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Street Food Around the World

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ANNA LENI/GETTY

FEATURES

INFORMED CHOICE
Finding the best hospital for treatment of a particularly difficult or complex illness can be a confusing and daunting task. Having the right data can make the process easier.

COVER CREDIT
Photograph by **Emilija Manevska**/Getty

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Everyone wants a COVID-19 vaccine, but the talk of rushing one out is making people nervous. How to assess the risk.

BY FRED GUTERL

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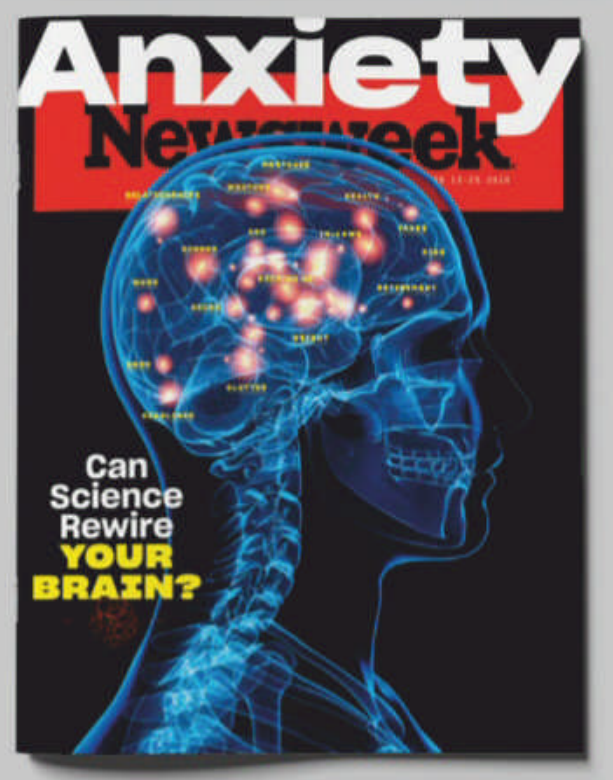
“Journalism I don’t see elsewhere until later, if at all.”

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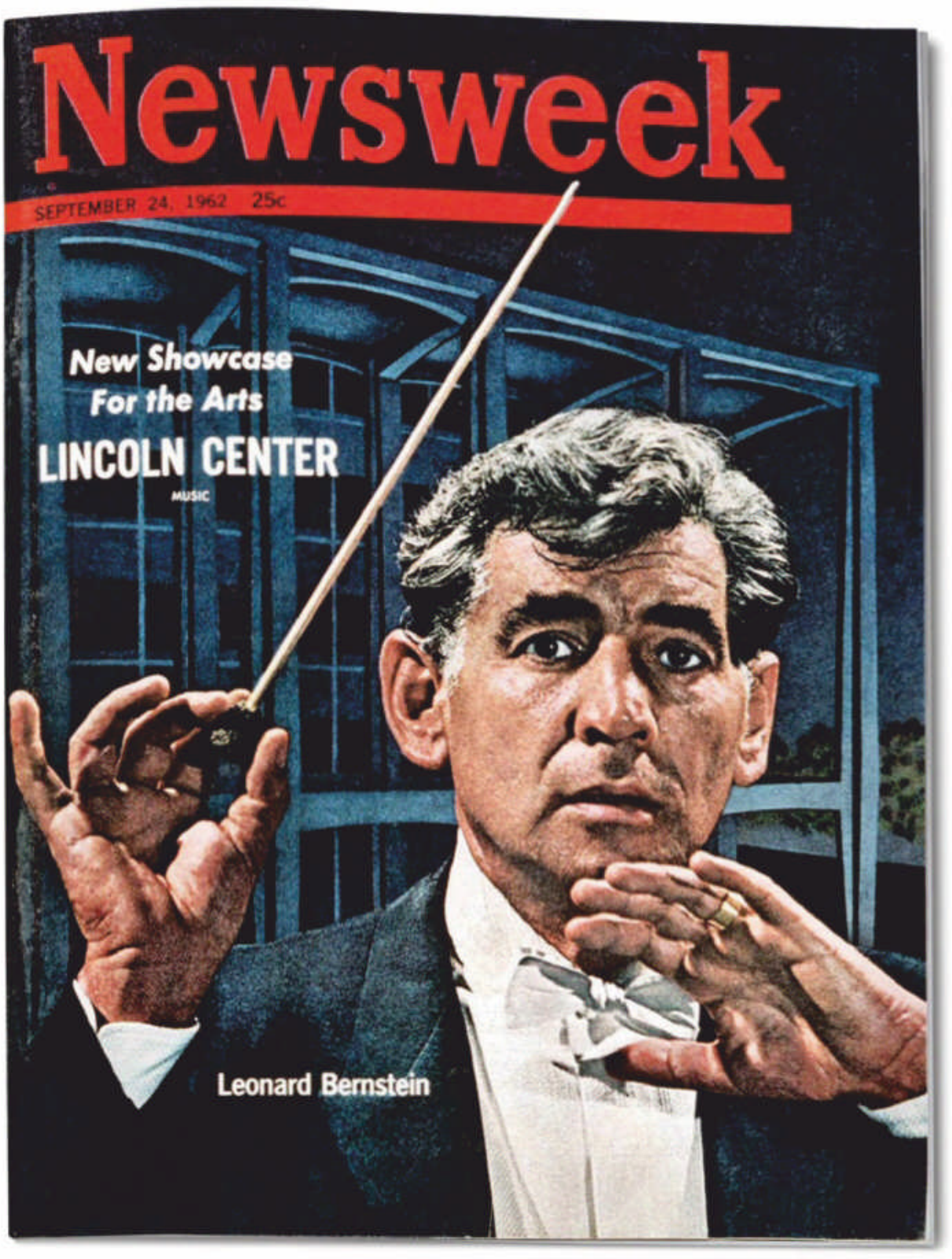
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The Archives

1962 "Equally at home on Broadway, on television, or conducting the Philharmonic, Bernstein's extraordinary talents have attracted millions of admirers," said *Newsweek*. Leonard Bernstein conducted the first televised concert at New York's Lincoln Center for the Performing Arts to mark the official opening of the new venue. Over a long career, he won two Tonys, 16 Grammys and seven Emmys, and the Kennedy Center Honors. This year, his music will find new audiences through a film adaptation of his most famous musical, *West Side Story*, currently scheduled for release in December.





1977

Newsweek predicted that the "politically explosive" *Bakke* case "may have more impact on equality...than any judgment since *Brown* began dismantling school segregation in 1954." The case ultimately upheld affirmative action as a tool for diversity—which was again upheld in a 2019 case against Harvard University.



1997

Newsweek remembered Mother Teresa as a woman of contradiction: "Her humility was burdened by celebrity. She raised millions for her work [for the poor] but lived simply....She was a woman of power in a church run by men." In September 2016, she was officially canonized by the Catholic Church as Saint Teresa of Calcutta.

NEWSWEEK ARCHIVE (3)

Polisan Holding -
Trusted Innovators

Turkey is well-positioned for a rapid economic rebound following the onset of the coronavirus pandemic earlier this year. The World Bank recently praised the government's handling of the pandemic, reporting that a "swift and comprehensive" policy response has set the stage for an earlier recovery. GDP growth is expected to hit 6% in 2021, and several Turkish companies restarted export operations in June, demonstrating the country's enduring long-term growth potential and attractive investment prospects.



Mehmet Emin Bitlis
Chairman - Polisan Holding

At Polisan Holding, a family-owned conglomerate with foundations dating back to the1920s, Chairman Mehmet Emin Bitlis understands the ups and downs of manufacturing and industry. Active in paint, chemicals, port operations, and real estate, Polisan has withstood the test of time – and the pandemic – with a tried-and-true strategy emphasizing partnerships, innovation, and finding new opportunities during even the toughest economic conditions.

Founded by Bitlis' grandfather, a textile trader, Polisan was first active in Malatya as a textile retailer. The family moved to Istanbul in 1942, as a first step to launching industrial manufacturing, and started textile operations in 1956. During the 1960s Polisan became the first company in Turkey to manufacture emulsion polymers, as well as formaldehyde and resins primarily serving the wood industry. Dedicated paint manufacturing activities began when Polisan Boya (Polisan Paint) was established in 1985, and this subsidiary quickly rose to become a major business line.

New partnerships and international expansion have supported a strong track record of success, and in 2004 the company formed a joint venture with Rohm and Haas, one of the world's leading polymer producers, which was later acquired by Dow Chemical. Dow has been a dedicated Polisan business partner for more than 40 years.

The company further diversified into real estate development in 2006, and Polisan Holding went public in 2012 with an IPO on the Istanbul Stock Exchange. It acquired a Greek Polyethylene Terephthalate (PET) granule plant in 2013, and entered into a 50-50 joint venture with Kansai Paint in 2016 to form Polisan-Kansai Paint. The two invested substantially to build a new paint factory in Turkey, making Polisan-Kansai one of the country's largest paint manufacturers. The conglomerate now employs nearly 2000 people across five subsidiaries.

"We are very well placed in the market thanks to our innovative and in-demand products. The paint market bounced back unexpectedly after the early months of the pandemic, and thanks to our new state of the art, industry 4.0 calibrated facilities we were able to respond quickly; our EBITDA ratio climbed to 24 % in the first 6 months of 2020," said Bitlis.

"I am very pleased by the fact that in decorative paints, Polisan-Kansai is one of the top two players. With our new investment and the new plant, we have tripled our production capacity of water-based paint. Environmentally friendly water-based products now account for around 90% of our paint production. The water-based road marking paint has been one of the latest examples shifting from solvent born to water born," he said.

Operations are further supported by Polisan's port subsidiary, Poliport, which owns and operates Turkey's one of the leading sole independent, strategically well-located port terminal. Poliport benefitted from nearly $30 million of investment into new tanks, pipelines, and digitalization in 2018 and 2019. Poliport has long lasting successful relationships with major multinational players in chemical industries.

Innovation will continue to play a large part in Polisan's growth strategy, and the new paint factory will soon include a modern research and development center focused on cutting-edge paint manufacturing techniques. Bitlis also plans to develop an R&D center for Polisan's chemical division, with the aim of introducing strategic, value-added, and environmentally friendly products to Turkish and export markets.

Having recently expanded into Morocco with an investment in construction additives in 2017, Polisan Kimya, the chemical manufacturing arm of Polisan Holding, is now seeking to further grow its operations, and its exports, with new partnerships targeting high-potential markets. Polisan Kimya also is moving to build a new chemical plant in Turkey producing technical products that are mainly imported at present.

"One of our biggest competitive advantage is the synergy we provide within our group of companies. We already have two JVs with two major multinational companies which has substantially helped our growth, we enjoy our logistic advantages through lean supply chain efficiencies. We are well aware of how the world is developing in the start-up sector, particularly in technology, so we're also looking into start-ups that can be integrated into our business operations," said Bitlis.

