personal protective equipment and masks. That staff evaluated the severity of each case and decided whether to immediately begin ventilation, a procedure that required doctors

**COLLABORATIVE SPIRIT**  
Health workers have freely shared advice and insights about COVID-19. Above: Doctors in Johannesburg demonstrate safe practices. Top right: Masks are worn in New York's Coney Island. Bottom right: Navajo residents in New Mexico fight a COVID-19 surge with stay-at-home policies.



FROM TOP: MICHELE SPATARO/AFP/GETTY; NOAM GALAI/GETTY; MARK RALSTON/AFP/GETTY



place the patient in a medically-induced coma.

This dedicated area and other protocols made it safer for the medical staff to rely on less invasive forms of respiratory assistance thought to pose a greater risk for contaminating others, such as CPAP machines, which can sometimes “aerosolize” the virus. As the epidemic went on, staffers got better both at keeping patients off of ventilators for longer and at safely-repurposing less invasive breathing machines, improving outcomes.

Similarly, as it became clear that efforts to keep healthcare workers safe were working at Columbia University Medical Center, doctors there became

more aggressive in performing tracheotomies, a procedure that allows doctors to remove a patient from a medically induced coma sooner and begin physical therapy. Tracheotomies often help patients recover quickly, since the tubes are easier to clean and the patient can begin working on regaining the strength to recover. But they can pose a potential hazard to medical personnel by aerosolizing the virus.

“We didn’t do them super early. For these patients, we waited sometimes three, four weeks on the ventilator. There were a lot of concerns around keeping everybody safe,” says Susannah Hills, Pediatric Otolaryngologist-Head and Neck surgeon. “But as time went on, we were able to do them earlier.”

By most accounts those warnings and precautions made a difference. In mid-May, Governor Andrew Cuomo announced that in New York City, 20 percent of the general public had antibodies, compared to about 12 percent of healthcare workers—suggesting that efforts to protect hospital staff were working. (In Spain, nearly 14 percent of the first 40,000 confirmed cases were healthcare workers.)

Meanwhile, clinicians elsewhere in the country were watching closely. At Houston Methodist Hospital, administrators sought advice on the best PPE to order from colleagues in Florida, who had already tried them out. A clinician brought in a picture sent to him from a friend in China that detailed how to make a protective “intubation box” that would allow doctors to protect themselves from viral particles when performing risky procedures.

Beyond that, these clinicians also learned important clinical tips and insights about the disease itself that had been discovered in the overwhelmed hospitals of Manhattan.

For Banner Health’s Glassberg, a key turning point came in a conference call with frontline clinicians in New York City. On the April 5 call, she listened as Charles Powell, her counterpart at New York City’s Mount Sinai Hospital, presented autopsy data that suggested many patients were suffering from tiny blood clots that were wreaking havoc on their bodies—and often killing them. His staff had begun to treat them with anti-coagulation drugs like heparin, which was making a big difference.

Powell also discussed the use of steroids. For





**SPREADING KNOW-HOW**  
Doctors in current hotspots such as Arizona and Florida have benefitted from the earlier experiences of their colleagues. Right: a COVID-19 patient gets care at the Pope John XXIII Hospital in Bergamo, Italy in April, when cases were near their peak.

MARCO DI LAURO/GETTY





"A DAY DOESN'T GO BY WHERE WE DON'T AT LEAST PICK UP **ONE IDEA** FROM SOMEWHERE

years, doctors had vigorously debated their use on patients suffering from Acute Respiratory Distress Syndrome (ARDS), the often-fatal lung condition that has forced so many COVID-19 patients onto ventilators. Steroids are one of the most extreme and risky interventions available to doctors. Those who pushed for them argued that in many cases the body's overwhelming immune reaction to the virus—the so-called "Cytokine Storm"—was responsible for killing many patients. But steroids often act like a circuit breaker on the immune system. Some doctors argued that it was foolhardy to administer a drug to suppress the immune system just as an aggressive virus was attacking.

The day after Powell's presentation, however, Glassberg and her colleagues rewrote the hospital's COVID-19 protocols. They immediately began integrating the more aggressive use of blood thinners and steroids into patient care.

It was the right call. Following the initial mother and son case came a parade of Native Americans—including Navajos from Kayenta, 290 barren, cactus-studded miles to the north, and members of the Yuma tribe from protected lands far to the west. Native American reservations were emerging as COVID-19 hotspots. In the weeks that followed the implementation of the new protocols, Glassberg did not lose a single patient. (Sadly, that streak was broken when the current surge hit). Both the blood thinners and the steroids are likely one reason why.

In mid-June, researchers at the University of Oxford announced the preliminary results of a clinical trial that tested steroids on thousands of patients on ventilators. They claimed to have reduced mortality by 35 percent simply by administering a 10-day course of the steroid dexamethasone.

"The survival benefit is clear and large in those patients who are sick enough to require oxygen treatment," Peter Horby, Professor of Emerging



**PERSONAL TOUCH**

Doctors and other healthcare workers pass lessons through professional networking organizations, email chains, Twitter and phone conferences. Left: Blood plasma from recovered COVID-19 patients is saved in a hospital in Iraq. Below: Mask-wearing doctors and nurses in Houston, Texas hang photographs to comfort patients in their care.

