

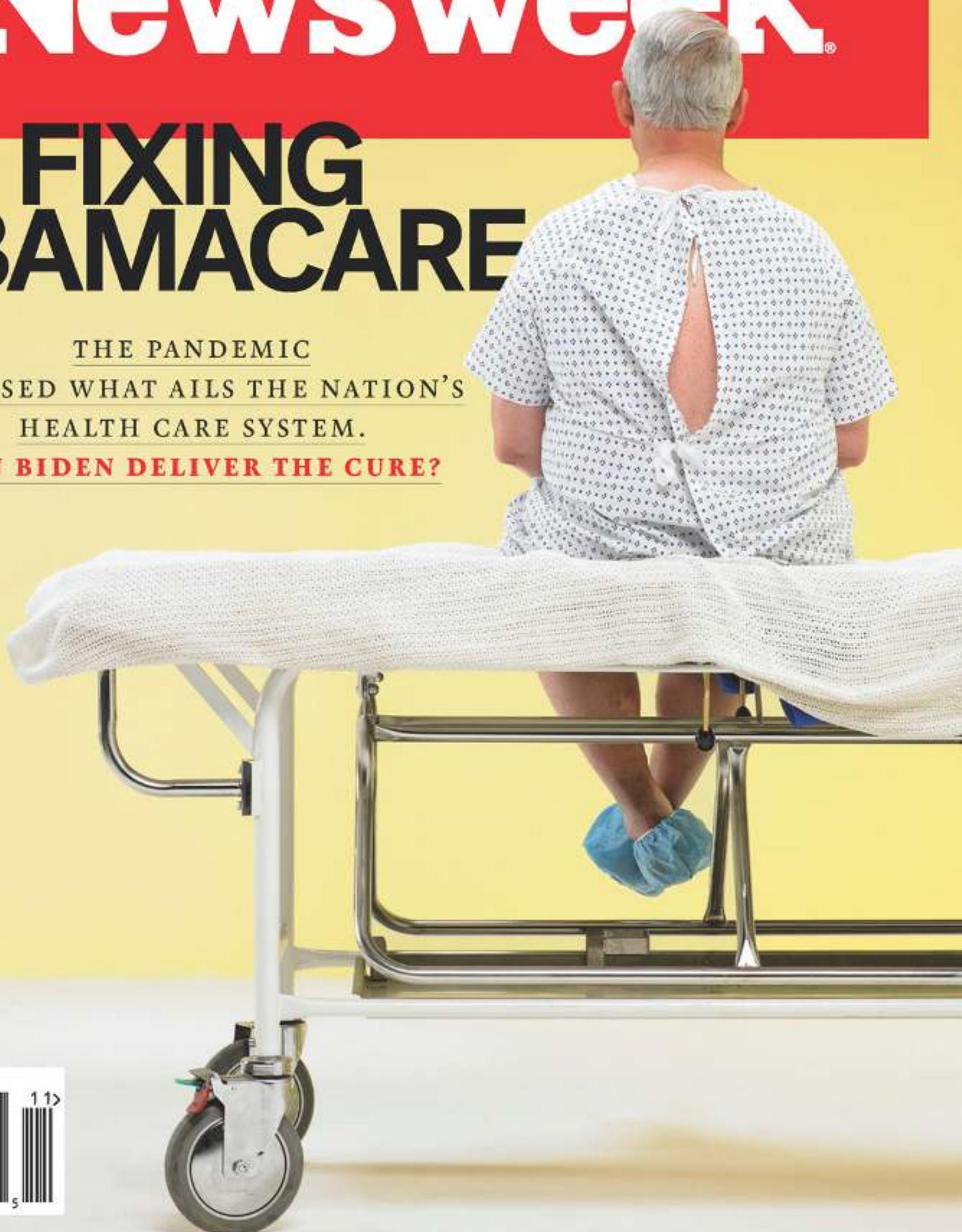
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FEATURES

SEARCHING

Finding the right hospital is an important first step in recovering from a serious illness. With so many to choose from, however, picking the best can be challenging.

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Siri Stafford/Getty



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Can Biden Fix America's Health Care Nightmare

A failing system has long left Americans sick and unprotected. This may be the moment to fix what ails it.

BY DAVID H. FREEDMAN

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When people leave their native countries to find a better life, they take their family recipes with them.



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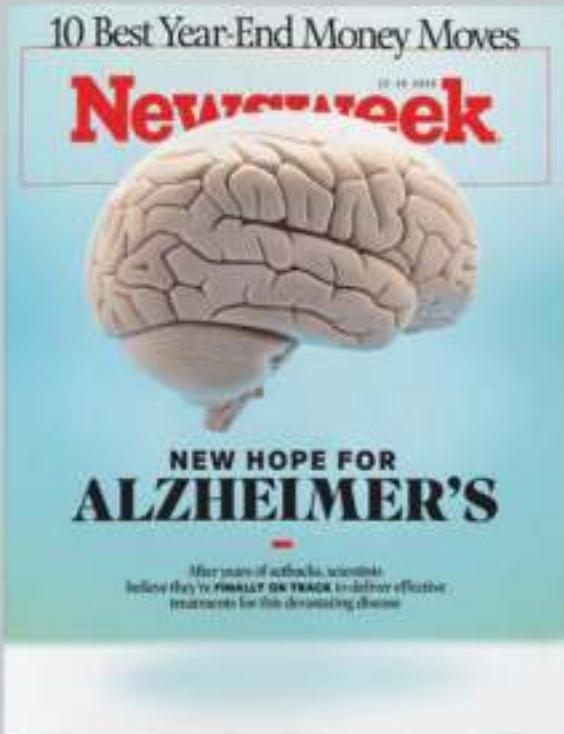
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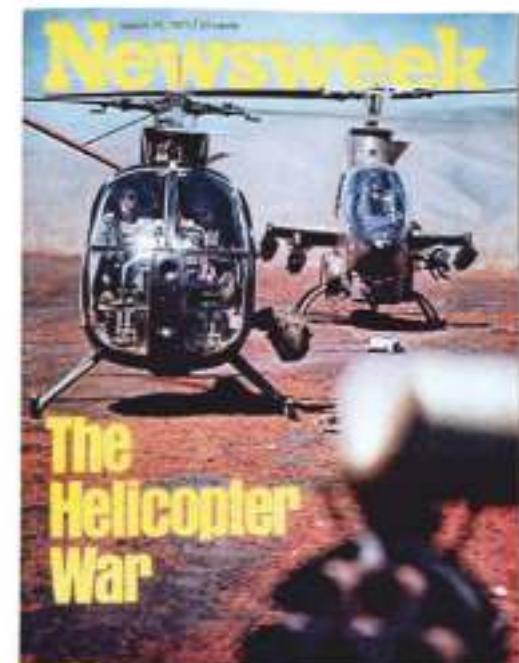
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The Archives

1998

Newsweek wrote, "Bill Gates says he wants to make computers better and easier to use." Yet, the company was accused of antitrust violations for "monopolistic impulses [to] unfairly crush competition." Gates argued that penalties for these charges would hamper Microsoft's progress, and he said, "We are going to succeed in maintaining our right to innovate." In a parallel case more than 20 years later, last July, four CEOs—from Apple, Amazon, Facebook and Google—were called before Congress to answer questions about whether their companies used illegal methods to obtain power online.



1971

"To the modern American cavalryman of the air, the plunge into Laos has been something like an old-time charge on horseback," said Newsweek. The Army lost 10 helicopters in a single week to North Vietnamese ground fire and a total of 4,877 helicopter pilots and crew were killed in the Vietnam War.



2002

Schizophrenia "remains one of the most tragic and mysterious of mental illnesses," said Newsweek, causing "what must surely be the worst affliction a sentient, conscious being can suffer: the inability to tell what is real from what is imaginary." A January study found that schizophrenia could be a high mortality risk factor for COVID-19. □

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In Focus — THE NEWS IN PICTURES



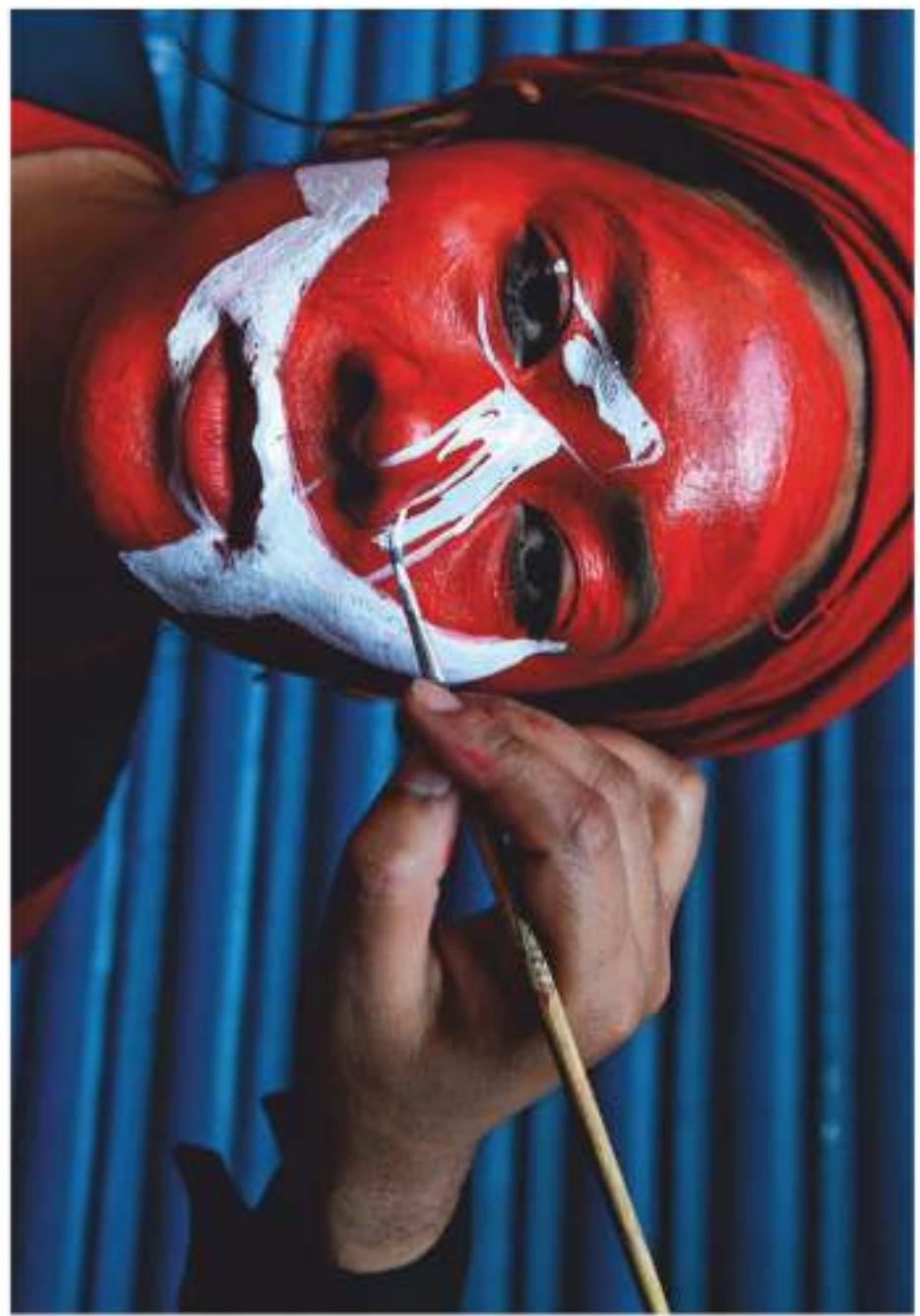
A dramatic photograph capturing a massive eruption of Mount Etna. A thick column of bright orange and red lava and smoke billows upwards and outwards, filling the frame. The base of the volcano is visible, showing a dark, rocky slope where the lava is flowing. The intense heat and light from the eruption dominate the scene.

CATANIA, ITALY

Mountain Rising

Mount Etna, on February 24, erupts for the sixth time in eight days. The lava plume rose almost a mile above the top of the mountain, but local officials said there was no risk to the population of Catania. The eruption, apparently, is business as usual for the 11,000-foot volcano.

PHOTOGRAPH BY FABRIZIO VILLA



CLOCKWISE FROM BOTTOM LEFT: MARK J. TERRILL FOR THE TIMES/GETTY; PRAKASH MATHEMA/AFP/GTET; HUSSEIN ERY/AFP/GTET



KATHMANDU, NEPAL

Ready to Rally

On February 24, a supporter of a faction of the ruling Nepal Communist Party (NCP) gets her face painted before taking part in a “victory” rally after a Supreme Court ruling to overturn the prime minister’s decision to dissolve parliament. The ruling was the first step in formalizing the split of the NCP.



RANCHO PALOS VERDES, CALIFORNIA

Tiger in Trouble

The crash scene on February 23: Workers remove the vehicle after a rollover accident involving golfer Tiger Woods. Woods had surgery for what was described as significant leg injuries. He was transferred last Thursday to another hospital where he will begin his post-surgical rehabilitation.

PHOTO: PRAKASH MATHEMA

PHOTO: MARK J. TERRILL



GEDAREF, SUDAN

The Gathering

Ethiopian refugees, on February 19, celebrate the 46th anniversary of the Tigray People’s Liberation Front at the Um Raquba refugee camp in eastern Sudan. In the remote region, refugee activists keep the flame burning for the former rebels who dominated Ethiopian politics before being ousted from their regional stronghold of Tigray last year.

PHOTO: HUSSEIN ERY

Periscope

NEWS, OPINION + ANALYSIS



CAUGHT IN THE CROSSFIRE

Syrian men evacuate a victim of air attacks on August 26, 2013, by regime forces. Syria's opposition accused pro-regime forces of opening fire outside Damascus in an attempt to prevent U.N. inspectors from investigating chemical weapons attacks.



SYRIA

The Arrow's Path

The presence of a team of U.N. investigators didn't prevent President Bashar al-Assad's troops from launching the most deadly chemical weapons attack in generations

PULITZER PRIZE-WINNING WASHINGTON POST national security reporter Joby Warrick's new book *Red Line: The Unraveling of Syria and America's Race to Destroy the Most Dangerous Arsenal in the World* tells the story of America's mission to try to find and destroy chemical weapons in Syria and defeat ISIS. In this excerpt, Warrick tells the incredible story of the U.N. team of investigators who were already on the ground in Damascus to investigate other alleged abuses when on August 21, 2013, a new series of attacks was waged in villages around the capital—killing at least 1,400 in what would become known as the deadliest chemical weapons atrocity in a generation. Warrick's account also identifies one reason President Barack Obama did not intervene after Syria crossed his infamous “red line”—the presence of the inspectors themselves, who could be put in harm's way.

THE ARTILLERY BARRAGE BEGAN IN THE WEE HOURS, just after 2:30 on the airless morning of August 21. Even from their Damascus hotel rooms miles away, the U.N. investigators could sense that this one was different.

The firing was coming from the hills just to the north, and the projectiles—bright streaks against

the black sky—were arcing over the city's ancient quarter and landing a few miles to the east. The view from the Four Seasons' upper floors was mesmerizing: flashes of light, like distant fireworks, and the muffled booms of explosions. There was a long pause, and then a shift in direction, with the shells passing to the southwest, until nearly dawn. The early light revealed distant smoke plumes, but these, too, were different. Instead of rising, they were flat and low to the ground.

BY
JOBY WARRICK
 @JobyWarrick

Åke Sellström, a Swedish scientist and leader of the U.N. team, rolled out of bed and instinctively turned on the television. There was breaking news coming out of Damascus—this same Damascus—about a horrendous attack with massive numbers of

casualties somewhere in the capital's outskirts. The images that flickered across the screen were almost beyond comprehension: Dozens and dozens of victims, lying dead in rows, including children and toddlers still in their pajamas. Curiously, none had visible injuries or wounds, but nearly all were soaking wet, as though they had been doused with water.

Far worse were the images of the injured. The camera zoomed in on a tiny girl who lay gasping softly, like a fish unable to breathe and too far gone

to struggle, while a man gently dabbed at a clot of foam that had formed over her mouth and nose. Near her, a boy of perhaps 7 or 8 was twitching violently, his small arms flailing as though trying to beat back an invisible foe.

The newscasters were speculating about poison gas, but Sellström, an expert on the physiological effects of nerve agents, knew very well what had happened. Just three days earlier, Sellström and his 20-member team of inspectors and assistants had entered the capital to investigate allegations that combatants in Syria's civil war had used chemical weapons—including deadly nerve agents such as sarin—in scattered attacks around the country. Dozens had died, most of them civilians. Sellström had tried to convince President Bashar al-Assad's government to allow his team to visit the affected villages and gather evidence. The Syrians had refused. After three frustrating days, negotiations had reached an impasse. The Swede had gone to bed believing his mission was over.

Now someone had launched a major chemical weapons attack on the suburbs, no more than 5 miles from his hotel. They had killed and injured scores of civilians, and perhaps more. Indeed, the toll would prove to be staggeringly large: at least 1,400 dead, including more than 400 children.

And it happened at the precise moment when a body of U.N. experts was present in Syria to document the deed.

"We Go In"

AS U.N. HEADQUARTERS IN NEW YORK awakened to news of the attack, Sellström received instructions to keep quiet. The precise nature of the horrific crime in the Damascus suburbs was not yet clear, and U.N. officials needed time to gather facts and assess

their options. But Sellström could not help himself. *This is so horrible, we need to do something*, he thought. He walked up to a bank of news cameras in his hotel lobby and made an unscripted appeal: Governments around the world should demand an immediate U.N. investigation. "Write or call the secretary-general," Sellström urged.