Polisan HOLDİNG

In Focus

THE NEWS IN PICTURES





MADERA COUNTY, CALIFORNIA

“We Were Warned”

A firefighter at work as flames push towards homes on September 7 during the Creek fire in the Cascadel Woods, which was triggered by a mini-explosion at a gender reveal party. Meanwhile, uncontrolled fires also broke out across several western states, including Oregon and Washington. “For over 30 years climate change scientists warned us that these kinds of wild fires would become more numerous and destructive,” said one resident. “We were warned.”

JOSH EDELSON

JOSH EDELSON/AFP/GETTY







CLOCKWISE FROM BOTTOM LEFT: MOHAMMED ABED/AFP/GETTY; ANGELOS TZORTZINIS/AFP/GETTY; NATALIA FEDOSENKO/TASS/GETTY



MYTILENE, GREECE

Homeless

Migrants rest as they spend the night on the road near Mytilene. A fire, which Greek officials suspect was deliberately set, destroyed Greece's largest Moria refugee camp on the island of Lesbos, early on September 11. Thousands of asylum seekers on the Greek island languished on roadsides after the camp burned down. Local officials have stonewalled Greek government efforts to create new temporary shelters.

→ ANGELOS TZORTZINIS

GAZA CITY, PALESTINE

Facing Up

A Palestinian artist, on September 8, paints a face mask on a child to create awareness about ways to prevent the spread of the COVID-19. A recent spike in cases in the area has raised concerns that a wider outbreak could be on its way. "For months," reported *The Washington Post*, "aid agencies have warned" that the transmission of the coronavirus "through the conflict-weary" Gaza Strip "could be calamitous."

→ MOHAMMED ABED

MINSK, BELARUS

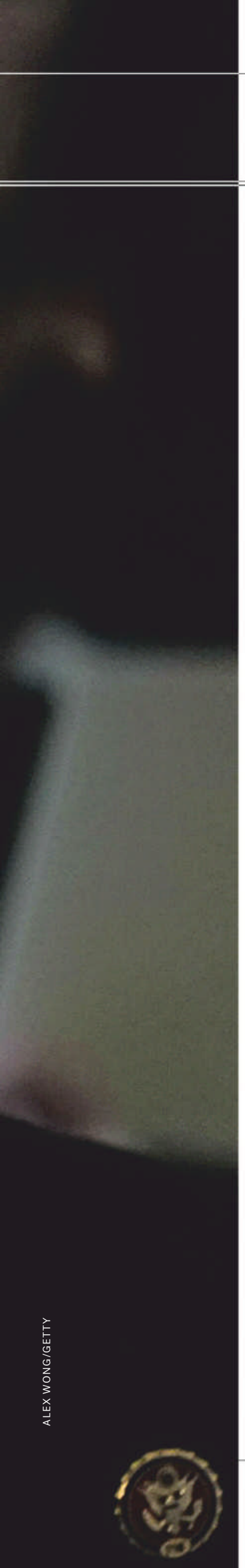
Faceoff

Supporters of Belarus opposition leaders are blocked by soldiers and military equipment during the March of Unity near the Palace of Independence in Minsk on September 6. The announcement of the Belarusian presidential election results sparked mass protests in major cities across the country. According to Radio Free Europe, protesters carried red-and-white flags, "a symbol of the opposition that has been banned by authorities."

→ NATALIA FEDOSENKO



BRING IT ON
Shalala relishes the combat part of politics and is almost gleeful about sparring with her Republican opponent for the House: “This is going to be fun!”



ALEX WONG/GETTY

ELECTION 2020

Shalala Unbound

The oldest female freshman ever elected to the House mocks Trump's latest Obamacare move, downplays the power of the Squad and waxes nostalgic about an old foe named Rush

IN AN ELECTION SEASON IN WHICH THE progressive ideas of the Squad, Bernie Sanders and other like-minded Democrats are being hotly debated by both conservatives and liberals, Florida Democrat Donna Shalala is determined to carve out space just left of the center lane. The oldest woman ever elected as a freshman to the House of Representatives, Shalala, 79, is a self-described "pragmatic progressive," who likes to tout her ability to get along with all factions of her own party as well as her work with colleagues across the political aisle.

Her opponent, Republican Maria Elvira Salazar, is having none of it. In a series of tweets earlier this year, the popular Cuban American broadcast journalist accused Shalala of not pushing back enough against her "bro" Bernie and "sisters" AOC and the Squad when they were "singing communism and socialism's praises." Salazar also said that Shalala has been "disturbingly silent" while "some members of her party peddle the same radical socialist agenda that has ruined the countries from which many of us escaped."

Shalala is unfazed. Instead, she heads into her first re-election campaign with a surprising level of relish, gleefully focused on her mission to defeat Salazar, whom she beat by six points in 2018, by an even bigger margin this time. That win two years ago flipped Shalala's Miami-area district to Democratic control after being represented for nearly 30 years by Republican Ileana Ros-Lehtinen, who retired.

Despite her rookie status in Congress, Shalala is an experienced Washington hand, having served as secretary of Health and Human Services under President Bill Clinton. Among the other positions on her long resume: chancellor of the University of Wisconsin-Madison, president of the University of Miami and president of the Clinton Foundation.

BY

STEVE FRIESS
@SteveFriess

Shalala talked to *Newsweek* about her House race, her storied career and a massive political blunder committed by President Donald Trump that she thinks made her path to a second term far smoother. The conversation has been edited for clarity and length.

How is it different to be an incumbent?
Oh, it's so much easier! I don't have to run on my resume. I can run on what I've actually been able to do. Even though I'm not on the health committees, I've played a leadership role on all of the important health bills that have been moving through Congress. I've worked hard on things like child care and higher education issues—particularly on taking on the private for-profit universities that are ripping off low-income people and veterans. My 2018 race was tough because I got chewed up first in the primary by the Bernie people. I'm past that now.

You won election in 2018 by campaigning to defend the Affordable Care Act from Republicans trying to kill it. How did you react when the Trump administration filed a brief in June pushing for the Supreme Court to invalidate the ACA?

"[Rush Limbaugh] called me 'the High Priestess of Political Correctness!' That all seems so quaint now."

It was an absolute gift! I have the largest enrollment in Obamacare of any congressional district in the country over 100,000 people. I don't know whether they're Republicans or Democrats, but I know that 100,000 people in my district do not want to lose their health insurance. And particularly now. It was the most idiotic thing to do! I was dumbstruck! In a good way!

What else are the big issues this time around?
It's mismanagement and mishandling of COVID-19 not only by the president but also by our governor [Republican Ron DeSantis]. And it's still health care coverage, because what the virus has revealed is the big gap in who has access to affordable care. And, like last time, it's the governor's failure to extend Medicaid and our need to expand Obamacare to cover everybody that's left out.

You, an older white woman, entered Congress with a huge and historically diverse freshman class. What's that like?
I love it! As they describe me, I'm a freshman, but not a rookie. I get on with all the caucuses—with the No Labels, the Progressives, the Squad—and I'm in the New Democrat caucus, which puts me, I guess, in the center left. But I get along with everybody and they'll tell you, I get along with them.

It's amazing to think you're considered "center-left," because I remember in the 1990s when Rush Limbaugh had a parody song



THEN AND NOW Back in the '90s, Rush Limbaugh (left) used to mock Shalala's liberal views. These days, opponents try to tie her to more left-leaning politicians, like Squad members Rashida Tlaib, Ayanna Pressley, Ilhan Omar and Alexandria Ocasio-Cortez (top right).

FROM LEFT: SHEPARD SHERBELL/CORBIS/GETTY; ALEX WROBLEWSKI/GETTY



about what a crazy liberal you were to Eric Clapton's "Layla."
He called me "the High Priestess of Political Correctness!" [Laughs] That all seems so quaint now.

What do you make of the rise of progressives like those in The Squad?
The Squad is an invention of the press. It doesn't mean anything on the floor of Congress. They don't, as a "squad," influence legislation. What they do is give the press a lot of stuff to write about. They're attractive, they're smart, they're articulate, but it's not like they're a power, like if they hold out the Speaker can't pass a bill.

Your opponent is trying to tie you to them. Is that frustrating?
Sometimes one of them has said something about Israel that gets me pissed off, but they do not, as a group, make my job more difficult. I have to answer questions about them all the time because people in my community consider at least a couple of them to be anti-Semitic, but in terms of legislation, the job that we have to do, it's not a problem.

What do people ask you about them?
Again, it's about Israel or about the impression that the Democratic Party has gone terribly left and we just had to explain to people that it hasn't. I mean, we nominated Joe Biden.

Yeah, but you came pretty close to nominating Bernie Sanders, and this summer the headlines have all been about very progressive Democrats beating centrists and long-timers.
It doesn't matter. I fit into my district. That's why I wouldn't overread those other elections. A candidate fits into their district. Was I surprised Rashida [Tlaib] won her primary? No, because Rashida is a heck of a legislator who had state government experience. The district knows her and knows that she's delivered time after time. She pays attention. She doesn't focus on national issues. She focuses on issues that involve her district.

Many Democrats who flipped seats in 2018 have gone to pains to show their bipartisanship. Have you?
Yes. I have co-sponsored a series of bills with Republicans. I sponsored a bill with [Trump acolyte and Florida Rep.] Matt Gaetz, of all people, to legalize marijuana for the purposes of research, moving it from Schedule 1 to Schedule 3 for research purposes.

How will you attack your opponent, Maria Elvira Salazar, this time?
My opponent is a Trump supporter, so I can hit her on that. She also, unfortunately for her, once said, "Viva Trump!" so we'll use that against her. The presidential election will dominate the conversation, and she cannot run away from Trump this time. The question is, is she going to vote for him? And she will say yes, and she'll have to defend him, and I'll simply say what I've been able to do. And she'll have to say what she's been able to get done, which is nothing.

You really seem to enjoy the combat part of politics.
Oh, I love it! You know, I'm a political scientist. I love this interface between politics and policy. This is going to be fun!

→ **Steve Friess** *is a* NEWSWEEK *contributor based in Ann Arbor, Michigan.*

Society 5.0 for a brighter future

With Society 5.0's goal for humans to live longer, healthier and happier lives, advancements in healthcare, and particularly in the area of oncology, will be of paramount importance.



"We will contribute to achieving the goals of Society 5.0 by providing effective cancer treatment"

Yoshihiro Arai, president & CEO, Solasia Pharma K.K.

In its Fifth Science and Technology Basic Plan, the Japanese government laid out its roadmap for the future of the nation, outlining its plans to create Society 5.0, "a human-centered society that balances economic advancement with the resolution of social problems by a system that highly integrates cyberspace and physical space."

Up to now industrial and social revolutions have existed separately from each other, taking place at different points in history. However, under Society 5.0, the industrial/economic development will merge with societal change, where the latest Industry 4.0 technologies, such as Internet of Things (IoT), Big Data, artificial intelligence and robotics, will be deployed to improve livelihoods, solve environmental issues and reduce social inequality.