FROM TOP: ASAAD NIAZI/AFP/GETTY; GO NAKAMURA/BLOOMBERG/GETTY

Infectious Diseases in the Nuffield Department of Medicine at the University of Oxford and one of the chief investigators for the trial, said in a widely reported press release. The drug "should now become standard of care in these patients."

New patients in the largest hospitals in Texas, Arizona and Florida are now also benefiting from six months of clinical trial data. While the anti-malarial drug hydroxychloroquine, hyped prematurely by Donald Trump, has been shown to be ineffective and dangerous, Gilead Sciences' antiviral drug remdesivir is effective when administered early. Convalescent plasma, available in a growing number of cities around the nation, is helping patients fight off the virus by providing neutralizing antibodies. Tocilizumab, an immune modulating medication given to treat the Cytokine Storm, is undergoing clinical trials to confirm its effectiveness.

All of these lessons are being passed on to doctors and healthcare workers in other parts of the nation through professional networking organizations, email chains, Twitter and organized phone conferences between hospital leadership. In

addition, the National Institute of Health regularly updates its website to help clinicians keep up with the latest treatment advances.

**The Big Caveat**

THIS GOOD NEWS COMES WITH A CAVEAT. If the number of patients overwhelms medical facilities and there aren't enough personnel and equipment to take care of them all, these improvements in care might not matter. Doctors will switch to "crisis standards of care," which means they'll have to make heartbreaking decisions about whom to save and when. All the knowledge in the world won't be enough if patients die on gurneys in corridors or don't come to the hospital for fear of being turned away. "If our healthcare system gets overwhelmed and you have patients that need ventilators that are lining up in your [emergency department] because all your ICUs are filled up, that's probably going to have an impact on the outcomes," warns Dr. Mamta Jain, an infectious disease expert and physician at UT Southwestern. "I'm concerned that we will see increases in our death rate."

Unfortunately, the numbers tell a frightening tale familiar to anyone who lived through the crisis in New York City during March and April. With troubling spikes in case numbers in states like Arizona, California, Texas and Florida, the unwillingness of a growing number of Americans to wear masks and social distance, healthcare officials are warning of a potential calamity. Already some hospitals in California, Texas, Illinois and elsewhere are reportedly hitting capacity, raising the troubling possibility that some might run out of ventilators.

"What we learned is great," says Schwartz. "What we didn't learn is how not to do it again. The unfortunate part is, I don't see it slowing down. Which has me very worried."

Flattening the curve to avoid a crisis is currently the best and only strategy to mitigating the effects of COVID-19. That will likely remain the case until a vaccine is available, which likely won't arrive for months at the earliest, notes Lessler. "They're chipping away at it bit by bit, and those things will add up over time and eventually they can make a big difference," he notes. "But none of them is the magic bullet that takes us from 'this is a deadly disease' to 'this is not a problem.'" The difference between survival and death sometimes comes down to timing. ■

ELSE IN THE WORLD THAT HELPS US DO A BETTER JOB."

## FACES BEHIND THE MASK



# Best Maternity Hospitals



## METHODOLOGY

The Leapfrog Group is an independent nonprofit that collects data and monitors health care quality and safety. To be considered for the Best Maternity Hospitals list, hospitals had to demonstrate that they met Leapfrog's performance targets for all of the following measures:

→ **Early Elective Delivery:** Both moms and babies are at risk when deliveries are scheduled too early. Leapfrog's target is a rate of 5% or less.

→ **NTSV C-section:** Hospitals with lower rates of cesarean sections tend to manage labor better. Leapfrog's target is a rate of 23.9% or less.

→ **Episiotomy:** Once routine, episiotomies can actually cause more harm than good. Leapfrog's target is a rate of 5% or less.

→ **Maternity Care Processes:** Standard precautions, including screening newborns for jaundice prior to discharge and

applying techniques to prevent blood clots in women undergoing cesarean delivery, help to ensure a safe and healthy delivery. Leapfrog's target is a rate of 90% or greater. Additionally, hospitals had to earn an A or B on the Spring 2020 Leapfrog Hospital Safety Grade.

For more details on Leapfrog's maternity care measures, visit [www.leapfroggroup.org/maternity](http://www.leapfroggroup.org/maternity)





# Equality Hospitals 2020



For additional information, go to [Newsweek.com/BMCH-2020](https://Newsweek.com/BMCH-2020)



If you're thinking about starting or expanding your family, you know that what matters most is the health of mother and baby. Choosing the right maternity hospital can be key to achieving that all-important outcome.

To help our readers make informed decisions about maternity care, *Newsweek* partnered with The Leapfrog Group, a national nonprofit organization that reports on the safety and quality performance of U.S. health care facilities. Our list of the Best Maternity Hospitals 2020 presents 231 entries in 36 states, categorized by region. The facilities that made this list met Leapfrog's high standards for safety and quality of the maternity care they provide.

"All women and newborns deserve high quality, safe care," says Leah Binder, President & CEO, The Leapfrog Group (and mother of two). "These hospitals serve as role models for what this looks like."

"We salute the clinicians and national and regional health care organizations across the country who have led the way in efforts to improve the quality of maternity care in the U.S. Progress so far has made a real difference in the health and well-being of American women, but more remains to be done to ensure all women receive the best care."