From Washington, meanwhile, the Obama administration was beginning to exert pressure of a different sort. President Obama and his team had ordered preparations for a military attack on Syria within days, but the U.N. team stood in the way. If the strike plan moved forward, the investigators might well be injured or killed. They could be used as human shields, or become hostages of a suddenly vengeful Assad.

Obama personally implored Ban Ki-moon, the U.N. secretary-general, to pull the investigators out at once. Then he dispatched his newly appointed U.N. ambassador, Samantha Power, to deliver the same message. Ban was not persuaded. The U.N. team was needed now more than ever, he replied. If the Syrians could be persuaded to grant access, Sellström might have a chance to conduct a real investigation. He deserved a few days to try.

"We cannot *not* proceed," the U.N.

chief told Power.

In the end, after five days of haggling, Sellström got his way. Assad agreed to a cease-fire for five hours on Monday, August 26, and on each of the following three days. The Swede and his team would be allowed to cross through no man's land into rebel territory to collect evidence.

But Sellström would be unarmed. And he would be completely on his own.

At 1 p.m. on August 26, the U.N. team was ready. Five armored SUVs with "U.N." markings set out from central Damascus onto a nearly empty highway headed toward the southwest.

Sellström had chosen as his first stop the town of Moadamiyah, one of the rebel-held suburbs hit by chemical-weapons shells. The distance from the hotel was only 7 miles by car, and the security team had predicted a journey of less than 30 minutes. But nothing on this day would go according to plan.

The vehicles had crossed into no man's land and were approaching a small bridge when something struck the lead vehicle on its passenger side. From inside the car, the sound was like that of a small rock smacking against metal at high speed.

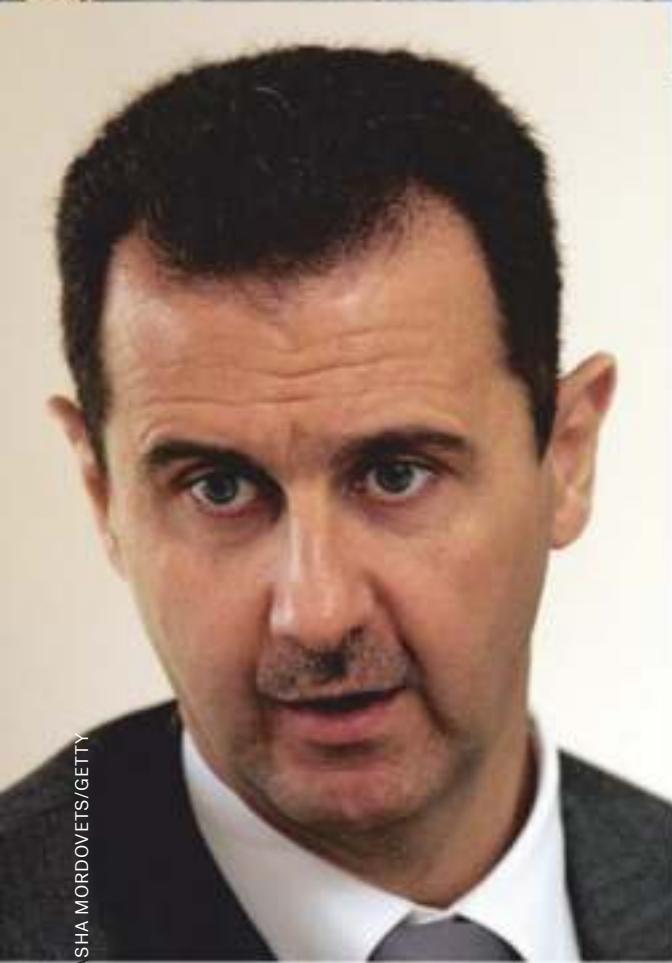
POP. A second impact. These weren't rocks.

More bullets hit the lead SUV, puncturing two tires and smashing a side window. Then the windshield took a direct hit. The bulletproof glass was holding up so far, but each impact left a spiderweb of tiny, spreading lines. Another shot or two and the glass would almost certainly fail.

"We're moving back to the rally point," the mission security chief Diarmuid O'Donovan radioed.

The convoy reversed course and roared off in the direction of Damascus. The damaged SUV, with its blown tires, limped along on its reinforced rims, but

The camera zoomed in on a tiny girl who lay gasping softly, like a fish unable to breathe and too far gone to struggle, while a man gently dabbed at a clot of foam that had formed over her mouth and nose.



EXPOSING THE TRUTH

Clockwise from top:
Protestors in Paris
in 2020 on behalf of
the victims in Ghouta;
Ban and Sellström in
September 2013, at
the U.N after their
briefing to the Security
Council; Assad in 2010.

SUVs lined up for a fresh attempt to cross into rebel territory. This one would look markedly different: rather than cautiously feeling their way through no man's land, they would dash across it like inmates on a prison break.

Khafagi grabbed a spare armored jacket and, scooting down into his seat, used his feet to press it against the windshield. Team members in the other cars did the same. When everyone was ready, the SUVs passed through the checkpoint and then tore down the narrow road with as much speed as the drivers could muster. The vehicles shot across the bridge and did not slow until all were well on the other side.

This time, no shots were fired.

Smoking Gun

TO COLLECT EVIDENCE, THE TEAM divided itself into two groups. Half would visit the makeshift field hospitals and triage centers where scores of victims of the attacks still were undergoing treatment. There they would collect biological samples—blood, urine and hair—and statements on video from the poisoning victims.

The others headed off to gather soil samples and any weapons fragments they could find.

On the second day of the investigation, in a neighborhood in eastern Ghouta, the team made an important discovery: Two impact craters, one on a rooftop and another in a field, still contained large rocket fragments, including crumpled sections of the original warheads that would have delivered the poisons. The rocket that landed in the field had hit soft earth, and its shaft and engine were still partially buried and clearly undisturbed. Wearing protective suits, the inspectors placed some of the metal pieces into evidence bags and collected

all vehicles made it to a Syrian army outpost. Then they stopped to regroup.

O'Donovan and his deputy, Mohammed Khafagi, got out of their SUV and walked to Sellström's car in their body armor and helmets. The Swede rolled down his window. Khafagi was the most familiar with the local terrain, so Sellström turned to him with his most pressing question: "What do we do, Mohammed?" he asked.

Khafagi didn't hesitate.

"We go in again," he said.

"What?" Sellström was incredulous.

"If we don't go today, we'll never go," Khafagi said. "They will know

that they can frighten us, and your mission will be over."

O'Donovan reflected for a moment, then nodded his approval. Going back would be risky, but those dangers would have to be weighed against what seemed to be a genuine opportunity: a chance to accomplish what they had come to Syria to do. Sellström sat quietly, thinking. He was being asked to send his team back down a road where a waiting sniper was merely the only threat of which they were absolutely certain.

"Okay," he said, "we go in."

Moments later, the four undamaged

environmental samples from parts that were too heavy to carry.

Days before the team entered the Ghouta suburbs, multiple governments and dozens of professional experts had already concluded from video footage that the victims had been exposed to a nerve agent, most likely sarin. Now the inspectors possessed actual samples of the liquid, recovered from the rockets' remains. Their findings, when analyzed later by a pair of independent laboratories, banished any lingering doubts. It was sarin, in high-quality form.

Where had the rockets come from? On the rooftop in east Ghouta, the

investigators discovered two holes that had been created during the impact: one of them through the roof itself, and another at a spot where the rocket had penetrated an outer wall. Just by lining up the two holes, the inspectors could roughly deduce the flight path.

“If we don’t go today, we’ll never go,” Khafagi said. “They will know that they can frighten us, and your mission will be over.”

A more precise calculation could be obtained from the other impact site, in the field. If someone shot an arrow in a high arc and landed in the ground tip-first; by following the line of the shaft, you could calculate where the archer stood when he snapped the bowstring. This rocket's nose was buried in the ground, with the tail jutting into the air at an angle. The inspectors would later state in their official report that the flight had “an azimuth of 105 degrees, in an East/Southeast trajectory.” In other words, the rocket was launched in an area northwest of Ghouta. Government territory.



BOOKS

Q&A: Joby Warrick

BY TOM O'CONNOR AND MEREDITH WOLF SCHIZER

Syria has witnessed nearly a decade of atrocities linked to this conflict. What prompted you to investigate this subject specifically?

I was drawn to exploring the one aspect of the Syrian crisis that compelled the United States and

other powers to directly intervene. The poisoning of Syrian women and children with deadly sarin changed the nature of the conflict, and it also awakened the world to a grave threat—the possibility that Syria's nerve agents could be used more widely against Syrians or stolen by terrorists and let loose on a global stage.

The international response was flawed, and it failed to remove all of Syria's weapons. But it did accomplish something remarkable: Some 1,300 tons of the world's deadliest chemicals were extracted and destroyed, in the middle of a war. As a feat of disarmament, there has never been anything quite like it. How and why it happened is a hell of a story, and almost unknown.

You've seen and heard a lot of shocking things throughout your career. What was the most shocking revelation to emerge from interviews for this book?

The most chilling revelations came as I began to grasp how close we came to very different

kind of disaster in Syria. In 2012, intelligence showed that Assad was preparing to deliver some of its chemical weapons to Hezbollah, the Lebanese militant group. At least twice, Islamist armies came within a whisker of overrunning military bases where these weapons were kept. It doesn't take much imagination to envision what could have happened if a few liters of sarin had ended up in the hands of ISIS.

That a U.S. president would shift foreign policy on the basis of a single team may surprise, even frustrate, some people. What did this incident teach you about the calculus of both the Obama administration and the Syrian authorities bracing for the attack?

A number of problems stymied the Obama administration's immediate impulse to launch missiles into Syria in 2013. One was the presence of about 20 U.N. weapons inspectors who were on the ground in Damascus as the strike plan was coming together. Obama's team

worried that the inspectors would become collateral damage—that the Assad government would use them either as human shields, or as hostages after the bombs and missiles fell. As the White House worked to get the inspectors out, key supporters of a potential strike—including members of Congress and allies such as Britain—began to back away from the plan. The momentum for a missile strike evaporated after that.

Former President Trump did indeed strike Syria on two separate occasions in response to alleged chemical attacks. Have the results of those strikes affected your opinion about what could have gone differently in 2013?

It is easier to compare the two approaches now, with hindsight. The strike plan contemplated by Obama in 2013 was quite similar to the one carried out by Trump in 2017, meaning both were intended to target only military installations, not weapons stockpiles or the Syrian regime itself. Trump's missile



HEROES ON THE GROUND The U.N. weapons inspectors were “shot at, mobbed, spied upon and threatened. But they bravely performed their mission” to collect evidence of a chemical weapons attack.

strike initially appeared decisive, but later it became clear that the attack barely dented Assad’s military capability. The strike did not topple the regime or shorten the war. Nor did it stop chemical weapons attacks, which resumed a few months later. Obama’s heavily criticized diplomatic approach didn’t change Assad’s behavior either, though it did, at least, result in the elimination of most of the dictator’s chemical weapons stockpile as well as his production equipment.

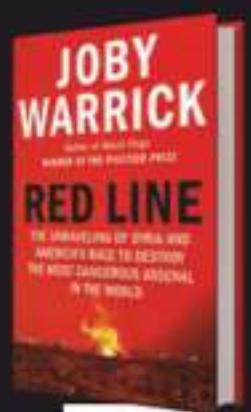
The U.N. team involved in this book encountered Islamist militias that were ostensibly the target of the Syrian government’s campaign. How did hearing of these interactions influence your perception of the conflict and its players?

The unarmed weapons inspectors on the ground in Syria are among the heroes of my book. They operated mostly in no man’s land, figuratively and sometimes literally. The Syrian regime did not want them poking around sensitive military sites trying to account for

missing weapons. Many of the rebels—and especially the Islamists—also distrusted them or saw them as tools of the Syrian state. They were shot at, mobbed, spied upon and threatened. But they bravely performed their mission.

Overall, how would you evaluate the U.S. experience in Syria?

There are good reasons why many U.S. officials describe the Syrian crisis as “the problem from hell.” The options were terrible



RED LINE
(Doubleday, February)
shares an inside look at America’s successes and failures in Syria.

from the outset, and they grew steadily worse. Absent a major U.S. military intervention in Syria—an idea which was never going to fly in Washington—there was no sure way of overthrowing the Assad regime and replacing it with moderate rulers. Assad proved to be just as tenacious as he was ruthless, and he was backed by allies who protected him diplomatically, at the United Nations, and also with troops and planes. Syria’s rebels were convinced that the United States would ultimately come to their rescue, but in reality Washington was never prepared to commit the kinds of resources needed to help their side prevail.

What do you feel are President Biden’s greatest challenges in Syria today, seven years later?

The war is effectively over, but there’s a strong consensus view that says the United States needs to remain engaged in Syria, including, presumably with a presence on the ground. The Pentagon has kept a small contingent of U.S.

forces in Syria, as a check against Iran’s ambitions and a guarantor against a resurgence of the Islamic State, which still commands tens of thousands of followers in the region. Leaving it to others to settle questions about Syria’s future risks a return of widespread instability that could fuel extremism and put our key allies at risk.

No one had asked Sellström to reach a verdict on who was behind the killings in the Damascus suburbs. The Syrians had specifically demanded that he refrain from doing so. But the scientist had managed to level an accusation without uttering a word.

His discovery was indeed an arrow, one that pointed directly at Syrian army units in the pay of Bashar al-Assad. ■

→ *From RED LINE: THE UNRAVELING OF SYRIA AND AMERICA’S RACE TO DESTROY THE MOST DANGEROUS ARSENAL IN THE WORLD*, copyright © 2021 by Joby Warrick, published by Doubleday.

What’s next for you?

When Assad violated the chemical weapons taboo with near-impenitence, others around the world took notice. Since 2014, the Islamic State has experimented with chemical weapons, and both North Korea and Russia have used nerve agents to kill political opponents—while also spreading disinformation to deflect blame. I worry that we’re entering a time where anti-democracy forces will see value in developing new kinds of chemical weapons, and—noting the disruptive impact of COVID-19—perhaps biological weapons. I see an urgent need for investigative work in all these areas. ■



YOUR MONEY

9 Ways Parents Can Catch a Break

Have kids under 18? You can cut your tax bill or boost your refund by hundreds, even thousands, of dollars this year if you claim these write-offs

↗ ALONG WITH THE PROSPECT OF \$1,400 stimulus payments, parents have another reason to cheer President Joe Biden's \$1.9 trillion pandemic relief package currently working its way through Congress: The legislation contains an expanded tax break specifically for families that could give most households \$250 to \$300 a month for each child younger than 18. You don't have to wait for the plan to become

law, though, to nab big tax savings this year. Existing breaks could cut your tax bill or boost your refund by hundreds, even thousands, of dollars—if you know what's available.

Most of the credits and deductions currently in the tax code focus on helping parents with the cost of childcare and education. But there's also a

BY

KERRI ANNE

RENZULLI

@kerenzulli

credit—essentially, a more modest version of the one currently in the Biden relief plan—that rewards families for simply having children. And while many of the existing tax breaks are limited by income, not all of them are and, where there are restrictions, the cutoffs are higher than those for stimulus payments in many cases, allowing more parents to qualify.

You can't nab the savings, though, unless you know the specific deductions and credits to look for. Here's a look at nine of the most generous and commonly used tax breaks currently available to parents as you fill out your return this year.

Child Tax Credit

THE CURRENT CHILD TAX CREDIT, LAST expanded in 2018 when it doubled in value, allows parents and other legal guardians to reduce their tax bill by up to \$2,000 per child under the age of 17. The best part? The credit is partially refundable, meaning if you don't owe any federal taxes, you can receive as much as \$1,400 back as a refund for each child who qualifies.

If you have dependents who are 17 or 18 years old or who are full-time college students, between the ages of 19 and 24, you could also receive a nonrefundable credit of up to \$500 per each of these young adults.

The income limits are higher than for stimulus relief so you can claim the full credit even if you make up to \$200,000 as a single, or \$400,000 if married filing jointly. Once you pass those thresholds, the credit begins to phase out gradually, says Robert Tobey, a New York-based CPA with Grassi & Co. Still, most households with kids qualify: The Tax Policy Center estimates that 90 percent of families with children received an average Child Tax Credit of \$2,380 in 2020.

In light of the pandemic, the IRS is

allowing families to use either their 2019 or 2020 income when calculating the value of the credit on their 2020 tax return, so ask your CPA or tax preparer to run your return with both figures to net the biggest tax break possible or do it yourself if you use tax-preparation software.

If Biden's American Rescue Plan passes, this break will become even more rewarding, temporarily increasing to \$3,600 per child under age six and \$3,000 for older children. It will also be fully refundable for 2021, so if you don't owe anything in taxes you'll get the full amount, with payments coming to families monthly instead of when they file their return next year.

This new version of the credit will be more targeted though, extending the full benefit only to those with incomes below \$112,500, if filing as head of household, or \$150,000, if married filing jointly, and would phase out entirely at \$200,000 in income for singles and heads of households, or \$400,000 for married couples. While about 3 million fewer households would qualify for the expanded credit, those over the more stringent income limit could continue to claim the existing \$2,000 credit as usual, The Tax Policy Center says.

Additionally, though Biden's plan is still being debated, House Democrats have already called for making the proposed expansions to the credit permanent, with families receiving up to \$300 per month for children under age 6 and \$250 for older kids.