Drawing on the nation's technological prowess, Japan aims to turn Society 5.0 into a reality, incorporating these new technologies at all levels of industry, business and social life in order to achieve both economic development and solutions to a broad range of societal issues.

One of these major societal issues, and thus an important pillar in the Society 5.0 plan, is related the impact of Japan's rapidly aging society on the healthcare system. Japan has the fastest-aging population in the world, which brings about unprecedented challenges in healthcare. It is many ways a double-edged sword, as there are more elderly people requiring care, but fewer workers to look after them as the Japanese population also shrinks. This has lead Japan to search for novel solutions, such as the incorporation of AI, Big Data and robotics to assume the roles of human workers in healthcare – for example using robots to ease the on-site burden of healthcare and care giving.

With Society 5.0's goal for humans to live longer, healthier and happier lives, advancements in cancer treatment in the area of oncology will be of paramount importance. Another consequence of Japan's aging demographic is increasing levels of cancer in society. Therefore, Japanese companies, already at the forefront of oncology internationally, will be instrumental to the success of Society 5.0.

"Building a brighter future for society has always been a part of the concept of our company, as our main mission is 'Better Medicine for a Brighter Tomorrow'. We will contribute to achieving the goals of Society 5.0 by providing effective cancer treatment," says Yoshihiro Arai, president and CEO of bio-tech firm, Solasia Pharma K.K.

"Cancer has been the major cause of mortality in Japan. Everyone wants to have a new medicine to cure cancer, while it is actually really hard to cure. Solasia, therefore, would like to have the opportunity to contribute to society by focusing on development in the field of oncology."

Since its establishment in 2006 to develop innovative drugs in the area of oncology for the Japanese and Asian markets, Solasia has a wide range of products varying from pharmaceuticals for cancer therapy to supportive care for the adverse effect of drugs.



Over the past 14 years, the Tokyo-based company has invested and concentrated in just five product pipelines: Sancuso (SP-01, for Chemotherapy Induced Nausea and Vomiting), Darinaparsin (SP-02, for Peripheral T-Cell Lymphoma), Episil (SP-03, for Pain-Associated Oral Mucositis), PledOx (SP-04, for Chemotherapy Induced Peripheral Neuropathy) and Arfolitixorin (SP-05, for Increased Efficacy of Fluorouracil). SP-01 and SP-03 have already been launched in China and Japan, while SP-04 and SP-05 are at Phase III studies in the US, Europe and Asia (representing Japan). SP-02, for which Solasia has exclusive rights worldwide, is currently being prepared for New Drug Application filing in Japan and other Asian countries.

"Currently, there is no available drug to prevent or treat Chemotherapy Induced Peripheral Neuropathy (CIPN). Our product, SP-04 (PledOx), is currently on the most advanced development Phase III stage among developing agents in the world," explains Mr. Arai.

"SP-05 is our exciting most recent product. It can directly act on tumor cells, unlike levofolinate and folinate products currently available, which need several steps of metabolism to form the final active metabolite."

Driven by its high success ratio in development, this young, agile and innovative bio-venture firm – the only of its kind that can cover both Japan and China – has grown quickly and investors and potential partners, both in Japan and abroad, have taken note. Finding the right partners will be crucial for Solasia to bring its innovative cancer treatment drugs beyond Asia to the US, Europe and Latin America.



Delivering monozukuri quality through the spirit of co-creation

Leveraging on collaboration and co-creation, Yokohama Yushi Kogyo develops superior quality chemical and oil-based products used across a wide range of industries, from automotive and electronics to functional foods and cosmetics.

Strong, agile and technology savvy, Japan's SME manufacturers form the backbone of the nation's industrial sector, working hand-in-hand with the larger auto and electronics manufacturers like Toyota and Sony to export the high-quality products for which Japan is renowned.

In fact, this culture of co-creation and co-operation has been fundamental to the business success and technological prowess of Japan's SME manufacturers. Japanese concepts such as *Kaizen* and *Monozukuri*, core Japanese manufacturing philosophies based on high-quality, innovation and customer satisfaction, were first extolled by Toyota and then incorporated by smaller firms like Yokohama Yushi Kogyo that supplied products, parts and components for the automobile industry.

"Collaboration and cooperation between small and large companies is characteristic of Japan, this relationship benefits both parties to further develop and grow," says Yokohama Yushi Kogyo president, Hideo Honda.

Established in 1929, Yokohama Yushi Kogyo started out as a refiner of fish oils, before later developing its technology and applying it to the automotive chemical sector. Since then, the company has continued its journey as a chemical R&D-oriented manufacturer, supplying environmentally friendly oil and chemical-based products to the automotive, electronics, food, cosmetics and healthcare industries.



> "Collaboration and cooperation between small and large companies is characteristic of Japan; this relationship benefits both parties to further develop and grow"
>
> Hideo Honda, President, Yokohama Oils & Fats Industry Co., Ltd.

"We absorbed, improved, and implemented the Total Quality Control (TQC) standards that came from the USA. Toyota was the pioneer in the field of TQC and then SMEs took it as an example to improve their systems always with the central mindset of achieving the best quality for customers and developing a mutually beneficial relationship," explains Mr. Honda.

"From Japan we have imported foreign elements and adapted them to elements of our own culture – for example, *Kaizen*, which focuses on striving to improve the lean manufacturing formula that was imported from the US and is now present in all the organizational structures of Japanese companies."

Yokohama Yushi Kogyo's eight core technologies – emulsification, water solubilization, oil solubilization, dispersion, solubilization, oil coating, powderization, and surface modification technology – have been developed thanks to the dedication and effort of its R&D department, which has also formed partnerships with leading Japanese universities and research institutions in the spirit of co-creation.

Moving forward, the company is leveraging on its R&D and innovation capacities to develop new products, with a focus on the functional food, cosmetics and electronics industries, while also continuing to expand its core traditional cleaning agents and automotive chemical segments.

With the growth in health-conscious consumers across the globe, the functional food and beverage market is expected to grow 8.49% CAGR through 2026, and thus offers significant opportunities for Yokohama Yushi Kogyo as it looks to expand its international presence by providing its technologies to larger manufacturers of end-user products.

"Our contribution to the food industry is vital for us; 20% of our business in the food industry is the processing of functional foods. This field is booming as we are more concerned about our health," says Mr. Honda.

"There are foods that have ingredients our body cannot absorb because they are still in an insoluble state. We process water-insoluble materials to soluble formulations by emulsification technology. We also use this technology in the field of cosmetics so that the ingredients are better absorbed by the skin, while the pharmaceutical field is also a key one for our expansion."

From the perspective of technological development, one of Yokohama Yushi Kogyo's key advantages is the fact that it does not distribute products as an ODM (original design manufacturer) to larger firms, but rather produces the technologies and the processes behind these larger companies' end products. "As such we do not focus on the sales and marketing side of the company, we invest our know-how and energy in mid-line processing," adds Mr. Honda.

"There is a co-dependent relationship in terms of distribution with these large companies because wherever they decide to produce, we will go and set up our office there as well. In that sense, the history of our company is based on our ability to leverage the *Monozukuri* process of Japan and take it with us to any market we go to."



Bridging medicine and engineering

As the world enters the era of Society 5.0, which aims to harness the potential of the latest Industry 4.0 technologies to create a better, healthier and more sustainable future for citizens across the globe, the medical industry will undoubtedly play a vital role.

The latest innovations in the medical industry are being driven by elements such as Big Data, IoT, nano-technology, sensor technology, ultra-precision micro-machining and advanced robotics. And microsurgery is one area that is set to experience rapid technological advancement over the coming years. Thanks to evolving technology in microscopes and instruments, micro-surgeons can now carry out supermicrosurgery by connecting vessels with a diameter of between 0.3 and 0.8 mm for the reconstruction of lymphatic flow and vascularized tissue transplantation.



Kono Seisakusho's Tsukuba plant

With the limited precision and dexterity of human hands somewhat limiting performance, deploying robots to assist with supermicrosurgical procedures has become a major focal point for researchers. In fact, in February, "MUSA", a robot developed by two Dutch universities to assist in extremely delicate surgical operations, was deployed in the world's first robot-assisted high-precision supermicrosurgery.

Such milestone technological achievements in supermicrosurgery pose major opportunities for Japanese firm, Kono Seisakusho, which has been meeting the ever-changing demands of the medical surgery sector for more than 50 years.

"There is still a lot of potential for growth in microsurgery and robotic surgery," says Kono Seisakusho's enthusiastic president, Junichi Kono. "As this field continues to grow and have various needs over time, there is constant opportunity for us. And our product development goals have increased accordingly. "

Using its state-of-the-art micro-machining technology, Kono Seisakusho manufactures suture needles of the highest quality required for supermicrosurgery. Under its reputed CROWNJUN brand, Kono Seisakusho has developed the smallest suture needles in the world at 0.8 mm in length, as well as the accompanying micro-nylon suture thread.

Tried and trusted by microsurgery professionals across Japan, these superior quality micro-suture needles are used in a wide range of procedures, including



blood vessel and nerve reconstruction, perforator flap surgery, breast reconstruction, hepatic arterial anastomosis, transplant surgery, liver transplantation and digital replantation.

"We are striving to raise recognition of CROWNJUN as a brand that offers unparalleled quality products. Each of our products demonstrates the highest possible value," says Mr. Kono.

More than 15 years on since it won the Monozukuri Grand Prize for developing the world's smallest needle for microsurgery, Kono Seisakusho is now seeking overseas approval and partner distributors to bring its high-quality, "Made in Japan" suture needles to operating theatres across the globe – while continuing to develop ground-breaking products that will one day be used in the robot-assisted supermicrosurgerical procedures of the future.

"From a technical standpoint, our greatest strength is our ability to build the machines necessary to develop highly specialized medical products. We are able to take the quality of existing machines to the next level. As such, we can go further and create devices that take our products to the next level," says Mr. Kono.

"Our product development focuses on the development of particular materials, as well as raw materials that can be utilized in the medical and surgical fields. For example, our needles are made of incredibly strong and rigid steel. Another material, called PTFE, is a very unique material, which can be used for making artificial artery and tissue implants."

Indeed, key to Kono Seisakusho's success in product development is what it calls "Medical-Engineering Collaboration". Working hand-in-hand with medical doctors, as well as other companies, to develop new technologies, Kono Seisakusho will continue to serve as a bridge between medicine and engineering to meet the medical needs of Society 5.0.

"We go to great lengths to meet current needs and contribute to the development of medical technology in order to support the lives of as many patients as possible," concludes Mr. Kono. "That is what we at Kono Seisakusho believe to be our mission."



> "Our greatest strength is our ability to build the machines necessary to develop highly specialized medical products. We can go further and create devices that take our products to the next level"
>
> Junichi Kono, President, Kono Seisakusho

Asahi Intecc: leading medical device innovation

A leading developer of ultra-precision wire technology for vascular treatments, Asahi Intecc continues to create innovative medical devices trusted by doctors worldwide.