"Unnecessary and often overused medical interventions, such as C-sections and episiotomy, can lead to poorer birth outcomes for women and babies. The facilities named as *Newsweek* Best Maternity Care Hospital have the processes and systems in place to prevent unneeded interventions and help women achieve the birth they want, resulting in better health for mothers and their newborns."

All 2,100+ hospitals that participated in the 2019 Leapfrog Hospital Survey have shown their commitment to transparent reporting of their birthing processes and outcomes. The facilities cited by *Newsweek* as Best Maternity Hospitals 2020 are an elite group demonstrating excellence in maternity care. →

## Mid-Atlantic

### DELAWARE

Christiana Care Health System-Christiana Hospital Newark

### DISTRICT OF COLUMBIA

MedStar Georgetown University Hospital Washington

### MARYLAND

Johns Hopkins Bayview Medical Center Baltimore

MedStar St. Mary's Hospital Leonardtown

University of Maryland Charles Regional Medical Center La Plata

### NEW JERSEY

Cooper University Hospital Camden

Englewood Hospital and Medical Center Englewood

Inspira Medical Center Elmer Elmer

Jersey Shore University Medical Center Neptune

Monmouth Medical Center Long Branch

Newark Beth Israel Medical Center Newark

Ocean Medical Center Brick

Virtua Our Lady of Lourdes Hospital Camden

Virtua Voorhees Hospital Voorhees

### PENNSYLVANIA

Abington Memorial Hospital Abington

Butler Memorial Hospital Butler

Geisinger Bloomsburg Hospital Bloomsburg

Geisinger Medical Center Danville

Lehigh Valley Hospital-Pocono East Stroudsburg

Meadville Medical Center Meadville

UPMC Harrisburg Harrisburg

WellSpan Chambersburg Hospital Chambersburg

Westmoreland Hospital Greensburg

### VIRGINIA

Bon Secours DePaul Medical Center Norfolk

Bon Secours Mary Immaculate Hospital Newport News

Bon Secours Maryview Medical Center Portsmouth

LewisGale Hospital-Montgomery Blacksburg

Novant Health UVA Health System Culpeper Medical Center Culpeper

Sentara Martha Jefferson Hospital Charlottesville

Sentara Williamsburg Regional Medical Center Williamsburg

University of Virginia Medical Center Charlottesville

Virginia Hospital Center-Arlington Health System Arlington

## West

### CALIFORNIA

Adventist Health Lodi Memorial Lodi

Arrowhead Regional Medical Center Colton

Contra Costa Regional Medical Center Martinez

Dominican Hospital Santa Cruz

Enloe Medical Center Chico

French Hospital Medical Center San Luis Obispo

Kaiser Permanente Antioch Medical Center Antioch



**Newsweek**

Kaiser Permanente  
Fresno Medical Center  
Fresno

Kaiser Permanente  
Modesto Medical Center  
Modesto

Kaiser Permanente  
Redwood City  
Medical Center  
Redwood City

Kaiser Permanente  
Roseville Medical Center  
Roseville

Kaiser Permanente San  
Diego Medical Center  
San Diego

Kaiser Permanente San  
Jose Medical Center  
San Jose

Kaiser Permanente Santa  
Clara Medical Center  
Santa Clara

Kaiser Permanente Santa  
Rosa Medical Center  
Santa Rosa

Kaiser Permanente  
South Sacramento  
Medical Center  
Sacramento

Kaiser Permanente  
Vacaville Medical Center  
Vacaville

Kaiser Permanente  
Vallejo Medical Center  
Vallejo

Kaiser Permanente  
Walnut Creek  
Medical Center  
Walnut Creek

Kaiser Permanente West  
Los Angeles Medical Center  
Los Angeles

Kaiser Foundation  
Hospital, Orange  
County-Anaheim  
Anaheim

Kaiser Permanente  
Fontana Medical Center  
Fontana

Kaiser Permanente  
Downey Medical Center  
Downey

Kaiser Permanente  
Panorama City  
Medical Center  
Panorama City

Kaiser Permanente  
Riverside Medical  
Center  
Riverside

Kaiser Permanente  
Woodland Hills  
Medical Center  
Woodland Hills

Loma Linda  
University Medical  
Center-Murrieta  
Murrieta

Los Angeles County-  
Olive View UCLA  
Medical Center  
Sylmar

Marian Regional  
Medical Center  
Santa Maria

Martin Luther King, Jr.  
Community Hospital  
Los Angeles

Mercy Hospital  
of Folsom  
Folsom

Natividad Medical  
Center  
Salinas

NorthBay Medical  
Center  
Fairfield

Northridge Hospital  
Medical Center-Roscoe  
Boulevard Campus  
Northridge

Petaluma Valley  
Hospital  
Petaluma

Pomerado Hospital  
Poway

Scripps Memorial  
Hospital of Encinitas  
Encinitas

Sharp Grossmont  
Hospital  
La Mesa

St. Elizabeth  
Community Hospital  
Red Bluff

Stanford Health  
Care-ValleyCare  
Pleasanton

Tri-City Medical  
Center of Oceanside  
Oceanside

UC San Diego Health  
Hillcrest-Hillcrest  
Medical Center  
San Diego

UC San Diego Health  
La Jolla-Jacobs Medical  
Center and Sulpizio  
Cardiovascular Center  
La Jolla