The idea has support across the aisle as well. Senator Mitt Romney has proposed a similar idea with the same advanced monthly payments for families coming from an expanded Child Tax Credit. However, his plan also calls for the elimination of three other popular tax breaks: the head of household filing status, the child and

Under the Biden plan, the Child Tax Credit becomes more valuable, but about 3 million fewer families would qualify for the bigger break.

dependent care credit and the state and local tax, or SALT, deduction.

Child and Dependent Care Tax Credit

A TYPICAL FAMILY IN THE U.S. SPENDS between \$9,200 and \$9,600 a year on childcare—that's about 10 percent of the average income for a married couple or 34 percent of a single parent's, according to research by Child Care Aware of America.

This tax credit allows you to claw back at least a small portion of all those dollars spent on daycare, after-school programs and even summer day camp costs in 2020. If you paid for someone to look

after your kid so you could work or search for work, you may be able to claim 20 percent to 35 percent of those expenses, up to \$3,000 for one child, or \$6,000 for two or more children, off your tax bill.

Lower-income families get the biggest credit, but anyone with childcare expenses qualifies. There are no income limits to claiming it. For instance, someone making less than \$15,000 can claim 35 percent of childcare costs, but anyone making more than \$43,000 can still get 20 percent off.

Only care provided to children under age 13 or older dependents who are not physically or mentally able to look after themselves counts. And you must provide the tax ID number of the person or organization providing care for your offspring, so if you pay a caregiver under the table, you're out of luck.

"You also cannot double dip," warns CPA Susan Allen, senior manager of tax practice and ethics for the American Institute of CPAs. Any money your employer gives you to help pay childcare expenses or any money you have withheld from your paycheck for that purpose that can be excluded

MORE KIDS, BIGGER CREDIT

Lower-income single parents and couples with children qualify for a bigger earned income credit than childless taxpayers—the larger your family, the more generous the tax break.

Number of Children or Relatives Claimed	Maximum Income (filing as Single, Head of Household or Widowed)	Maximum Income (filing as Married Filing Jointly)
Zero	\$15,820	\$21,710
One	\$41,756	\$47,646
Two	\$47,440	\$53,330
Three or More	\$50,594	\$56,844

from your taxable income, such as contributions to a Flexible Spending Account, must be subtracted from your eligible expenses, she adds.

This means if you spent \$6,000 on daycare costs for your two kids in 2020, but put the maximum \$5,000 allowed in an FSA to help cover that bill, you can only use \$1,000 of expenses when figuring the credit rather than \$6,000, since that is what is left after subtracting the FSA contributions.

Earned Income Tax Credit

THIS CREDIT ISN'T JUST FOR PARENTS, but its value does increase if you've got dependents—knocking off as much as \$6,600 from your tax bill if you have three or more children.

Just how large your Earned Income Credit could be depends on your income as well—though anyone earning more than \$56,844 will be ineligible regardless of how many kids they have. (See the table on the preceding page for the income parameters needed to qualify.)

As with the Child Tax Credit, you can also use your 2019 income in calculating whether you qualify this tax year, thanks to changes made to provide relief to those struggling because of the pandemic.

Adoption Credit

ADOPTED A CHILD LAST YEAR? CONGRATULATIONS—now let Uncle Sam help defray some of those costs, which can run up to \$45,000 for a baby from the U.S., according to the Child Welfare Information Gateway.

Under this generous credit, you can claim up to \$14,300 of adoption fees, court costs, attorney fees and traveling expenses off your tax bill, says Tobey. The credit isn't refundable, so you can only use it to reduce your tax bill; it won't enhance your

refund check. But you can use any amount of the credit left to reduce your tax bill over the next five years.

The credit gradually gets lower for those with incomes above \$214,520 and ends completely for those earning \$254,520 or more. To qualify, the adopted child must be under the age of 18 or be physically or mentally incapable of caring for themselves.

Unlike other tax credits, the value doesn't renew each year. Instead, \$14,300 is the most you can claim for the adoption of the same child across all tax years. This means if you racked up some expenses in 2019 and received \$3,000 worth of the adoption credit then, you can only claim up to \$11,300 in costs on this tax return.

American Opportunity Credit

HELPING TO FOOT THE BILL FOR YOUR child's college tuition, books or other supplies? You may be able to claim a credit worth up to \$2,500 per student on your 2020 tax return. Even better: up to 40 percent of the American Opportunity Credit is refundable.

To qualify, your income must be below \$90,000, or \$180,000, if you're married. (You will receive a reduced credit if your income tops \$80,000, or \$160,000 if married.) And your

child must have been enrolled at least half-time during one academic period in 2020, or within the first three months of this year if you prepaid the bill last year, in a program that leads to a degree, certificate or other recognized credential.

You can only claim this credit for the same student for four years max, meaning if your kid is still pursuing their bachelor's degree or certification beyond that point—the average student takes just over five years to get their BA—you'll need to look into one of the other credits or deductions available for education costs.

Lifetime Learning Credit

IF YOU'RE ALREADY PLANNING ON claiming the American Opportunity Credit to help defray your child's education costs, you won't also be able to take advantage of this tax break. The IRS limits you to choosing one of the two each year for each dependent's school expenses.

However, parents with multiple students can opt to claim the American Opportunity Credit for one kid and the Lifetime Learning Credit for another in the same year.

"If you have the choice, the American Opportunity Credit will always be greater than the Lifetime Learning Credit," according to the IRS. Unlike the American Opportunity Credit, the Lifetime Learning Credit has no time limit, so you can use it for as many years as you have qualified education expenses, says Allen. But the credit is also worth less, up to \$2,000 per tax return, and is not refundable.

The credit begins to gradually phase out for those with incomes above \$59,000 or \$118,000 if married, before ending completely for those with more than \$69,000 in taxable income, or \$138,000 if married.

A typical U.S. family spends \$9,200 to \$9,600 a year on childcare—about 10 percent of the average married couple's income.



Tuition and Fees Deduction

ALL THE OTHER TAX BREAKS MENTIONED on the list are credits, meaning they directly cut your tax bill dollar for dollar, but a deduction operates differently, reducing the amount of income you pay taxes on. Because of this, "credits are more valuable than deductions," says Tobey.

Still, if you cannot use the American Opportunity Credit or the Lifetime Learning Credit, this deduction can provide some welcome relief on education costs, allowing up to \$4,000 to be subtracted from your taxable income without having to itemize.

Your income must be \$65,000 or less, or \$130,000 or less for married couples filing jointly, to qualify for

the full \$4,000 deduction. If your income is above those thresholds but below \$80,000, or \$160,000 if married, then your maximum deduction is capped at \$2,000. Earn more than that and you won't get any help.

You can't combine this deduction with any of the other education credits on your tax return.

Student Loan Interest Deduction

THOSE PAYING OFF EDUCATION LOANS for their children's schooling can offset some of the sting of such bills by deducting up to \$2,500 of the interest paid on that debt in 2020 from their taxable income, without itemizing.

Both federal and private education loans count toward this

deduction, as can credit card debt, if it was only used to pay for qualified education expenses. Any loans made by a family member or qualified employer plan for college costs, however, don't, says Allen.

To get the full deduction, your income must be \$70,000 or less, or \$140,000 or less for married couples. If you earn more, the deduction will gradually be reduced before phasing out entirely for those making above \$85,000, or \$170,000 for couples.

Be warned though that this tax break might not be as rewarding as it typically is thanks to COVID-19 relief measures passed by the government in March last year, which suspended loan payments and dropped the interest rate to zero percent on federal student loans owned by the Education Department.

529 Contribution Tax Credit or Deduction

WHILE THE FEDERAL GOVERNMENT doesn't reward parents for saving for their kids' college fund through a 529 plan, 34 states and Washington, D.C. do, by offering either a state income tax deduction or credit.

In most states, you'll need to be contributing to your home 529 plan, rather than one offered by a rival state, in order to get the tax deduction or credit, but seven don't care where you've parked those college savings. Arizona, Arkansas, Kansas, Minnesota, Missouri, Montana, and Pennsylvania will all award a state tax break for funding any plan.

Typically states allow either the full amount or a portion of 529 plan contributions to be deducted from your taxable income, but Indiana, Utah and Vermont offer a tax credit instead, while Minnesota residents may be eligible for either depending on how much they make. ☐

ONLINE

A Diet of Hoaxes

An analysis by NewsGuard and PeakMetrics found that 87 percent of the news links shared on Parler in the time period surrounding the Capitol Hill riot came from misinformation sources

 NEWS LINKS SHARED ON THE social media app Parler around the time of the January 6th Capitol insurrection came overwhelmingly from misinformation websites, including dozens of sites flagged by NewsGuard for publishing election and voting falsehoods.

Parler recently relaunched after being removed from Apple and Google's mobile app stores and Amazon's web hosting service for its role in the breach of the U.S. Capitol by armed protestors.

NewsGuard and PeakMetrics' analysis, which covered more than 17,000 public Parler posts from the first week of January 2021 that included links, showed 87 percent of the news links shared during that time period came from websites with red "unreliable" ratings from NewsGuard, meaning that they fail to adhere to basic journalistic standards.

PeakMetrics, which uses machine learning to draw insights from millions of media sources, collected the data and extracted links and domain data from the posts. NewsGuard, which deploys trained journalists to track online misinformation sources and narratives, analyzed the data against its database of credibility ratings for thousands of news sources.

The analysis focused on news and information website links specifically; it excluded links to ecommerce websites, links to posts on other platforms like Facebook or Twitter and links directed through URL shorteners like Bit.ly.

NewsGuard and PeakMetrics found the most-linked news source on the platform during the time period covered in our dataset was a North Macedonian website called "American Conservatives Today," which was linked to 2,917 times.

NewsGuard's review found that WHOIS domain registration records show, despite its name, AmericanConservatives.today is run from Kumanovo, a city in North Macedonia. NewsGuard found that the site, which was launched in December 2020, repeatedly publishes false political news stories plagiarized from The Gateway Pundit, including the claim that the voting machine company Dominion Voting Systems rigged its machines to switch votes from then-President Trump to Joe Biden. The site earns a credibility score of 0 out of 100 from NewsGuard, failing all of its nine journalistic criteria.

Other top domains in the list included TheResistance.video, a domain associated with banned.video, a video website owned by InfoWars.

BY
MATT SKIBINSKI
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com founder Alex Jones that regularly shares falsehoods about topics such as COVID-19 and U.S. politics. The sites published numerous falsehoods about the election, including the claims that the use of Sharpies on Arizona ballots invalidated votes for Trump and that Joe Biden had a plan to institute martial law to steal the election.

The Banned.video network has also published numerous falsehoods about COVID-19, including a video in May 2020 that claimed a COVID-19 vaccine had been found to “cause sterility in 97% of women” and another vaccine being developed for men “resulted in decreased testicular size, drop of testosterone levels, and marked atrophy of the prostate.” Banned.video earns a credibility score of 7.5 out of 100 from NewsGuard based on nine apolitical journalistic criteria.

Another top domain on the list was FrontPageMag.com, which earns a NewsGuard trust score of 22.5 out of 100 for publishing falsehoods about a range of topics, including false claims of widespread voter fraud and COVID-19 myths.

The top sites in the list also included domains such as ThePolitics.online, Speech-Point.com, Freespeech-Time.com, and Free-Speechfront.info, which are part of a network of anti-Muslim websites reportedly run from Israel whose owners repeatedly change domain names and take down sites in the network once they are flagged by fact-checkers or by misinformation-tracking organizations.

NewsGuard has tracked and rated more than a dozen sites in the network, which earns a credibility score of 22 out of 100 from NewsGuard for publishing a range of misleading stories, distorted facts and manipulated images.

Sites promoting the QAnon conspiracy theory were prominent in the dataset, including NeonRevolt.com, an anonymously run website popular with QAnon supporters that tracks posts from “Q,” the purported figure at the center of the conspiracy theory. The site, which was shared by Trump’s campaign lawyer Lin Wood, earns a credibility score of 20 out of 100 from NewsGuard for publishing numerous false claims, including claiming the 2020 election was “fraudulent” and that COVID-19 is a “Chinese bioweapon.”

Many of the links shared in the dataset were not from news or information domains. For example, the dataset included more than 1,000 links to e-commerce sites selling weapons, “prepper” gear, supposed nutritional supplements and other merchandise.

While the dataset was not exhaustive—it covered a relatively short time frame in early January—the findings suggest Parler was a hotbed for misinformation publishers.

Many misinformation publishers, including those involved in spreading falsehoods about the 2020 election, depend on click-throughs from social media platforms to drive page views and advertising revenue. As mainstream platforms like Twitter and Facebook face regulatory pressure to reduce the spread of misinformation, misinformation sources may continue to shift to less controlled platforms like Parler. ■

**Despite its name,
AmericanConservatives.today
is run from Kumanovo,
a city in North Macedonia.**

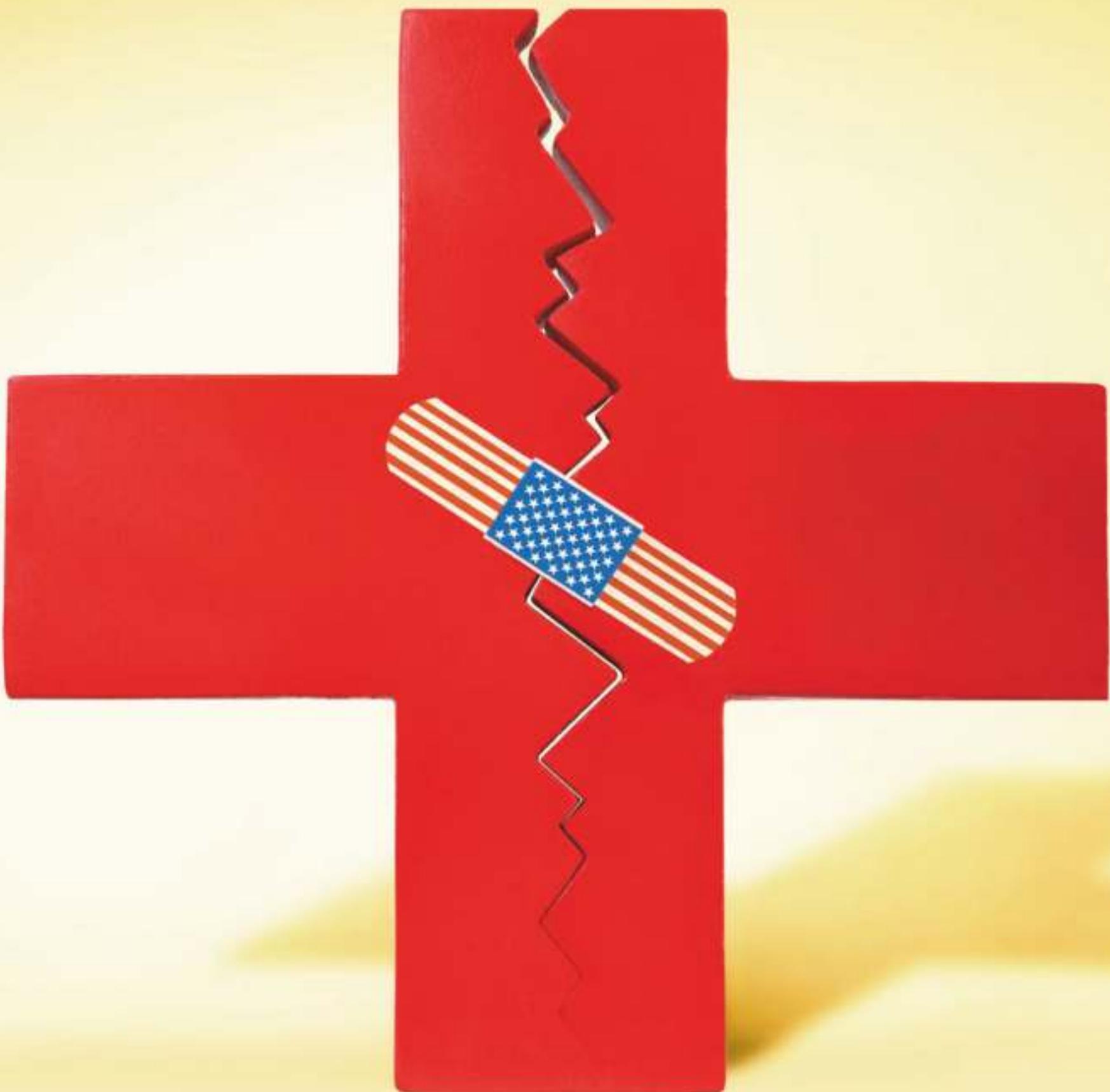
→ Matt Skibinski is general manager of NewsGuard. Kendrick McDonald contributed reporting to this piece.

A **FAILING SYSTEM** has long left Americans sick and unprotected.
This may be the moment to cure what ails it.

CAN BIDEN FIX AMERICA'S HEALTH CARE NIGHTMARE?

by DAVID H. FREEDMAN • *Image by BRYAN ALLEN*

GETTY



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OE BIDEN CAMPAIGNED ON a promise to fix Obamacare rather than make sweeping changes like enacting Medicare for All. In his first major legislative proposal, the

\$1.9 trillion COVID-19 relief bill currently making its way through Congress, he's already included a key component of his plan: expanding subsidies to make health insurance more affordable for more people.

But it will take more than a few Obamacare tweaks tucked into a budget bill to fix what's wrong with the U.S. health care system—failures that the coronavirus pandemic have exposed and underscored. America's public-health failure in the current crisis reflects the country's long, sorry record of neglect, poor organization, underfunding, and misplaced priorities when it comes to public health. Add to those woes the sky-high cost of health care, uneven access and relatively poor outcomes, it's clear the American public has been living for decades with a health system that is failing.