While many people would not associate the production of wires with the medical industry, instruments such as guide wires, guiding catheters and balloon catheters are indispensible in the field of catheter treatment, which is one of the methods of treatment for diseases such as angina pectoris and myocardial infarctions that are caused by the heart's blood vessels becoming clogged or narrowed by cholesterol.

With catheter treatment often involving wire products with diameters as thin as 0.35mm, it is needless to say that medical professionals require the highest quality, high performing and high precision wire products – which is why many turn to the global leading technology developed by Asahi Intecc.

For almost three decades, Asahi Intecc has been positioned as a vital cog in the medical device industry, supplying products such as guide wires, guiding catheters and balloon catheters, as well as ultra fine stainless steel wire ropes for industrial and medical use, to clients in Japan and across the world.

While Japan has lead the way in many technological fields, it has somewhat trailed behind Europe and the US in the field of medical devices. As such, Asahi Intecc has gained growing attention from medical professionals worldwide, and today counts Boston Scientific among its co-development partners.

Such attention has been garnered thanks to Asahi Intecc's ability to stand ahead of the competition with its competitive advantages stemming from its attention to high-quality, fully-integrated production model, advanced production knowhow based on its four proprietary core technologies, as well as its close collaboration and joint R&D with medical professionals to develop new products. These excellent development capabilities and production technologies have enabled Asahi Intecc to gain a high global market share in the medical device field.



> "We have enhanced our system of joint R&D with top doctors in various fields"
>
> Masahiko Miyata, President & CEO, Asahi Intecc

"In recent years we have enhanced our system of joint R&D with top doctors in various fields that have ample experience in the medical front line. Thereby we are developing products in close connection to medical practice," explains company president and CEO, Masahiko Miyata.

"We are convinced that we can contribute to the development of medical care by proactively promoting collaboration with top doctors not only in Japan but also all over the world by providing innovative products."

In response to market needs, Asahi Intecc also plans to expand beyond vascular treatment into the fields of gastrointestinal organs and robotics, where there is potential to utilize its existing core technologies, while also focusing on strengthening its development system for these new areas.

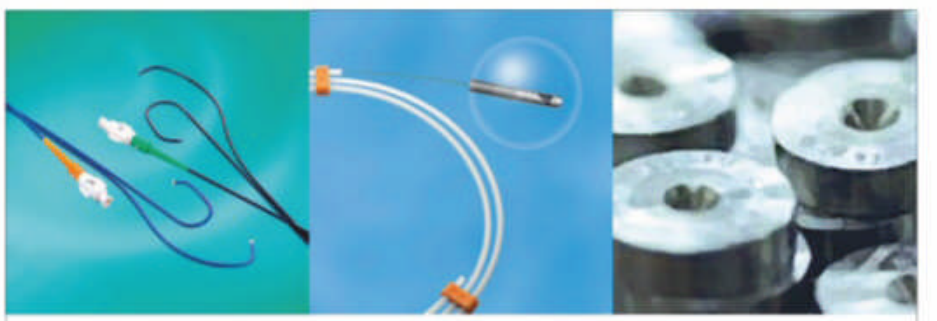
Asahi Intecc possesses four core technologies necessary for wire manufacturing: wire drawing technology, wire forming technology, coating technology and torque technology; while its in-house integrated production (from procuring raw materials to manufacturing finished products) ensures a stable supply of high-quality products. This type of integrated production system is rare for a medical device manufacturer, which is why Asahi Intecc's products stand out from the competition.

"In particular, our torque technology can accurately convey the feeling of the doctor's fingertip to the tip of the guide wire, achieving excellent operability that other companies cannot imitate," says Mr. Miyata.

As Asahi Intecc' sterling reputation has grown worldwide, the Tokyo Stock Exchange listed company has expanded its collaboration with global development partners. It has started joint development with Boston Scientific on Fractional Flow Reserve (FFR) wires.

Using embedded sensors that measure the pressure gradient of blood flow around the coronary artery, FFR wires determine how much blood flow is being inhibited and the severity of a lesion caused by stenosis (a blockage or narrowing of the arteries). "This measured index gathered from using FFR is excellent for its cost-effectiveness and at the same time decreases the rate of MACEs (major adverse cardiac events) per year," explains Mr. Miyata. "Thanks to this collaboration our products are used in a large number of hospitals in the United States; we have obtained recognition and at the same time, we make it easier for doctors to do their work."

With its target to increase revenues from the current 56 billion yen to 100 billion yen (approx. $940 million), Asahi Intecc aims to develop groundbreaking new medical device technologies incorporating AI, GPS technologies and robotics. Meanwhile, the company has expanded and diversified the industrial arm of the business, with its high-quality wire products being deployed in the production of automobiles, golf shoes, fishing lines and air conditioners, to name a few.







Merging AI technology and human interaction

Culture has had a lot to play in differing perspectives on the concept of robots. While Western science fiction and literature has created a level of fear and apprehension in the US and Europe, the reverence for robots in Japan mainly stems from the popularity of 'Karakuri Ningyo' – mechanized dolls that first appeared in the 17th century during the Edo Period. Moreover, traditional Shinto and Buddhist teachings in Japan say that a soul or spirit resides even in inanimate and manmade objects, which could also partly explain the nation's love, respect and admiration for machines.

It's no wonder then that Japan is leading the robotics revolution that sets out to build a better society and economy, where AI will open up once unthinkable possibilities across the board, while robots will take over menial and dangerous jobs, deliver our food, and offer companionship and care to the elderly. And several Japanese companies, like donut robotics, are already at the forefront of creating new synergies between AI technology and human interaction to create a better and more comfortable future.

"We believe that 30 years from now all the dangerous jobs for humans will be occupied by robots," says donut robotics CEO, Taisuke Ono. "We have continued to develop robots under the theme of 'Solving Social Problems' and 'Creating a New Platform'. By 2050, we want to change the world with conscious humanoid robots. We will do our best to serve society by developing as much as possible."



> "We have continued to develop robots under the theme of 'Solving Social Problems' and 'Creating a New Platform'"
>
> Taisuke Ono, CEO, donut robotics

Like Steve Job and Steve Wozniak's Apple in its early days, donut robotics was founded in a garage by an ambitious group of engineers and designers. And Mr. Ono hopes to follow Apple's trajectory to the top by focusing not only on superior technology, but also marketing and design.

"Our competitive advantage is based on the fact that apart from being leaders on soft and hard technological expertise, we focus on packaging, price, design, as well as the technological aspect," he says. "We aim to have a prestigious branding image – to become the Apple of robotics."

After Mr. Ono and his colleagues first generated crowdfunding to develop a prototype for their smart robot, known as Cinnamon, a venture capitalist in Fukuoka was the first big investor to support the company, which has since listed on the Tokyo Stock Exchange and now counts Hitachi, NTT, and Mitsui Group among its partners.

Most investors were initially made aware of donut robotics when the new Cinnamon prototype was selected to be deployed at several Japanese airports in 2017 to support human airport staff. With the capacity to deal with customers, offer translation services, watch over infants, the elderly, and pets, as well as offer health checks; today Cinnamon is not only used at airports, but also at public facilities, corporate offices and homes across Japan.

C-Face Smart Mask

As is the case for many top innovators like donut robotics, crises can bring about new opportunities. In response to the coronavirus pandemic, the company focused its efforts on developing a smart mask prototype called the C-Face Smart Mask, which is designed to make communication and social distancing easier. Connecting with an app easily downloaded to a user's cell phone, the C-Face Smart Mask can transcribe dictation, amplify the wearer's voice, and translate speech into eight different languages.



Of course, like robots, hygienic masks have historically been much more commonplace and accepted in Japan -- that was at least until the onset of the coronavirus crisis. But with the proliferation of masks across the Western world, coupled with a growing acceptance of AI and robotics, Mr. Ono sees ample opportunity for products like the C-Face Smart Mask.

"In a society where we are asked to wear a mask to avoid infections, using a mask that ensures the flow of communication and avoids misunderstandings is a key opportunity. The materials used are germ-free and by wearing another protective mask underneath it, the hygiene level remains intact," he says.

With a focus on reaching English-speaking markets first, donut robotics aims to launch the C-Face Smart Mask in Europe next year, followed by Japan at the end of the year, with the unit expected to retail at a around $44. "Eventually everyone will be able to buy it through Amazon. But essentially, at the moment, we are interested in selling the software rather than the masks themselves," says Mr. Ono, whose ambition for the future is to collaborate with the likes of Facebook and Google and build "a company with $1 billion market capitalization" over the next five years.

donut robotics

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Building blocks of a better world

Mitsubishi Gas Chemical is leading development of vital chemicals, compounds and materials for the technologies that will drive Society 5.0, as well as green energy and carbon recycling.



> "When looking at the elements required to tackle global issues it comes down to the role that chemicals can play"
>
> Masashi Fujii, President, Mitsubishi Gas Chemical

From 5G and 6G communications technologies, robotics, aerospace and autonomous vehicles, to healthcare, smart agriculture and green energy development, the role of the chemicals and materials science industries in the advancement of Society 5.0 cannot be understated.

Virtually all the latest products and technologies in the aforementioned fields depend on materials and chemicals developed by global leaders like Mitsubishi Gas Chemical (MGC), which, for five decades, has strived to create original technologies for the betterment of society.

And with the company preparing to celebrate its 50th anniversary in 2021, MGC has identified four key pillars in its dynamic mid-term strategy to meet the needs of Society 5.0: energy, information/ communication, medical/ food, and mobility.

MGC's product portfolio includes basic chemicals like methanol, xylene, and hydrogen peroxide, high-performance engineering plastics, foamed plastics and semiconductor packaging materials, as well as life science products, such as antibody pharmaceuticals and fermented foods – while its high performing resins and polymers are used in the production of autonomous vehicles, fuel-cell batteries and have ample potential in the latest aerospace technologies.

"When looking at the elements required to tackle global issues it comes down to the role that chemicals can play. Innovative trends such as SpaceX exist thanks to chemical companies, from the raw materials to the machinery," explains MGC's President & Representative Director, Masashi Fujii.

"SpaceX is looking to launch 40,000 satellites, which happens to be a gigantic opportunity for us as we are able to manufacture carbon fiber composites of excellent heat-resistance. Aerospace offers us opportunities such as the possibility of moving from 5G to 6G. Regarding the mobility domain, we want to make smart cars (EVs and autonomous vehicles) a reality through providing materials that enable lighter cars, moving on hydrogen and fuel batteries."

Indeed investment in R&D and innovation forms the most vital part of the strategy for MGC. There are currently around 500 researchers working at its three R&D centers in Niigata, Kanagawa, and Tokyo – each of which specialize in different areas, such as organic chemicals, catalysts, biotechnologies, natural-gas derived chemicals and polymers, and market-driven performance chemicals. MGC aims to increase investment in R&D from 5% to 10% of total revenue as it looks to further pioneer advancements in chemicals and materials science.

