

TikTok's Brightest Star

08.21-28.2020

Newsweek®



THE OTHER EPIDEMIC

As the COVID crisis fuels a
surge in overdoses, scientists
race to stop addiction at
its source: **THE BRAIN**



A close-up photograph of a man's face, showing his forehead, eyes, and nose. He is wearing glasses and has white hair. The image is set against a background of a jigsaw puzzle where one large red piece is in the foreground, obscuring the lower part of his face.

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FEATURES

BETTER LIVING THROUGH CHEMISTRY

Opioids invented in the laboratory have sharply increased the number of addiction deaths. Researchers, however, hope that their labs will soon produce a new generation of drugs that can help stem the tide.

COVER CREDIT

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Source images by Getty (2)



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The Addict's Brain

As the coronavirus pandemic fuels a surge in overdoses, scientists race to halt addiction at its source.

BY ADAM PIORE

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Get Your Life Back

Newsweek partnered with research firm Statista to find the best addiction and physical rehab facilities in the U.S.



NATURE'S POOLS The most beautiful places in the world to take a dip are not man-made.

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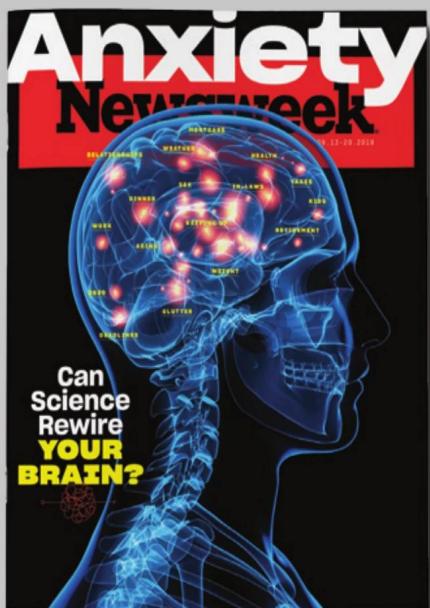
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“Journalism I don’t see elsewhere until later, if at all.”

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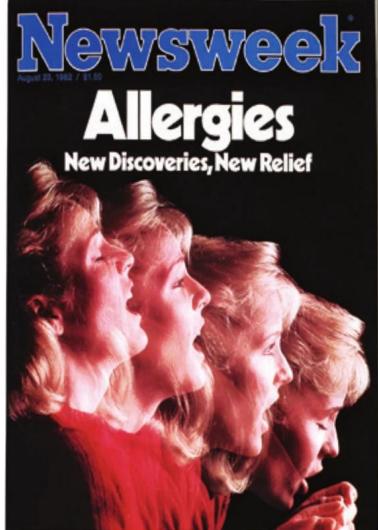
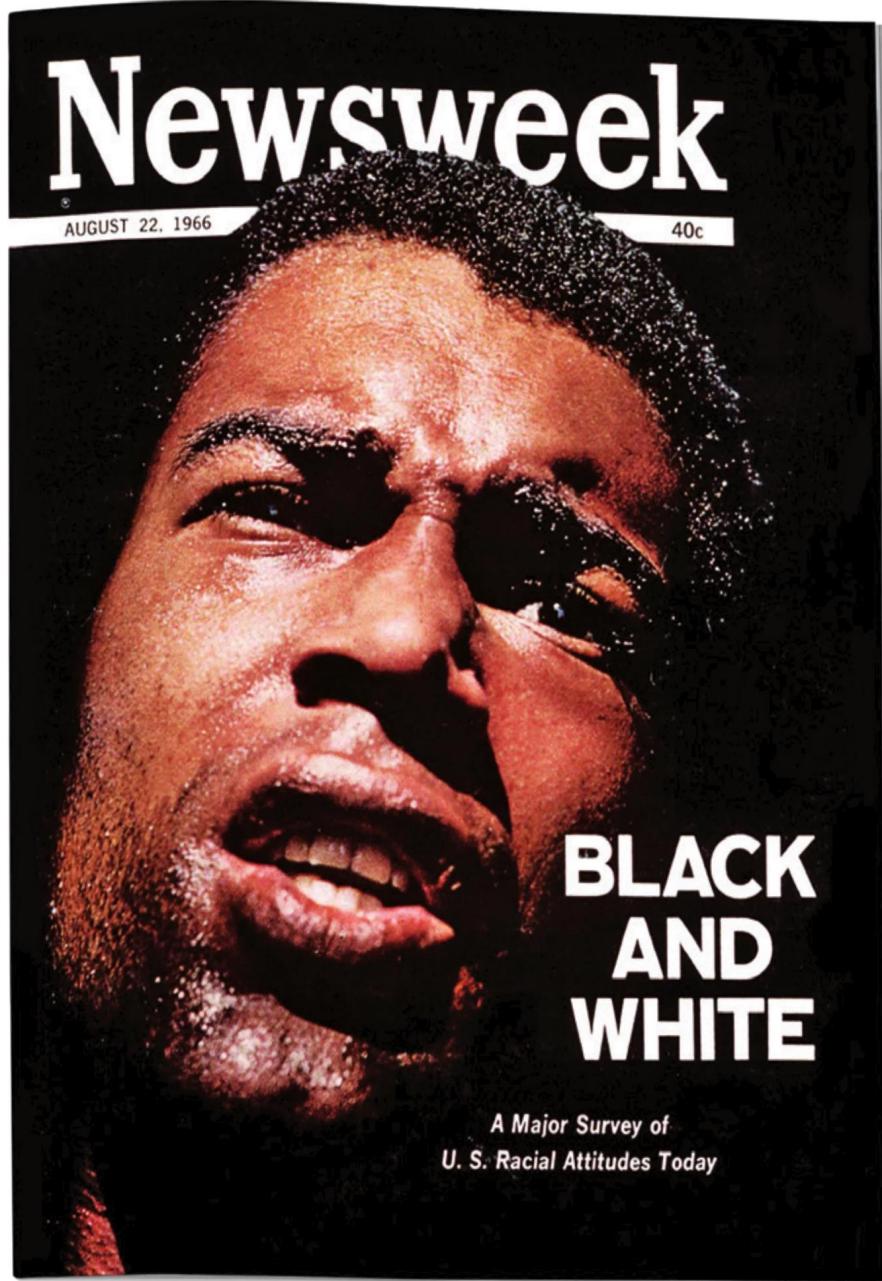
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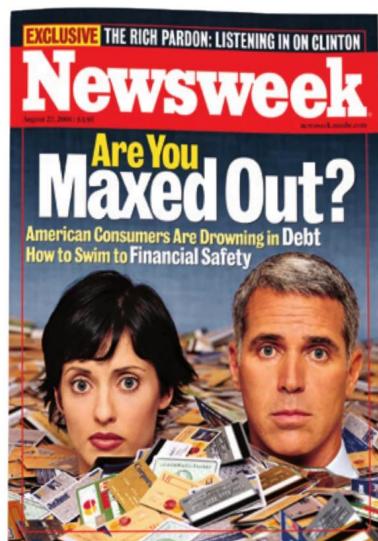
1966

Newsweek interviewers polled over 2,000 Americans, divided roughly equally between white and Black. Two-thirds of Blacks surveyed agreed "things had improved since 1963," but over half also thought progress was moving too slowly. Conversely, 70 percent of white Americans polled said that Blacks were "trying to move too fast." This summer, a poll by NBC/WSJ found that 56 percent of all Americans agree that U.S. society is racist. It also found that since 2018, public opinion has shifted in favor of kneeling in protest during the national anthem and removing Confederate statues.



1982

For many, wrote Newsweek, "allergy is a year-round misery triggered by a bewildering array of substances from dust and dander to foods and face powder." Treatment was "still imperfect," but researchers were "developing more potent and palatable therapy to fight the allergy blight." Today, over 50 million Americans experience some allergy yearly.



2001

"As the expansion slows to a crawl, many Americans carry a dubious legacy: too much debt," said Newsweek. According to the Federal Reserve, U.S. household debt reached a record of \$7.3 trillion as layoffs increased and banks sold riskier loans. Now similarly, Americans owe a new record of \$14.3 trillion.

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BEIRUT

Aftermath

An aerial view of the damage at, and around, Beirut's seaport on August 5, a day after a massive explosion of ammonium nitrate in the heart of the capital city. More than 150 people were killed and thousands wounded by the explosion that plunged the country in a deep political and humanitarian crisis.

PHOTO: AFP





WHITEWATER, CALIFORNIA

Firestorm

Prison-inmate firefighters arrive at the scene of the Water fire on August 2. More than 1,300 firefighters were battling a blaze that was burning out of control in southern California, threatening thousands of people and homes east of Los Angeles.

→ JOSH EDELSON



BROOKLYN, NEW YORK

Tropical Damage

Downed trees on a car and truck block a road in a Brooklyn neighborhood as Tropical Storm Isaias whipped its way up the East Coast on August 4. The storm brought heavy rainfall, lightning, strong winds and flooding to the New York City area on Tuesday afternoon. More than a million greater New York customers were still without power as of Thursday.

→ SPENCER PLATT



KATOWICE, POLAND

Crash Landing

Dutch cyclist Dylan Groenewegen (on the ground, center) and other riders collided during the opening stage of the Tour of Poland race in southern Poland on August 5. Meanwhile, Dutch rider Fabio Jakobsen was fighting for his life, at press time, after he was thrown into, and over, a barrier at the conclusion to the opening stage of the competition.

→ SZYMON GRUCHALSKI



CLOCKWISE FROM LEFT: JOSH EDELSON/AFP/GETTY; SPENCER PLATT/GETTY; ZYMON GRUCHALSKI/IFORUM/AFP/GETTY

Periscope

— NEWS, OPINION + ANALYSIS





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BUSINESS

The Office Makes a Comeback

No one can work from the couch forever. As companies start calling employees back to their desks, here's what you can expect

THE OFFICE IS RETURNING TO A LOCATION NEAR you this fall—and, no, we're not talking about the employees of Dunder Mifflin. Although only an estimated one in four workers is physically back on the job this summer, that's likely to change soon. In a recent CNBC survey, some 52 percent of companies with a majority of their staff now working remotely said they expect at least half of their employees to return to work in person by the start of September.

After six months of attending Zoom meetings from the comfort of your couch, it will likely feel strange, and a little scary, to be back at your desk, particularly with COVID-19 still posing a major threat to public health. What precautions can you expect your employer to take? Do you have options if you don't feel ready to return? Is there any recourse if your company doesn't have strict safety procedures in place or your co-workers don't follow them?

To answer these questions, *Newsweek* spoke with medical, legal and workplace experts, who offered insights on everything from how best to protect your health to your legal rights if you believe your company isn't providing a safe environment to work in. Here's their advice.

What will my workplace look like when I return?

Chances are, you won't be back to a regular five-days-a-week, on-site work schedule anytime soon. About 40 percent of employers are bringing back groups of employees or departments in phases, with the most critical teams typically returning first, says Lisa Frydenlund, a knowledge advisor for the Society for Human Resource Management (SHRM). Another 19 percent will use an alternating return strategy, assigning employees designated days or weeks when they're back in the office, and then having them work remotely the rest of the time.

While you're in the office, you'll probably come into contact with far fewer people than you did in the pre-pandemic days. Three-fourths of companies say they will stagger start, stop and break times for employees and 78 percent will reduce the number of customers permitted inside, according to SHRM.

Your office layout will likely be different too, with desks spread much further apart than before, partitions erected between you and co-workers or customers, and limited or no access to communal spaces like kitchens and

BY

KERRI ANNE RENZULLI

@kerenzulli

break rooms. On the plus side, your workspace will probably be the tidiest it's ever been, with 90 percent of companies saying they have or will increase cleaning efforts, according to a survey by Littler, a labor law firm.

Expect your bosses to take a greater interest in your health. Almost all employers will require workers to report COVID-19 symptoms, exposure to the virus or travel, according to SHRM. More than 85 percent will require or are considering requiring employees to wear masks or other personal protective equipment and most of those businesses will foot the bill for the gear. Littler found that six in 10 organizations also plan on conducting employee health scans and testing, most commonly temperature checks and symptom screenings.

Your employer will probably share the details of its safety measures with staff but, if not, by all means ask, either via an email to your manager or in a public forum like an all-hands meeting so your co-workers can hear the answers as well, says Lauren McGoodwin, CEO of Career Contessa. Among the critical questions to ask: How will the staff be alerted if a co-worker has the virus, and how will the company act to limit the spread if that happens, says Sandra Kesh, an infectious disease expert with Westmed Medical Group in Purchase, New York.

What if I don't feel comfortable returning to the office?

You may be reluctant to raise concerns, worried about looking uncooperative when more than 30 million Americans are out of work. The key to successfully broaching the subject, says Jaime Klein, CEO of Inspire Human Resources, is to be specific about the reason you're uncomfortable and come to the discussion with solutions that address your employer's needs

and the company's reasons for bringing staffers back on-site.

Now isn't the time to cling to privacy. If you or someone you live with has a medical condition that puts you at higher risk, disclose it; likewise, if you're, say, caring for an elderly parent at home that would make it difficult to come to the office. "Before [the pandemic], many people would have paused at bringing up such personal issues, but this is a time when we have to become unphotoshopped and speak authentically about our current home situation," says Klein.

Think about why your employer wants staff back in the office—for instance, to boost productivity or collaboration or because there are certain tasks that can't be performed remotely. "Make your ask around what's good for them, share how you'll address their concerns," says McGoodwin. "Maybe you agree to check in more frequently or can show you've actually been more productive since working remotely."