The 2010 Affordable Care Act—also known as Obamacare—was designed to start addressing these and other shortcomings. But four years of the Trump presidency, persistent resistance from both Republican-led states and entrenched health care interests and, finally, a devastating pandemic have conspired to undercut many of the hoped-for benefits. That leaves America in danger of emerging from the pandemic with worse prospects for health than ever before.

Can Joe Biden get American health back on track?

Biden is already taking steps to shore up Obamacare. Expanding subsidies, along with Biden's recent executive order to reopen the ACA's markets and advertise heavily to entice people to enroll, could make a major dent in the ranks of uninsured Americans that have grown during the pandemic and subsequent economic downturn. He has promised to create a Medicare-like government-run health-insurance plan that people of any age can buy into—the so-called "public option" that will compete with private plans on the Obamacare insurance marketplace—and to lower drug prices and eliminate "surprise billing" from hospitals. But these are only first steps.

Bringing the U.S. up to the standards of other developed nations—it currently ranks near the bottom among developed countries on major measures of



WE CAN'T EVEN GET THE MOST IMPORTANT THINGS RIGHT IN HEALTH, LIKE CONTROLLING BLOOD PRESSURE, LIMITING SODIUM, AND REDUCING TOBACCO ADDICTION.”

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FROM TOP: SMITH COLLECTION/GADO/GETTY; OLIVER CONTRERAS/SIPA/BLOOMBERG/GETTY; ROBIN UTRECHT/SOPA IMAGES/LIGHTROCKET/GETTY

POOR HEALTH

America's public-health failure in the COVID-19 crisis reflects the country's long, sorry record of neglect, poor organization, underfunding, and misplaced priorities when it comes to public health. Its failures were exposed and underscored by the coronavirus pandemic. Top to bottom: The headquarters of the Centers For Disease Control and Prevention in Atlanta; President Biden greets immunologist Kizzmekia Corbett at the National Institutes of Health in Bethesda, Maryland, with Dr. Anthony Fauci looking on; a nurse handles a COVID-19 test kit in Amsterdam.

health and healthcare—would take a huge investment and require the political will for massive change. According to a KFF Health Tracking poll, 48 percent of U.S. adults want Biden and Congress to build on the ACA, including three in four Democrats, rather than scale it back or eliminate it.

If it's possible to fix American healthcare, now would be the time. Americans are more attuned to health and the nation's health system than they've been for at least a century. Biden may have a unique opportunity to repair and expand Obamacare and, in doing so, rescue public health—if he can overcome the inevitable resistance from Republicans and entrenched healthcare interests.

"This is the moment where we can address our health problems and make transformational changes," says Democratic Congresswoman Rosa DeLauro, who heads the House Appropriations Committee. "But in Washington when windows like this open, they close quickly."

Low Marks on All Counts

THE PANDEMIC CAST AN UGLY LIGHT ON AMERICA'S health infrastructure. The country still does not

have a good COVID-19 testing program and has yet to develop any sort of wide-ranging contact-tracing system; both are considered essential to successful efforts to combat the pandemic, as demonstrated in numerous other countries. Mask-wearing and social distancing, the two main tools of pandemic containment, have been spotty at best in the U.S., and shortages of protective equipment for healthcare workers and others still haven't fully eased. The U.S. played a big role in pushing the historically fast vaccine development, but then followed up with a disorganized, slow and uneven vaccine distribution effort.

The vaccines, though, are finally being rolled out. The nation may turn the corner on the pandemic by this summer, if variants of SARS-CoV-2 don't act as spoilers. But at that point it will be well worth pondering the possibility that the next pandemic is looming just down the road. In just the past 20 years the world has experienced five pandemics, including COVID-19, and experts are watching a range of viruses that have a strong potential to suddenly leap into dangerous prominence.

Will we be any better prepared for the next pandemic than we were for this one? The Trump administration's missteps in its response disguise the fact that our health infrastructures simply weren't up to this crisis—or any major health crisis, for that matter. They were inadequate long before Trump took office, and they still are.

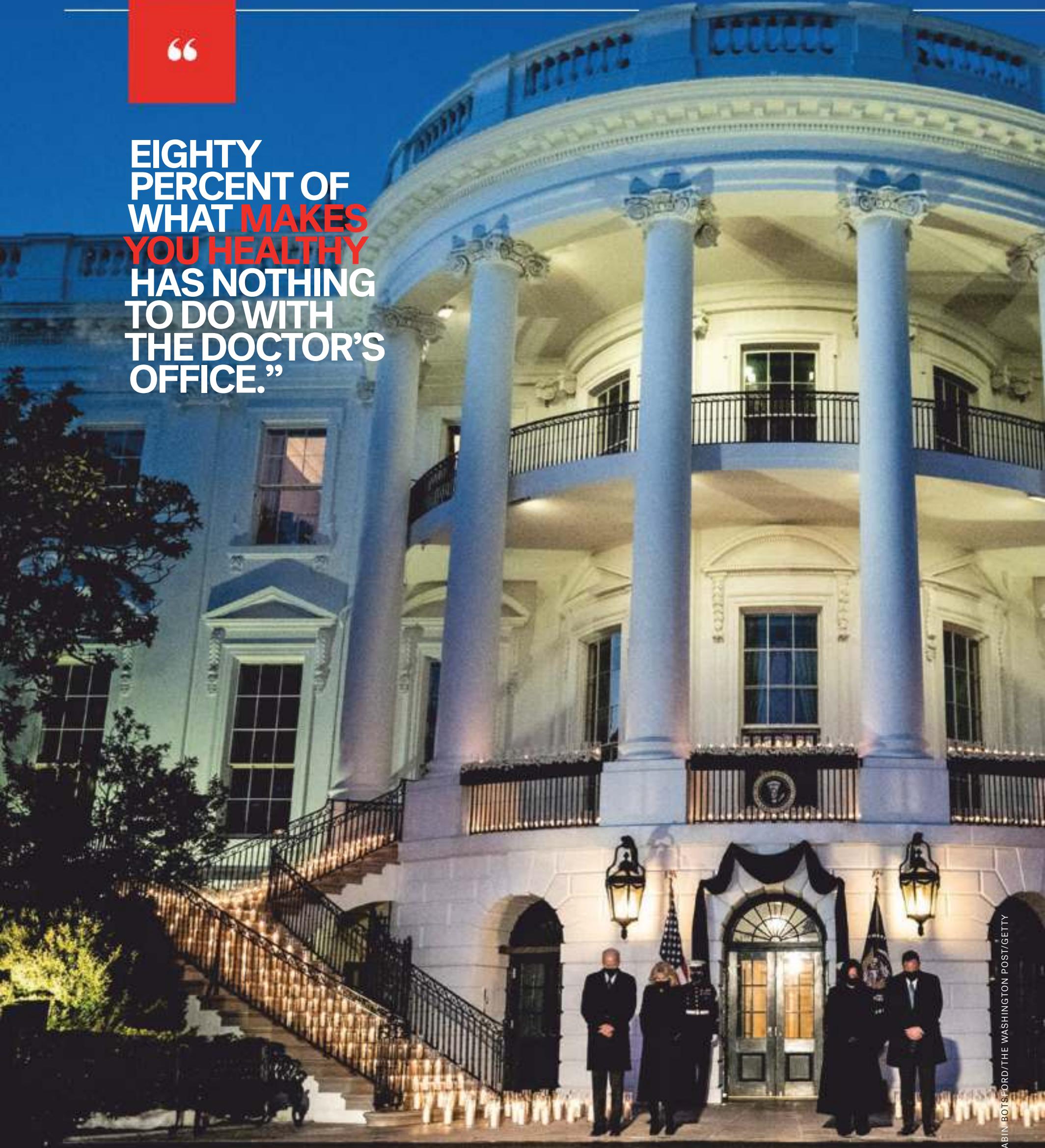
"In the postwar era, there is no point at which the U.S. has had a public-health commitment commensurate with the dangers we're now facing," says economist Robert Reich, the U.S. secretary of labor under Clinton and now a public-policy professor at the University of California Berkeley.

The price Americans pay for troubled public health and health care systems is written in grim statistics. U.S. life expectancy has fallen behind that of 35 countries, including Slovenia and Costa Rica. Americans lead almost all developed countries in the incidence of obesity, heart disease and diabetes, among other chronic diseases, with death rates to match. The U.S. maternal death rate is not only the worst among fully developed countries, it also ranks behind Kazakhstan, Bosnia and many other less-advanced countries. All of these problems disproportionately plague Black and Hispanic Americans, but that's not to say white Americans are faring well—they do worse by virtually all measures than their

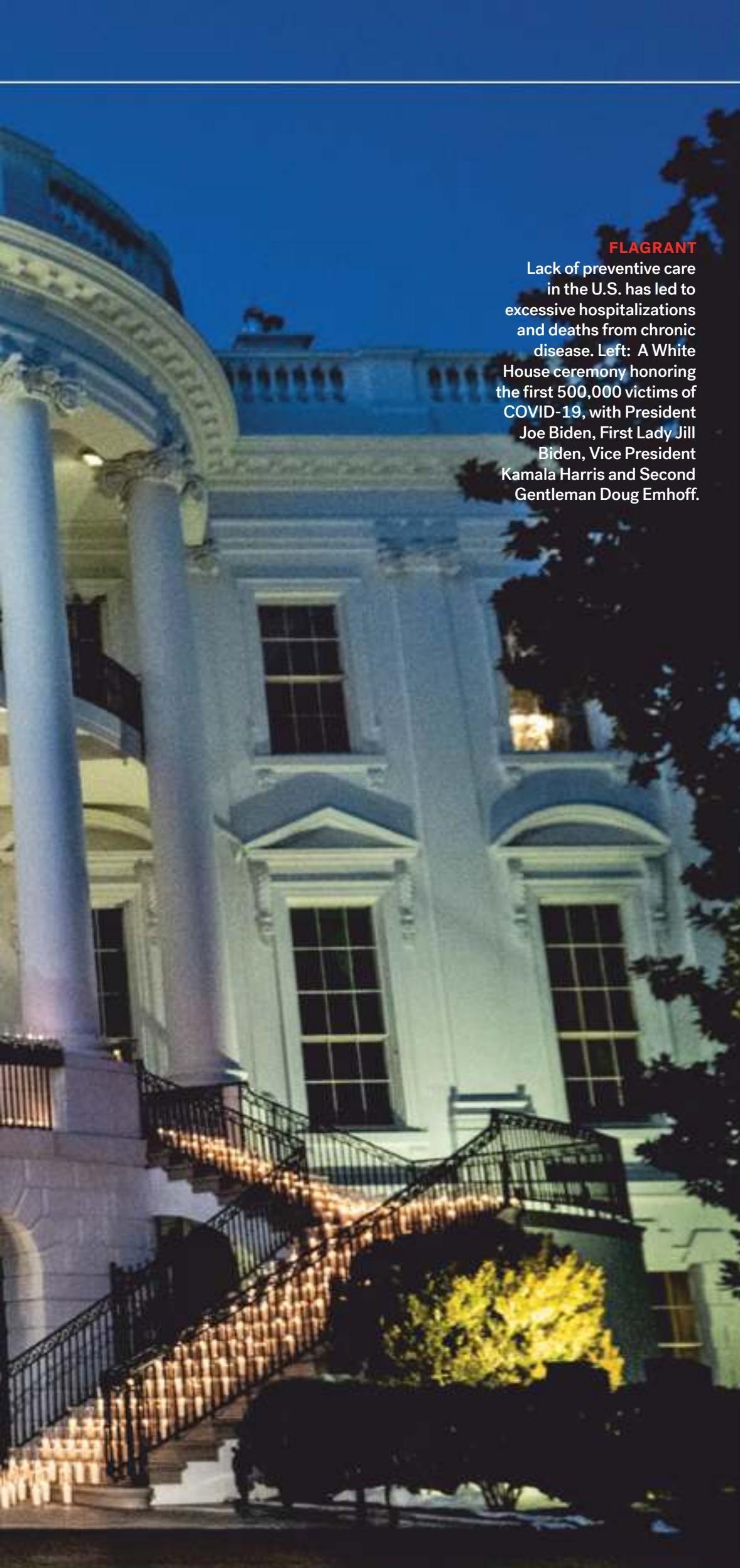


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OFFICE.”



JABIN BOTSFORD/THE WASHINGTON POST/GETTY

**FLAGRANT**

Lack of preventive care in the U.S. has led to excessive hospitalizations and deaths from chronic disease. Left: A White House ceremony honoring the first 500,000 victims of COVID-19, with President Joe Biden, First Lady Jill Biden, Vice President Kamala Harris and Second Gentleman Doug Emhoff.

counterparts in the U.K., for example.

Not only are people sicker in the U.S. than elsewhere, they get financially punished for the privilege. Healthcare costs have ballooned by more than 50 percent since 2010, to levels that are, on average, more than twice that of other advanced countries. “We pay two times as much, and still get the worst outcomes,” says Georges Benjamin, a physician and executive director of the American Public Health Association (APHA).

Meanwhile, about 30 million Americans have no health insurance to help with those soaring costs (up from 27 million when Trump took office four years ago). The insurance subsidies of the Affordable Care Act made health care more accessible and established penalties for those who weren’t covered, which led to insuring 17 million of the 44 million people with no insurance before the law was enacted. But the efforts of the Trump administration to undermine Obamacare—by dropping the tax penalties for remaining uninsured (the “individual mandate”) and eliminating funding for promoting the program, among other things—have pushed the number of uninsured up again.

A Lack of Prevention

WHO TO BLAME? THERE’S NO CLEAR ANSWER TO THAT question, which points to a big part of the problem: The U.S. has no central government agency responsible for health, as most developed countries do. Instead, responsibility is scattered across a vast, little-organized conglomeration of federal, state and local government agencies, private healthcare providers and insurers. The Department of Health and Human Services (HHS) houses the CDC and the Centers for Medicare & Medicaid Services (CMS), but has little sway over the private insurance and healthcare most Americans rely on, or over the state agencies that make most health-related decisions.

What falls between the cracks of this system is preventive health. “Our fragmented, mostly commercial healthcare system largely ignores it,” says Larry Levitt, executive vice president for health policy at the Henry J. Kaiser Family Foundation. U.S. hospitals, the great majority of which are essentially commercial operations, operate on a “fee-for-service” basis, which means they are paid to treat sick patients, not to keep them from getting sick in the first place. The Veterans Health Administration is

the only major healthcare organization in America that does better financially when it keeps patients healthy, which creates a powerful incentive to stay in close contact with patients, to get them into programs to help them overcome unhealthy habits, and to be aggressive about treating problems when they first emerge. Perhaps as a result, studies have shown that VA patients tend to get better healthcare than other U.S. patients, are typically more satisfied with their care, and incur costs that average about 10 percent lower.

Almost everywhere else in the developed world, preventive health is supported by strong primary-care systems that most people have regular access to and that promote healthy habits such as quitting smoking, losing excess weight and staying physically active; they also look to nip potential health problems in the bud when they're easier to treat. In the U.S., primary-care visits are irregular, often perfunctory and simply neglected altogether by a big swath of the public to save the expense of doctor's visits and tests. In 2018, the CDC found, 50 million Americans didn't see any healthcare professional at all.

As a result, the U.S. is beset by a virtual epidemic

of preventable hospitalizations and deaths from chronic disease. "Primary care is the poor relation of healthcare in America," says Tom Frieden, former director of the CDC in the Obama administration and now CEO of the non-profit preventive-health initiative Resolve to Save Lives. "We can't even get the most important things right in health, like controlling blood pressure, limiting sodium, and reducing tobacco addiction." As long as no one pays healthcare systems for pushing those measures, improvements are unlikely.

The neglect of preventive medicine isn't the only problem. Another big cause of unusually high rates of disease, with their resulting horrific costs and death rates, is the nation's miserable record in addressing what experts call the "social determinants of health"—meaning the links between poor health and poverty, inadequate housing and lack of access to good education, nutrition and other basic resources. These links have now been firmly established by numerous studies and have become a maxim in public-health circles.

To take one recent pre-pandemic study, an analysis of data transmitted from smart fever

THE PATIENT IS READY

Thanks to the ravages of COVID-19, Americans are more attuned to health and the nation's health system than they've been for at least a century. This presents an opportunity to repair and expand Obamacare and, perhaps, rescue the nation's broken public health system. Clockwise from right: Representative Rosa DeLauro of Connecticut; Obamacare supporters celebrate a Supreme Court decision to uphold the law in 2012; President Obama signs the Affordable Health Care in 2010.

FROM LEFT: CHIP SOMODEVILLA/GETTY; MARK WILSON/GETTY; BILL CLARK/CQ ROLL CALL/GETTY





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THIS IS THE MOMENT WHERE WE CAN ADDRESS OUR HEALTH PROBLEMS AND MAKE TRANSFORMATIONAL CHANGES. BUT IN WASHINGTON WHEN WINDOWS LIKE THIS OPEN, THEY CLOSE QUICKLY.”

WE
LOVE
OBAMACARE



thermometers from Kinsa, a maker of medical devices, found that the rate of illness in the Los Angeles area was eight times higher in families with incomes below \$20,000 than in those with incomes above \$140,000. “Eighty percent of what makes you healthy has nothing to do with the doctor’s office,” says the APHA’s Benjamin.

It has everything to do with who can afford routine health care.

The Road to Better Health

BEYOND LEADING THE COUNTRY OUT OF THE COVID-19 crisis, Biden seems determined to push the government to make broader and longer-term improvements to both public health and healthcare in the U.S. For starters, he is already moving to bulk up the country’s ability to respond more effectively to the next pandemic. Among his proposals are an epidemic forecasting center and new facilities for genetic testing of spreading viruses for the purpose of quickly identifying dangerous new variants. His administration is also looking into funding the development of prototype mRNA vaccines against known viruses considered especially likely to mutate into new threats, as well as ways of expanding manufacturing and distribution facilities for vaccines and protective gear.