"Up until now, R&D was mainly done in-house but in the immediate future, we want to undertake the task of creation with partners to unify efforts. We have close ties with several partners worldwide," adds Mr. Fujii.

With 10,000 employees around the globe, in regions such as Saudi Arabia, Venezuela, Thailand, Indonesia and China, MGC already has an extensive network of overseas partners and subsidiaries, with 50% of its revenue coming from abroad. As the company looks to increase revenues from 650 billion yen to 1 trillion yen (approx. $9.4 billion) over the next decade, it plans to extend its presence in Europe and the US, where it already has four factories.



MGC's geothermal plant in Akita prefecture

Another focus area for MGC is meeting the future clean energy needs of Society 5.0, while also developing other initiatives for a greener planet. For example, the company's geothermal plant in North Japan will provide electricity to a "plant factory" to harvest plants and vegetables using geothermal energy, while also being a point for carbon recycling.

"Regarding CO_2 recycling, Europe is leading this field but we are rapidly catching up," says Mr. Fujii.

Under Mr. Fujii's leadership, MGC has and will continue to strengthen the vital pillars of its growth strategy while supporting Society 5.0, regarding energy, communication, food and medicine, and the provision of chemical compounds and materials for the aerospace and the automotive industries.

"We will continue to grow until we look into the eyes of Elon Musk in the race for mobility and aerospace and Tim Cook in the race for information and communication devices," he concludes. "As I always say: 'It is important to take risks in order to make risk your friend'."

MITSUBISHI GAS CHEMICAL



MGC's R&D center in Niigata

NEWSMAKERS

Talking Points

The New York Times

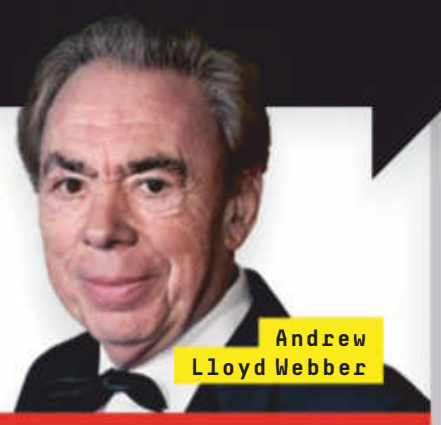
"We lost our home. It looks like everything is completely gone."

—NETTIE CARROLL OF BIG CREEK, CALIFORNIA, POP. 200, HIT BY WILDFIRE

BBC

"WE SIMPLY HAVE TO GET OUR ARTS SECTOR BACK OPEN AND RUNNING... WE ARE AT THE POINT OF NO RETURN, REALLY."

—ANDREW LLOYD WEBBER



Andrew Lloyd Webber

Daily Mail

"It just showed me how tough mums are, if you can birth a baby, you can do anything. You play, you go home and you are still changing diapers."

—SERENA WILLIAMS

AP

"THIS SEA OF PEOPLE CANNOT BE STOPPED BY MILITARY EQUIPMENT, WATER CANNONS, PROPAGANDA AND ARRESTS."

—Belarusian opposition activist Maria Kolesnikova



Maria Kolesnikova

"Every 24 hours, it's pain—it's nothing but pain. It hurts to breathe; it hurts to sleep. It hurts to move from side to side. It hurts to eat."

—JACOB BLAKE, WHO WAS SHOT IN THE BACK BY POLICE IN KENOSHA, WISCONSIN

The Washington Post

"I wanted to always play it down."

—PRESIDENT DONALD TRUMP ON THE CORONAVIRUS IN AN INTERVIEW WITH BOB WOODWARD

"IT'S COMPLETELY UNACCEPTABLE THAT A BANNED CHEMICAL WEAPON HAS BEEN USED AND RUSSIA MUST HOLD A FULL, TRANSPARENT INVESTIGATION"

—U.K. Secretary of State Dominic Raab on the poisoning of Russian opposition leader Alexei Navlany



Serena Williams

FROM LEFT: JOHN PHILLIPS/GETTY; AL BELLO/GETTY; SERGEI BOBYLEV/TASS/GETTY

Switzerland: Innovating out of adversity

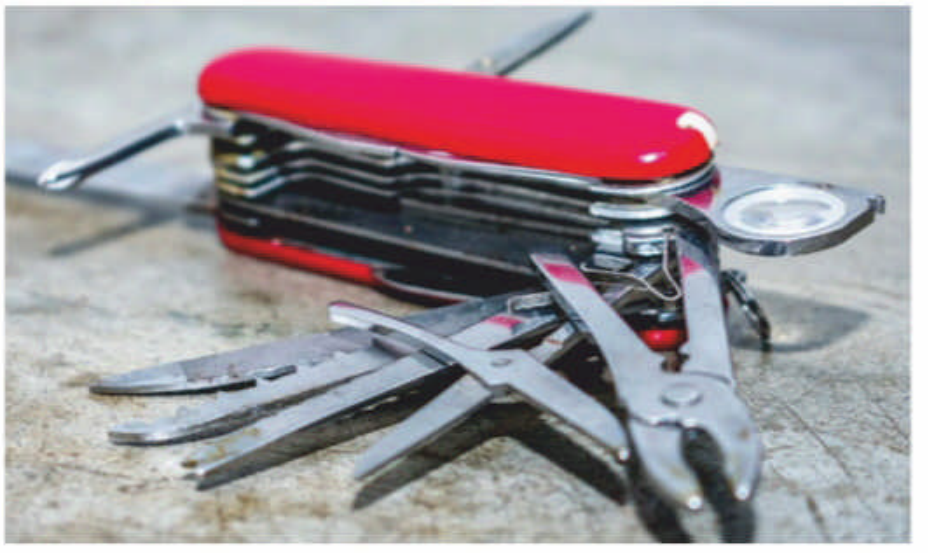
How does the world's most innovative economy fight back against COVID?

Like many other nations, Switzerland was forced to shut down much of its export-oriented economy during the first months of the pandemic. Yet the wealthy Alpine nation has signalled a strong comeback over the last quarter and a V-shaped recovery, with most of any losses this year being recouped in 2021. How has this singular country managed to turn the tide around?

Part of it is the result of solid fiscal management that enabled the government to quickly propose a $63-billion package to provide liquidity for companies and spare the workforce during lockdown. Part of it comes from the nation's strong innovativeness. The World Intellectual Property Organization has ranked Switzerland as the global leader in innovation for the 10th consecutive year this month, obviously with good reason. Government, institutions and businesses have leveraged their innovative capabilities to overcome the challenges laid by the pandemic and subsequent crisis. The heavyweight Swiss pharmaceutical industry, for example, is making a huge contribution in the global race for vaccines, treatments and diagnostics. Local giant Roche is about to launch a novel test that detects the virus within 15 minutes but a myriad of revolutionary life science, biotechnology and medtech players are also making a mark. As the president of the Swiss Biotech Association Dominik Escher points out, "Hundreds of small to mid-sized firms in Switzerland are doing research to come up with better therapies for COVID-19 and in general."

These are supported by Switzerland's renowned universities and research institutions working around the clock on dozens of research projects to provide a deeper understanding of the virus and how to mitigate its impact. "It's an exciting mix of immunological, clinical, social science, humanities and economics projects," notes Matthias Egger, president of the Swiss National Science Foundation's National Research Council. By collaborating with industry and international partners, Swiss universities are ensuring their research has real-life, global impact—a fact evidenced by Switzerland's record number of patents per capita every year. "We aim for relevance in all our activities from the content of our teaching to our research, which focuses on societies' burning questions," explains the rector of the University of Neuchâtel, Kilian Stoffel.

> **"We aim for relevance in all our activities from the content of our teaching to our research, which focuses on societies' burning questions."**
>
> Kilian Stoffel, Rector, University of Neuchâtel



SHUTTERSTOCK: TRAVELLING ISLANDER

Have the Swiss engineered a post-COVID economic toolkit?

Universities are one pillar of an education system that includes some of the world's best secondary, business and hospitality management schools. Having maintained operations during the crisis by embracing digitalization, many of these institutions are now planning for the next year, adapting courses to teach the future leaders of a post-COVID world.

The digitalization of the economy as a whole has clearly made a huge leap forward in 2020. Swiss banks in particular have accelerated their digital transformation, enhancing the use of technologies such as artificial intelligence and robotics to rapidly implement the government's $44-billion liquidity scheme for small- and medium-sized enterprises—a success other nations hope to replicate. Even famous traditional industries like watchmaking have increasingly turned toward digital channels to compensate for lower bricks-and-mortar sales. As a result of this accelerating digitalisation, many of Switzerland's tech businesses have recorded peaks of activity, including hardware manufacturer Logitech and banking software provider Tenemos.

Time and again Switzerland has proved that with every crisis comes opportunity. Just like it internationalized a knife that spawned a new industry after WW2, and emerged from 2008's financial crisis stronger and faster than others, can the Swiss lead the world out of adversity again?

To discover the answers, read or download our exclusive full-length special report on Switzerland's exceptional turnaround in this crisis. Access it now on Newsweek.com using the QR code or visit www.newsweek.com/newsweek-country-reports.

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A SHOT IN THE DARK

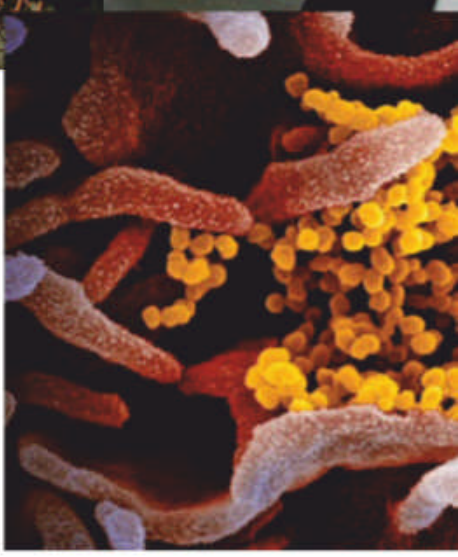
Everyone wants a **COVID-19 VACCINE**.
But the talk of rushing it out is making people nervous.
How to assess the risk.

by
FRED GUTERL



SKAMAN306/GETTY

SOWING DOUBT
Public buy-in is essential to the success of a vaccination campaign, because a vaccine is only effective when people agree to be inoculated. Recent election politics, however, threaten to undermine public trust.



THE UNPRECEDENTED SWIFTNESS with which medical science is developing a vaccine for COVID-19 is one of the most inspiring stories in this historic chapter. Vaccine candidates emerged only weeks after scientists identified SARS-CoV-2 and sequenced its genetic code. Universities and Big Pharma formed teams to develop vaccine candidates in short order. But just as quickly, the search for a vaccine became a political issue, and the sad result is that while the chances of an effective vaccine are rising, so is public distrust.