University of California  
Davis Medical Center  
Sacramento

University of California  
Irvine Health  
Orange

Adventist Health Castle  
Kailua

## HAWAII



Kaiser Permanente  
Moanalua Medical  
Center  
Honolulu

North Hawaii  
Community Hospital  
Kamuela

## IDAHO

St. Luke's Boise  
Medical Center  
Boise

St. Luke's Meridian  
Medical Center  
Meridian

West Valley  
Medical Center  
Caldwell

## Midwest

### ILLINOIS

Carle Foundation  
Hospital  
Urbana

Mercy Hospital and  
Medical Center  
Chicago

NorthShore University  
HealthSystem  
Evanston Hospital  
Evanston

Northwestern  
Memorial Hospital  
Chicago

OSF Heart of Mary  
Medical Center  
Urbana

Ottawa Regional Hospital  
and Healthcare Center  
dba OSF Saint Elizabeth  
Medical Center  
Ottawa

Rush Copley  
Medical Center  
Aurora

SARAH BUSH LINCOLN  
HEALTH CENTER  
MATTOON

SSM Health St. Mary's  
Hospital-Centralia  
Centralia

Swedish Hospital  
Chicago

West Suburban  
Medical Center  
Oak Park

Elkhart General  
Hospital  
Elkhart

## INDIANA

Parkview Regional  
Medical Center  
Fort Wayne

Saint Joseph  
Health Mishawaka  
Medical Center  
Mishawaka

## MICHIGAN

Bronson Battle Creek  
Battle Creek

Dickinson County  
Healthcare System  
Iron Mountain

Henry Ford  
Allegiance Health  
Jackson

Lakeland Community  
Hospital Niles  
Niles

McLaren-Bay Region  
Bay City

Memorial Healthcare  
Owosso

Mercy Health Saint Mary's  
Grand Rapids

Munson Medical Center  
Traverse City



Spectrum Health  
Butterworth Hospital  
Grand Rapids

Spectrum Health  
United Hospital  
Greenville

#### MISSOURI

Centerpoint  
Medical Center  
Independence

Research Medical  
Center Main Campus  
Kansas City

Saint Luke's Hospital  
of Kansas City  
Kansas City

Southeast Hospital  
Cape Girardeau

SSM Health St. Mary's  
Hospital-St. Louis  
St. Louis

#### NORTH DAKOTA

Altru Health System  
Grand Forks

#### OHIO

Adena Regional  
Medical Center  
Chillicothe

Cleveland Clinic Health  
System-Fairview Hospital  
Cleveland

Fisher-Titus  
Medical Center  
Norwalk

Mercy Health-  
Tiffin Hospital  
Tiffin

Mercy Medical Center  
Canton

MetroHealth  
Medical Center  
Cleveland

Mount Carmel  
Grove City  
Grove City

Mount Carmel St.  
Ann's Hospital  
Westerville

Ohio Health-Marion  
General Hospital  
Marion

OhioHealth-  
O'Bleness Hospital  
Athens

OhioHealth Dublin  
Methodist Hospital  
Dublin

OhioHealth Grady  
Memorial Hospital  
Delaware

OhioHealth Grant  
Medical Center  
Columbus

OhioHealth Riverside  
Methodist Hospital  
Columbus

Summa Health,  
Barberton Campus  
Barberton

#### WISCONSIN

Bellin Memorial  
Hospital  
Green Bay

Watertown Regional  
Medical Center  
Watertown

#### Northwest

OREGON  
  
Asante Three Rivers  
Medical Center  
Grants Pass

CHI Mercy Health  
Mercy Medical Center  
Roseburg

Kaiser Sunnyside  
Medical Center  
Clackamas

Sky Lakes Medical  
Center  
Klamath Falls

#### WASHINGTON

Harrison Medical  
Center-Silverdale  
Silverdale

Highline Medical Center  
Burien

Northwest Hospital  
and Medical Center  
Seattle

PeaceHealth Southwest  
Medical Center  
Vancouver

PeaceHealth St. John  
Medical Center  
Longview

St. Francis Hospital  
of Federal Way  
Federal Way

Swedish Health  
Services Issaquah  
Issaquah

#### Northeast

##### MAINE

Cary Medical Center  
Caribou

Mainehealth  
dba Southern Maine  
Healthcare  
Biddeford

Mid Coast Hospital  
Brunswick

Northern Light  
Inland Hospital  
Waterville

York Hospital  
York

#### MASSACHUSETTS

Berkshire  
Medical Center  
Pittsfield

Cooley Dickinson  
Hospital  
Northampton

Heywood Hospital  
Gardner

Lowell General  
Hospital-Main Campus  
Lowell

Mount Auburn Hospital  
Cambridge

Signature Healthcare  
Brockton Hospital  
Brockton

St. Luke's Hospital  
New Bedford

#### NEW HAMPSHIRE

Wentworth-Douglass  
Hospital  
Dover

#### NEW YORK

NYC Health and  
Hospitals-Woodhull  
Brooklyn

St. Joseph's Hospital  