Also have ideas ready about how you can feel safer at work, instead of only offering remote work as a solution. Maybe you can change your schedule so you work when there are fewer people in the office or on mass transit? Or move from an open area desk to an office with a closed door? "Most bosses will appreciate that you've thought of solutions that work for both [of you]," says McGoodwin.

What if your boss says no? Unless you have a disability that's recognized by law, you will need to return to the office or risk repercussions. Legally, a general fear of catching COVID-19 is not grounds to force your company to accommodate your request for alternate arrangements.

Even if you do have a disability, the protection is not absolute, but rather depends on various factors, including whether the job can be done from



home or whether the employer can make the workplace safer through other reasonable accommodations, says labor and employment attorney Ivo Becica, a partner at Obermayer Rebmann Maxwell & Hippel law firm.

"Some jobs, like restaurant and hospitality positions, can't be performed from home and are inherently risky, no matter how conscientious the employer is," Becica says. "The law doesn't require employers to fundamentally alter an employee's job to accommodate a disability."

If I can't return to my workplace because of child care issues, what should I do?

The challenges facing working parents with young children at home



CLEAN AND TIDY To help ensure worker safety, most companies plan to increase cleaning efforts, regularly wiping down equipment and furniture, particularly high-touch surfaces and public spaces.

sick leave and up to another 10 weeks of expanded family leave at two-thirds of pay. A major caveat: The legislation only applies to certain public employers and private employers with fewer than 500 employees; businesses with fewer than 50 employees may also be exempt if providing the leave would “jeopardize the viability of the business.”

Some states have paid sick leave laws that also cover child care, but many cap time off at 40 hours. After that time is used up, employers can generally require employees to return to work, says Becica.

What should I do if I return to the office and find the working environment unsafe?

If certain practices, like non-socially distanced meetings, make you uncomfortable, speak to your HR leader or manager about the specific issue.

Be diplomatic. Frame the conversation as being about a desire to make the entire team feel safe and prevent anyone from getting sick, which would derail the company’s business goal, says Klein. Suggest solutions, like wearing masks in meetings or opening all windows while the meeting is in progress or moving to a larger room where social distancing can happen.

Still it takes a bold employee to speak up this way, especially when unemployment is so high and many would be delighted to fill your position. So talk with colleagues first to see if they feel the same way—and might back up your proposed solutions.

Practically, though, your options aren’t great if your company declines to act. By law, employers are required to

aren’t getting any easier as schools and many day care facilities, despite public pressure to reopen, continue to limit in-person attendance until COVID-19 is under control. And as hard as they may try, it’s affecting their work: According to a new Care.com survey, two-thirds of working parents say juggling child care and their jobs during the pandemic has caused their productivity to suffer—and that was before the added stress of being asked to return to work in person.

Unfortunately, you’re largely on your own when it comes to solutions. Most employers don’t have a set policy in place, instead handling pandemic child care accommodation requests on a case-by-case basis, says SHRM.

If your employer isn’t willing to

work with you and you haven’t already used up the benefit, you may be able to get paid time off with job protection under the federal pandemic relief law. Through the end of the year, the Families First Coronavirus Response Act provides parents who can’t work because their child’s school or day care provider is closed with two weeks of

“Some 52 percent of companies expect at least half of their employees to return to work in person by the start of September.”

provide a safe workplace and the Occupational Safety and Health Administration (OSHA), along with the CDC, has issued pandemic-specific guidelines for companies to follow in order to protect employees. If you believe your company is not complying, you can file a complaint with OSHA. But, according to the National Employment Law Project, the rules are voluntary and OSHA has already stated that it will not be enforcing them.

Other options: Unionized workers can talk to their local representative. Not in a union? Some 14 states have expanded worker protections and adopted new rules to regulate businesses during the pandemic. Virginia, for instance, has mandates for employers concerning personal protective equipment, sanitation and social distancing. If yours is among the states with such rules, you might have a better shot filing a complaint with your state regulatory agency.

But employment lawyers warn that complaints take a long time to resolve and are tough to win, especially if your company has some safety measures in place, such as social distancing and requiring or providing masks. And while there are rules on the books that are supposed to protect complainers from blowback on the job, real life doesn't always work out that way.

As Edgar Ndjatou, executive director of the nonprofit Workplace Fairness, puts it: "You can have a legal claim but still be fired and out of a job."

What should I do if my co-worker is not following the COVID-19 safety rules?

If your co-worker forgot to wipe down the coffee machine after using it one time, maybe gently remind him or her of the company's new cleaning policy

or let it go. But if a colleague continues to repeatedly disregard safety procedures, you may want to alert your manager or HR.

Hopefully, the manager or another member of the company's leadership will then speak with the employee, which will curb the risky behavior, keeping your name out of it. But if you find that the individual continues to flout the safety rules or that your supervisor was unresponsive in dealing with the issue, it may be time to escalate your concerns.

"Someone in authority at the company approved those safety rules and wants them enforced," says University of Oregon law professor Elizabeth Tippett. "If your boss isn't responsive, speak to the HR office or the risk management office or your boss's boss."

If I refuse to come into the office because I'm worried about catching COVID-19 and my employer views this as quitting, can I collect unemployment?

Probably not. While unemployment regulations vary from state to state, generally you cannot quit your job and claim benefits, even if you left because you're afraid you might catch COVID-19 at work, says Ndjatou.

To pursue a claim, you would need to cite unsafe working conditions as "good cause" for your departure. Then the state unemployment agency would investigate, checking, for example, to

see if you informed your employer of your safety concerns and whether the company then investigated or addressed the issues raised. Having documentation of such exchanges would help your cause.

Even if the matter is eventually resolved in your favor—a very big if—you likely won't receive any aid in the meantime. And, with so many unemployment claims being filed these days, you could have a lengthy wait.

What can I personally do to stay safe when I return to work?

The usual precautions apply. Wear a mask that covers your nose and mouth whenever you are within six feet of colleagues, customers and clients; avoid sharing common items, like scissors or staplers, with co-workers; and if you do need to use a shared space or piece of equipment, wash your hands thoroughly immediately after. "Assume you've been exposed to the coronavirus after touching any common surface," says Kesh.

As for socializing with co-workers, that too will need to change. While you don't have to eat alone at your desk every day, it is important to maintain six feet of social distance, says Kesh. If your employer doesn't have a break room or cafeteria large enough to permit this, try moving lunch outdoors. Drinks after work are off limits too, unless the watering hole is outside.

There will be plenty of time to socialize with work friends unfettered once the pandemic is over. In the meantime, your top job is to stay healthy, and help keep your colleagues safe as well, so you are all around to enjoy those future happy hours. ■

"This is a time when we have to become unphotoshopped and speak authentically about our current home situation."

→ Newsweek contributor Kerri Anne Renzulli is a financial journalist based in London. She has also worked for CNBC, Financial Planning and Money.

NEWSMAKERS

Talking Points

 "No words can describe the horror of the disaster that has hit Beirut."

—LEBANESE PRESIDENT MICHEL AOUN

CNN

"UNTIL YOU SEE IT, YOU MIGHT ACTUALLY THINK THAT THIS IS A JOKE."

—ANDERSON COOPER
ON PRESIDENT TRUMP'S
AXIOS INTERVIEW



Anderson Cooper

 "We've lost more than 150,000 Americans to COVID-19. Now is not the time to squeeze extravagant costs from hospitals, taxpayers, or families for a vial that costs only \$1 to create."

—PENNSYLVANIA STATE TREASURER JOE TORSSELLA ON GILEAD SETTING COVID TREATMENT PRICE AT \$2-3K

CNN

"We are in a new phase... This epidemic right now is different and it's more widespread and it's both rural and urban."

—DR. DEBORAH BIRX,
WHITE HOUSE CORONAVIRUS
TASK FORCE COORDINATOR



Dr. Deborah Birx

 WE'RE NOT PLANNING ON GOING ANYWHERE."

—TikTok U.S. general manager Vanessa Pappas



Vanessa Pappas



"THE GOAL IS TO WIN."

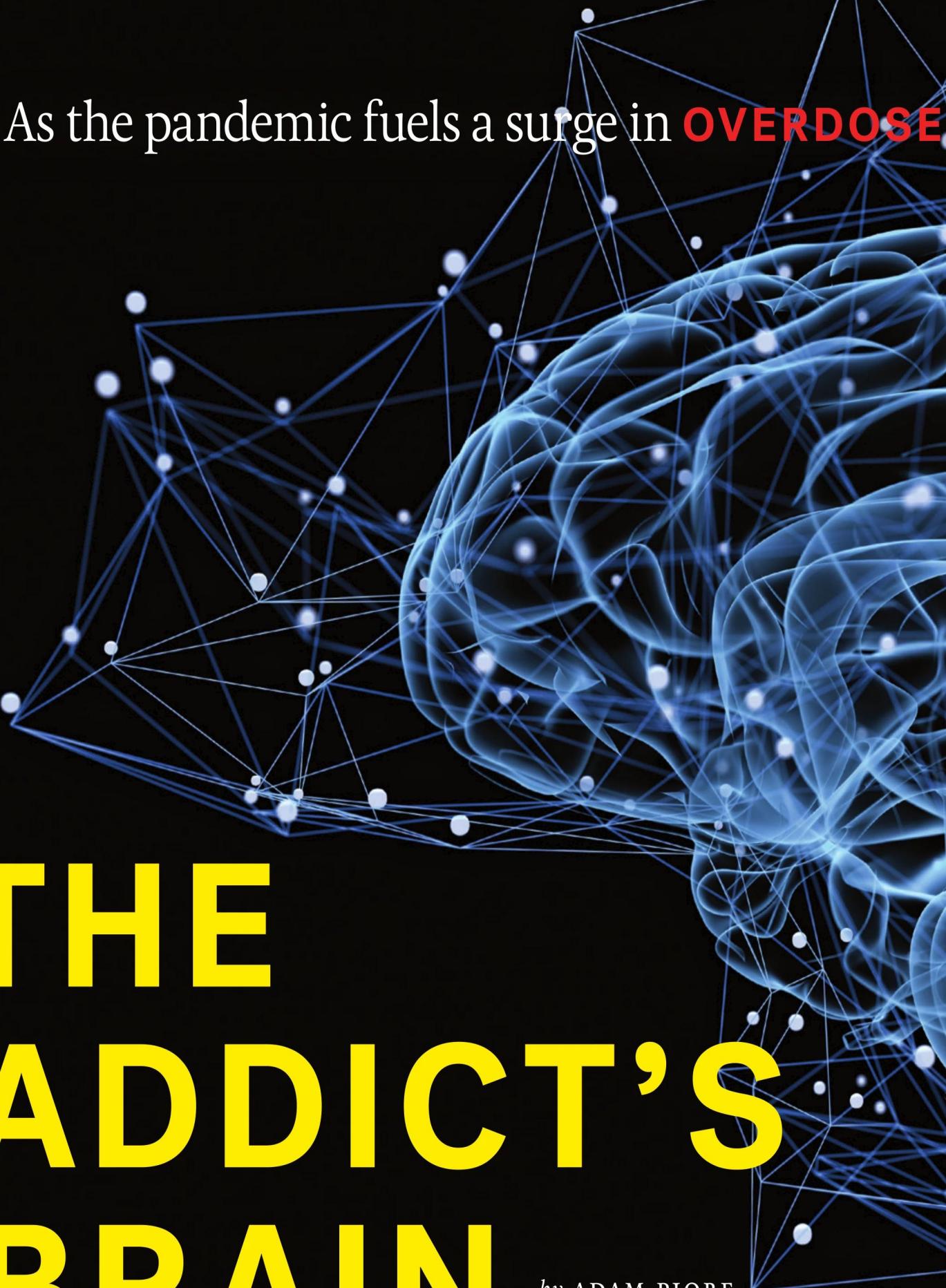
—KANYE WEST ON HIS
PRESIDENTIAL BID

FOX NEWS

"IF IT DOESN'T WORK OUT, YOU'RE NOT GOING TO KNOW THE NOVEMBER 3 ELECTION RESULTS. IT COULD BE FOR MONTHS AND MONTHS, ACTUALLY IT COULD BE FOR YEARS."