Some of Biden’s proposals for immediately improving the country’s COVID-19 situation could have lasting benefit, notes Kaiser’s Levitt. For instance, a plan to add 100,000 workers to the rolls of public-health agencies across the country would have benefits beyond pandemic preparedness. “That adds capacity that could translate into a stronger public-health infrastructure,” Levitt says. “I would hope the pandemic has illustrated how ill-equipped our profit-driven healthcare system is for dealing with population health.”

That added workforce would be part of a larger investment in public health. Only three percent of the money spent on health in the U.S. currently goes to public health and its emphasis on protecting against disease; the other 97 percent goes to paying to treat the disease that the health system failed to protect against. “The other rich countries of the world have public-health infrastructures that are much larger than ours in proportion to their populations and their economies,” says Reich. Biden seems determined to narrow that gap both

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SUPPLY SNAFUS

The U.S. pandemic response has been disorganized: mask shortages for healthcare workers still haven't fully eased. DemeTech, a factory in Miami, is having trouble finding buyers for its N95 masks.

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by expanding the CDC and directing more money to state and local public-health agencies.

Much of what Biden hopes to do to improve health can be accomplished by building on the Affordable Care Act. Its central selling point has always been making healthcare insurance more accessible and affordable to the currently uninsured. Obamacare has not come close to solving the problem of cost, however: by the end of 2019, about two-thirds of the 20 million people eligible for ACA-subsidized healthcare premiums still didn't buy insurance, most likely because the premiums, co-pays and deductibles remained too high. Millions of other Americans didn't take advantage of the ACA's extended eligibility for Medicaid, which often pays for nearly all healthcare costs. It hasn't helped that 12 Republican-dominated states have steadfastly refused to make those benefits available to their residents, even though it would cost the states little to do so.

To fix these problems, Biden has proposed increasing the subsidies by about 20 percent, reducing the out-of-pocket costs of care provided by subsidized plans, allowing the Medicaid-eligible to bypass state barriers to signing up, and even setting up automatic enrollment in Medicaid for eligible families when they enroll students in public school. His administration's stated goal is to get 97 percent of the U.S. public covered by private healthcare insurance, a government insurance plan—the so-called “public option”—or by Medicare and Medicaid, up from 91 percent today.

What might ultimately have an even greater impact on Americans' health is the way in which Obamacare could help push much of the healthcare system away from fee-for-service payments. The goal would be to move the system toward health-maintenance or “capitated” approaches that financially reward healthcare providers for preventing illness instead of treating it. That's usually accomplished by paying providers a set per-patient fee every month regardless of how much or how little treatment they have to provide. Private healthcare providers and insurance companies have long resisted this approach because they currently make so much money by charging heavily for the extensive care many patients need.

That move could be accomplished, says Freiden, by directing the CMS, the federal agency that



**A POUND OF CURE**

In most of the developed world, preventive health is supported by strong primary-care systems that most people regularly use and that promote healthy habits and nip potential health problems in the bud before they develop into intractable, costly diseases. In the U.S., primary-care visits are irregular, perfunctory and neglected altogether by much of the public, often to avoid the costs: 50 million Americans didn't see a doctor in 2018. Top to bottom: A patient in a long-term care facility gets his Pfizer-BioNTech COVID-19 vaccine shot; boarded-up houses in east Baltimore; a rally for Medicare-for-All in Los Angeles in 2017.

administers the two programs, to expand pilot programs around capitated care, demonstrating that the approach saves the government money. At that point CMS could expand the approach to all of Medicare and Medicaid, forcing most hospitals to adapt. "It would become policy for the country," says Freiden. "And Biden could do it right now. It wouldn't even require congressional action." The result, he claims, would be a huge reduction in healthcare paperwork and other costs, and a big shift to prevention-focused, highly accessible primary care, with attendant improvements in healthcare outcomes.

Among other Biden policy proposals: Ending regulations that prohibit Medicare from negotiating lower prices from drug manufacturers, funding the expansion of community health centers, and fighting consolidation in the hospital industry that reduces competition and drives prices up.

Biden could also go a long way toward addressing the social determinants of health by expanding the child tax credit and enacting a proposed child allowance—essentially programs that give money to families. That's a fight that Congresswoman DeLauro is championing via the powerful Appropriations Committee. She says she's confident on both fronts. "I never thought we'd see this much momentum for the child allowance," she says. "This addresses the

direct correlation between child poverty and health." The exact amounts and income phase-outs are still being debated, but the programs are almost certain to cost tens of billions of dollars annually, and possibly \$100 billion or more. That's still a bargain, insists DeLauro. Research has shown that child-poverty programs pay for themselves eight times over in long-term healthcare and other savings, she says. Although most Republicans are fighting the proposals, Senator Mitt Romney has proposed modest child-allocation payments to non-wealthy families, though it would replace the child tax credit and some other existing aid to poor families.

The Coming Pushback

SOME OF THESE INITIATIVES ARE CERTAIN TO FACE stiff resistance. Republicans will fight the measures because they are expensive, as they're currently fighting Biden's proposed COVID-19 relief bill. Healthcare providers and insurers will howl at being pushed into capitated payments because they're doing just fine under the fee-for-service approach. Even if Biden succeeds in pushing most of the programs through, sustaining them once the pandemic has faded will be an ongoing fight. "We have to make sure this isn't a one-term, crisis-driven response," says Laudan Aron, a senior fellow in the Health Policy Center at the Urban Institute, a policy think-tank.

On the other hand, the public tends to broadly support health-improvement spending—especially now, of course, but they did even before the pandemic. A Hill-HarrisX poll in October 2018 found that 70 percent of registered voters supported Medicare for all Americans. Biden and the Democrats can leverage that support, along with the current momentum from COVID-19-related efforts. Sustaining the programs after the pandemic ends may be a challenge, but history shows that programs such as Social Security and the ACA that provide clear benefits felt by the public are difficult to claw back.

The public would almost certainly feel the benefits of bringing the nation's health systems up to par with the rest of the world. "Improvements in the health infrastructure will improve the quality of life," says William Riley, director of the National Institutes of Health's Office of Behavioral and Social Sciences Research. "And they'd probably cost less than healthcare does now. That makes them a good deal."

It's a good deal, if Biden can close it. ■



WHAT IS AVAXHOME?

AVAXHOME -

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fresh magazines, hot games,
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THE WORLD'S BEST HOSPITALS 2021

This year's ranking of the premier destinations for acute medical care around the globe and in the U.S., including the best American hospitals for infection prevention.



THIS IS THE THIRD YEAR THAT *Newsweek* has partnered with Statista, the respected global data research firm, to reveal the World's Best Hospitals—and it may be our most important ranking yet. As the events of 2020 made clear, our lives and those of our loved ones may rest on the kind of health care we have access to. The 2,000 hospitals named in this list—which covers 25 countries—stand out for their consistent excellence, including distinguished physicians, top-notch nursing care and state-of-the-art technology.

Of course we hope that we, and you, won't need to seek care or visit a friend or family member in any hospital this year. But if you do, this ranking of the World's Best Hospitals 2021 can help you feel confident as you make a critical choice about medical care. —**Nancy Cooper**, *Global Editor-in-Chief*

METHODOLOGY

THE WORLD'S BEST HOSPITALS ranking lists the best hospitals in 25 countries: USA, Germany, Japan, South Korea, France, Italy, United Kingdom, Spain, Brazil, Canada, India, Australia, Mexico, The Netherlands, Poland, Austria, Thailand, Switzerland, Sweden, Belgium, Finland, Norway, Denmark, Israel and Singapore. The countries were mainly selected based on standard of living/life expectancy, population size, number of hospitals and data availability.

The lists are based on three data sources:

- Recommendations from medical experts (doctors, hospitals managers, health care professionals)
- Results from patient surveys
- Medical KPIs on hospitals

The number of hospitals awarded in each country varies based on the number of hospitals and data availability in the respective country. USA had the most hospitals awarded with 350, while Israel and Singapore were represented with 10 hospitals each. In total, 2,000 hospitals were ranked in this third edition of the ranking.

- Every hospital in each country is rated by a score. Scores are only comparable between hospitals in the

same country, because different sources for patient experience and medical KPIs were examined in each country. Since it was not possible to harmonize this data, cross-country comparisons of the scores are not possible (example: A score of 90 in country A doesn't necessarily mean that this hospital is better than a hospital with a score of 87 in country B).

- In the USA, hospitals which made the World's Best Hospitals ranking were also recognized with a Best-in-State award in their respective state (does not apply to specialized hospitals). This distinction reflects the fact that these hospitals represent the best hospitals in the respective U.S. state.
- U.S. hospitals were also awarded as best hospitals for infection prevention if they performed above the national average based on six different measures. This recognition is based on data from 01/01/2019 to 12/31/2019, published by CMS.
- In addition to the country lists, the study includes a Global Top 200 list. This list includes a ranking of the 100 best global hospitals, ranks 101-200 are sorted alphabetically. The full methodology is available online.

THE EXPERTS

Provided guidance and methodological input for the rankings



DAVID W. BATES, M.D.

Brigham and Women's Hospital, Boston

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



JENS DEERBERG-WITTRAM, M.D.

RoMed Kliniken, Rosenheim, Germany

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



GARY S. KAPLAN, M.D.

Virginia Mason Health System, Seattle

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



GREGORY KATZ

University of Paris School of Medicine, Paris

A professor at the University of Paris School of Medicine, Gregory Katz holds the Chair of Innovation & Value in Health. He is also president of PromTime, a health data science company specialized in Value-Based Health Care, commissioned by the French Ministry of Health to incentivize practitioners on high-value care. He served as director of research & innovation at leading private hospital groups in Europe.



CHRISTOPH A. MEIER, M.D.

University Hospital, Zürich, Switzerland

Director, Department of Internal Medicine at University Hospital Zürich. He is active as a practicing internist and serves on several boards, including the Swiss Medical Board for Health Technology Assessments. Previously, he was chief medical officer and deputy CEO of the University Hospital Basel where he implemented the principles of value-based health care.



EYAL ZIMLICHMAN, M.D.

Sheba Medical Center, Ramat Gan, Israel

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



THE GLOBAL LEADERS

Today there are no better places on earth for medical treatment than these 100:

1



Mayo Clinic ROCHESTER, MINNESOTA

Founded in Rochester, Minnesota, in 1889 by a group of physicians that included brothers William and Charles Mayo, the Clinic now has dozens of locations in five states and around the world. The original Rochester location, which now employs about half of Mayo's more than 60,000 employees developed a reputation for excellence in treating complex illnesses, through its pioneering team approach and emphasis on research alongside treatment. In February, Mayo surgeons in Minnesota performed successful liver transplant surgery on a college athlete who was also suffering from COVID-19, the first known operation of its kind. [MayoClinic.org](https://www.MayoClinic.org)



2

CLEVELANDCLINIC

CLEVELAND, OHIO

Now in its 100th year, Cleveland Clinic has grown to include 18 hospitals with 6,000 beds and more than 220 outpatient locations in the U.S. and around the world. In 2019, Cleveland Clinic treated 2.4 million patients, with 309,000 admissions and observations, 255,000 surgeries and other procedures and 10 million outpatient visits. The Cleveland campus has been a leader in cardiology and heart surgery since the 1950s and important advances were made in coronary bypass surgery during the 1960s. It is now home to a leading uterine transplant clinical trial, and in 2019, was the first hospital in the world to deliver a baby from a uterus transplanted from a deceased donor. My.ClevelandClinic.org



3

Massachusetts General Hospital

BOSTON, MASSACHUSETTS

Massachusetts General was founded in 1811, and is the first and largest teaching hospital of Harvard Medical School and a leading research hospital. The efficacy of ether as a general anesthetic for surgery was first publicly demonstrated in the hospital's "Ether Dome" surgical theater in 1846. Currently it has 9,500 researchers working on 138 projects. The hospital now has about 1,000 beds and admits about 50,000 patients per year. MassGeneral.org



4

Toronto General Hospital

TORONTO, CANADA

Founded in 1819, Toronto General is now the flagship of the University Health Network, which also includes Toronto Western Hospital, the Princess Margaret Cancer Centre, Toronto Rehabilitation Institute and The Michener Institute of Education. In 1922, insulin was developed and first clinically used at Toronto Hospital. In 1986, the first double lung transplant was performed here. TGH is the largest transplant center in North America. In 2020, it had 456 beds and had more than 56,000 visits to its emergency room. [Uhn.ca/OurHospitals/TGH](http://uhn.ca/OurHospitals/TGH)



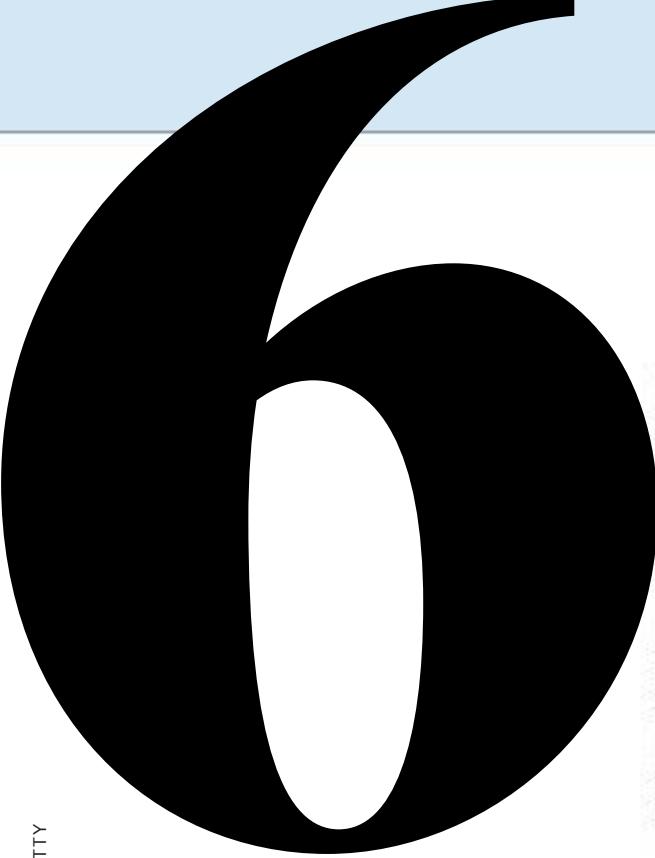
5

The Johns Hopkins Hospital

BALTIMORE, MARYLAND

The Johns Hopkins Hospital was founded in 1889 in Baltimore and has had a central role in the history and development of American medical education. Among other firsts, in 1966 Johns Hopkins became the first hospital in the U.S. to perform male-to-female sex-reassignment surgery. Today the hospital has more than 2,400 full-time attending physicians, more than 1,000 beds and admits more than 43,000 patients annually. hopkinsmedicine.org





CHARITÉ-UNIVERSITÄTSMEDIZIN BERLIN

BERLIN, GERMANY

The hospital was founded in 1710 when bubonic plague threatened Berlin and is now one of the largest university hospitals in Europe, affiliated with Humboldt University and Free University Berlin. Researchers here developed the first diagnostic test to identify the COVID-19 coronavirus, and Russian opposition leader Alexei Navalny was treated here for poisoning in August 2020. Across its four Berlin campuses, the hospital now has 3,000 beds, 4,000 scientists and doctors and more than 4,500 nurses and caregivers. www.charite.de



8

**SINGAPORE
GENERAL HOSPITAL**
SINGAPORE

The oldest and largest hospital in this city-state, Singapore General is a teaching hospital for medical undergraduates and postgraduates and for the advanced training of specialist doctors and nurses. It was founded 1821 and now includes Singapore National Eye Centre, the National Heart Centre Singapore, the National Cancer Centre Singapore and the National Dental Centre Singapore. The hospital has about 1700 beds, total staff of 9,900 and sees over 1 million patients a year. Sgh.com.sg



7

Karolinska University Hospital
KAROLINSKA, SWEDEN

This hospital, with about 15,800 employees and 1,600 beds, is affiliated with the Karolinska Institute, which was founded in 1810 by King Karl XIII as a school for military surgeons. Today it is one of the largest and most prestigious medical schools in the world. The facility incorporates two children's hospitals and is known for its specialties in reproductive medicine, fetal medicine, surgery, urology and neurosurgery. Karolinska.se/en/Karolinska-University-Hospital