Health Center  
Syracuse

#### RHODE ISLAND

Landmark  
Medical Center  
Woonsocket

## Southeast

#### ALABAMA

Princeton Baptist  
Medical Center  
Birmingham

Vaughan Regional  
Medical Center  
Selma

#### FLORIDA

AdventHealth Sebring  
Sebring

AdventHealth  
Wesley Chapel  
Wesley Chapel

Lakeland Regional  
Medical Center  
Lakeland

Lakewood Ranch  
Medical Center  
Lakewood Ranch

St. Joseph's  
Hospital-South  
Riverview

Tampa General Hospital  
Tampa

#### GEORGIA

Cartersville  
Medical Center  
Cartersville

North Fulton Hospital  
Roswell

Phoebe Sumter  
Medical Center  
Americus

Piedmont Fayette  
Hospital  
Fayetteville

Piedmont Henry  
Hospital  
Stockbridge



Piedmont Newnan Hospital  
Newnan

Tanner Medical Center of Carrollton  
Carrollton

Wellstar Douglas Hospital  
Douglasville

#### LOUISIANA

Abbeville General Hospital  
Abbeville

Ochsner Medical Center-Baton Rouge  
Baton Rouge

Thibodaux Regional Health System  
Thibodaux

Ochsner LSU Health Shreveport  
Monroe

#### MISSISSIPPI

Garden Park Medical Center  
Gulfport

#### NORTH CAROLINA

Alamance Regional Medical Center  
Burlington

Atrium Health Cleveland  
Shelby

Duke Regional Hospital  
Durham

Duke University Hospital  
Durham

Harris Regional Hospital  
Sylva

Maria Parham Health Henderson

MH Mission Hospital McDowell, LLLP  
Marion

New Hanover Regional Medical Center  
Wilmington

Novant Health Brunswick Medical Center  
Bolivia

Novant Health Huntersville Medical Center  
Huntersville

Novant Health Matthews Medical Center  
Matthews

Novant Health Presbyterian Medical Center  
Charlotte

Novant Health Thomasville Medical Center  
Thomasville

Randolph Health Asheboro

Sentara Albemarle Medical Center  
Elizabeth City

University of North Carolina Hospitals Chapel Hill

Wake Forest Baptist Health-Lexington Medical Center  
Lexington

WakeMed Raleigh Campus  
Raleigh

#### SOUTH CAROLINA

Mount Pleasant Hospital Mt. Pleasant

Prisma Health Greenville Memorial Hospital  
Greenville

Prisma Health Laurens County Hospital Clinton

Prisma Health Oconee Memorial Hospital Seneca

#### TENNESSEE

Cumberland Medical Center Crossville

Erlanger East Hospital Chattanooga

LeConte Medical Center Sevierville

Tennova Healthcare-Cleveland Main Campus Cleveland

#### Southwest

##### ARIZONA

Shea Medical Center Scottsdale

Yuma Regional Medical Center Yuma

##### COLORADO

Centura Health Castle Rock Adventist Hospital Castle Rock

Centura Health-Avista Adventist Hospital Louisville

#### Newsweek

THE LEAPFROG GROUP

#### OKLAHOMA

Mercy Hospital Ada  
Ada

#### TEXAS

Central Texas Medical Center San Marcos

CHRISTUS Mother Frances Hospital-Tyler Tyler

Guadalupe Regional Medical Center Seguin

Hill Country Memorial Fredericksburg

Nacogdoches Memorial Hospital Nacogdoches

Peterson Regional Medical Center Kerrville

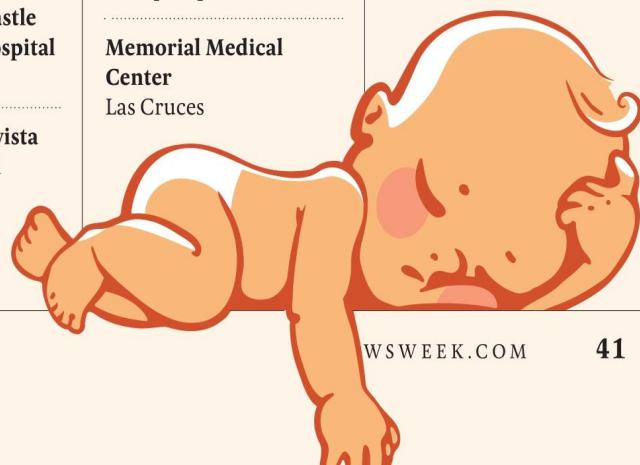
St. David's Round Rock Medical Center Round Rock

United Regional Health Care System Wichita Falls

#### UTAH

Logan Regional Hospital Logan

McKay-Dee Hospital Center Ogden N



MOVIES

# So Help Me, Flying Spaghetti Monster

A new documentary uses court cases about a silly religion to ask serious questions about faith and government power

**SACRED GARMENTS** Pastafarian Niko Alm. Some believers wear colanders, others pirate gear, but there's no rule against doing both.

WWW.IPASTAFARIODOC.COM; TOP RIGHT: AMANDA EDWARDS/GETTY





## AFTER THE BIG BANG

Mayim Bialik hosts a game show » P.48



↗ THERE'S NEVER BEEN A RELIGION MORE LIKELY TO illicit giggles than the Church of the Flying Spaghetti Monster—or Pastafarianism, as its members call it. While the satirical belief system has long been, for some, a smart-aleck response to the question “what’s your religion?” a new documentary makes the case for the religion’s importance, by focusing on hearings in Europe that are meant to determine whether Pastafarianism qualifies as a real religion.