—President Trump on suing Nevada for universal mail-in ballots

- ▶ As the pandemic fuels a surge in **OVERDOSE**



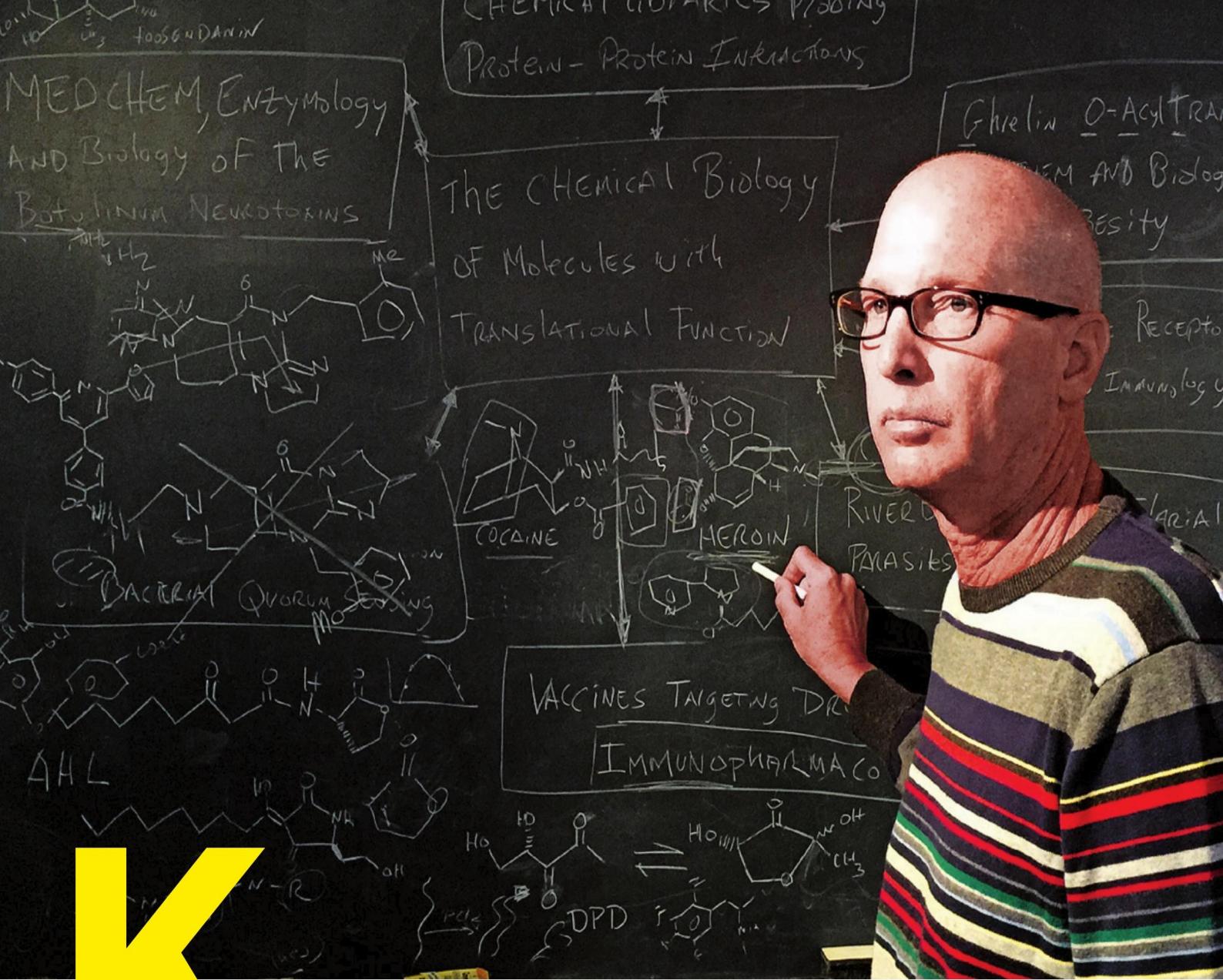
THE ADDICT'S BRAIN

by ADAM PIORE

ILEXX/GETTY



S, scientists race to halt addiction at its source ▶



K

IM JANDA LIKES TO SAY he has engineered immune cells in the lab capable of protecting the human body against virtually “everything that’s walked or crawled”—including some of the most toxic known diseases, including anthrax, botulinum neurotoxin, and ricin. When someone close to Janda developed a drug addiction, it was only natural that the Scripps Research Institute scientist would try to help. Might it be possible, he wondered, to create a pill or a shot that could protect addicts from the consequences of their slips, by neutralizing the drug before it could get them high or cause an overdose? That way, it might be possible to keep addicts from relapsing, which sometimes proves fatal.

The need for such an intervention is more urgent than ever. In the more than two decades since Janda began plugging away on his addiction vaccines, the opioid epidemic took the fast track.

Addiction has claimed 750,000 lives since 1999, according to the Centers for Disease Control. Scientists and health care officials in the U.S. have struggled to keep up and develop new responses. The drug cartels have fought to keep their firm grip on addicts with new products that are cheaper and more potent. Their latest is fentanyl, a synthetic drug that is cheap to make and all too easy to overdose on—and may be responsible for a recent rise in the overdose death rate. This year, COVID-19-related developments are adding to the downward spiral.

Over the last three to four months overdose deaths have increased nationwide by close to 15 percent, says Shawn Ryan, Chair of Legislative Advocacy for the American Society of Addiction Medicine. Ryan is also president and chief medical officer of BrightView Health, a 20-site treatment network in Ohio and Kentucky, long considered ground zero for the nation’s devastating opioid ep-

SEEKING A CURE

When someone close to Kim Janda developed a drug addiction, the Scripps Research Institute scientist wondered if he could devise a pill or a shot that would keep addicts from relapsing, which sometimes proves fatal. Clockwise from top: Kim Janda; a park in the Bronx, New York; a heroin user prepares to shoot up.

idemic. In 2018, one of the counties where BrightView operates saw a 34 percent drop in deaths, a 36 percent drop in overdose-related visits to the ER, and an increase of greater than 50 percent in the number of addicts who sought treatment. The coronavirus alone has been enough to wipe out most of those gains. So far this year, overdose deaths in the counties where his centers are located are up more than 25 percent, he says.

To Ryan and others on the front lines of the battle there's no mystery about what's causing this increase. "If you write down a list of things that will make mental health and addiction worse in society or in a community," he says, "COVID caused almost all of them—social isolation, economic instability, transportation disruption and challenges to getting support, anxiety related to social isolation—everything that would make our

mental health and addiction crisis worse."

Janda had spent his career finding ways to harness the body's own immune system—and create things that mimicked it—to attack and neutralize the small molecules that cause disease. In the early 1990s, he set out to apply those same techniques to neutralize the effects of street drugs like heroin, cocaine and methamphetamine. "Addiction is a brain disease," he says. "The complexity of the brain chemistry involved is extremely difficult to target with a drug. But if you have a good enough antibody, it acts like a vacuum cleaner. It can suck the drug out of the brain."

In all this time, despite constant funding challenges—Janda reckons he's gotten a total of about \$25 million in federal financing for his addiction vaccines, compared to billions for other vaccines, such as COVID-19—he and his ever-shifting re-



► “I’m afraid that with fentanyl, the horse **IS NOW OUT** of the barn.” ▶

search team have managed to create promising vaccines for some of the worst addiction scourges, including cocaine, amphetamine, heroin, fentanyl and carfentanil.

None of these drugs has yet been commercialized, however. One was licensed to a big pharmaceutical company but withered on the vine. The problem, Janda says, is that addiction, even in the world of pharmaceutical development, carries a stigma—a pervasive feeling that it is a moral failure rather than a brain disease. It doesn't help that nobody has ever successfully made a vaccine for addiction, or that Big Pharma doesn't see it as particularly profitable.

Just as the fight seems almost hopeless, however, it appears that Janda's quest for a silver-bullet for addiction may not have been Quixotic after all. A new generation of scientists—some schooled in Janda's lab—may soon deliver potent new weapons in the battle for the addict's brain.

Arms Race

THERE'S A DESPERATE NEED FOR NEW WEAPONS TO fight for the lives of the 494,000 Americans over the age of 12 who are regular heroin users, the 15 million Americans who regularly abuse prescription drugs, the 774,000 Americans who regularly use meth and the 5 million Americans who regularly use cocaine. As big pharma has engineered more and more powerful opioids, and drug cartels have sought to exploit these advances to make more money, scientists and public health advocates have been racing to develop countermeasures aimed not just at fighting addiction, but also at saving lives.

For a brief period, they seemed to be making genuine progress. In 2018, drug deaths in the U.S. declined for the first time in 25 years. Sadly, those gains have proved fleeting. Last month the CDC reported that nearly 72,000 Americans, or 197 people a day, died from drug overdoses in 2019, an increase of 5 percent over 2018 and a new record, according to numbers released last month by the CDC. "We had started to see some pretty positive turns of events and it seemed as though we'd finally gotten to the top of this terrible mountain of drug overdoses and deaths," says Ryan. "The problem was we hadn't yet come all the way down."

There's a factor in addition to the pandemic

driving the resurgence of the overdose crisis: the decision by the Mexican drug cartels to mix deadly synthetic opioid adulterants into the drug supply. Though fentanyl was present on and off in the early 2000s, in the last few years it's become a staple. The effect has been devastating. Fentanyl is more than 50 times stronger than heroin. It's almost impossible for the street-level user to gauge its potency. Ryan estimates that 90 percent of patients he treats for opioid disorders nowadays have used fentanyl.

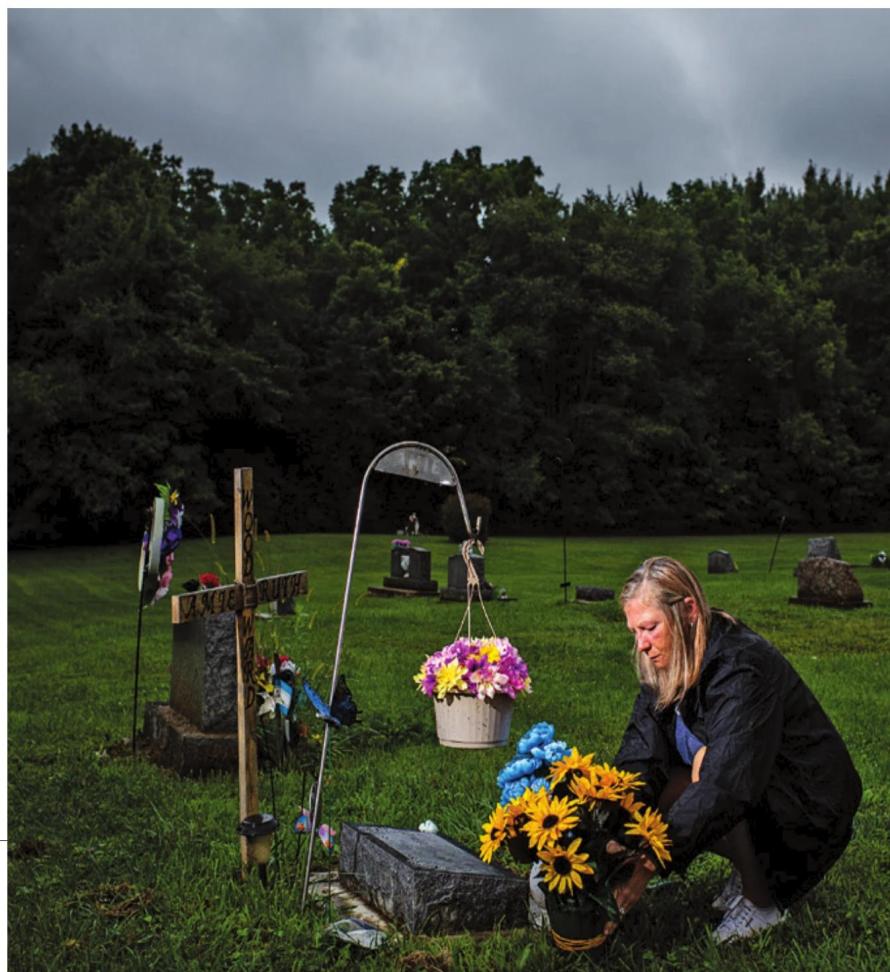
Mixing in fentanyl, or even selling it outright, can be lucrative. A kilogram of heroin can produce 10,000 doses; a kilogram of fentanyl, analysts estimate, will produce 500,000. Until recently, however, production of the precursors of the drug was limited to a handful of labs, most of which U.S. law enforcement authorities, in collaboration with their Mexican counterparts, were able to identify and take out. In recent years, labs have sprung up in China to supply the market in North America, which makes it hard for U.S. law enforcement to discourage production.

"We have much less ability to go to China and say, 'Hey, we know you've got a chemist producing some-



DEADLY SUPPLY

As big pharma engineers more powerful opioids, drug cartels seek to exploit these advances. Clockwise from top: Boston prosecutors announce a fentanyl seizure in 2018; a US customs officer finds a stash of oxycodone pills; a mourner visits the grave of a young heroin user.



► “It seemed as though we’d finally gotten to the top of this terrible mountain of **DRUG OVERDOSES** and deaths. The problem was we hadn’t yet come all the way down.” ►



thing that's killing Americans, take care of it," says Jonathan Caulkins, a fentanyl expert and professor at Carnegie Mellon University who coauthored a Brookings Institute Report on the opioid epidemic published in June. "There are now an unlimited number of people who are capable of doing that kind of chemistry," he says. "Illegal markets have a minimum buyable operating size. If they're below that size, they can be snuffed out. Once they're above that size, then they are sustainable and essentially never disappear. I'm afraid that with fentanyl, the horse is now out of the barn."

Nor is fentanyl the only adulterate showing up in the drug supply. In recent years an even more powerful drug called carfentanil or carfentanyl has begun appearing in the mix. An animal tranquilizer that's 100 times more powerful than fentanyl, the drug is sometimes used to incapacitate elephants. In 2016 fentanyl alone killed more than

1,000 people in Ohio. One badly mixed batch of heroin cut with carfentanil was responsible for 174 overdoses over a single six-day period (compared to a weekly average of roughly 28).

Until recently, the western half of the United States had largely been spared the worst of the opioid epidemic. One reason for that may be that the cartels supplying heroin to the West Coast traditionally mark their product by adding black shoe polish to it. Any fentanyl in the heroin would reveal itself by making the shoe polish lighter in color than it ought to be. (Heroin on the East Coast is usually off white or yellowish.) Public health officials believe that fentanyl is now showing up and causing a spike in drug overdoses in the western part of the U.S. And they suspect that fentanyl and other synthetic opioids have begun to show up in cocaine and other drugs, too.