That's too bad, because the medical and scientific task of developing a COVID-19 vaccine is not the only critical ingredient to a successful vaccination campaign. Public buy-in is essential, because a vaccine is only effective when people agree to be inoculated. The political spectacle surrounding the vaccine efforts is undermining the public trust. Conflicting messages that seem likely to continue for the next two months of the presidential campaign will complicate efforts by doctors and public health officials in communicating, just as the threat of an autumn wave of infections approaches.

The race for a vaccine took shape early on. By July, Moderna, the Massachusetts drug company, moved the vaccine candidate that it was developing with nearly $1 billion dollars from the U.S. National Institutes of Health into phase 3 clinical trials. Phase 3 is the gold standard in medicine, the final leg of testing a new vaccine has to complete before the Food and Drug Administration decides if its benefits are sufficiently large and its risks sufficiently small to justify releasing it to millions—perhaps billions—of otherwise healthy people. To persuade the FDA and the rest of the medical community, Moderna will enroll 30,000 people, give some of them the vaccine and the rest a placebo, and wait until 150 of them come down with COVID-19.

Russia's Gamaleya Research Institute wasn't far

WAITING FOR A SHOT
The race to be first out with a vaccine took shape early on. Moderna began phase 3 clinical trials in July. Top left: A Moderna volunteer in Rockville, Maryland. Above: the COVID-19 virus. Top right: social-distancing in a San Francisco park. Bottom right: watching the Navy hospital ship Mercy in Los Angeles in March.





behind Moderna in the race to be first out with a vaccine. But in August, as Moderna was beginning the vast logistical operation of enrolling participants for its trial, Russia decided to authorize use of its vaccine even though it hadn't yet published the results of its phase 1 and 2 trials, which are used to gather data on toxicity and effectiveness from a small number of close-monitored participants. Russia was releasing a vaccine that had been tested on only 76 people.

Scientists denounced the move as "reckless," "foolish," "unethical" and potentially "disastrous." If the vaccine turned out to be unsafe or ineffective, it could undermine public trust in vaccines across the globe, at a time when convincing people to accept vaccination is important to containing COVID-19.

Undaunted by the example of Russia—or perhaps emboldened by it—President Trump earlier this month began suggesting that the U.S. might authorize its own vaccine before the election on November 3. "We remain on track to deliver a vaccine before the end of the year and maybe even before November 1st," he said at a news conference earlier this month. "We think we can probably have it sometime during the month of October." He has repeated the claim.



"We should look at vaccines as **PART OF THE ARMAMENTARIUM** we have against this virus. The other part is washing our hands, keeping distance and wearing a mask."

Pushback came from many directions. Democratic candidates Joe Biden and Kamala Harris were quick to attack Trump for mixing politics and science. "I would not trust Donald Trump and it would have to be a credible source of information that talks about the efficacy and the reliability of whatever he's talking about," Harris told CNN. Scientists also objected. Dr. Anthony Fauci, head of the National Institute of Allergy and Infecious Diseases, said a vaccine before the end of the year was "not impossible" but "unlikely." Francis Collins, the director of the NIH, told Senators at a hearing that any decision to release a vaccine would be made on scientific grounds. "I just hope Americans will choose to take the information they need from scientists and not from politicians," he said.

Even the pharmaceutical companies acted to head off any politically-timed vaccine authorization. Executives from nine drug companies, including Moderna, Pfizer and AstroZeneca, pledged to apply for government authorizations only "after demonstrating safety and efficacy through a Phase 3 clinical study." Two prominent NYU bioethicists, commenting on the sight of Big Pharma apparantly defending the American public from a "politically-impaired" FDA, wrote in STAT, a health science news website, that "hell has frozen over."

The assurances have apparently not steadied

CLOCKWISE FROM TOP RIGHT: LIU GUANGUAN/CHINA NEWS SERVICE/GETTY; ROBYN BECK/AFP/GETTY; NIAID; AMANDA ANDRADE-RHOADES/THE WASHINGTON POST/GETTY

a nervous public. According to a recent CBS poll, Americans are deeply worried about vaccine safety. The number of U.S. voters who say they would get a vaccine as soon as possible if one became available at no cost dropped to 21 percent, from 32 percent in late July. And two-thirds of voters would consider a vaccine announced this year to have been rushed for political rather than scientific purposes, and only 13 percent of those would get one. As if to underscore the risks, AstraZeneca suspended phase-3 trials of the vaccine it has developed with Oxford University after a patient developed symptoms of a neurological disease (the trial has since resumed).

To help sort through all the uncertainty, we've put together the latest information on COVID-19 vaccines and the most frequently asked questions. Here's what we know so far—about the science, not the politics.





FROM TOP: DENIS CHARLET/AFP/GETTY; EVA MARIE UZCATEGUI/BLOOMBERG/GETTY; STEFANI REYNOLDS/BLOOMBERG/GETTY

How certain are we that a vaccine for COVID-19 will the forthcoming?

FEWER THAN ONE IN FIVE VACCINE CANDIDATES typically survive the testing gauntlet, but at present there are more than 100 being tested for COVID-19. The chances that at least one of them will work is high. To date, nine vaccines are in phase 3 trials: Moderna's, which uses fragments of the coronavirus to stimulate an immune response; a similar vaccine by Pfizer, Biontech and Fosun Pharma; and the AstroZeneca-Oxford vaccine, which uses an adenovirus to carry coronavirus genes to cells, provoking an immune response. Trials of a vaccine called BCG, used in poor nations for tuberculosis and which may protect against COVID-19, are also underway. A lot can still go wrong, however.

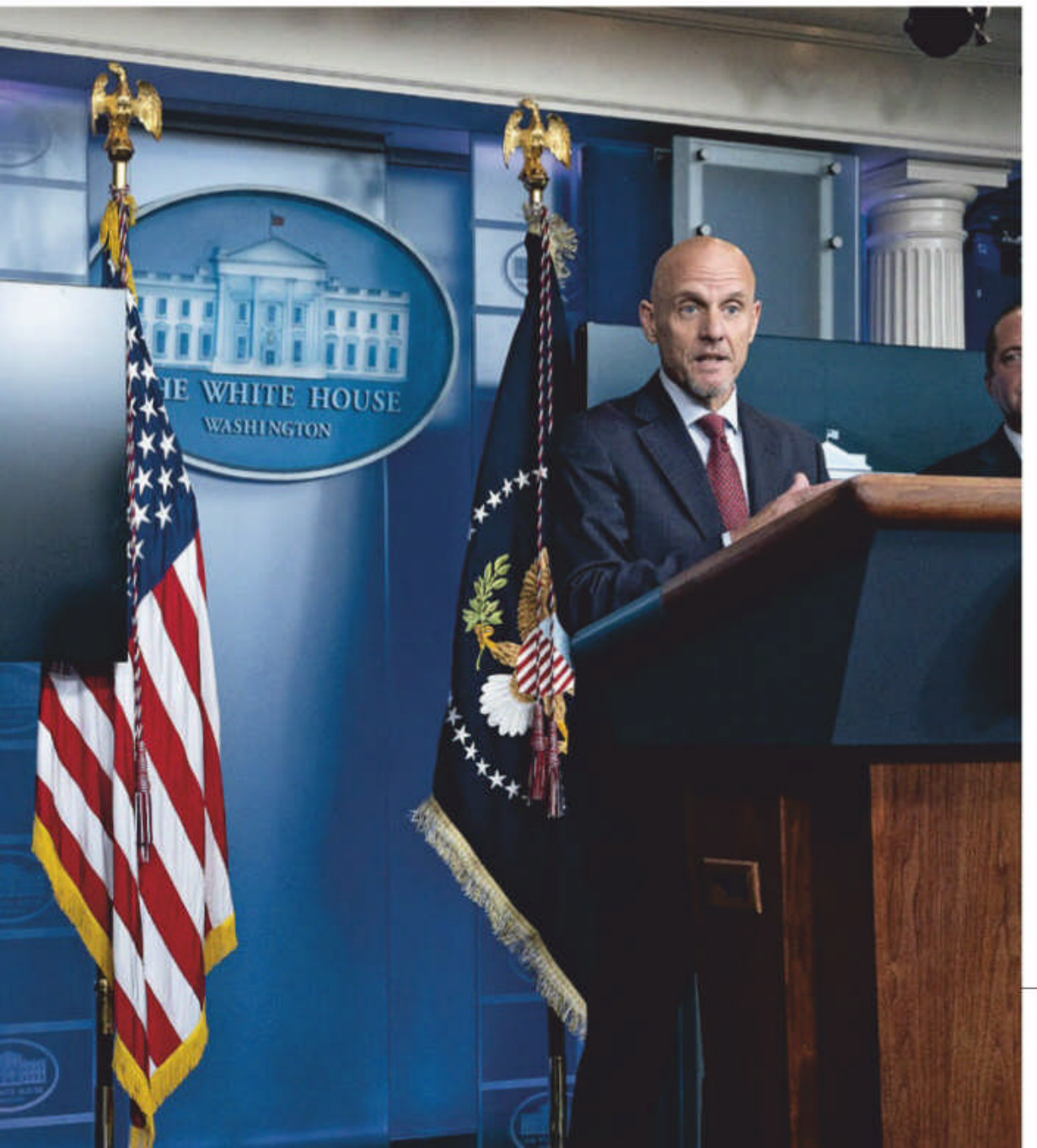
Clinical trials are notoriously hard to predict. Vaccines can look good in phase 1 and 2 only to fail in phase 3, where the sheer number of participants can reveal side-effects that smaller tests missed, while refining effectiveness rates. As happened with the drug hydroxychloroquine, a vaccine could turn out to confer benefits that do not outweigh harmful side effects, which means the treatment is worse than no treatment at all. Or it could simply fail to provide much protection against COVID-19. Failures, of course, are what the tests are designed to weed out.

It's important to keep in mind how quickly medical science is acting. Typically, it takes 4 or 5 years to develop a vaccine. It took Jonas Salk three years just to test the polio vaccine. That a vaccine for COVID-19 may come only a year after the virus was discovered is astonishing. Still, there's no telling when ongoing trials will end. Scientists first have to collect enough data to be confident that they know what the risks and benefits are. Unlike, say, cancer drugs, where patients

"We're going to have to **LEARN TO LIVE WITH THIS** new reality for another year or two, and that there's no point waiting."



BIZZARO WORLD
"Hell has frozen over," wrote bioethicists in reference to a pledge of Big Pharma executives apparently defending the American public from a politically-compromised FDA. Top left: the BCG vaccine may ward off COVID-19. Bottom left: trials for a COVID-19 vaccine in Florida. Below: FDA commissioner Stephen Hahn has made missteps.



can often face an early death unless something is done to halt the progress of the disease, vaccines are given to millions of healthy people, which puts a premium on safety. Moderna, for instance, has enrolled about 22,000 people in its trial so far; the FDA requires data on 150 participants who fall ill with COVID-19. How quickly that happens depends on how prevalent the virus is in those areas where clinical trials are taking place—a trial might go more quickly in Arizona, where many people are infected, than in Maine, where infection rates are lower.