Titled *I, Pastafari: A Flying Spaghetti Monster Story*, the film follows the cases of Dutch Pastafarians, which began in 2016, who are fighting to have their religion recognized so they can wear colanders—one official form of dress for members of the FSM church—on their heads in driver’s license photos. While this may seem like a ridiculous thing to fight for, director Mike Arthur uses the conflict as a gateway to a more serious and in-depth dis-

cussion about religion. The film is available for streaming now at iTunes, Google Play, Amazon Prime, Vimeo and several other services.

BY

JAMES CROWLEY

✉ @jamespcrowley68

And why shouldn’t Pastafarianism be considered a religion? The claims that the Flying Spaghetti Monster created the universe thousands of years ago may be laughable, but the FSM Church’s guiding principles—including the Eight “I’d Really Rather You Didn’ts,” which is Pastafarianism’s take on the 10 Commandments—do provide meaningful insight into how one should live life. The second “I’d Really Rather You Didn’t” goes as follows: “I’d Really Rather You Didn’t use my existence as a means to oppress, subjugate, punish, eviscerate, and/or, you know, be mean to others. I don’t require sacrifices, and purity is for drinking water, not people.”

Even though Arthur identifies as a humanist, he told *Newsweek* recently that he does feel like he’s become something of a Pastafarian. “After making the film, I’d also say I’m a Pastafarian, because literally believing the Flying Spaghetti Monster created the universe is not a requirement to be a member, and I do empathize with what I think they’re trying to do, which is basically bring more critical thinking into the forefront of society,” he said.

The history of the FSM Church began in 2005 when the religion's founder, Bobby Henderson, wrote a letter to the Kansas State Board of Education demanding that if the BOE taught intelligent design alongside the theory of evolution in science classes, then it must also teach that the Flying Spaghetti Monster created the universe. The FSM Church has since grown in popularity and has members worldwide.

"Humor is kind of a central tenet of their faith," Arthur said. "The Eight I'd Really Rather You Didn'ts"—these are all humorous ways to point out pretty important issues, and they do it in a way that's foundational to their belief system, which is that there are no rules. There are no threats of eternal damnation or 'You have to do this, or else.' They're just friendly suggestions on how to be a decent human being."

The cases in the film, including that of Niko Alm, a former member of the Austrian Parliament, are silly, but as governments debate whether the FSM Church is a "real" religion, the Church itself is focused on how governments overstep on issues of faith.

"They're asking the question: Why does it matter if I believe in Thor or God or Allah or Poseidon or the Flying Spaghetti Monster or no god at all? Why does that impact my rights? Why does that impact my freedoms? Why in a secular democracy does that matter? Why are we not treated equally?" Arthur said. "It's impossible to prove or disprove a real religion."

The irony of releasing the film in the midst of a pandemic isn't lost on Arthur. "Right now in the U.S., science is treated almost as another belief

system," he said. "We have a global pandemic right now, but people won't listen to experts, because a too-large-to-ignore population of the country thinks that science is just an opinion, and Pastafarianism was really created based on this idea, based on exposing this false-equivalency."

Speaking to *Newsweek*, Derk Venema, who serves as legal counsel for the Dutch Pastafarians in the film, recently explained the thinking behind the Pastafarians' fight to wear colanders in their driver's license photos.

"I don't think freedom of religion can really exist for everyone if there is a court or an administrative body who gets to decide who can enjoy this right and who cannot. So it's also very much about equal religious rights, and I think if you want to take that seriously, you cannot first have the public administration decide who gets to enjoy this right and who doesn't," Venema said. "As long as there are special rights and exemptions and facilities for religious people and organizations in the law, everyone who claims

that they are a religious organization [and] can show that they are, should be given this right, I think. If that makes things complicated or painful even, then maybe you should not have any special rights for religious people at all."

Arthur put it simply: "They're hoping to make the point that religious freedom can only go as far as somebody else's religious freedom."

The Dutch Pastafarians that Venema has defended have lost their cases, because of a perceived lack of seriousness. But one of the film's subjects, Mienke de Wilde, has since applied to the European Court of Human Rights with her case and is waiting to find out if it will be handled by the court.

While they're waiting to hear back from the Court of Human Rights, Venema explained that if the case is heard, it will force the court to define "seriousness" in determining religions.

"We hope that the European Court of Human Rights will actually handle this case, because then they will have to explicitly say how they understand the criterion of seriousness and why they think Pastafarianism is or is not a serious enough religion to count as a real religion," he said.

Even though the Pastafarians share their message in a funny way, the actual values that the FSM Church preaches are not meant to be taken as a joke. "The package of the message is funny, is satirical, is parody, but the message itself, which is nonviolence, tolerance, don't waste money on large church buildings, is a very common ethical, moral message that you'll find in many religions and many other moralities," Venema said. "That's why I think it's an important case, and if there comes a decision on this case, this will determine, I think, what are the chances for other small, unknown, funny, weird religions in the future." ■

**"They're hoping to make the point that religious freedom can only go as far as somebody else's religious freedom."**

**THE GOOD FIGHT** Some believers have lost in court, but in 2011, Alm won the right to wear a colander for his state-issued Austrian ID.