As if that weren't bad enough, the cartel has also flooded the U.S. market with new, extremely potent forms of methamphetamine. "Something that has been clear for decades is that when potency goes up and price goes down, more addicted people who are using drugs die," says Andrew Kolodny, the founder and executive director of Physicians for Responsible Opioid Prescribing (PROP), and medical director of opioid policy research at Brandeis University's Heller School for Social Policy and Management. "The reverse is true as well, when the price goes up and the potency goes down, that could drive more people who are addicted to seek treatment. They start to run out of resources."

Kolodny attributes the 2019 rise in drug deaths to an increase in both the potency of the drugs individuals are using and their falling



price. And he suspects those factors may also be playing a role in the surge in deaths we are seeing in the time of COVID-19. With border traffic slowing to a trickle, locked down airports and empty streets, the Mexican cartels are having a particularly difficult time disguising their smugglers from the cops.

This combination of factors, Kolodny and others suggest, is likely causing the cartels to increase the proportion of synthetic opioids they mix into their product. Drugs like carfentanil are far more concentrated than heroin, which means they are easier to smuggle. "We have an extremely dangerous drug supply right now," he says. "Methamphetamine has never been cheaper and purer and the heroin supply isn't really even heroin anymore. It's now fentanyl, which is many times more potent."

L► “We have much less ability to go to China and say, ‘Hey, we know you’ve got a chemist producing something that’s **KILLING AMERICANS**, take care of it.” ▶



Policies and Guidelines

THESE DEVELOPMENTS HAVE ADDED A SENSE OF urgency to the efforts of public health experts and scientists who work in the field of addiction research.

Dr. Nora Volkow, director of the National Institute on Drug Abuse (NIDA) at the National Institutes of Health, says the greatest strides in battling the epidemic in recent years have been driven not so much by new scientific discoveries, but by new policies aimed at better using them. To treat patients who overdose, for instance, public health officials have made a major push to increase the distribution and availability of naloxone, sold under the brand name Narcan, which knocks opioids off the body's receptors and can save the lives of an overdosing addict if delivered in time.

Some of the most promising countermeasures developed in recent years, Volkow says, have focused on training medical and law enforcement personnel to screen for people suffering from drug addictions and offer them help. That help can take the form of medications like methadone, buprenorphine and naltrexone, which can blunt the cravings of heroin addicts looking to quit.

"Traditionally, emergency-department officials were not engaged to screen for opiate use disorder and help addicts get treatment," she says. "Efforts to increase this have been very promising." Similarly, researchers have shown that using medications to control the cravings of addicts being held in the jails can produce better outcomes. Doing so before an addict is released from a jail —even a week or even 24

SUPPLY CHAINS

In recent years, labs that produce fentanyl, a dangerous synthetic opioid, have sprung up in China to supply the market in North America, which makes it hard for U.S. law enforcement to discourage production.

Above: Following a tip from the U.S., China convicted nine people for producing and trafficking in fentanyl in Xingtai in north China's Hebei Province in 2019.

hours before—can help. “That’s much better than if you release someone from jail into a community where your chances of relapsing and overdosing are very high,” she adds.

Efforts in this vein have been disrupted by COVID, however. Addicts are reluctant to visit emergency departments for fear of becoming infected. Jails and prisons, overburdened with high levels of COVID infection, are releasing nonviolent opioid addicts with “very little preparation,” she says.

Big Weapon

THE PANDEMIC HAS HAD ONE SILVER LINING, prompting some policy changes that have helped addicts. For instance, most methadone clinics have long required addicts to physically appear daily to get their medication. That was challenging even during normal times, when an otherwise harmless bout of laziness could snowball into uncontrollable drug cravings, relapse, overdose and death. Recently, however, the U.S. Department of Health and Human Services began allowing clinics to issue a month of methadone supply at once, which could make a huge difference, Volkow says.

Similarly, until recently doctors were required by law to see patients in person and take a full history prior to prescribing buprenorphine, the most widely used opioid medication. This had long proven a barrier for patients in rural areas with limited access to health care. The DEA now authorizes doctors to issue the drug through tele-health appointments. These efforts could lead to real improvements in the months ahead.

In a few years, addicts may finally benefit from

the research that Janda started so long ago. Two of Janda’s former graduate students, Paul Bremer and Nicholas Jacob, recently joined Cessation Therapeutics, a private company founded in 2018 to commercialize some of his technologies, including vaccines and antibodies for addiction.

The company is taking advantage of the fruits of Janda’s early work. For instance, in the case of the vaccines, Janda uses synthetic organic chemistry to take opioid and other drug molecules and graft them onto larger compounds that are easy for the immune system to recognize. That neutralizes the advantage of small size, which normally allows drug molecules to pass unnoticed by the immune system. Once a doctor injects this hybrid drug into the body and the addict’s immune system recognizes it as “foreign,” it begins to create antibodies that seek out and eliminate the drug. To the addict, that blunts any high.



FROM TOP: JOSHUA ROBERTS/BLOOMBERG/GTY; SPENCER PLATT/GTY (2)

► “Something that has been clear for decades is that when potency goes up and **PRICE GOES DOWN**, more addicted people who are using drugs die.” ►



PUSHING POLICY
Public health officials have made a big effort to increase the availability of naloxone, sold under the brand name Narcan, which can save an overdosing addict's life.

Clockwise from top:
Dr. Nora Volkow; an overdose rescue kit; an addiction "prayer coin."



Over time, these antibodies help to reduce addiction. "When vaccines and antibodies interfere with a high, they create a memory," NIDA's Volkow explains. "The brain learns that a drug that, in the past, released a high, no longer does. It basically erases the association with pleasure. So with repeated exposure, it can overcome the initial memories and help extinguish them."

The vaccines have a key limitation: they need months to take effect. It takes that long for the body to build up immunity, and usually two or three booster shots, typically a month or so apart, are needed. When antibody levels are low, the drugs pack such a potent punch that drug addicts can simply overpower the body's existing store of antibodies. During this time, an addict may relapse and disappear from treatment, failing to follow through with booster shots. "The problem with addicts is they're not going to wait," Janda says.

It's also not clear whether or not a vaccine would provide robust protection. If a vaccine doesn't trigger the production of a sufficiently high level of antibodies, opioids or other drugs may be able to vanquish them. This question, re-

SCIENCE

searchers hope, will be answered in phase-three clinical trials.

These limitations, coupled with the recent surge in overdose deaths, have prompted Janda and others in the field to consider so-called "passive immunizations"—the direct injection of lab-synthesized antibodies, which can be administered in huge quantities. These antibodies soak drug molecules up "like a sponge" as soon as they are administered. Although such antibodies are expensive and only last several weeks, they provide immediate protection against both a drug high and an overdose. Antibodies could buy newly-vaccinated addicts time for their immune systems to kick into gear.

Antibodies could prove particularly useful in the case of carfentanil. Although this drug's synthetic opioids attach to the same brain receptors as heroin, the anti-overdose drug Narcan isn't always effective against them. That's largely because the synthetic drugs have a longer half-life in the body than Narcan. Patients treated with Narcan for overdoses caused by batches of heroin adulterated with some synthetic opioids can overdose a second time when the Narcan begins to wear off, go into respiratory depression and die. "With the monoclonal antibody, you don't have that issue," Janda says. "As soon as you put it on board, you're fully protected. The antibodies should stay around for several weeks."

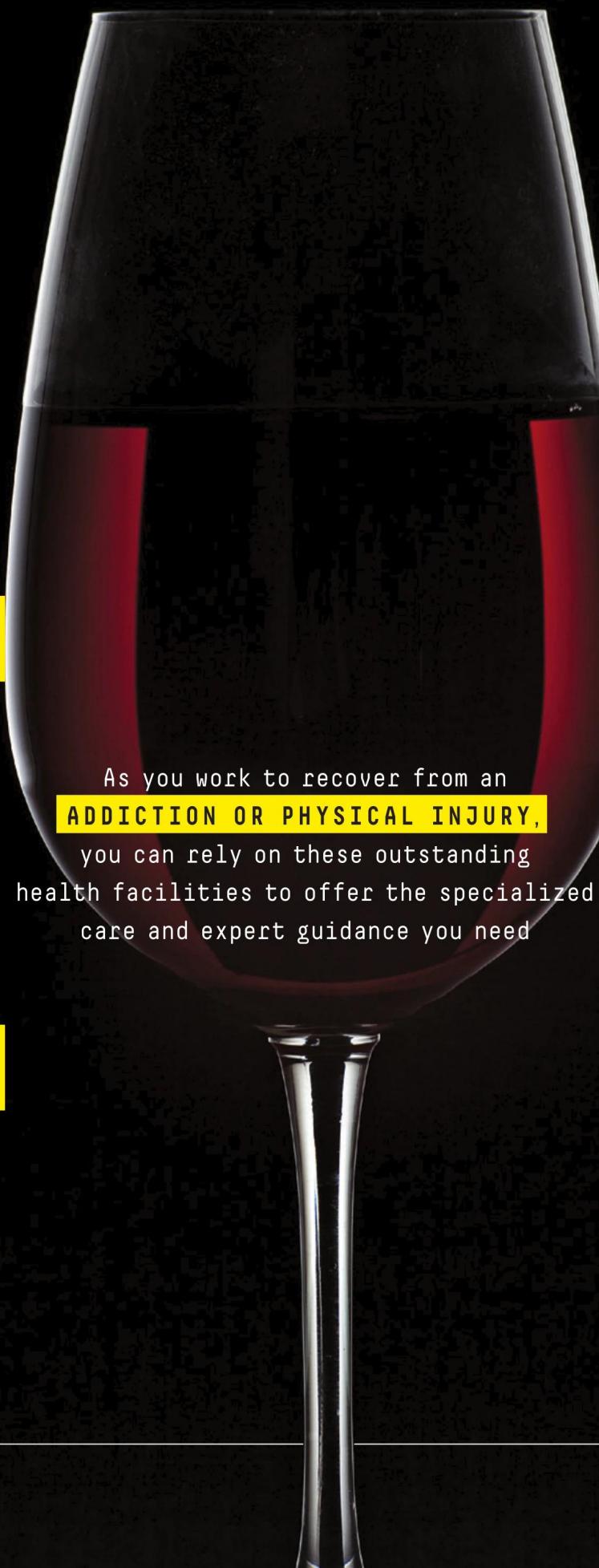
Cessation Therapeutics hopes to begin human trials for a carfentanil antibody, which has already been shown to be effective in mice and nonhuman primates, in the next 12 to 16 months.

Another group of scientists, from the University of Arkansas and biotech company Intervexion, have produced a monoclonal antibody that targets methamphetamine. It recently entered phase-two clinical trials. "If it's successful, it will be the first time we have a treatment to reverse toxicity from methamphetamines," says NIDA's Volkow. "I'm very excited about the possibilities for passive immunizations. It's very promising."

If all goes well, antibody treatments will begin to hit the market over the next few years; eventually, with luck, vaccines may follow, giving clinicians potent new weapons against the ravages of drug abuse. As COVID-19 adds to the ranks of the addicted, there's no time to lose. ■



**GET
YOUR
LIFE
BACK**



As you work to recover from an
ADDICTION OR PHYSICAL INJURY,
you can rely on these outstanding
health facilities to offer the specialized
care and expert guidance you need



BEST ADDICTION TREATMENT CENTERS 2020

Newsweek

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statista

MORE THAN 20 MILLION AMERICANS STRUGGLE with alcohol or drug abuse, and finding truly helpful treatment can be an enormous challenge. As part of Newsweek's commitment to reporting on all aspects of health care—most crucially, covering what new developments could mean for our readers—we partnered with global market research firm Statista Inc. to rank the best U.S. treatment facilities that focus on addiction.

→ **NANCY COOPER**, *Global Editor-in-Chief*

METHODOLOGY

→ America's "Best Addiction Treatment Centers 2020" highlights the nation's top facilities based on quality of service, reputation and accreditation relative to in-state competition. Facilities in the 20 states with the highest number of addiction treatment centers, according to the Substance Abuse and Mental Health Services Administration (SAMHSA), were included in the survey.

- Inpatient/residential and long-term addiction treatment centers are included; centers that only offer outpatient or short-term addiction treatment services were excluded.
- The Top 10% of facilities per state were awarded (200 nationwide): This number is based on the amount of facilities within the specific state that meet the aforementioned

scope of requirements, and therefore varies among the individual states.* The state of California had the most addiction treatment centers awarded with 55, while Colorado is represented with five addiction treatment centers.

The Reputation score is based on two subscores, for recommendations and for quality. In cooperation with Newsweek, Statista invited thousands of medical experts (therapists, counselors, medical doctors, administration & staff working in addiction treatment facilities) to an online peer-to-peer survey. Additionally, experts from all over the U.S. could participate in the survey of the Best Addiction Treatment Centers by State on newsweek.com. They were asked to recommend addiction treatment facilities by considering the quality of care, quality of service, quality of follow-up care and accommo-

dations & amenities.

Additionally, participants were asked to rate the facilities in four quality dimensions which influence the quality of rehabilitation facilities. Participants were asked to differentiate between these variables:

- **Quality of care** (e.g. treatments/therapies, consultation with doctor/therapist, psychological support)
- **Quality of service** (e.g. meals, leisure activites)
- **Quality of follow-up care** (e.g. support meetings, individual counseling)
- **Accommodation & Amenities** (e.g. size of room, quality of furnishing)

The Substance Abuse and Mental Health Services Administration (SAMHSA) provides data for addiction treatment centers. Specifically, SAMHSA lists all relevant accreditations that the addiction treatment centers have. Statista used the SAMHSA data described

above to determine the Accreditation score of addiction treatment centers. Each of the nine different accreditations is weighted with 1/9 or 11.11% toward the accreditation score of each facility.