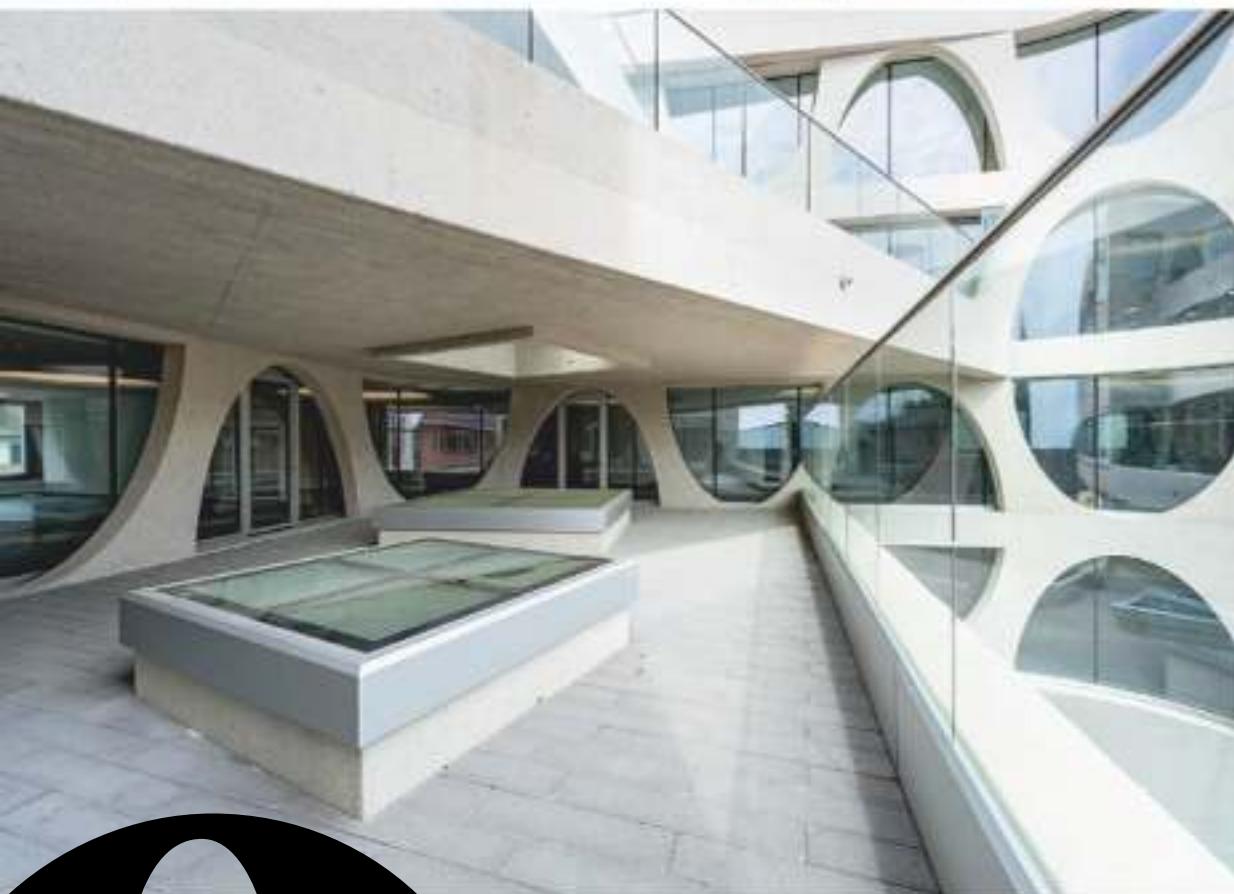


9

Centre Hospitalier Universitaire Vaudois

LAUSANNE, SWITZERLAND

Affiliated with the faculty of biology and medicine at the University of Lausanne as well as the Swiss Federal Institute of Technology, Lausanne University Hospital is one of five university hospitals in Switzerland. Located on the shore of Lake Geneva, the 1,568-bed hospital is a part of the large cluster of companies, research centers and treatment facilities in the region that has been dubbed Switzerland's "Health Valley." It treats more than 78,000 people per year. LausanneUniversityHospital.com/home



10

Sheba Medical Center

RAMAT GAN, ISRAEL

The Sheba Medical Center at Tel Hashomer, near Tel Aviv, is Israel's largest hospital. It was founded in 1948 as the country's first military hospital. Today, it has 159 medical centers and clinics, 1,425 physicians, 2,740 nurses, more than 2,000 beds and treats more than 1 million patients a year. Its facilities include an acute care hospital, a rehabilitation hospital, a women's hospital, a children's hospital, an eating disorders clinic, a post-traumatic stress disorder clinic for soldiers and an outpatient clinic. Its research specialties include cardiology, cancer, brain diseases, obstetrics and gynecology, genetics and medical education. www.ShebaOnline.org



RANKINGS 11-100



THE FULL LIST IS AVAILABLE AT NEWSWEEK.COM/WBH-2021

- 11** AP-HP - Hôpital Universitaire Pitié Salpêtrière
PARIS, FRANCE
- 12** Universitätsspital Zürich
ZÜRICH, SWITZERLAND
- 13** Stanford Health Care - Stanford Hospital
STANFORD, CA, USA
- 14** Universitätsklinikum Heidelberg
HEIDELBERG, GERMANY
- 15** Rigshospitalet - København
KØBENHAVN, DENMARK
- 16** The University of Tokyo Hospital
TOKYO, JAPAN
- 17** Ronald Reagan UCLA Medical Center
LOS ANGELES, CA, USA
- 18** St. Luke's International Hospital
TOKYO, JAPAN
- 19** The Mount Sinai Hospital
NEW YORK, NY, USA
- 20** AP-HP - Hôpital Européen Georges Pompidou
PARIS, FRANCE
- 21** Helsinki University Hospital
HELSINKI, FINLAND
- 22** UMC Utrecht
UTRECHT, THE NETHERLANDS
- 23** University of Michigan Hospitals - Michigan Medicine
ANN ARBOR, MI, USA
- 24** Klinikum der Universität München
MÜNCHEN, GERMANY



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- | | | |
|--|--|---|
| 25 Brigham And Women's Hospital
BOSTON, MA, USA | 31 UZ Leuven - Campus Gasthuisberg
LEUVEN, BELGIUM | 38 Hospital Clínic de Barcelona
BARCELONA, SPAIN |
| 26 Sunnybrook Health Sciences Centre
TORONTO, CANADA | 32 Aarhus Universitetshospital
AARHUS, DENMARK | 39 Les Hôpitaux Universitaires de Genève (HUG) - Cluse-Roseraie
GENÈVE, SWITZERLAND |
| 27 Allgemeines Krankenhaus der Stadt Wien - Medizinischer Universitätscampus
WIEN, AUSTRIA | 33 New York-Presbyterian Hospital-Columbia and Cornell
NEW YORK, NY, USA | 40 Medizinische Hochschule Hannover
HANNOVER, GERMANY |
| 28 Oslo Universitetssykehus
OSLO, NORWAY | 34 Asan Medical Center
SEOUL, SOUTH KOREA | 41 Mayo Clinic - Phoenix
PHOENIX, AZ, USA |
| 29 Klinikum rechts der Isar der Technischen Universität München
MÜNCHEN, GERMANY | 35 Universitätsspital Basel
BASEL, SWITZERLAND | 42 Seoul National University Hospital
SEOUL, SOUTH KOREA |
| 30 Mount Sinai Hospital
TORONTO, CANADA | 36 Hospital Israelita Albert Einstein
SAO PAULO, BRAZIL | 43 Kameda Medical Center
KAMOGAWA, JAPAN |
| | 37 Duke University Hospital
DURHAM, NC, USA | 44 St Thomas' Hospital
LONDON, UNITED KINGDOM |



**WORLD'S
BEST
HOSPITALS**
2021

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45	Policlinico Universitario A. Gemelli	60	Haukeland Universitetssykehus BERGEN, NORWAY	74	Leids Universitair Medisch Centrum LEIDEN, THE NETHERLANDS	89	The Catholic University Of Korea - Seoul St. Mary's Hospital
46	Akademiska Sjukhuset UPPSALA, SWEDEN	61	Hospital of the University of Pennsylvania - Penn Presbyterian	75	Rush University Medical Center CHICAGO, IL, USA	90	Universitätsklinikum Erlangen
47	Amsterdam UMC	62	Kyushu University Hospital	76	Severance Hospital - Yonsei University	91	Kurashiki Central Hospital
	AMSTERDAM, THE NETHERLANDS	63	Universitätsklinikum Tübingen	77	Universitätsklinikum Freiburg	92	CHU Toulouse - Hôpital Purpan
48	University College Hospital	64	Clinica Universidad de Navarra	78	Hospital Moinhos de Vento	93	IRCCS Arcispedale Santa Maria Nuova
	LONDON, UNITED KINGDOM	65	UCSF Medical Center	79	Istituto Clinico Humanitas	94	Polyclinique Santé Atlantique
49	Landeskrankenhaus Universitätskliniken Innsbruck	66	Tampere University Hospital	80	Hôpital Paris Saint-Joseph	95	University of Washington Medical Center
	INNSBRUCK, AUSTRIA	67	Hospital General Universitario Gregorio Marañón	81	Royal Melbourne Hospital - Parkville	96	Hospital Universitario 12 de Octubre
50	Cedars-Sinai Medical Center	68	Universitätsklinikum Hamburg-Eppendorf	82	Mayo Clinic - Jacksonville	97	Korea University - Anam Hospital
	LOS ANGELES, CA, USA	69	Houston Methodist Hospital	83	Universitätsklinikum Köln	98	Azienda Ospedaliera di Padova
51	Hospital Universitario La Paz	70	CHU Bordeaux - Groupe hospitalier Pellegrin	84	Kyoto University Hospital	99	Hospital Universitari Vall d'Hebron
	MADRID, SPAIN	71	Center Hospital of the National Center for Global Health and Medicine	85	Universitätsklinikum Essen	100	Hospices Civils de Lyon - Hôpital Lyon Sud
52	Policlinico Sant'Orsola-Malpighi	72	Grande Ospedale Metropolitano Niguarda	86	NYU Langone Hospitals		PIERRE BENITE, FRANCE
	BOLOGNA, ITALY	73	Samsung Medical Center	87	Seoul National University - Bundang Hospital		
53	CHU Lille - Hôpital Claude-Huriez		SEOUL, SOUTH KOREA	88	Ospedale San Raffaele - Gruppo San Donato		
	LILLE, FRANCE						
54	Turku University Hospital						
	TURKU, FINLAND						
55	UCLA Medical Center - Santa Monica						
	SANTA MONICA, CA, USA						
56	The Royal Victoria Infirmary						
	NEWCASTLE UPON TYNE, UNITED KINGDOM						
57	The Alfred						
	MELBOURNE, AUSTRALIA						
58	Northwestern Memorial Hospital						
	CHICAGO, IL, USA						
59	North York General Hospital						
	TORONTO, CANADA						



THE FULL LIST IS AVAILABLE AT NEWSWEEK.COM/WBH-2021

NATIONAL CHAMPS

These are the leading general hospitals— those not specialized on a single type of illness, patient or body system—in 25 countries around the world. For most countries, you can find the top institutions listed below.

GERMANY

- 1 Charité - Universitätsmedizin Berlin BERLIN
- 2 Universitätsklinikum Heidelberg HEIDELBERG
- 3 Klinikum der Universität München MÜNCHEN
- 4 Klinikum rechts der Isar der Technischen Universität München MÜNCHEN
- 5 Medizinische Hochschule Hannover HANNOVER
- 6 Universitätsklinikum Tübingen TÜBINGEN
- 7 Universitätsklinikum Hamburg-Eppendorf HAMBURG

- 8 Universitätsklinikum Freiburg FREIBURG
- 9 Universitätsklinikum Köln KÖLN
- 10 Universitätsklinikum Essen ESSEN

JAPAN

- 1 The University of Tokyo Hospital TOKYO
- 2 St. Luke's International Hospital TOKYO
- 3 Kameda Medical Center KAMOGAWA
- 4 Kyushu University Hospital FUKUOKA

- 5 Center Hospital of the National Center for Global Health and Medicine TOKYO
- 6 Kyoto University Hospital KYOTO
- 7 Kurashiki Central Hospital KURASHIKI

- 8 Osaka University Hospital OSAKA
- 9 Nagoya University Hospital NAGOYA
- 10 Toranomon Hospital TOKYO

SOUTH KOREA

- 1 Asan Medical Center SEOUL
- 2 Seoul National University Hospital SEOUL

- 3 Samsung Medical Center SEOUL

- 4 Severance Hospital - Yonsei University SEOUL

- 5 Seoul National University - Bundang Hospital SEONGNAM CITY

- 6 The Catholic University Of Korea - Seoul St. Mary's Hospital SEOUL

- 7 Korea University - Anam Hospital SEOUL

- 8 Ajou University Hospital SUWON CITY

- 9 KyungHee University Medical Center SEOUL

- 10 Gangnam Severance Hospital - Yonsei University SEOUL



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FRANCE

- 1** AP-HP - Hôpital Universitaire Pitié Salpêtrière PARIS
- 2** AP-HP - Hôpital Européen Georges Pompidou PARIS
- 3** CHU Lille - Hôpital Claude-Huriez LILLE
- 4** CHU Bordeaux - Groupe hospitalier Pellegrin BORDEAUX

5 Hôpital Paris Saint-Joseph PARIS

6 CHU Toulouse - Hôpital Purpan TOULOUSE

7 Polyclinique Santé Atlantique ST HERBLAIN

8 Hospices Civils de Lyon - Hôpital Lyon Sud PIERRE BENITE

9 CHU Strasbourg - Hôpital de Hautepierre STRASBOURG

10 CHU Grenoble - Site Nord LA TRONCHE

ITALY

- 1** Policlinico Universitario A. Gemelli ROMA
- 2** Policlinico Sant'Orsola-Malpighi BOLOGNA
- 3** Grande Ospedale Metropolitano Niguarda MILANO

- 4** Istituto Clinico Humanitas ROZZANO
- 5** Ospedale San Raffaele - Gruppo San Donato MILANO
- 6** IRCCS Arcispedale Santa Maria Nuova REGGIO NELL' EMILIA
- 7** Azienda Ospedaliera di Padova PADOVA
- 8** Ospedale Papa Giovanni XXIII BERGAMO
- 9** Ospedale Policlinico San Matteo PAVIA
- 10** Ospedale Borgo Trento VERONA

UNITED KINGDOM

- 1** St Thomas' Hospital LONDON
- 2** University College Hospital LONDON
- 3** The Royal Victoria Infirmary NEWCASTLE UPON TYNE
- 4** Queen Elizabeth Hospital Birmingham BIRMINGHAM
- 5** Addenbrooke's CAMBRIDGE
- 6** Freeman Hospital NEWCASTLE UPON TYNE
- 7** St. Bartholomew's Hospital LONDON



8 Guy's Hospital
LONDON

9 Salford Royal
SALFORD

10 Chelsea and
Westminster Hospital
LONDON

SPAIN

1 Hospital Clínic
de Barcelona
BARCELONA

2 Hospital Universitario
La Paz
MADRID

3 Clinica Universidad
de Navarra
PAMPLONA/IRUÑA

4 Hospital General
Universitario
Gregorio Marañón
MADRID

5 Hospital Universitario
12 de Octubre
MADRID

6 Hospital Universitari
Vall d'Hebron
BARCELONA

7 Hospital Ramón y Cajal
MADRID

8 Hospital Universitario
y Politécnico la Fe
VALENCIA

9 Hospital Universitario
Fundación Jiménez Díaz
MADRID

10 Hospital Clínico
San Carlos
MADRID

BRAZIL

1 Hospital Israelita
Albert Einstein
SAO PAULO

2 Hospital Moinhos
de Vento
PORTO ALEGRE

3 Hospital Sirio Libanes
SAO PAULO

4 Hospital Oswaldo Cruz
SAO PAULO

5 Hospital Santa Catarina
SAO PAULO

CANADA

1 Toronto General -
University Health Network
TORONTO

2 Sunnybrook Health
Sciences Centre
TORONTO

3 Mount Sinai Hospital
TORONTO

4 North York General
Hospital
TORONTO

5 Jewish General Hospital
MONTREAL

INDIA

1 All India Institute of
Medical Sciences - Delhi
DELHI

2 Medanta The Medicity
GURGAON

3 Apollo Hospital - Chennai
CHENNAI

4 The Christian
Medical College
VELLORE

5 PGIMER - Postgraduate
Institute of Medical
Education and Research
CHANDIGARH

AUSTRALIA

1 The Alfred
MELBOURNE

2 Royal Melbourne
Hospital - Parkville
PARKVILLE

3 Royal Prince
Alfred Hospital
CAMPERDOWN

4 Royal North Shore
Hospital
ST LEONARDS

5 St Vincent's
Hospital - Fitzroy
FITZROY

MEXICO

1 Hospital Médica Sur
CIUDAD DE MÉXICO

2 Centro Médico ABC
Campus Santa Fe
CIUDAD DE MÉXICO

3 Hospitales Ángeles
- Lomas
CIUDAD DE MÉXICO

4 Centro Médico ABC
Campus Observatorio
CIUDAD DE MÉXICO

5 IMSS - Centro Médico
Nacional Siglo XXI
CUAUHTEMOC

AUSTRIA

1 Allgemeines
Krankenhaus der Stadt
Wien - Medizinischer
Universitätscampus
WIEN

2 Landeskrankenhaus
Universitätskliniken
Innsbruck
INNSBRUCK

3 Landeskrankenhaus -
Universitätsklinikum
Graz
GRAZ

4 Landeskrankenhaus
Salzburg -
Universitätsklinikum
der PMU
SALZBURG

5 Ordensklinikum Linz
Elisabethinen
LINZ



• ABOVE AVERAGE FOR INFECTION PREVENTION



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First class hospital care is available across the United States, not just in cities like Boston or San Diego with a long medical traditions. These are the 334 best general hospitals in the country.