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## Culture



### 01 Mexican Gothic

— By Silvia Moreno-Garcia

DEL RAY | JUNE

MEXICO

Transport yourself to mid-century Mexico in this evocative thriller set in an isolated countryside mansion, where a glamorous debutante becomes an amateur sleuth. She uncovers dark and treacherous secrets behind the walls of the crumbling, once-grand High Place that a wealthy mining empire family calls home.



### 02 Rockaway: Surfing

— Headlong into a New Life

By Diane Cardwell

HOUGHTON MIFFLIN HARCOURT | JULY

QUEENS, NEW YORK

A memoir of a born-and-bred New Yorker who finds the wild world of waves and a sense of community on the outskirts of the metropolis. This tale of reinvention will inspire you to find urban adventures close to home—and maybe even to pick up a surfboard this summer.



3

### 03 Migrations

— By Charlotte McConaghay

FLATIRON BOOKS | AUGUST

GREENLAND

In an ode to our disappearing natural world, a wanderer is on a mission in always socially-distanced Greenland to find the world's last flock of Arctic terns as they make their final migrations.



### 05 Sex and Vanity

— By Kevin Kwan

DOUBLEDAY | JUNE

EAST HAMPTON, NEW YORK, TO CAPRI, ITALY

This modern love story from the author of *Crazy Rich Asians* bounces between summer playgrounds of the ultra-wealthy with decadent food and over-the-top fashion, and it might be just the perfect frothy escape for this summer.



4

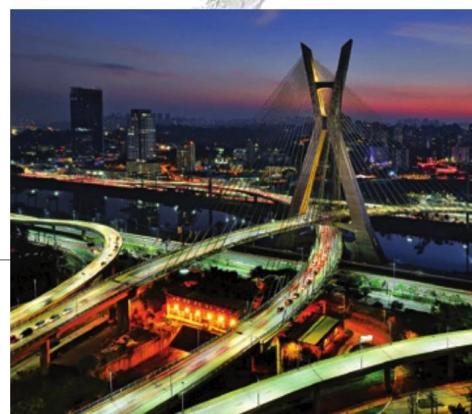
### 04 It Is Wood, It Is Stone

— By Gabriella Burnham

ONE WORLD | JULY

BRAZIL

This debut novel by a young Brazilian American author follows a restless American, her clever housekeeper and a charming artist whose lives intersect in São Paulo. The psychological thriller takes you on their entwined journeys of uprootedness, history, class, privilege, sexuality and more.





**06** **Dirt: Adventures in Lyon as a Chef in Training, Father, and Sleuth Looking for the Secret of French Cooking**

By Bill Buford

KNOPF | MAY

FRANCE

A humorous exploration into the revered culinary capital Lyon, with a family in tow, this chef-adventurer takes you along for the ride. We're all hungry to get away, and this hilarious memoir will satisfy every foodie's appetite for a taste of French cuisine and culture.

5

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**08** **The Island of Sea Women**

By Lisa See

SCRIBNER | MARCH

SOUTH KOREA

This multigenerational family saga traces the history of this matriarchal collective, some in their 80s, while following the friendship of two girls, the next generation of the haenyeo—the brave all-female, free divers running the small island of Jeju.



8

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06: GARY YEOWELL/GETTY; 07: ADITYA SINGH/GETTY; 08: ED JONES/AFP/GETTY; 09: FELIX CESARE/GETTY

**07** **All the Way to the Tigers**

By Mary Morris

NAN A. TALESE | JUNE

INDIA

Turning personal catastrophe into a travel memoir along the lines of Cheryl Strayed's *Wild*, Morris heals from a devastating ice-skating accident and takes a three-year odyssey in search of the world's most elusive big cat—in the process uncovering the untamed power within herself.



UNCHARTED

7



**09** **The Yield**

By Tara June Winch

HARPERVIA | JUNE

AUSTRALIA

A young Australian woman's quest to save her indigenous family's Wiradjuri land. Language and stories unfold in this story of hope and preservation.

9

# Summer Reads: Travel That Can't Be Canceled

With ongoing travel restrictions and closed borders, this summer isn't like summers of the past, but these books still provide ultimate escapes that cannot be canceled. On these pages, you can travel to places all over the world—from the remote shores of Greenland to the distant countryside of mid-century Mexico to the haute culinary circles of France. Let these books be your ticket to worlds beyond the four walls you've been staring at. —Kathleen Rellihan

PARTING SHOT

# Mayim Bialik

**↗** MAYIM BIALIK HOLDS MANY TITLES: ACTRESS, WRITER, NEUROSCIENTIST, mother and now, thanks to TBS' *Celebrity Show-Off*, she can add game show host to that list. "I'm a huge game show person. I've been on a lot of shows before, but to be honest, I've never been asked to host something." After a long—and Emmy nominated—run on *The Big Bang Theory*, Bialik wasted no time between projects. Next on deck is the comedy series *Call Me Kat*, produced with *Big Bang* co-star Jim Parsons and loosely based on the BBC series *Miranda*, debuting in 2021. "Kat is a woman who doesn't have it all and is still happy. I think that's very important." Bialik will also soon make her directing debut with the film *As Sick as They Made Us*, starring Olivia Thirlby, Simon Helberg, Candice Bergen and Dustin Hoffman. With all the projects Bialik has going on—she also would like to write another book—one might think her schedule is chaotic, but that's something she says she's accustomed to. "I'm a mom of two kids, my boys are 11 and 14, so there's really no such thing as normal."