The overall rating is the weighted average of the overall reputation score and the accreditation score. The weight for the overall reputation score is 80% while the weight of the SAMHSA based accreditation score is 20% toward the total score of each facility. Subsequently facilities were ranked within their respective state based on their total score achieved.

A full description of the methodology can be found at www.newsweek.com/batc-2020.

* For states where ranking the top 10% of facilities would result in fewer than five facilities, the top five facilities were awarded, resulting in a maximum share of 17% per state.



ARIZONA

RANK	SCORE	NAME, LOCATION
1	85.8%	Sierra Tuscon Tucson
2	82.2%	Arizona Addiction Recovery Center Scottsdale
3	80.6%	Scottsdale Recovery Center Scottsdale
4	79.0%	Recovery in Motion Tucson
5	78.7%	The Meadows Wickenburg
6	78.5%	Crossroads Inc. - Crossroads for Women Flower Phoenix
7	78.4%	Cottonwood Tucson Tucson

CALIFORNIA

RANK	SCORE	NAME, LOCATION
1	92.1%	Hazelden Betty Ford Foundation - Rancho Mirage Rancho Mirage
2	91.4%	A Better Life Recovery - Laguna Niguel Laguna Niguel
3	89.7%	A Better Life Recovery - Saratoga Saratoga
4	89.0%	A Better Life Recovery - Capistrano Beach Capistrano Beach
5	87.5%	A Better Life Recovery - Malibu Malibu
6	86.7%	Bayside Marin San Rafael
7	85.8%	A Better Life Recovery - Lake Forest Lake Forest

8	84.7%	New Bridge Foundation Berkeley
9	83.8%	Amity Foundation - Amistad de Los Angeles Los Angeles
10	83.0%	Ambrosia Treatment Center Beverly Hills
11	82.4%	Phoenix House California Venice
12	82.3%	Elevate Addiction Services - Seaside Recovery Center Watsonville
13	82.2%	Broad Beach Recovery Center Malibu
14	81.9%	Lighthouse Treatment Center Anaheim
15	81.8%	Federal Recovery Systems LLC - Malibu Malibu
16	81.5%	The Hills Treatment Center Los Angeles
17	81.3%	Beacon House Association of San Pedro - Palos Verdes St San Pedro
18	80.7%	Westwind Recovery Inpatient Los Angeles
19	80.7%	New Life Recovery Centers Inc. - Park Ave San Jose
20	80.7%	Cliffside Malibu Malibu
21	80.7%	HOAG Addiction Treatment - SolMar Recovery Newport Beach
22	80.4%	AKUA Mind & Body - Lani Women's Residential Costa Mesa
23	80.3%	Pathways Recovery - Scotty's House Roseville
24	80.0%	Behavioral Health Services - Patterns Hawthorne
25	79.1%	Shoreline Sober Living San Diego

26	79.1%	Ocean Hills Recovery Inc. Dana Point
27	79.0%	Hope Canyon Recovery San Diego
28	78.7%	Balboa Horizons Treatment Services - Newport Beach Newport Beach
29	78.6%	A Better Life Recovery - Dana Point Dana Point
30	78.5%	Laguna Treatment Hospital Aliso Viejo
31	78.2%	Hotel California by the Sea Costa Mesa
32	78.1%	Stockton Circle of Friends Stockton
33	78.1%	Reflections Novato
34	77.9%	Enlight Treatment Center Moorpark
35	77.5%	New Life Recovery Centers Inc. - North San Pedro Street San Jose
36	77.4%	Soledad House San Diego
37	77.4%	Ventura Recovery Center Thousand Oaks
38	77.4%	Malibu Hills Treatment Center Malibu
39	77.3%	La Jolla Recovery San Diego
40	77.2%	California Behavioral Health Cathedral City
41	77.2%	WellSpace Health Sacramento
42	77.2%	Tarzana Treatment Centers Long Beach
43	77.0%	Beit T'Shuva - Los Angeles Los Angeles



44	77.0%	Beacon House Pacific Grove
45	76.9%	Advent Group Ministries - St. John Home Morgan Hill
46	76.9%	Sharp McDonald Center San Diego
47	76.9%	Broadway Treatment Center Huntington Beach
48	76.8%	Avalon Malibu Malibu
49	76.7%	Journey Malibu Malibu
50	76.7%	Seasons in Malibu Malibu
51	76.7%	CRASH - Golden Hill House II San Diego
52	76.6%	Newport Beach Recovery Center Newport Beach
53	76.5%	Sierra by the Sea Newport Beach

54	76.4%	La Jolla Recovery La Jolla
55	76.3%	Apex Recovery LLC La Mesa

COLORADO

RANK	SCORE	NAME, LOCATION
1	78.2%	CEDAR-Center for Dependency, Addiction & Rehabilitation Aurora
2	74.9%	ARTS Peer I - Men's Residential Denver
3	73.8%	Sandstone Care - Sober Living Denver
4	72.8%	Peaks Recovery Centers Colorado Springs
5	70.6%	SCL Health - Recovery Center at West Pines Wheat Ridge

FLORIDA

RANK	SCORE	NAME, LOCATION
1	82.6%	White Sands Treatment - Plant City Plant City
2	81.6%	Lakeview Health Jacksonville
3	79.9%	Catholic Charities of the Archdiocese of Miami Miami
4	78.6%	White Sands Treatment - Fort Myers Fort Myers
5	78.4%	Beach House Juno Beach
6	78.3%	The Palm Beach Institute West Palm Beach
7	78.2%	Ambrosia Treatment Center - West Palm Beach West Palm Beach
8	78.1%	Riverside Recovery Tampa
9	77.8%	Stepping Stone Center for Recovery Jacksonville
10	77.6%	Hazelden Betty Ford Foundation - Alcohol & Drug Rehab Center Naples
11	77.5%	Covenant House Florida Fort Lauderdale
12	77.4%	Serenity Springs Recovery Center Edgewater

GEORGIA

RANK	SCORE	NAME, LOCATION
1	82.7%	MARR Addiction Treatment Centers - Right Side Up Center Atlanta
2	78.5%	MARR Addiction Treatment Centers - Men's Recovery Center Atlanta

3 **78.0%** Recovery Place
Savannah

4 **77.3%** Assisted Recovery Center of Georgia
Savannah

5 **77.2%** Ascensa Health at St. Jude's Recovery Center-Men's Residence
Atlanta

6 **76.4%** Atlanta Recovery Place
Atlanta

MARYLAND

RANK	SCORE	NAME, LOCATION
1	82.9%	Tranquility Woods Addiction Treatment Center Pasadena
2	80.6%	Gaudenzia Inc. - The Harry and Jeanette Weinberg Center Baltimore
3	79.8%	Recovery Centers of America at Bracebridge Hall Earleville
4	79.0%	Recovery Centers of America Capital Region Waldorf

ILLINOIS

RANK	SCORE	NAME, LOCATION
1	91.0%	Gateway Foundation - Springfield Springfield
2	86.2%	Gateway Foundation - Chicago Chicago
3	86.2%	Gateway Foundation - Caseyville Caseyville
4	85.9%	Gateway Foundation - Carbondale Carbondale
5	85.2%	Gateway Foundation - Lake Villa Lake Villa

KENTUCKY

RANK	SCORE	NAME, LOCATION
1	77.9%	Veterans Affairs Medical Center Louisville
2	76.2%	Corner of Hope Recovery Center Louisville
3	75.4%	Shepherd's House Lexington
4	75.1%	Communicare Inc. Elizabethtown
5	74.9%	Isaiah House Treatment Center Willisburg

MASSACHUSETTS

RANK	SCORE	NAME, LOCATION
1	93.1%	McLean Fernside Princeton
2	83.9%	Hope House Inc. Boston
3	82.8%	Recovery Centers of America at Westminster Westminster
4	81.3%	Recovery Centers of America at Danvers Danvers
5	80.6%	Behavioral Health Network Inc. - My Sister's House Springfield
6	79.2%	Spectrum Health Systems Westborough
7	78.3%	Genesis II - Catholic Charities Newton



**BEST
ADDICTION
TREATMENT
CENTERS**
2020

Newsweek

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8	77.5%	Women's Addiction Treatment Center - High Point New Bedford
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9	77.0%	Beth Israel Lahey Health - H.A.R.T. House Tewksbury
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MICHIGAN

RANK	SCORE	NAME, LOCATION
1	81.8%	Addiction Treatment Services Inc. - Phoenix Hall Traverse City
2	81.6%	Freedom House Grand Rapids
3	81.1%	Sacred Heart Rehabilitation Center Inc. Richmond
4	77.7%	Sunrise Centre Alpena
5	77.2%	Above the Water House Flint
6	76.4%	Our Hope Association Grand Rapids
7	76.1%	Harbor Hall Petoskey

MINNESOTA

RANK	SCORE	NAME, LOCATION
1	97.1%	Hazelden Betty Ford Foundation - Center City Center City
2	94.8%	Hazelden Betty Ford Foundation - Plymouth Plymouth
3	86.6%	Hazelden Betty Ford Foundation - St. Paul Saint Paul
4	78.3%	Community Addiction Recovery Anoka
5	78.2%	Women's Center - Minnesota Adult and Teen Challenge Rochester

6	76.9%	Beauterre Recovery Institute Owatonna
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7	76.3%	Meridian Behavioral Health - Men's Residential Cedar Ridge Stillwater
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8	76.2%	Women's Center - Minnesota Adult and Teen Challenge Minneapolis
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9	76.1%	Pride Institute Eden Prairie
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10	76.0%	Stevens and Hudson Houses - MN Adult & Teen Challenge Minneapolis
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11	75.8%	University of Minnesota Medical Center - Fairview Minneapolis
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NEW JERSEY

RANK	SCORE	NAME, LOCATION
1	77.4%	Carrier Clinic Inc. - Blake Recovery Center Belle Mead

2	74.6%	New Hope Integrated Behavioral Health Care Marlboro
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3	74.1%	Turning Point - Barnett Medical Arts Complex Paterson
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4	73.6%	Pinelands Recovery Center of Medford Medford
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5	73.3%	Good News Home for Women Flemington
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NEW YORK

RANK	SCORE	NAME, LOCATION
1	78.8%	Wainscott Residential Services - Phoenix House Wainscott

2	78.7%	BronxCare Health System - Inpatient Psychiatric Unit Bronx
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3	77.8%	BronxCare Health System - Life Recovery Center Bronx
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4	77.5%	Addicts Rehabilitation Center New York
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5	76.4%	Phoenix House - Long Island City Center Long Island
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6	75.6%	Dynamic Youth Community Inc. - Brooklyn Center Brooklyn
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7	75.5%	Anchor House - Men's Facility Brooklyn
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8	75.2%	United Bronx Parents Inc. Bronx
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9	75.2%	Council on Addiction Recovery Services - Wendy's House Olean
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10	74.8%	Council on Addiction Recovery Services Inc. - Westons Manor Westons Mills
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11	74.6%	Helio Health - Rochester Evaluation Center Rochester
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12	74.5%	Mental Health America of Dutchess County - Bolger House Poughkeepsie
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13	74.4%	Helio Health - Green Street Residence for Men Syracuse
14	74.1%	East House Corporation - Cody House Rochester
15	74.1%	BestSelf - Lighthouse Women's Residence Buffalo
16	73.8%	Catholic Charities Utica

NORTH CAROLINA

RANK	SCORE	NAME, LOCATION
1	79.4%	Daymark Recovery Services Inc.- Guilford Residential Center High Point
2	76.5%	Asheville Recovery Center Asheville
3	76.3%	Charlotte Rescue Mission Charlotte

4	75.9%	Caring Services Inc. High Point
5	75.7%	Fellowship Hall Greensboro Greensboro
6	75.4%	Wilmington Treatment Center Wilmington

OHIO

RANK	SCORE	NAME, LOCATION
1	80.1%	Maryhaven Women's Center Columbus
2	78.4%	New Beginnings Behavioral Health Ironton
3	78.3%	Ohio Addiction Recovery Center Columbus
4	77.6%	The Crossroads Center Cincinnati

5	77.1%	Signature Health - ORCA House Cleveland
6	75.9%	CommQuest Services Inc. - BRIGHT and Smith Houses Canton
7	75.9%	Columbus Area Integrated Columbus

OKLAHOMA

RANK	SCORE	NAME, LOCATION
1	78.0%	Children's Recovery Center of Oklahoma Norman
2	76.5%	Red Rock Behavioral Health Services Oklahoma City
3	75.8%	12 and 12 Inc. Tulsa
4	75.4%	TRC The Recovery Center Oklahoma City
5	73.8%	The Northeastern Oklahoma Council on Alcoholism Miami

PENNSYLVANIA

RANK	SCORE	NAME, LOCATION
1	84.9%	Penn Presbyterian Medical Center Philadelphia
2	81.2%	Caron - Pennsylvania Addiction Treatment Wernersville
3	80.6%	Geisinger Marworth Treatment Center Waverly
4	78.7%	Eagleville Hospital Eagleville
5	77.7%	Greenbriar Treatment Center - Lighthouse for Women Washington
6	77.5%	Gateway Rehab Aliquippa