It also depends on how effective the vaccine is. A vaccine that protects 80 percent of the people who are inoculated would generate statistically significant results more slowly, because fewer people would get sick, than a trial that only protects half. For COVID-19, the Food and Drug Administration is aiming for 50 percent reduction in the disease, which effectively means it would accept anything above 30 percent. By comparison, the annual influenza vaccines are usually about 60 percent effective, which doesn't give iron-clad protection. However, Dr. Larry Corey of the Fred Hutchinson Cancer Research Center, an architect of the federal government's COVID-19 program, is hopeful that effectiveness will be "well north of 40 percent."

What happens if a weak vaccine is released?

EVEN A VACCINE THAT LEAVES 40 OR 50 PERCENT of the people who are inoculated vulnerable to COVID-19 is better than no vaccine at all. And it would help in hastening herd immunity, which happens when enough people are immune to a virus to halt its spread.

The conventional wisdom is that herd immunity occurs when 70 percent of a population has immunity, though some statistical models suggest that 50 percent might be enough for COVID-19. That doesn't mean that a vaccine that protects 50-percent of those who are inoculated will be enough, because not everybody will take it—fewer than half of Americans plan to get a COVID-19 vaccine, according to an NBC poll, and one in three say they'd outright refuse to take one, according to Gallup. Public health officials worry that people may be discouraged to hear that a vaccine only works half the time and decide, why bother?

Most of the COVID-19 vaccines require two doses, which greatly complicates the logistics of the rollout because you need to manufacture and distribute twice as many shots. Another unknown is how durable these vaccines will be—how long will they last? Chances are on the order of months or years, but we don't know, and we may not know until after vaccines are released.

All this means that the discipline of wearing masks and social distancing and keeping restaurants partially filled is going to continue for the time being—probably a long time. "We should look at vaccines as part of the armamentarium we have against this virus," says Dr. Alan Bernstein, a member of Canada's coronavirus task force. "The other part is washing our hands, keeping distance and wearing a mask. Certainly, if I was immunized, I would still be doing these things."

What's the problem with releasing a vaccine early?

RELEASE OF A VACCINE BEFORE THERE'S ENOUGH data to know that the risk of harming people is

much lower than the risk of helping them would violate public trust. "We can't have a vaccine released with great fanfare and then find out we have to pull the vaccine because it has an unacceptable risk of side-effects, because then the trust that the public has in the medical establishment—in the FDA and in vaccines in general—will be seriously damaged, perhaps permanently," says Richard Malley, a professor of pediatrics at Harvard Medical School. The reputations of U.S. medical institutions have already taken a hit after missteps on hydroxychloroquine, mask-wearing, convalescent plasma and COVID-19 tests. Another mistake on vaccines would only encourage anti-vaxxers, who in recent years have made it more difficult than it would otherwise be to protect people from measles, whooping cough and other diseases.

Early release of vaccines also complicates the task of studying other potential vaccines. Clinical trials require comparing a group of people who get the vaccine being tested with another group who get either a placebo or a standard vaccine. If an effective vaccine is already available, it's hard for scientists to enlist people willing to risk taking only a placebo for the sake of a new candidate that might or might not turn out to be better.

"There's urgency to develop a vaccine," says Malley, "but it doesn't mean you should rush and by-pass the usual criteria that have been established for decades to get to a vaccine that may not really be very efficacious."

When a vaccine comes out, how will we know it is safe?

OCCASIONALLY SCIENTISTS WILL BE ETHICALLY compelled to end a phase 3 trial early because data suggests that the drug, treatment or vaccine is overwhelmingly effective, which means they can't in good conscience continue withholding it from some test participants who may be receiving placebo instead. If a vaccine were released in this manner before election day, it would have gone through phase 1 and 2 trials, which focus on safety, and at least part way through phase 3 tests—but it would have to have done so well in phase 3 as to give scientists enough data to know unambiguously that the vaccine is safe and effective.

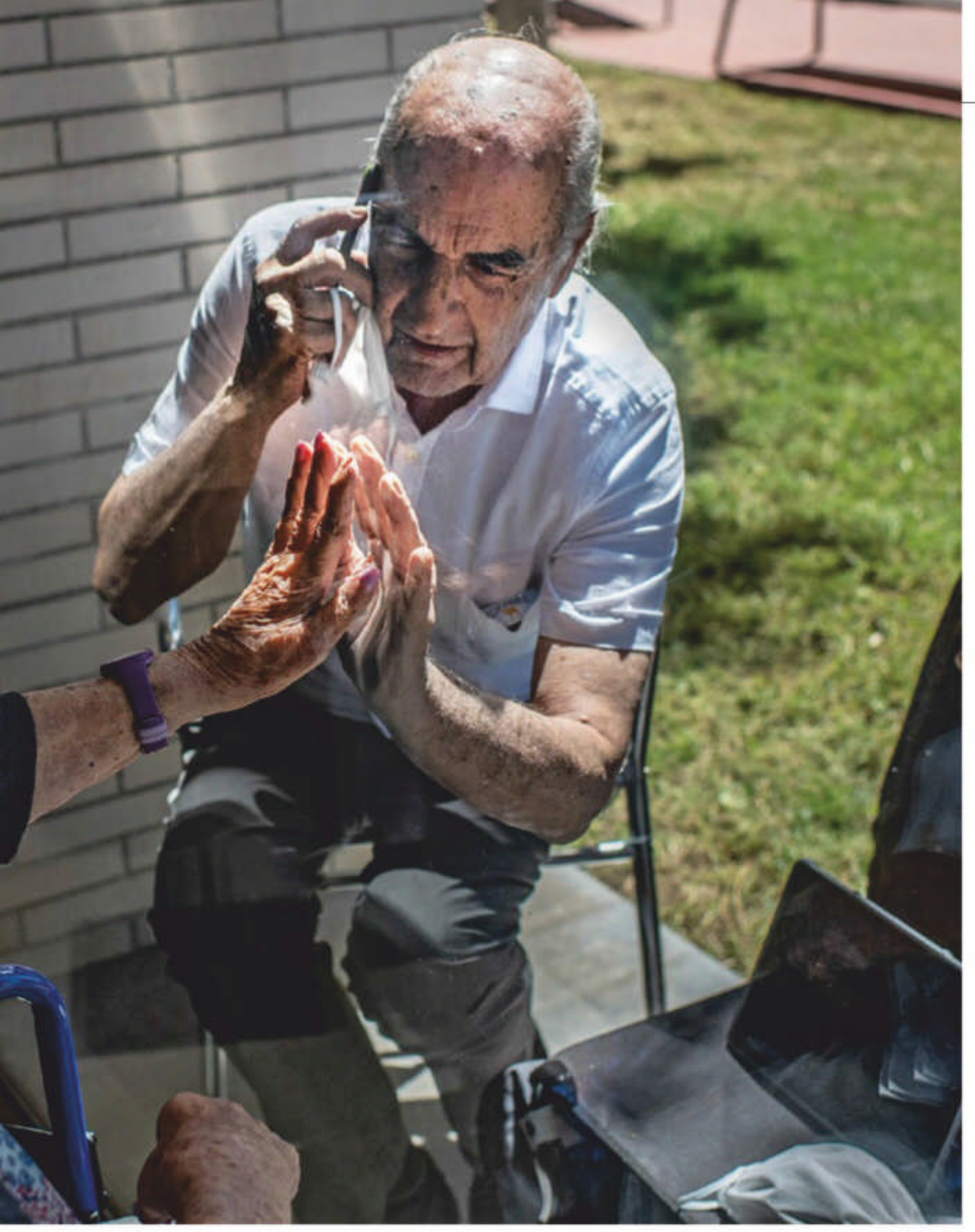
What would happen if the White House insisted on short-circuiting that process and releasing a vaccine without overwhelmingly positive data from phase 3 trials? I asked Dr. Corey, who has worked with Dr. Fauci to design Operation Warp Speed, the government's COVID-19 vaccine program. He pointed out that such a scenario would require the complicity of a great many scientists who have been collaborating on the nation's vaccine initiative. "We built these trials with incredible scientific expertise and review. There are hundreds of people who've seen the protocol. There are many layers of the review committees.





FROM TOP: DAVID RAMOS/GETTY; MARCEL KUSCH/PICTURE ALLIANCE/GETTY

"There's urgency to develop a vaccine, but it doesn't mean you should **RUSH AND BY-PASS** the usual criteria that have been established for decades to get to a vaccine that may not really be very efficacious."



PARTIAL RELIEF
Even a vaccine that works, say, 40 percent of the time would help in hastening herd immunity. But it would still leave 60 percent of the people who were inoculated vulnerable to COVID-19. Above: A nursing home under COVID-19 lockdown in Barcelona, Spain. Left: coronavirus samples in a research lab in Düsseldorf.

The clinical trial sites involve the professors of infectious disease at essentially all our universities throughout the country and the people who have been on the front lines of taking care of people with COVID." Has talk of an early release hurt the vaccine effort so far? "I can answer very emphatically that it hasn't," he says.

If the worst-case scenario comes to pass and the entire executive branch of the U.S. government—the FDA, the Centers for Disease Control, the Department of Health and Human Services—are compromised by political influence from the White House, we will have to rely on these scientists to speak out. So far, they have.

Is a vaccine our only hope?

ALTHOUGH VACCINES ARE IMPORTANT FOR THE long-term control of the coronavirus, there's also the possibility that drug companies will come out with treatments that make the disease less deadly. Imagine a drug that you could take at the onset of symptoms, or after you'd been exposed to someone who had COVID-19, that would eliminate the risk of being hospitalized or having long-lasting symptoms. For many people, that might turn COVID-19 from a terrifying disease to merely an unpleasant one.

Drug companies are working on oral or nasal treatments similar to remdesivir, the therapeutic that has shown some success earlier this year, which might be particularly effective when given early. So far drugs have shown promise in animal studies, says Malley. Drugs are much easier to test than vaccines, which require inoculating people and waiting for them to get sick. With a drug, you take already sick people, treat them and see if they improve. For this reason, Malley thinks early-stage drug therapies could be available in six months. "Obviously, taking pills whenever you're sick is not a long-term solution," he says. "But in a way, that may be more like to bring us relief from having to quarantine and avoid activities than a vaccine."

When will life return to normal?

WHEN THE CORONAVIRUS PANDEMIC STRUCK THE Seattle area in February, Hilary Godwin stopped visiting her elderly parents in Oregon. The train ride, which she used to love because she could read and sleep and look out the window, was now a potential virus-spreading event, and how could she justify risking her parents' health by staying in their guest room and eating in their kitchen? So, like millions of other people, she decided to put her family life on hold, hunker down and wait for a vaccine.

But as fall approaches, the prospect of having to give up congregating in backyards and sidewalk restaurants is enough to make a person consider coming out of the bunker. So Godwin, dean of the School of Public Health at the University of Washington, drove with her husband and son for five-and-a-half hours to sit in her parents' backyard and talk from six feet away.