ALABAMA

- 1 UAB Hospital
BIRMINGHAM
- 2 Fayette Medical Center
FAYETTE
- 3 Clay County Hospital
ASHLAND
- 4 East Alabama Medical Center
OPELIKA

ARIZONA

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

CALIFORNIA

- 1 Stanford Health Care - Stanford Hospital
STANFORD
- 2 Ronald Reagan UCLA Medical Center
LOS ANGELES
- 3 Cedars-Sinai Medical Center
LOS ANGELES
- 4 UCLA Medical Center - Santa Monica
SANTA MONICA
- 5 UCSF Medical Center
SAN FRANCISCO
- 6 University of California - Davis Medical Center
SACRAMENTO
- 7 Scripps Memorial Hospital La Jolla
LA JOLLA
- 8 UC San Diego Health - Jacobs Medical Center
SAN DIEGO

- 9 Keck Hospital of USC
LOS ANGELES

- 10 Torrance Memorial Medical Center
TORRANCE

- 11 Sharp Memorial Hospital
SAN DIEGO

- 12 MemorialCare Long Beach Medical Center
LONG BEACH

- 13 Mission Hospital
MISSION VIEJO

- 14 El Camino Hospital
MOUNTAIN VIEW

- 15 Hoag Memorial Hospital Presbyterian
NEWPORT BEACH

- 16 Kaiser Permanente Santa Clara Medical Center
SANTA CLARA

- 17 John Muir Health - Walnut Creek Medical Center
WALNUT CREEK

- 18 Kaiser Permanente Woodland Hills Medical Center
WOODLAND HILLS

- 19 Mills-Peninsula Medical Center
BURLINGAME

- 20 Palomar Medical Center
ESCONDIDO

- 21 UC Irvine Medical Center
ORANGE

- 22 Sharp Chula Vista Medical Center
CHULA VISTA

- 23 St. Jude Medical Center
FULLERTON

- 24 Santa Barbara Cottage Hospital
SANTA BARBARA

- 25 John Muir Medical Center - Concord Campus
CONCORD



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26	Providence Little Company of Mary Medical Center TORRANCE
27	Kaiser Permanente San Diego Medical Center & Zion Medical Center SAN DIEGO
28	Kaiser Permanente Los Angeles Medical Center LOS ANGELES
29	Huntington Memorial Hospital PASADENA
30	Scripps Green Hospital LA JOLLA
31	California Pacific Medical Center SAN FRANCISCO
32	Sharp Coronado Hospital CORONADO
33	Dignity Health - Northridge Hospital Medical Center NORTHRIDGE
34	Community Hospital of the Monterey Peninsula MONTEREY
35	Barton Memorial Hospital SOUTH LAKE TAHOE
36	Dignity Health - Sequoia Hospital REDWOOD CITY
COLORADO	
1	University of Colorado Hospital AURORA
2	Parker Adventist Hospital PARKER
3	UCHealth Poudre Valley Hospital FORT COLLINS

4	Sky Ridge Medical Center LONE TREE
5	Porter Adventist Hospital DENVER
6	The Medical Center of Aurora AURORA
7	Health One - Rose Medical Center DENVER
8	Good Samaritan Medical Center LAFAYETTE
9	UCHealth - Medical Center of The Rockies LOVELAND
CONNECTICUT	
1	Yale New Haven Hospital NEW HAVEN
2	St. Francis Hospital & Medical Center HARTFORD
3	Griffin Hospital DERBY
WASHINGTON DC	
1	MedStar Georgetown University Hospital WASHINGTON
3	Tampa General Hospital TAMPA
4	Sarasota Memorial Hospital SARASOTA
5	St. Joseph's Hospital - BayCare TAMPA
6	Adventhealth Orlando ORLANDO
7	Morton Plant Hospital CLEARWATER
8	Baptist Hospital of Miami MIAMI
9	Holy Cross Hospital FORT LAUDERDALE
10	Baptist Medical Center - Beaches JACKSONVILLE BEACH
11	Cape Canaveral Hospital COCOA BEACH
12	BayCare - Mease Dunedin Hospital DUNEDIN
13	Jupiter Medical Center JUPITER

1	ChristianaCare NEWARK
FLORIDA	
1	Mayo Clinic - Jacksonville JACKSONVILLE
2	Cleveland Clinic - Florida WESTON





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GEORGIA

1 Emory University Hospital ATLANTA

2 Emory Saint Joseph's Hospital ATLANTA

3 Emory Johns Creek Hospital JOHNS CREEK

4 Union General Hospital BLAIRSVILLE

5 Northside Hospital Forsyth CUMMING

6 Fairview Park Hospital DUBLIN

7 Wellstar Paulding Hospital HIRAM

HAWAII

1 Queen's Medical Center HONOLULU

2 Straub Clinic And Hospital HONOLULU

3 Kaiser Permanente Moanalua (Hawaii) Medical Center HONOLULU

4 Pali Momi Medical Center AIEA

IDAHO

1 St. Luke's Regional Medical Center BOISE

2 St. Luke's Magic Valley Medical Center TWIN FALLS

ILLINOIS

1 Northwestern Memorial Hospital CHICAGO

2 Rush University Medical Center CHICAGO

3 University of Chicago Medical Center CHICAGO

4 Loyola University Medical Center MAYWOOD

5 Advocate Good Samaritan Hospital DOWNERS GROVE

6 Northwestern Medicine Central DuPage Hospital WINFIELD

7 Advocate Lutheran General Hospital PARK RIDGE

8 Northwestern Medicine - Delnor Hospital GENEVA

9 Silver Cross Hospital NEW LENOX

10 AMITA Health Adventist Medical Center HINSDALE

11 Advocate Christ Medical Center OAK LAWN

12 Edward Hospital NAPERVILLE

13 Evanston Hospital EVANSTON

14 Advocate Illinois Masonic Medical Center CHICAGO

15 Northwestern Lake Forest Hospital LAKE FOREST

16 St. Joseph Medical Center BLOOMINGTON

17 Advocate Sherman Hospital ELGIN

18 Presence Saints Mary And Elizabeth Medical Center CHICAGO

19 Elmhurst Memorial Hospital ELMHURST

20 Northwestern Medicine McHenry Hospital MCHENRY

21 AMITA Health - Adventist Medical Center La Grange LA GRANGE

22 SSM Health - St. Mary's Hospital CENTRALIA



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INDIANA

- 1** Indiana University Health - North Hospital CARMEL
- 2** Indiana University Health West Hospital AVON
- 3** Indiana University Health Medical Center INDIANAPOLIS
- 4** Community Hospital East INDIANAPOLIS
- 5** Memorial Hospital of South Bend SOUTH BEND
- 6** St. Vincent Indianapolis Hospital INDIANAPOLIS
- 7** Ascension St. Vincent Carmel Hospital CARMEL
- 8** Sidney & Lois Eskenazi Hospital INDIANAPOLIS
- 9** Community Hospital South INDIANAPOLIS
- 10** Memorial Hospital And Health Care Center JASPER

IOWA

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

3 Mary Greeley Medical Center AMES

4 Mercy Iowa City IOWA CITY

5 MercyOne Dubuque Medical Center DUBUQUE

KANSAS

1 University of Kansas Hospital KANSAS CITY

2 AdventHealth Shawnee Mission SHAWNEE MISSION

KENTUCKY

1 University of Kentucky - Albert B. Chandler Hospital LEXINGTON

2 Baptist Health Lexington LEXINGTON

LOUISIANA

1 Tulane Medical Center NEW ORLEANS

2 Willis Knighton Medical Center SHREVEPORT

3 Mercy Regional Medical Center VILLE PLATTE

4 Ochsner Lafayette General Medical Center LAFAYETTE

5 Ochsner University Hospital & Clinics LAFAYETTE

6 Thibodaux Regional Medical Center THIBODAUX

MAINE

1 Maine Medical Center PORTLAND

2 Northern Light Mercy Hospital PORTLAND

MARYLAND

1 The Johns Hopkins Hospital BALTIMORE

2 University of Maryland Medical Center BALTIMORE

3 Johns Hopkins Bayview Medical Center BALTIMORE

4 Anne Arundel Medical Center ANNAPOLIS

5 Saint Joseph Medical Center TOWSON

6 MedStar Good Samaritan Hospital BALTIMORE

7 MedStar Union Memorial Hospital BALTIMORE

MASSACHUSETTS

1 Massachusetts General Hospital BOSTON

2 Brigham And Women's Hospital BOSTON

3 Beth Israel Deaconess Medical Center BOSTON

4 Tufts Medical Center BOSTON

5 Brigham And Women's Faulkner Hospital BOSTON

6 Newton-Wellesley Hospital NEWTON

7 UMass Memorial Medical Center WORCESTER

8 Baystate Medical Center SPRINGFIELD



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9 Lahey Hospital and Medical Center
BURLINGTON

10 Southcoast Hospitals Group
FALL RIVER

11 Cape Cod Hospital
HYANNIS

MICHIGAN

1 University of Michigan Hospitals - Michigan Medicine
ANN ARBOR

2 St. Joseph Mercy Chelsea
CHELSEA

3 Henry Ford Hospital
DETROIT

4 Beaumont Hospital
ROYAL OAK

5 Sparrow Hospital
LANSING

6 Beaumont Hospital
GROSSE POINTE

7 Holland Hospital
HOLLAND

8 Beaumont Hospital
TROY

9 Henry Ford West Bloomfield Hospital
WEST BLOOMFIELD

10 McLaren Northern Michigan
PETOSKEY

11 St. Joseph Mercy Hospital
ANN ARBOR

MINNESOTA

1 Mayo Clinic - Rochester
ROCHESTER



2 CentraCare - St. Cloud Hospital
SAINT CLOUD

3 University of Minnesota Medical Center
MINNEAPOLIS

4 Abbott Northwestern Hospital
MINNEAPOLIS

5 Regions Hospital
SAINT PAUL

6 Fairview Southdale Hospital
EDINA

7 Fairview Ridges Hospital
BURNSVILLE

8 Mayo Clinic Health System - Albert Lea And Austin
ALBERT LEA

9 Park Nicollet Methodist Hospital
SAINT LOUIS PARK

10 Perham Health Clinic
PERHAM

MISSOURI

1 Barnes-Jewish Hospital
SAINT LOUIS

2 Mercy Hospital St. Louis
SAINT LOUIS

3 St. Luke's Hospital of Kansas City
KANSAS CITY

4 Boone Hospital Center
COLUMBIA

5 St. Lukes Hospital
CHESTERFIELD

6 University of Missouri Health Care
COLUMBIA

7 SSM Health - St. Mary's Hospital
JEFFERSON CITY

8 Missouri Baptist Medical Center
TOWN AND COUNTRY

9 Saint Luke's East Hospital
LEES SUMMIT

MONTANA

1 St. Patrick Hospital
MISSOULA

2 St. Vincent Healthcare
BILLINGS

3 Billings Clinic Hospital
BILLINGS

4 Kalispell Regional Medical Center
KALISPELL



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NEBRASKA

- 1 Nebraska Medicine - Nebraska Medical Center OMAHA

NEW HAMPSHIRE

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

NEW JERSEY

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

NEW YORK

- 1 The Mount Sinai Hospital NEW YORK
- 2 New York-Presbyterian Hospital-Columbia and Cornell NEW YORK
- 3 NYU Langone Hospitals NEW YORK

- 4 North Shore University Hospital MANHASSET

- 5 Strong Memorial Hospital - University of Rochester ROCHESTER

- 6 Saratoga Hospital SARATOGA SPRINGS

NORTH CAROLINA

- 1 Duke University Hospital DURHAM

- 2 UNC REX Hospital RALEIGH

- 3 The Moses H. Cone Memorial Hospital GREENSBORO

- 4 University of North Carolina Hospitals CHAPEL HILL

- 5 Carolina East Medical Center NEW BERN

- 6 Carolinas Medical Center CHARLOTTE

- 7 Mission Hospital ASHEVILLE

- 8 Duke Regional Hospital DURHAM

- 9 Firsthealth Moore Regional Hospital PINEHURST





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10 Johnston Health
SMITHFIELD

11 Atrium Health Lincoln
LINCOLNTON

12 Catawba Valley
Medical Center
HICKORY

OHIO

1 Cleveland Clinic
CLEVELAND

2 University Hospitals
Cleveland Medical Center
CLEVELAND

3 Cleveland Clinic
Fairview Hospital
CLEVELAND

4 Miami Valley Hospital
DAYTON

5 Ohio State University -
Wexner Medical Center
COLUMBUS

6 Christ Hospital
CINCINNATI

7 Cleveland Clinic
Akron General
AKRON

8 ProMedica Toledo
Hospital
TOLEDO

9 University of Cincinnati
Medical Center
CINCINNATI

10 Cleveland Clinic -
Hillcrest Hospital
MAYFIELD HEIGHTS

11 Mercy St. Anne Hospital
TOLEDO

12 Jewish Hospital -
Mercy Health
CINCINNATI

13 Blanchard Valley
Hospital
FINDLAY

14 Fulton County
Health Center
WAUSEON

15 Southwest General -
Middleburg Heights
Medical Center
MIDDLEBURG HEIGHTS

16 Wooster Community
Hospital
WOOSTER

17 Aultman Hospital
CANTON

18 OhioHealth Riverside
Methodist Hospital
COLUMBUS

19 Kettering Health -
Sycamore Medical Center
MIAMISBURG

20 Lutheran Health Network
- Lutheran Hospital
CLEVELAND

21 Cleveland Clinic
Avon Hospital
AVON

22 Firelands Regional
Medical Center
SANDUSKY

OKLAHOMA

1 Saint Francis Hospital
TULSA

2 St. Mary's Regional
Medical Center
ENID

3 Stillwater Medical Center
STILLWATER

OREGON

1 OHSU Hospital
PORTLAND

2 Providence St. Vincent
Medical Center
PORTLAND

3 Providence Portland
Medical Center
PORTLAND

4 Salem Hospital
SALEM

5 Asante Rogue Regional
Medical Center
MEDFORD

6 Providence Medford
Medical Center
MEDFORD

PENNSYLVANIA

1 Hospital of the University
of Pennsylvania -
Penn Presbyterian
PHILADELPHIA

2 UPMC Presbyterian
& Shadyside
PITTSBURGH

3 Jefferson Health -
Thomas Jefferson
University Hospitals
PHILADELPHIA

4 Penn State Health
- Milton S. Hershey
Medical Center
HERSHEY

5 Penn Medicine Chester
County Hospital
WEST CHESTER

6 Reading Hospital
READING

7 St. Luke's Hospital
Bethlehem
BETHLEHEM

8 Doylestown Hospital
DOYLESTOWN

9 Lancaster General
Hospital
LANCASTER

10 Lankenau Medical
Center
WYNNEWOOD

11 Main Line Hospital
PAOLI

12 Mount Nittany
Medical Center
STATE COLLEGE



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13 Main Line Hospital -
Bryn Mawr Campus
BRYN MAWR

14 Geisinger Medical
Center
DANVILLE

15 St. Clair Hospital
PITTSBURGH

RHODE ISLAND

1 Lifespan - Newport
Hospital
NEWPORT

SOUTH CAROLINA

1 MUSC Health-University
Medical Center
CHARLESTON

2 Roper Hospital
CHARLESTON

3 Bon Secours St.
Francis Hospital
CHARLESTON

4 St. Francis Downtown
GREENVILLE

SOUTH DAKOTA

1 Sanford USD
Medical Center
SIOUX FALLS

2 Avera McKennan
Hospital and University
Health Center
SIOUX FALLS

3 Brookings Hospital
BROOKINGS

TENNESSEE

1 Vanderbilt University
Medical Center
NASHVILLE

2 Saint Thomas
West Hospital
NASHVILLE

3 Williamson
Medical Center
FRANKLIN

TEXAS

1 Houston Methodist
Hospital
HOUSTON

2 Baylor St. Luke's
Medical Center
HOUSTON

3 UT Southwestern
Medical Center
DALLAS

4 Baylor University
Medical Center
DALLAS

5 Memorial Hermann-
Texas Medical Center
HOUSTON

6 Medical City
Dallas Hospital
DALLAS

7 Memorial Hermann -
Memorial City
Medical Center
HOUSTON

8 Baylor Scott & White
Medical Center
TEMPLE

9 Baylor Scott & White
Medical Center
PLANO

10 United Regional
Health Care System
WICHITA FALLS

11 St. David's Medical
Center
AUSTIN

12 University of Texas Health
Science Center at Tyler
TYLER

13 Baylor Scott & White -
Round Rock
Medical Center
ROUND ROCK

14 Texas Health Southwest -
Harris Methodist Hospital
FORT WORTH

15 Methodist Willowbrook
Hospital
HOUSTON

16 Seton Medical
Center Hays
KYLE

17 Shannon Medical Center
SAN ANGELO

18 Baylor Scott & White -
Waxahachie
Medical Center
WAXAHACHIE

19 St. David's - North
Austin Medical Center
AUSTIN

20 Christus Mother
Frances - Hospital Tyler
TYLER

UTAH

1 University of
Utah Hospital
SALT LAKE CITY

2 Intermountain
Medical Center
MURRAY

3 Utah Valley Hospital
PROVO

4 LDS Hospital
SALT LAKE CITY

5 Logan Regional Hospital
LOGAN

6 St. George Regional
Hospital River Road
ST GEORGE

VIRGINIA

1 University of Virginia
Medical Center
CHARLOTTESVILLE





2	Inova Fairfax Hospital FALLS CHURCH	12	Inova Mount Vernon Hospital ALEXANDRIA	6	Harborview Medical Center SEATTLE	12	Gundersen Lutheran Medical Center LA CROSSE				
3	VCU Medical Center RICHMOND	13	Sentara - Martha Jefferson Hospital CHARLOTTESVILLE	7	Confluence Health - Central Washington Hospital WENATCHEE	13	Health One - The Medical Center of Aurora GRAFTON				
4	Inova Alexandria Hospital ALEXANDRIA	14	Sentara Leigh Hospital NORFOLK	8	Kadlec Regional Medical Center RICHLAND	14	Aurora Sheboygan Memorial Medical Center SHEBOYGAN				
5	Sentara Williamsburg Regional Medical Center WILLIAMSBURG	WASHINGTON									
6	Sentara Norfolk General Hospital NORFOLK	1	University of Washington Medical Center SEATTLE	WISCONSIN							
7	Inova Fair Oaks Hospital FAIRFAX	2	Virginia Mason Medical Center SEATTLE	1	University of Wisconsin Hospitals MADISON	15	ProHealth - Waukesha Memorial Hospital WAUKESHA				
8	Henrico Doctors' Hospital RICHMOND	3	Swedish Medical Center SEATTLE	2	Aurora St. Luke's Medical Center MILWAUKEE	16	HSHS - St. Josephs Hospital CHIPPEWA FALLS				
9	Sentara Princess Anne Hospital VIRGINIA BEACH	4	EvergreenHealth Medical Center KIRKLAND	3	Mayo Clinic - Health System In Eau Claire EAU CLAIRE	WEST VIRGINIA					
10	Virginia Hospital Center ARLINGTON	5	Legacy Salmon Creek Medical Center VANCOUVER	4	UnityPoint Health - Meriter MADISON	1	WVU Medicine MORGANTOWN				
11	Inova Loudoun Hospital LEESBURG			5	Froedtert Hospital and the Medical College of Wisconsin MILWAUKEE	WYOMING					
						1	St. Johns Medical Center JACKSON				

Cult

" + EVERY - QUEEN



UNLIKELY ALLIES

Jodie Foster as Clarice
Starling, Anthony
Hopkins as Hannibal
Lecter and Scott Glenn
as Jack Crawford.