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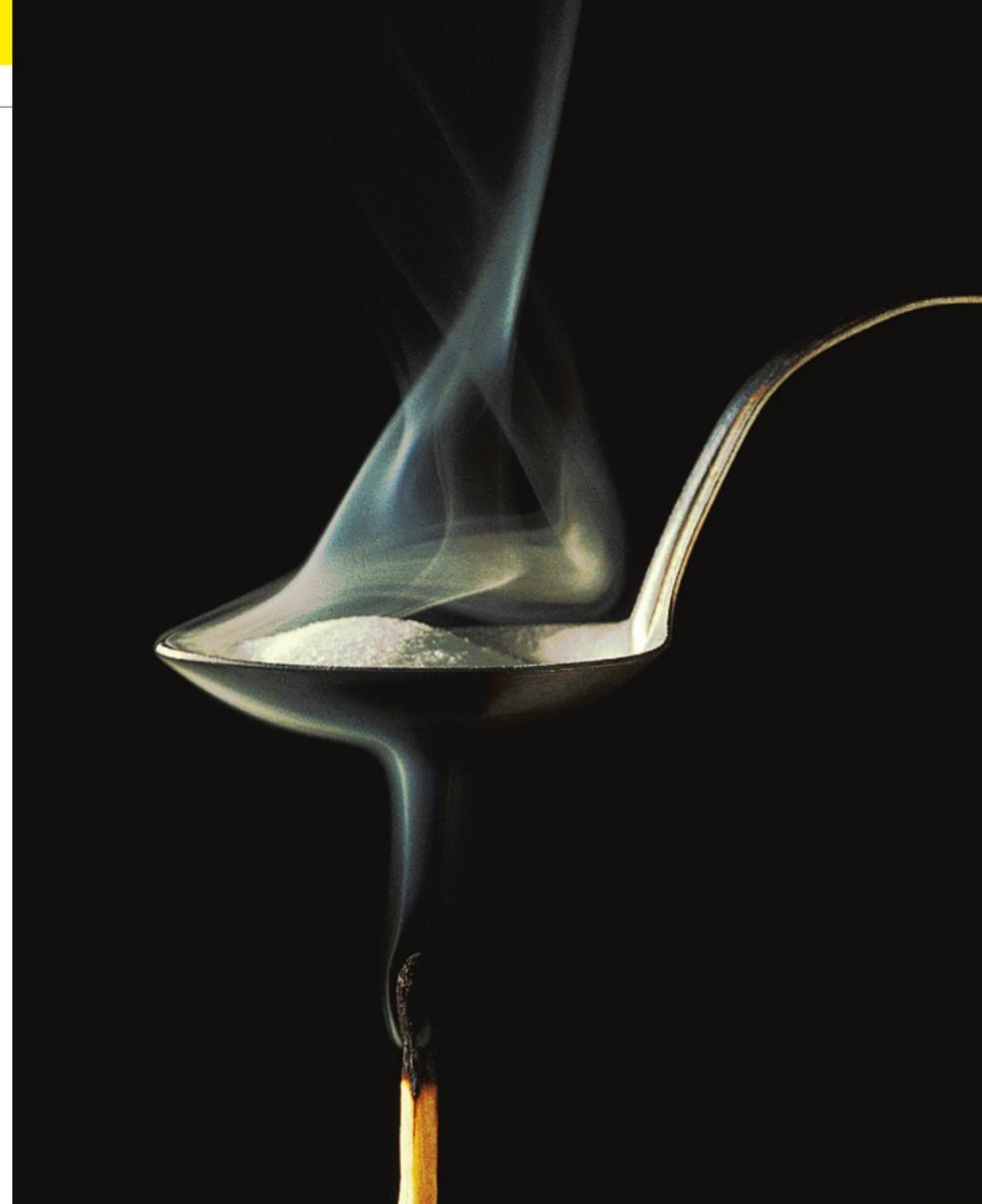
7	77.3%	Greenbriar Treatment Center - North Strabane Washington
8	76.9%	My Sisters Place - Jefferson Health Philadelphia
9	76.8%	Gaudenzia DRC Philadelphia
10	76.7%	The Behavioral Wellness Center at Girard Philadelphia
11	75.7%	Clarity Way Inc. Hanover
12	75.3%	Alcohol and Drug Abuse Services Inc. Bradford

TENNESSEE

RANK	SCORE	NAME, LOCATION
1	82.3%	The Ranch Tennessee Nunnelly
2	82.2%	Cumberland Heights Foundation Nashville
3	79.4%	JourneyPure at the River Murfreesboro
4	76.9%	Frontier Health - Magnolia Ridge Unit Johnson City
5	76.0%	Memphis Recovery Centers Memphis
6	75.6%	Place of Hope Columbia

TEXAS

RANK	SCORE	NAME, LOCATION
1	80.9%	Pathway to Recovery - Men's Drug & Alcohol Rehab Texas La Marque
2	77.7%	ADAPT Foundation Inc. Freeport



WASHINGTON

3	77.1%	Ranch at Dove Tree Lubbock
4	76.6%	The Treehouse Scurry
5	76.6%	The Springboard Center Midland
6	76.6%	Central Texas Veterans Health Care System Temple
7	76.5%	The Arbor Behavioral Healthcare Georgetown
8	76.0%	Ripple Ranch Recovery Center Spring Branch
9	75.9%	Into Action Recovery Centers Houston
10	75.7%	Phoenix House - Austin Residential Services Austin

RANK	SCORE	NAME, LOCATION
1	80.4%	Lakeside-Milam Recovery Centers Kirkland Inpatient Treatment Kirkland
2	77.4%	Seattle Drug & Narcotic Center Inc. - Seadrinar Seattle
3	76.4%	Free by the Sea - Sunset View Drug & Alcohol Recovery Center Ocean Park
4	74.9%	Sundown M Ranch Yakima
5	74.3%	American Behavioral Health Systems - Washington on Mission Spokane



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Newsweek

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EACH YEAR, ABOUT HALF OF ALL AMERICANS OVER the age of 18 will sustain a musculoskeletal injury that lasts longer than three months, and more than a million people nationwide will undergo surgery to replace a knee or hip joint. Physical therapy can significantly affect recovery—but finding reliable rehabilitation can be a challenge. That's why we partnered with global market research firm Statista Inc. to rank the country's best physical rehab facilities. → **NANCY COOPER**, *Global Editor-in-Chief*

METHODOLOGY

→ America's "Best Physical Rehabilitation Centers 2020" highlights the nation's top physical rehabilitation facilities based on quality of care, quality of service, quality of follow-up care and accommodation & amenities relative to in-state competition. Facilities in the 20 states with the highest number of physical rehabilitation centers, according to the Centers for Medicare & Medicaid Services (CMS), were included in the survey.

- Inpatient physical rehabilitation centers are included. Centers that only offer outpatient physical rehabilitation services were excluded. The physical rehabilitation centers were identified according to the definition of Inpatient Rehabilitation Facilities (IRF) by the CMS. IRFs are free-standing rehabilitation hospitals and rehabilitation units in acute care hospitals. They provide an intensive rehabilitation program and patients who are

admitted must be able to tolerate three hours of intense rehabilitation services per day. CMS collects patient assessment data only on Medicare Part A fee-for-service patients.

- The Top 15% of facilities per state were awarded (140 nationwide). This number is based on the amount of facilities within the specific state that meet the aforementioned scope of requirements, and therefore varies among the individual states.* The state of Texas had the most physical rehabilitation centers awarded with 21, while Colorado is represented with four physical rehabilitation centers.

In cooperation with Newsweek, Statista invited thousands of medical experts (physicians, therapists, medical doctors, administration & staff working in physical rehabilitation facilities) to an online survey.

Additionally, experts from all over the U.S. were able to participate in the survey of the Best Physical Rehabilitation Centers by State on newsweek.com. It was mandatory to perform an

email verification and self-recommendation was not possible (e.g. a recommendation of the physical rehabilitation centers someone worked for was not counted in the evaluation).

Participants were asked to name up to five of the best physical rehabilitation centers in their respective home state. They were asked to recommend physical rehabilitation facilities by considering the quality of care, quality of service, quality of follow-up care and accommodations & amenities.

Additionally, participants were asked to rate the facilities in four quality dimensions which influence the quality of rehabilitation facilities. Participants were asked to differentiate between these variables:

- Quality of care** (e.g. treatments/therapies, consultation with doctor/therapist)
- Quality of service** (e.g. meals, leisure activities)
- Quality of follow-up care** (e.g. outpatient therapies)
- Accommodation & Amenities** (e.g. size of room, quality of furnishing)

The U.S. Centers for Medicare & Medicaid Services (CMS) provides KPI data for physical rehabilitation centers. The KPIs related to the quality of treatment and medical conditions are reported by CMS as risk-standardized measures, allowing for a comparison of facilities, even if the patient groups are varying in terms of comorbidities, demographics, etc.

The overall rating is the weighted average of the reputation score and the KPI data score. The weight for the reputation score is 50% and the CMS based KPI data score is weighted equally with 50% toward the total score of each facility. Subsequently facilities were ranked within their respective state based on their total score achieved.

For the full description of the methodology, go to www.newsweek.com/bprc-2020.

*For states where ranking the top 15% of facilities would result in fewer than four facilities, the top four facilities were awarded, resulting in a maximum share of 19% per state.

ARIZONA

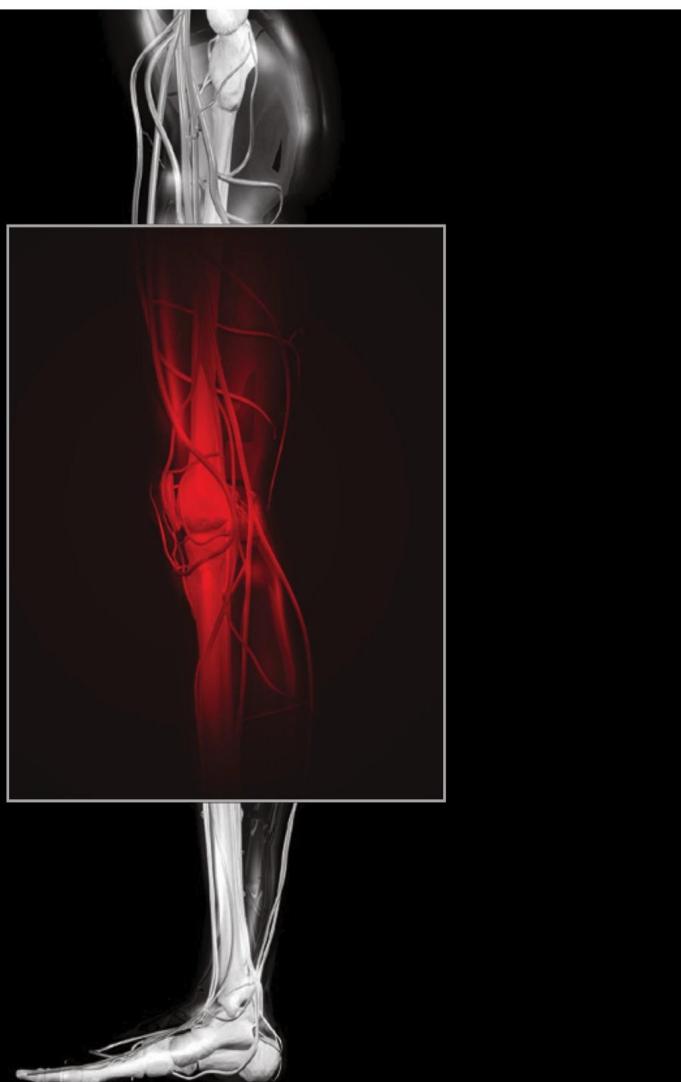
RANK	SCORE	NAME, LOCATION
1	85.5%	Banner Health - Boswell Rehabilitation Center Sun City
2	80.6%	Mayo Clinic Arizona - Physical Medicine and Rehabilitation Phoenix
3	77.4%	Encompass Health - Rehab Hospital of Scottsdale Scottsdale
4	76.6%	Banner Health - Baywood Medical Center Mesa
5	76.5%	HonorHealth - Scottsdale Osborn Medical Center Scottsdale

ARKANSAS

RANK	SCORE	NAME, LOCATION
1	81.1%	Baptist Health - Rehabilitation Institute North Little Rock North Little Rock
2	79.0%	Baptist Health - Rehabilitation Institute Little Rock Little Rock
3	76.0%	Encompass Health - Rehab Hospital of Fayetteville Fayetteville
4	75.0%	Encompass Health - CHI St. Vincent Rehab Hospital Hot Springs

CALIFORNIA

RANK	SCORE	NAME, LOCATION
1	86.5%	Ronald Reagan UCLA Medical Center Los Angeles
2	82.3%	Keck Hospital of USC Los Angeles
3	82.3%	California Rehabilitation Institute Los Angeles
4	81.4%	Cedars - Sinai Medical Center Los Angeles
5	80.2%	UC Davis Medical Center Sacramento
6	79.3%	Sutter Health - California Pacific Regional Rehab San Francisco
7	78.9%	Sutter Health - Roseville Medical Center Roseville
8	78.6%	Sutter Health - Alta Bates Summit Medical Center Oakland
9	78.5%	Rancho Los Amigos National Rehabilitation Center Downey
10	78.5%	Good Samaritan Hospital - Acute Rehabilitation Unit Los Angeles
11	78.5%	Long Beach Medical Center - MemorialCare Rehabilitation Long Beach
12	78.2%	Providence Holy Cross Medical Center Mission Hills
13	77.7%	Methodist Hospital of Southern California Arcadia



statista  publishes worldwide established rankings and company listings with high profile media partners. This research and analysis service is based on the success of statista.com. The leading data and business intelligence portal provides statistics, business relevant data, and various market and consumer studies/surveys.