**Did social isolation benefit the making of *Celebrity Show-Off*?**

We've pushed the bounds of creativity, like how can we create something out of nothing? For the celebrity guests, it's a fun challenge to see what you can create when all you have is yourself and your home.

**Considering the protests and the pandemic, was it difficult to film the show right now?**

Seeing how much people were willing to be playful and open their homes, and the fact that they're playing for charity made me feel like there is an appropriate way for us to provide entertainment right now. I really hope we've struck that balance.

**"I'm a mom of two kids...so there's really no such thing, as normal."**



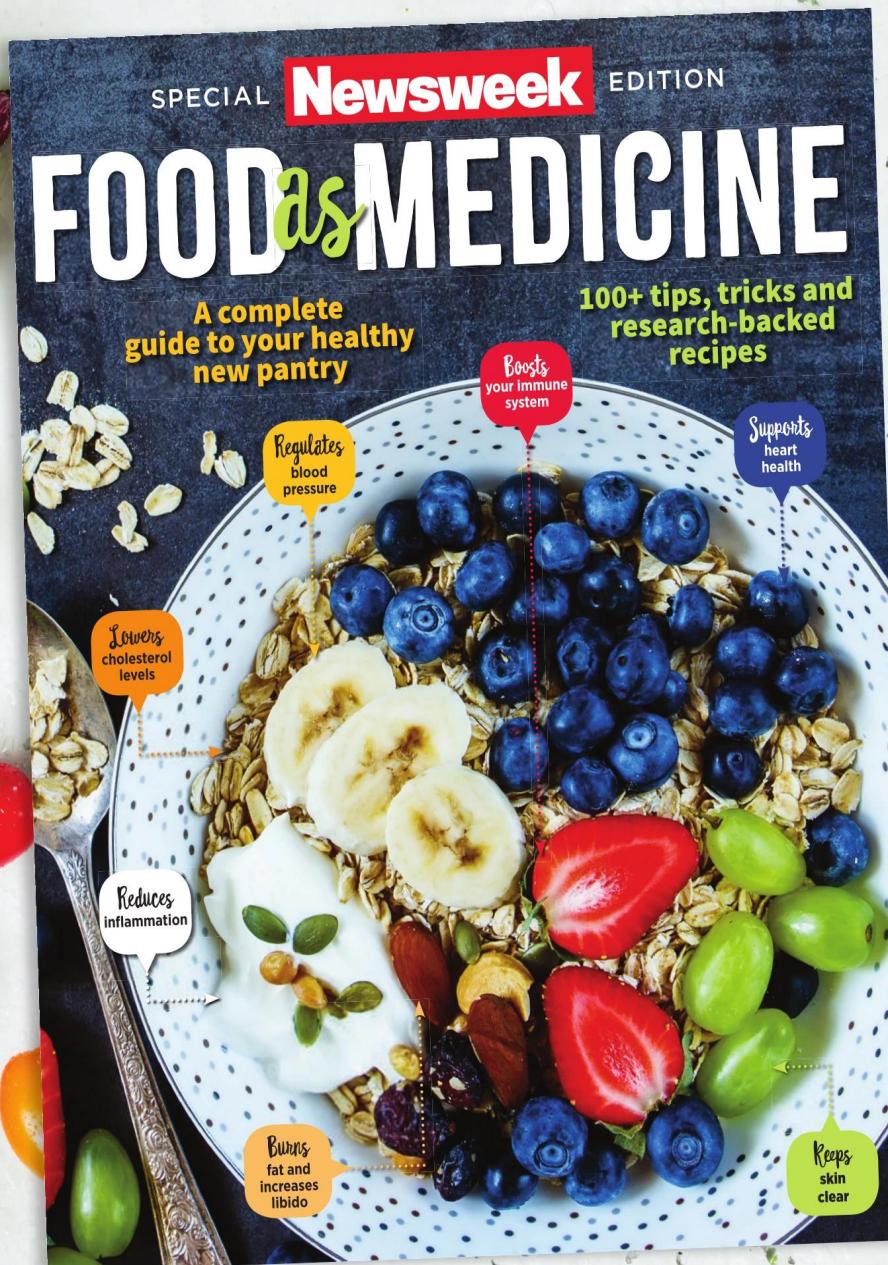
**What was it about *Call Me Kat* that inspired you?**

When Jim approached me, he said, "We want to make an American version of a show about a very, very unusual woman who is both lovable and frustrating and human. If anyone can pull that off, we think it's you."

**You made your film debut in the Bette Midler classic *Beaches*. Do you remember feeling like you were a part of something big?**

When the movie came out it was actually the week of my bat mitzvah. That was the first time that I realized, "Oh, something's happening here. This is going to change my life forever." What came next was *Blossom*, and now I'm talking to you [laughs]. —H. Alan Scott

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