MOVIES

The Silence of the Lambs at 30: Thrilling (and Complicated)

The movie showcased a groundbreaking heroine, a charismatic cannibal and a problematic bad guy

AS SOON AS *THE SILENCE OF THE LAMBS* WAS released on February 14, 1991, it was clear this wasn't your ordinary horror film.

"*The Silence of the Lambs* is an electrifying exercise in suspense," David Ansen wrote in his review for *Newsweek*. "One need only have a healthy appetite for fear to acknowledge that thrillers don't get much more thrilling."

Based on the 1988 Thomas Harris novel, the film follows Clarice Starling (Jodie Foster), a young FBI agent hunting down "Buffalo Bill" (Ted Levine), a serial killer. To find Bill, Starling must work with Dr. Hannibal Lecter (Anthony Hopkins), an imprisoned psychiatrist and cannibal serial killer with a notorious passion for fava beans and chianti.

Thirty years later, the film continues to thrill audiences and is widely considered one of the best horror films of all-time. Part of that legacy is due to the film's Oscar record: it was the first horror film to win Best Picture and only the third film to win the top five awards: Best

Picture, Best Actor (Hopkins), Best Actress (Foster), Best Director (Jonathan Demme) and Best Adapted Screenplay (Ted Tally). (The two other films with that distinction are 1934's *It Happened One Night* and 1975's *One Flew Over the Cuckoo's Nest*.)

Jodie Foster considers the film her best, largely due to the script and direction. She tells *Newsweek*: "Jonathan Demme—[who died in 2017] was just this fun, silly, joyful, very childlike person—the fact that he managed to make such a serious and moving film and didn't kind of turn it into camp, he just struck the perfect tone."

The film was a critical and box office success, becoming the fifth-highest-grossing film of 1991. A success like that typically warrants a quick turnaround for a sequel, but not so with *Lambs*.

"We were all really interested in the sequel because Thomas Harris was writing a new book and he kept saying that it was coming out and he wouldn't let anybody see it," says Foster. "We waited 10 years."

BY

H. ALAN SCOTT

@HAlanScott

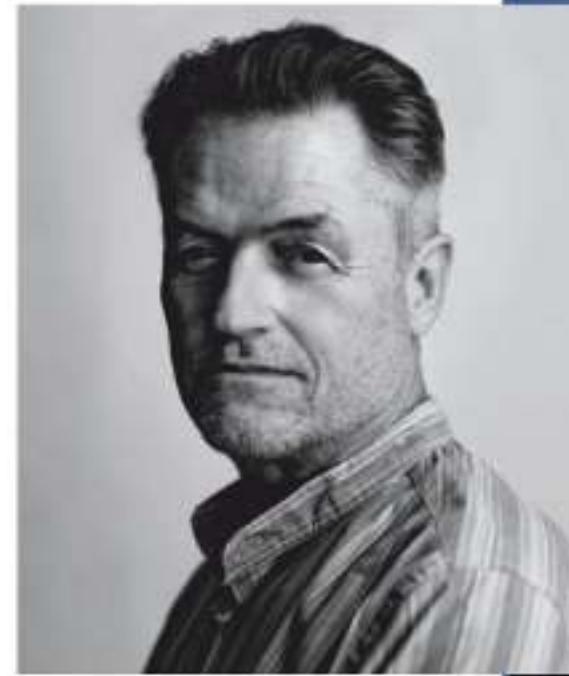
Eventually, a sequel was made, 2001's *Hannibal*, but only Hopkins reprised his role. Foster has declined to talk publicly about her choice not to appear in the film (Starling was played instead by Julianne Moore).

"It was a big deal to not do the sequel. I'll never talk about it particularly, but it's always that question that people ask," she says.

While *Hannibal* wasn't as much of a success as *Lambs*, the franchise has found success on television. A series based on the film and book *Hannibal* ran for three seasons on NBC, and *Clarice* recently debuted on CBS. Rebecca Breeds, who plays the title role in the new series, recently told *Newsweek* that Starling is "one of the most well-written characters in history."

But while the original film is largely considered a win for women—with Foster's Clarice at the center of the story, a rarity not only for the horror/thriller genre but also just film in general—it has been criticized for its representation of LGBTQ+ characters.

"The Buffalo Bill character was simply the latest in a very long line of cross-dressing, psychopathic serial killers, going back to 1960's *Psycho*, if not before," says Nick Adams, Director of Transgender Representation at GLAAD. "The average filmgoer in 1991, and even today, confuses and conflates women who are transgender with cross-dressing psychopaths, men who disguise themselves as women for other nefarious purposes and cisgender men who perform in drag. Therefore, regardless of the filmmakers' intentions, the impact of the Buffalo Bill character was deeply harmful. Anyone watching the film today should be aware of, as the Netflix documentary *Disclosure* makes clear, Hollywood's



"It's not that having a queer villain is a problem. It's only having queer villains, that's the problem."



FROM TOP LEFT: NICOLAS GUERIN/CONTOUR/GETTY; RON GALELLA, LTD./RON GALELLA COLLECTION/GETTY; BROOKE PALMER/CBS/GETTY



GOLDMINE

The film won Oscars in 1992 for its director Jonathan Demme (left) and stars Hopkins and Foster as well as for best picture and best adapted screenplay. Its success led to several sequels and prequels including CBS's new TV series *Clarice*, with Rebecca Breeds (bottom) in the title role.

history of portraying trans and gender non-conforming people as evil, as victims or as freaks to be laughed at and ridiculed. Decades of those false, stereotypical characters have created a culture that harms trans people. It's important to acknowledge that *Silence of the Lambs*, whether intentional or not, is a part of that history."

"It's not that having a queer villain is a problem. It's *only* having queer villains, that's the problem," says Sam Wineman, a filmmaker behind the horror-streaming service Shudder's upcoming documentary on queer horror films. "We only have characters who are the killer, or we have characters who died before the end of the film. So we don't have queer heroes."

Wineman notes that the criticism by queer audiences of *Lambs* isn't new, "When Jodie Foster was getting the Best Actress Oscar, there were protesters. It was not that *Silence of the Lambs* was a bad movie, it's that we as queer people had to stand up and say, 'We need more, this isn't enough.'"

"If we were to eliminate all of our quote, 'bad examples of queer representation,' we wouldn't have queer representation. The reason why it's important to be able to contextualize something like *Silence of the Lambs* is that we can't just throw it away. We have to look at it and say, 'How can we do better?'"

Criticism aside, there's no doubt that *The Silence of the Lambs* was a groundbreaking piece of cinema, which obviously has had a big impact on many of the critically acclaimed horror films that followed in its path, like *The Others* (2001), *Get Out* (2017) and *Hereditary* (2018).

"It really did feel like there was something magical about it. It was just magical," says Foster. "I don't know that any of us will ever reach that again." □

01 Hallacas

Venezuela (Achiote)
These banana leaf tamales stuffed with pork and beef are full of Venezuelan flavors. Piloncillo has a deep, almost smokey flavor, sometimes with notes of rich caramel and achiote paste—a popular Latin American spice blend—contains annatto, cumin, pepper and other spices.

**02 Poulet Yassa**

Senegal (Scotch bonnet pepper)

This roast chicken dish gets its bold taste from Scotch bonnet pepper, which is more than twice as hot as cayenne. This pepper is used across West Africa and the Caribbean—and along with lots of heat, it also has a distinct sweetness.

03 Degué

Guinea (Millet)

This sweet, tangy breakfast pudding is made with black millet, a grain that grows across Africa and is similar to rice once it has been cooked. Millet can have a slightly bitter, nutty taste—a versatile flavor that works in both sweet and savory dishes.

**04 Jollof Rice**

Nigeria (Cameroon black pepper)

Cameroon black pepper is known for its reddish color, aromaticity and very spicy taste. Jollof rice, a favorite dish in West Africa, includes tomatoes, rice and curry powder and is spiced with Cameroon black pepper to give it a finishing flair.

05 Adas

Eritrea (Berbere spices)

Berbere is a traditional blend of spices used often in Eritrean and Ethiopian cuisine. It can include ginger, fenugreek, cinnamon and other indigenous spices like korarima and ajwain. Its heat typically comes from chile de árbol. These spices add delicious northeast African flavor to Adas, a lentil dish served with flatbread.



UNCHARTED

Flavors From Around the World

When people leave their native countries looking for a better life, one thing they try to bring with them is a taste of home. Family recipes are more than just food—each of the dishes collected in *The Kitchen Without Borders: Recipes and Stories from Refugee and Immigrant Chefs* comes from someone's beautiful memory of home. With bold flavors—from Syrian pomegranate molasses to spice blends like Venezuelan achiote to insanely spicy Scotch bonnet peppers—this is food for both the body and soul.

**06 Fattoush**

— Syria (Pomegranate molasses)

Fattoush is a vegetable salad topped with pieces of crispy fried pita to give it a crunch and drizzled with a dressing of lemon juice and olive oil and sweet-sour pomegranate molasses. The end result is a fresh, light dish packed with Middle Eastern flavor.

6

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**09 Manchurian Cauliflower**

— Nepal (Maggi sauce)

This dish uses Maggi Hot & Sweet sauce to coat fried cauliflower. The tomato chili sauce is commonly used throughout Nepal and India, and it gives the light, nutty fried cauliflower a spicy South Asian flavor with an edge of sweetness.

**07 Spiced Brownies**

— Iraq (Sumac)

Adding a dash of sweet-tart sumac to brownies gives them an exotic and surprising twist. This maroon-colored spice is iconic in Middle Eastern cuisine, and its citrusy taste adds unique flavor to dessert recipes, meat rubs and even teas.

**08 Kuku Sabzi**

— Iran (Zereshk barberries)

This Persian take on an herbed frittata features a delicious combination of Iranian flavors held together by the baked eggs. Bright red barberries lend a touch of tangy flair; their bold tartness complements the dish's fresh green garlic and herbs.

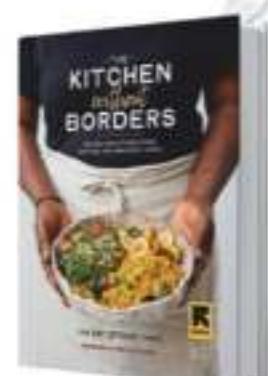
10 Kowa Varrai

— Sri Lanka (Curry leaves)

This side dish features coconut—Sri Lanka's "tree of life"—and fresh curry leaves. Together, these ingredients give the cabbage bold flavor, with the coconut adding sweetness and the curry leaves balancing it out with their herbal, citrusy taste.

**THE KITCHEN WITHOUT BORDERS**

by The Eat Offbeat Chefs (Workman Publishing, March) features traditional favorites from immigrant and refugee chefs from around the world.



PARTING SHOT

Ross Butler

 WHILE TEEN DRAMAS HAVE BEEN A MAINSTAY OF HOLLYWOOD FOR generations, the latest entries are challenging familiar formulas. "I grew up in the nineties and teen dramas back then were completely different than teen dramas now," says Ross Butler, who knows a thing or two about teen-driven content. He's starred in massive TV hits like *Riverdale*, *13 Reasons Why* and the *To All the Boys* movies. "What people in middle America see represents culture for the rest of the world; it's what international people see as America." That exposure helps break down stereotypes. "All the white girls in middle America see that Asian guys can be seen as attractive." Continuing to challenge perceptions, Butler will be part of the mostly Asian American cast of *Raya and the Last Dragon* (Disney+, premiering March 5). "Disney really does take it to the forefront. They put their foot forward and really try and make a difference." The impact of the roles Butler has taken on, he says, has inspired him "to take a stand creatively" and to "choose things that I think will have an impact or will lead culture."



"I feel like Asian Americans finally have a platform where we can express ourselves."

What makes *To All The Boys* stand out from other teen film franchises?

It's one of the only rom-com trilogies I've ever heard of, so you can really take your time with these characters over a long arc, see them mature.

What are older audiences missing out on in new teen dramas?

I think they're missing out on a lot because we're kind of guiding the next generation. It's cathartic for adults to watch because they probably felt the same things, but there wasn't anything out there that reflected how they felt.

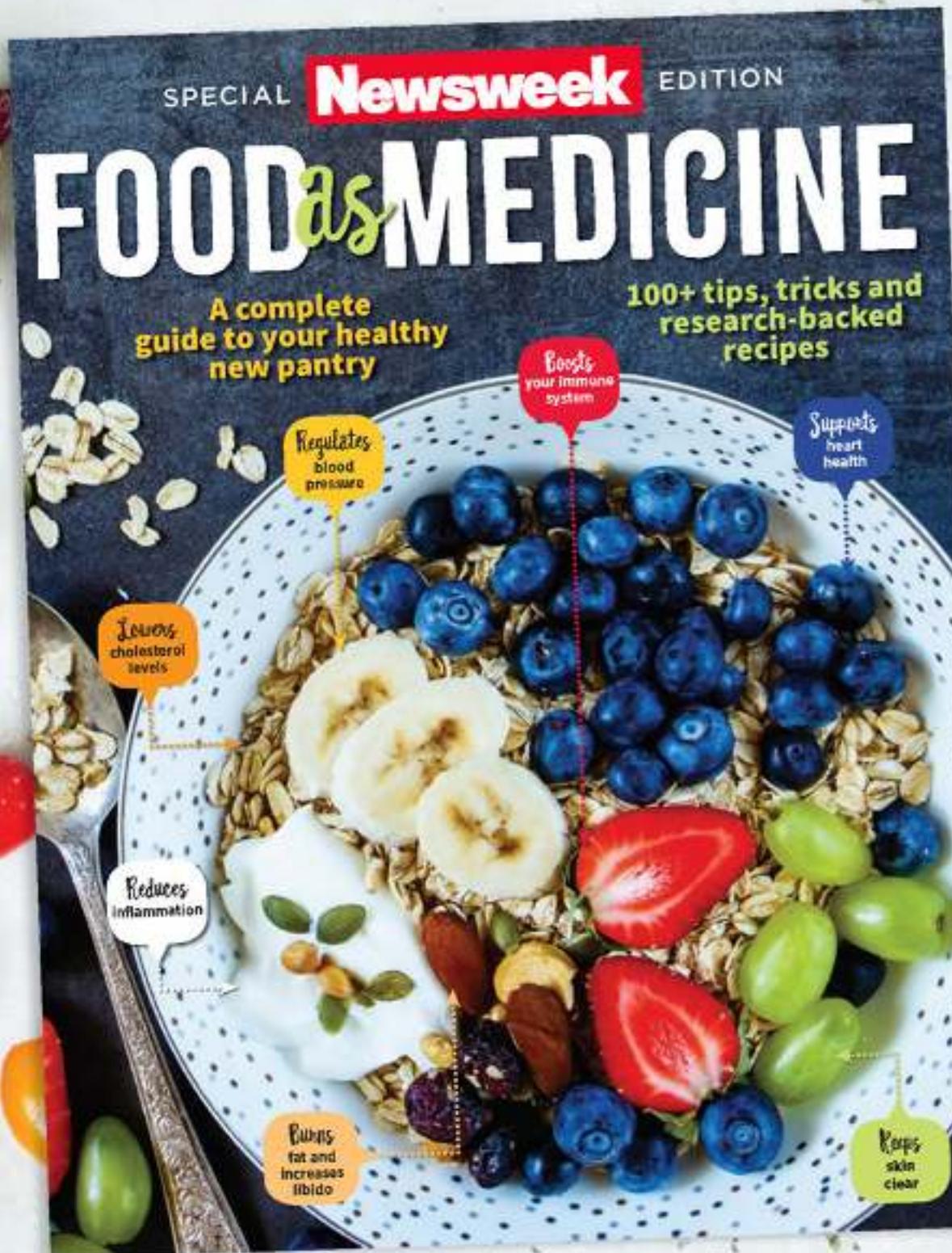
Do you see changes in the types of roles being offered to Asian American actors?

When I first moved to L.A., there was nothing. Every role I had was written Asian, a new stereotype. Fast forward six, seven years and the landscape has changed. Hollywood is finally picking up on the idea that the next generation knows these stereotypes are antiquated.

What was it like working on *Raya and the Last Dragon*, one of the first big animated films with an almost all-Asian American cast?

It felt good to be embraced by the Asian community again. I feel like Asian Americans finally have a platform where we can express ourselves and show that we have interesting stories that aren't just stereotypes. To be a part of that is an honor. —H. Alan Scott

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