COLORADO

RANK	SCORE	NAME, LOCATION
1	82.9%	Swedish Medical Center - General Rehabilitation Englewood
2	79.8%	Spalding Rehabilitation Hospital Aurora
3	79.7%	Denver Health Denver
4	79.4%	Seniors BlueBook - Center for Rehabilitation Denver

FLORIDA

RANK	SCORE	NAME, LOCATION
1	84.0%	UF Health Rehab Hospital Gainesville
2	82.5%	Brooks Rehabilitation Hospital Jacksonville
3	81.5%	Blake Medical Center Bradenton
4	80.5%	Holy Cross Hospital Fort Lauderdale
5	80.0%	Tampa General Hospital Rehabilitation Center Tampa
6	79.6%	Mount Sinai Medical Center Miami Beach
7	78.1%	Broward Health North - Inpatient Rehabilitation Unit Deerfield Beach
8	77.3%	Jackson Memorial - Christine E. Lynn Rehab Center Miami

GEORGIA

RANK	SCORE	NAME, LOCATION
1	78.3%	Wellstar Medical Group Rehab Medicine Atlanta
2	77.1%	Emory Healthcare - Rehabilitation Hospital Atlanta
3	76.7%	Encompass Health - Rehab Hospital of Newnan Newnan
4	74.7%	Emory Healthcare - Decatur Hospital Decatur
5	73.8%	St. Mary's Center for Rehabilitative Medicine Athens

ILLINOIS

RANK	SCORE	NAME, LOCATION
1	80.7%	Advocate Health - Christ Medical Center Oak Lawn
2	80.1%	Advocate Health - Lutheran General Hospital Park Ridge
3	76.8%	Advocate Health - Illinois Masonic Medical Center Chicago
4	76.6%	Shirley Ryan Abilitylab Chicago
5	75.3%	AMITA Health - Inpatient Rehabilitation La Grange La Grange

BEST PHYSICAL REHABILITATION CENTERS 2020		
Newsweek		
<small>POWERED BY statista</small>		
LOUISIANA		
MISSOURI		
NEW YORK		
MICHIGAN		

NORTH CAROLINA

RANK	SCORE	NAME, LOCATION
1	78.3%	Encompass Health - Novant Health Rehab Hospital Winston Salem
2	77.8%	Atrium Health - Pineville Rehabilitation Hospital Charlotte
3	77.0%	WakeMed Rehabilitation Hospital Raleigh
4	75.8%	Novant Health Rehabilitation Hospital Winston Salem
5	75.6%	CarolinaEast Rehabilitation Hospital New Bern

OHIO

RANK	SCORE	NAME, LOCATION
1	87.7%	Cleveland Clinic Rehabilitation Hospital Avon
2	82.7%	University Hospitals - Avon Rehabilitation Hospital Avon
3	82.3%	University Hospitals - Rehabilitation Hospital Beachwood
4	79.7%	Ohio State University - Dodd Rehabilitation Hospital Columbus
5	78.8%	University Hospitals - Hanna House Inpatient Rehab Center Cleveland
6	78.6%	OhioHealth - Rehabilitation Hospital Columbus
7	78.3%	MetroHealth - Rehabilitation Institute Cleveland
8	77.0%	Summa Health - Summa Rehab Hospital Akron

OKLAHOMA

RANK	SCORE	NAME, LOCATION
1	83.4%	Mercy - Rehabilitation Hospital Oklahoma City Oklahoma City
2	79.7%	Integris Jim Thorpe Rehabilitation Oklahoma City
3	78.6%	Valir Rehabilitation Hospital Oklahoma City
4	77.5%	Hillcrest Medical Center - Kaiser Rehabilitation Center Tulsa

PENNSYLVANIA

RANK	SCORE	NAME, LOCATION
1	84.7%	Main Line Health - Bryn Mawr Rehab Hospital Malvern
2	82.5%	University of Pennsylvania - Penn Institute for Rehab Philadelphia
3	81.4%	PennMedicine - Lancaster Rehabilitation Hospital Lancaster

4 **81.3%** Jefferson Health - Magee Rehabilitation Hospital Philadelphia

5 **80.6%** Good Shepherd Rehabilitation Allentown

6 **79.3%** PennState Health - Rehabilitation Hospital Hummelstown

7 **78.8%** Cedar Crest - Lehigh Valley Hospital Allentown

8 **78.2%** Encompass Health - Rehab Hospital of Harmarville Pittsburgh

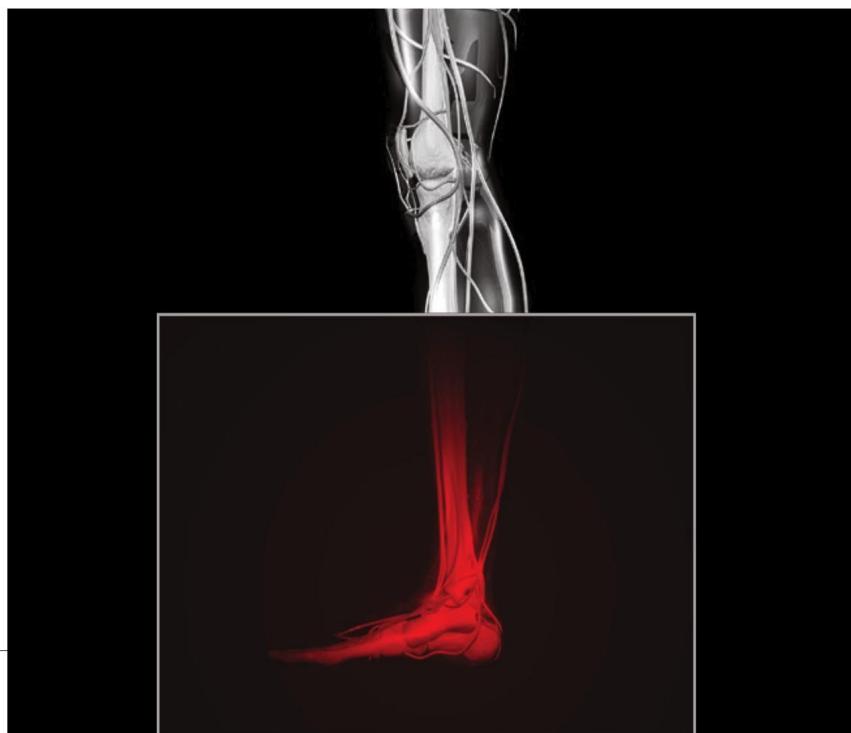
9 **77.5%** UPMC - St. Margaret Inpatient Rehabilitation Facility Pittsburgh

10 **77.4%** Allied Services - Heinz Rehab Hospital Wilkes-Barre

11 **77.4%** Jefferson Health - Jefferson University Hospital Philadelphia

SOUTH CAROLINA

RANK	SCORE	NAME, LOCATION
1	79.7%	Encompass Health - Rehab Hospital of Charleston North Charleston



2	79.1%	Encompass Health - Rehab Hospital of Columbia Columbia
3	77.2%	Roger C. Peace Rehabilitation - Prisma Health Greenville
4	77.1%	Roper Rehabilitation Hospital Charleston

TENNESSEE

RANK	SCORE	NAME, LOCATION
1	82.9%	Ascension - Saint Thomas Inpatient Rehabilitation Nashville
2	82.7%	Encompass Health - Vanderbilt Stallworth Rehab Hospital Nashville
3	79.3%	Siskin Hospital for Physical Rehabilitation Chattanooga
4	77.1%	Saint Francis Hospital Memphis
5	76.6%	Baptist Memorial Rehabilitation Hospital Germantown

TEXAS

RANK	SCORE	NAME, LOCATION
1	91.1%	TIRR Memorial Hermann Houston
2	86.2%	Houston Methodist Rehabilitation Center Houston
3	84.6%	BaylorScott & White - Institute for Rehabilitation Hospital Dallas
4	81.4%	BaylorScott & White - Institute for Rehabilitation at Frisco Frisco
5	80.2%	Physical Medicine - Baylor St. Luke's Medical Center Houston
6	79.1%	Methodist Rehabilitation Hospital Dallas



7	79.0%	Encompass Health - Rehab Hospital of Sugar Land Sugar Land
8	78.8%	Warm Springs Rehabilitation Hospital of San Antonio San Antonio
9	78.6%	BaylorScott & White - Irving Rehabilitation Unit Irving
10	78.4%	Medical City Dallas Dallas
11	77.8%	Encompass Health - Rehab Hospital of Wichita Falls Wichita Falls

18	76.0%	Shannon Rehabilitation Center San Angelo
19	76.0%	Encompass Health - Rehab Hospital of Dallas Dallas
20	76.0%	Methodist Hospital Stone Oak Rehabilitation Center San Antonio
21	75.8%	Encompass Health - Rehab Hospital of Austin Austin

12	77.4%	Central Texas Rehabilitation Hospital Austin
13	77.3%	Texas Health - Presbyterian Hospital Dallas
14	77.1%	Texas Rehabilitation Hospital Fort Worth
15	76.8%	St. David's Rehabilitation Hospital Austin
16	76.6%	Valley Baptist Health System Harlingen
17	76.1%	Texas Rehabilitation Hospital of Arlington Arlington

RANK	SCORE	NAME, LOCATION
1	78.1%	Encompass Health - Rehab Hospital of Richmond Richmond
2	77.5%	Sentara - Rehabilitation Virginia Beach General Virginia Beach
3	76.4%	Sentara - Williamsburg Regional Medical Center Williamsburg
4	76.2%	Virginia Hospital Center Arlington
5	76.1%	Inova Mount Vernon Hospital - Rehabilitation Center Alexandria

VIRGINIA

Culture

HIGH, LOW + EVERYTHING IN BETWEEN

BACK TO BASICS

Olsen's new record features stripped-down versions of songs that had previously been elaborately produced. "I just felt nostalgic for the experience of being vulnerable in that way."





MUSIC

Angel Olsen Goes It Alone

The critically-acclaimed singer and songwriter revisits her roots as a solo performer for her latest album *Whole New Mess*

ALAST MONTH ANGEL OLSEN PERFORMED A SOLO show at the virtually empty Asheville Masonic Temple in Asheville, North Carolina. The show wasn't in the singer-songwriter's original plan for 2020 which had been a string of dates in North America and Europe in support of her then-latest album *All Mirrors*. Then the pandemic hit. So Olsen began doing a series of livestreamed performances.

Despite the sea of unoccupied chairs, Olsen, 33, performed with her signature conviction and vulnerability—qualities that have endeared her to both fans and music critics for the last 10 years. Standing in front of a painted scenic backdrop with just her guitar and a microphone, she played her introspective and melancholic music and displayed her uncanny ability to shift between different guises, from a folk singer with a haunting vibrato to a jazzy torch balladeer. The empty auditorium suited the mood of the music.

The intimate solo performance echoed the bare-bones sound of her

upcoming record *Whole New Mess* (out on August 28 via the indie label Jagjaguwar). Versions of nine of its 11 songs appeared on last year's *All Mirrors*. The songs on *Whole New Mess* were recorded two years ago with only voice and guitar. Those initial lo-fi recordings were intended as demos for the elaborately produced *All Mirrors*, which featured a band and a 12-piece string section.

"I love the *All Mirrors* version," Olsen told *Newsweek*. "But when I played these songs live solo, they have a completely different meaning and feeling to them."

"I feel like *All Mirrors* is very synth-y and very Goth, and I'm all for it," Olsen says, "because a lot of the material is really from a dark depression place."

Stripped down and raw, *Whole New Mess* is a throwback to the singer's earlier DIY efforts, particularly 2010's stark *Strange Cacti*. "I was just so used to recording things in demo form and then keeping them that way," she says. "When I record in my own

BY

DAVID CHIU
@newbeats

home recording situation, it's totally vulnerable. If I'm going to do a solo record or a solo version of these songs, that it's something more along the lines of *Strange Cacti*, because that was me just completely in my world [with] no other person being like, 'You should do this with your voice' or 'You should add vocals here.'

Beginning with 2014's *Burn Your Fire for No Witness*, Olsen expanded her sound not only with a full band but also with different styles, like the indie rock of 2016's *MY WOMAN* or the art pop on *All Mirrors*. "I love the statements that [the band records] make," she says, "and I love that people can get lost in them as well as the lyrics of my work. But it's also interesting to make something weird and totally relate it to mainly the lyrics and the guitar. Playing with a band changes the way that I sing, it changes the vulnerability of the performance. Sometimes it makes it better. I just felt nostalgic for the experience of being vulnerable in that way."

The lyrics to the songs on *Whole New Mess* were born out of a challenging period for Olsen. She drew inspiration from the end of a romantic relationship and from her friendships. Recording was done in the fall of 2018 at a church converted to a studio in the small town of Anacortes, Washington. It was co-produced by Olsen and engineer Michael Harris, who had worked with the singer on *MY WOMAN*. "We would always have really deep conversations about the world, our lives and spirituality, and being in nature versus being in big cities," she says. "I felt safe exploring my depressed state with him around," she adds with a laugh.

Olsen and Harris considered adding overdubs to the solo recordings, but in the end the singer kept them close to their bare-bones beginnings.

Following the sessions, the singer returned to her home in Asheville and began working on the more elaborate versions for *All Mirrors*. "I knew the songs had the potential to grow and become this big thing," Olsen says. "But at the same time, I wanted to take a snapshot of [them] in demo-like form, and to capture it and do something kind of intentionally weird with it."

Olsen's solo performances on *Whole New Mess* heighten the songs' introspection and heartbreak, especially on "Tonight (Without You)," "Lark Song" and "Impasse (Workin' for the Name)." In the devastating ballad "Chance (Forever Love)," Olsen sings, "It's hard to say forever love/Forever is just so far."

"On some of my old stuff, I can't remember what was bothering me at the time that I wrote it," says Olsen. "But these songs, I know what was happening and it was very personal. I didn't try to make it poetic in a way that wasn't relating to the things that I was dealing with. I have done exercises where it's like, 'This is based on a thing that sort of happened, but I'm gonna make a song about it and pretend that it happened this way.' That's not what's going on in these songs. So it is more personal."

Whole New Mess features two tracks



that did not appear on *All Mirrors*, one of which is the solemn bluesy title track. (Olsen recently performed it on *The Tonight Show Starring Jimmy Fallon*.) "I was thinking about, 'Man, how many years am I gonna be making records?' and wondering if I'm ever going to do anything else," Olsen says. "Sometimes I come home from a tour and I'm like, 'Damn, it's so nice to be home.' It's hard work, and it's work that people think is easy because music is supposed to be fun. But actually, your back starts to hurt really bad," she laughs.

"What makes me so sad is knowing how important it is to be attractive or interesting, or as a woman to sexualize yourself," she adds. "It's like, 'Why would I do that, when my music is sad and all about all these serious things?' I go back and forth about wanting to be interesting and then trying to be like, 'You know what? I don't actually want to be interesting.'

"People need to hear music and they need to be hopeful. They need to take a break and dance and hear a song."



I just want to be interesting enough that I can continue to share my music with the world.' The song was more toward the system and knowing that this is the way that it's been. It's just my own personal blues."

"For me, I can still get into the songs and go to that place when I listen to them, sometimes," she says. "As far as the actual situations in my life, there is closure. I feel much better having gone through all of that."

"When I go home, it's nothing like my life on tour," she says about Asheville, where she relocated to after living in Chicago for several years. She is originally from St. Louis. "I live in a place where it's like, 'I don't come home to more work with people.' So that's nice for me. Having the balance of a very private, not-really-musical life at home has been life-changing. Now that I'm around trees, I feel way more relaxed than I had been."

Olsen says she's uncertain of what

CHANGE OF PLAN Olsen performing with her band at the Palace Theatre in Los Angeles last December. She had intended to be on the road this year, too.

her next stylistic direction will be. "It's fun for me to experiment and keep things fresh for myself. I love listening to electronic music, soul and a lot of different things. But I also really love solo stripped-back performances and bare-bones recordings. So I hope to continue doing both."

As the live music industry waits to reopen, Olsen is continuing with her online performances, including another one on August 28 that coincides with *Whole New Mess*'s release date. "I have come to terms with the fact that no matter how depressing or f*cked up the world is, people need to hear music and they need to be hopeful. They need to take a break and dance and hear a song, and I'm okay with promoting that," she says. ■

Further Listening

Strange Cacti

2010

Olsen's debut solo recording. Recorded at home and originally released as a cassette, this EP introduced her soul-searching lyrics and distinct croon amid an atmospheric and moody backdrop; the romantic "Some Things Cosmic" is one of the standouts.



Half Way Home

2012

Half Way Home features a brighter sound with minimal instrumentation and pushes Olsen's vocals to foreground. While a good number of the songs are moody ("Lonely Universe," "Tiniest Seed"), others are somewhat upbeat-sounding and even pop-friendly at times ("Acrobat," "The Waiting").



Burn Your Fire for No Witness

2014

Burn Your Fire for No Witness is Olsen's first proper band record. The result is something fuller-sounding: from driving rockers "Forgiven/Forgotten" and "Stars," to reflective tunes "White Fire" and "Unf*cktheworld."



MY WOMAN

2016

MY WOMAN shattered the notion that she was merely a folksinger; this time she was also an indie rocker. The record is divided into two halves: uptempo pop-rock tunes ("Shut Up Kiss Me," "Never Be Mine") and introspective numbers ("Woman," "Sister").



All Mirrors

2019

The singer branched further out with this lush synth- and orchestral-heavy work. It is a beautifully-made art pop record highlighted by the title cut, "Lark," and "Tonight" and others. ■



01 The Grotto

Tobermory, Ontario

A great cooling-off spot for hikers, this touch of paradise in Bruce Peninsula National Park is known for being quite chilly. An underground tunnel enhances the bright blue color of the grotto's water.



UNCHARTED

Natural Swimming Holes Around the World

The coronavirus may have shuttered local swim clubs and public pools, but there are other options if you're looking for an escape off the beaten path and a cool dip before summer ends. From a figure-eight shaped pool accessible only after a strenuous hike in Australia, to a 90-foot-deep trench formed in the rock of lava fields in Samoa, here are some natural watering holes in all corners of the world to explore on your next adventure. —*Alexandra Schonfeld*

02 Devil's Den

Williston, Florida

A comfortable 72 degrees year round, this natural spring offers visitors the chance to snorkel or scuba dive to explore a prehistoric cave from below the surface. Its name is derived from the steam seen rising from the opening of the toasty cave during the colder months.



03 Cenote Ik-Kil

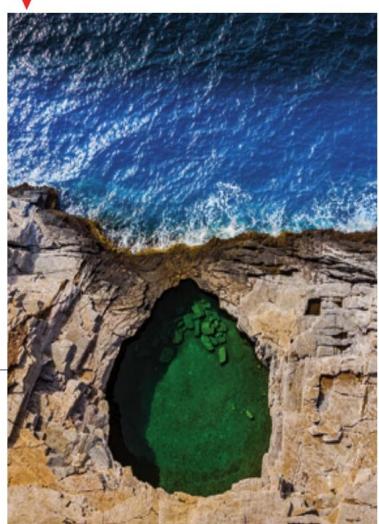
Chichen Itza, Mexico

To experience the beauty of this cenote, or natural pit, you'll need to descend a staircase 85 feet. Unlike some of the more tucked-away watering holes around the world, this one requires a fee for admission, but the few dollars is well worth it to see this natural gem in person.

04 Giola Pool

Astris, Greece

Greece is filled with gorgeous views of turquoise waters, but this natural sea lagoon is a unique sight. Carved into rocks and accessible from a dirt road marked by painted signs, you can have this water oasis all to yourself if you time it right.





05 Pamukkale

Denizli, Turkey

Rather than being a refreshing escape from the heat, these thermal pools offer visitors a chance to take a dip in the hot springs and experience the unique natural phenomenon. Pamukkale, which means "cotton castle" in Turkish, are made from water cascading down limestone shelves.



06 Bimmah Sinkhole

Muscat, Oman

Though many say this spot is the product of a meteorite, actually a natural sinkhole created this beautiful swimming pool of salt and freshwater. Some adventure seekers do dive from the edge into the water below, but this isn't necessary due to the staircase that leads down into the pool.



07 Kuang Si Falls

Luang Prabang, Laos

The beauty of this watering hole goes beyond just the limestone pool itself to the cascading waterfalls that lead into it. Surrounded by jungle, the tiered falls form various pools to swim in—though be alert, as some are considered sacred by locals and closed off to swimmers.



09 To-Sua Ocean Trench

Apia, Samoa

This salt water swimming hole created after thousands of years of erosion in lava fields may not be easy to access, but is surely worth the leap of faith, so to speak. The surrounding scenery is a lush green oasis, improved only by the trench's deep turquoise waters. For those not looking to take a dive off the edge into the 90-foot pool, a long, wood crafted ladder is available.



08 Figure Eight Pools

Sydney, Australia

Accessing these pools along a rock shelf in Royal National Park is not for the faint of heart and requires a walk of over two hours down a steep path. But for those up for the challenge, it is a sight to see. Be sure to check the conditions prior to your visit as tides can make the pools dangerous to access and sometimes cover them completely.

8

PARTING SHOT

Zach King

KING IS NOT JUST ZACH KING'S LAST NAME—ONE COULD ARGUE IT'S ALSO his status on TikTok where he has the most-watched video in the platform's history. Known for his "digital sleight of hand," King is *the* viral magician, leaving viewers asking "How did he do that?" after almost every video. If you ask King, though, he's not reinventing anything. "If Charlie Chaplin were here today, he would definitely know that I've been stealing from him and his work." Unlike many of his fellow TikTok stars, this isn't the beginning of King's reign. He started back in 2011 on YouTube with his viral video "Jedi Kittens." But it was in 2013 on the short-lived six-second video app Vine where King really found his voice, and which largely laid the groundwork for what he does on TikTok now. "I'll always love Vine because it did break the ground and prove that a short-form video platform could work." Even though Vine didn't last, King's influence on other content creators is clear on TikTok. "It's fun to see a lot of people take the concepts of the jump-cut or the magic sleight of hand and do it for themselves."



"There always will be that hot new app, and we'll be a part of it if we can."

What do you think of the potential ban on the TikTok app?

I don't worry about it for myself as a creator. I think there's something sad if TikTok gets shut down because this was a different playing field for people. At the same time, it'll be okay. Whether it's shut down or not, the next generation of updates and apps will have that similar algorithm, which I imagine takes some nuance to create, but isn't impossible to replicate. An algorithm that allows anybody the chance to blow up. That's what I hope comes out of this whichever way it falls.

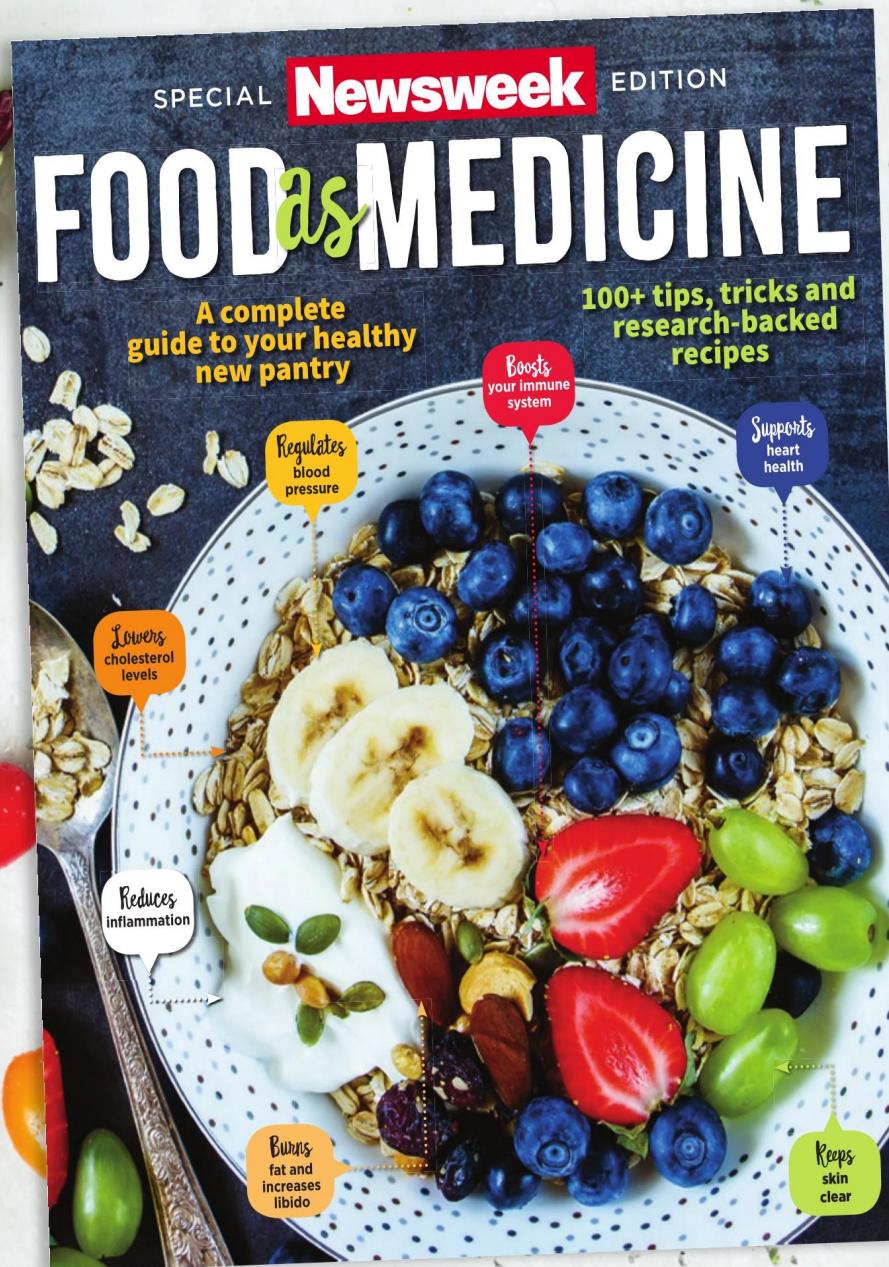
What makes a good TikTok video?

The perfect TikTok video is the same across the board. I don't change what we're making at the studio just for TikTok. It's got to be really intriguing from the beginning. A lot of people do shock value content, and that's not the best content. There's no story to that. At the end, it's got to have an "aha moment." Then the magic is just a big, big plus. You can't make a video without the magic for me.

Has the coronavirus pandemic impacted your content in any way?

It has its own challenges. There's a lot of "at home" concepts. I got to have the kids in the videos and explore some of those concepts, like we really do wish we were camping right now. Well, there's a magical way to do that. What if, in my world, you hang a little tent and then open it up and then you're in the forest? —H. Alan Scott

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