"It was the realization that it's not just three more months, or 10 more months. It's really that we're going to have learn to live with this new reality for another year or two, and that there's no point waiting. If I can come up with a way that may not be perfect, but at least is relatively safe, where I can spend time with them, I should do that now."

"IT WOULD BE BLOWN OUT OF THE WATER PUBLICLY."

DR. ANTHONY FAUCI says that the White House would not succeed in forcing the release of a COVID-19 vaccine before election day

AMERICA'S MOST WIDELY-KNOWN expert on the coronavirus pandemic is no stranger to disease crises and the political turmoil that surrounds them. Fauci's been head of the National Institute of Allergy and Infectious Diseases since 1984, through AIDS and Ebola. Now he is contending with a president who is flirting with the idea of rushing the release of a COVID-19 vaccine before the election on November 3.

In a *Newsweek* interview, Fauci was characteristically frank. A presidential edict to force the approval of a COVID-19 vaccine before election day on November 3 "will be blown out of the water publicly by the people who understand what it takes to declare a vaccine safe and effective," he says. "It would be a public embarrassment." Here are excerpts:

Q. Will political pressure to release a vaccine early hurt the effort?
A. Let's get down to the imaginary scenario where, all of a sudden, somebody from the White House calls up the [Food and Drug Administration] commissioner and says, we want this vaccine out there now: do it, or I'll fire you. If that happens, it will be so publicly blasted. It seems inconceivable.

There are checkpoints in that process that would make it very difficult for politics to have an influence on whether a vaccine is approved for use before it was shown truly to be safe and effective. The accumulation of data and the analysis of data is unbiased. An independent group called a Data and Safety Monitoring Board is associated with every clinical trial that has NIH fingerprints on it. And then you have the scientific community, like me and Francis Collins, who's the director of NIH. We have not been shy about being vocal concerning prematurely doing an Emergency Use Authorization.

Q. Do you worry that the politics will give momentum to anti-vaxxers?
A. Oh, yes. Obviously, the statements that have come out of the White House about the FDA being a Deep State; the FDA giving an emergency-use authorization to hydroxychloroquine and then withdrawing it; the president being obviously favorably disposed to hydroxychloroquine and me being publicly against it. All of that stuff clearly feeds into people having an issue [with vaccines].

Q. Is there any preliminary data from Moderna vaccine trial?
A. Nothing right now. [Moderna is] still enrolling volunteers, and most of them



GETTY



Photograph by GREG KAHN

have not yet even received the second dose. By the end of September, we will probably get a feel for where we are.

Q. You have no way of knowing how long the trial will last?
A. If you asked me to put down my 10-cent bet on that, I would say it likely would be November or December.

Q. What's your 10-cent bet on how effective the Moderna vaccine will be?
A. If you look at the phase one study, which was only a small study of 45 people, [the vaccine] induced neutralizing antibodies and at a robust level, equivalent to or better than what you see with natural infection. Historically, that is a good sign. I would guess that it's going to be around 70 to 75 percent effective, but that's purely a guess.

Q. What do you say to people who won't take a vaccine that only works three-quarters of the time?
A. Any degree of protection is better than no degree of protection.

Q. Will we still be wearing masks and staying socially distant in 2021?
A. At a minimum, we're going to be doing this well into 2021. By June or July of 2021, you may have most of the population vaccinated. As we turn the corner halfway through 2021, getting into the summer and fall, I would predict that we're going to be approaching a certain degree of normality—not completely, because we're still going to have some coronavirus circulating around, but it's not going to be something that's immobilizing society the way it currently is.

Q. Journalist Bob Woodward says the president intentionally understated the severity of the pandemic in the spring. What do you make of this?
A. While that was going on, I and my colleagues were saying what it really was like. I was sounding the alarm about community spread and other things. To the extent that people have trusted me and listened to me, there was no doubt that we were saying it was serious.

Q. But Trump has a bigger bully pulpit than you do.
A. Yes, right. That's unfortunate that that happened.

WORLD'S BEST SPECIALI

ZED HOSPITALS 2021

Picking the right place for specialized care is one of the most important medical decisions you can make. Here are the premiere institutions in three key treatment areas.

Illustration by ELENABS

IN OUR NINE DECADES, *NEWSWEEK* HAS COVERED ALL aspects of health care—scientific challenges, economic disruption, the occasional medical miracle and most of all, what these developments mean for our readers. As part of that commitment, we've partnered with Statista Inc., the global market research and consumer data firm, to rank the world's best hospitals. Now we're expanding that expertise by looking at specialties. In this chapter, we rank the best hospitals in cardiology, oncology and endocrinology. If you or a loved one needs specialized care in one of those areas, as millions of us do, you want to know which hospitals or medical centers have state-of-the-art facilities and the most knowledgeable, accomplished physicians. Where will you have access to the best diagnosticians, highest level of care and most effective treatments? Here in the magazine, we list the top 50 hospitals in each of the specialties; the full list of 500 is online at newsweek.com/wbsh-2021. We're proud to offer our readers these independent, authoritative and reliable *Newsweek*/Statista rankings. → **Nancy Cooper,** *Global Editor in Chief*

METHODOLOGY

The ranking features the top 200 hospitals in both Oncology and Cardiology and the top 100 in Endocrinology. While global top hospitals are represented in multiple medical fields, leading specialized hospitals that are highly renowned in one or two specific medical fields or treatments also made it into the list in their specialization.

Hospitals which are not accessible to the public and/or are very small were excluded from the ranking since they were very unlikely to receive enough recommendations to make the final list.

The ranking is based solely on peer recommendations for specific areas of expertise from a global survey of medical professionals. Based on the underlying methodology, each list includes a ranking of the 50 best global hospitals, while ranks 51 to 100/200 are sorted alphabetically.

The peer recommendations were collected in two survey waves. First, *Newsweek* and Statista performed an online survey among tens of thousands of doctors, health care professionals and hospitals managers in over 20 countries. In total, over 40,000 medical experts were invited to participate in the online survey.

The data was collected by *Newsweek* and Statista during an initial survey period from May to July 2020. The questionnaire did not suggest a list of recommended hospitals, therefore respondents were free to suggest any hospital they deemed recommendable. Self-recommendations were not allowed. Statista performed plausibility checks on all data to prevent self-nomination. A recommendation score was calculated based on the number of weighted recommendations received.

For the second survey period, Statista asked specialists from the three medical fields to rate a set number of hospitals. The list was comprised of the hospitals which received the highest number of recommendations in the first wave as well as the global top 100 hospitals from Statista/*Newsweek*'s "Worlds Best Hospitals 2020" ranking (there was an overlap between both criteria). Participants were asked to assign a ranking position to these hospitals (Top 1, Top 5, Top 10, Top 20, Top 50, Top 75, Top 100, Top 200). The ranking position was subsequently converted into a ranking score.

Answers were then weighted by the type of respondent by profession, with primary recommendations from doctors in the relevant medical field receiving the highest weight, e.g., cardiologists for cardiology) and by the confidence respondents had in their vote (0-100%). Combined, the two survey periods resulted in over 22,000 individual hospital recommendations.

An overall reputation score (0-100%) was calculated for every hospital in every medical field based on the total weighted number of recommendations and the ranking score. The preliminary lists were presented to a global expert board, which serves in an advisory role, for validation. For the full methodology, please visit newsweek.com/wbsh-2021.





Oncology

1 **MD Anderson Cancer Center**
HOUSTON, TX, USA

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

3 **Dana-Farber Cancer Institute**
BOSTON, MA, USA

4 **Mayo Clinic - Rochester - Department of Oncology**
ROCHESTER, MN, USA

5 **Institut Gustave Roussy**
VILLEJUIF, FRANCE

6 **Charité Comprehensive Cancer Center**
BERLIN, GERMANY

7 **Asan Medical Center - Department of Oncology**
SEOUL, SOUTH KOREA

8 **The Johns Hopkins Hospital - The Sidney Kimmel Comprehensive Cancer Center**
BALTIMORE, MD, USA

9 **Samsung Medical Center - Samsung Comprehensive Cancer Center**
SEOUL, SOUTH KOREA

10 **The Princess Margaret Cancer Centre**
TORONTO, CANADA

11 **IEO - Istituto Europeo di Oncologia**
MILAN, ITALY

12 **Seoul National University Hospital - SNU Cancer Hospital**
SEOUL, SOUTH KOREA

13 **The Royal Marsden Hospital - London**
LONDON, UNITED KINGDOM

14 **Hospital Universitario La Paz - Department of Oncology**
MADRID, SPAIN

15 **Fondazione IRCCS - Istituto Nazionale dei Tumori**
MILAN, ITALY

16 **National Cancer Center Hospital**
TOKYO, JAPAN

17 **Cleveland Clinic Cancer Center**
CLEVELAND, OH, USA

18 **The Catholic University Of Korea - Seoul St. Mary's Hospital - Department of Oncology**
SEOUL, SOUTH KOREA

19 **Universitätsklinikum Köln - Innere Medizin I**
COLOGNE, GERMANY

20 **Hospital Universitari Vall d'Hebron - Department of Oncology**
BARCELONA, SPAIN

21 **Hospital Israelita Albert Einstein - Centro de Oncologia e Hematologia Einstein Família Dayan**
SAO PAULO, BRAZIL

22 **Peter MacCallum Cancer Centre**
MELBOURNE, AUSTRALIA

23 **Massachusetts General Hospital - Mass General Cancer Center**
BOSTON, MA, USA

24 **Universitätsklinikum Heidelberg - Klinik für Hämatologie, Onkologie und Rheumatologie**
HEIDELBERG, GERMANY

25 **Istituto Clinico Humanitas - Unitá Medica ed Ematologia**
MILAN, ITALY

26 **The Mount Sinai Hospital - Department of Oncology**
NEW YORK, NY, USA

27 **Severance Hospital - Yonsei University - Department of Oncology**
SEOUL, SOUTH KOREA

28 **Hospital Sirio Libanes - Centro de Oncologia**
SAO PAULO, BRAZIL

29 **Universitätsklinikum Hamburg-Eppendorf - Zentrum für Onkologie**
HAMBURG, GERMANY

30 **A.C. Camargo Cancer Center**
SAO PAULO, BRAZIL

31 **Institut Curie**
PARIS, FRANCE

32 **Johns Hopkins Bayview Medical Center - The Sidney Kimmel Comprehensive Cancer Center**
BALTIMORE, MD, USA

33 **Mayo Clinic - Phoenix - Department of Oncology**
PHOENIX, AZ, USA

34 **Azienda Ospedaliera di Padova - Reparto di Oncologia Medica 1**
PADOVA, ITALY

35 **Clinica Universidad de Navarra - Departamento de Oncología Médica**
PAMPLONA, SPAIN

36 **The Christie**
MANCHESTER, UNITED KINGDOM

37 **National Cancer Center**
GOYANG, SOUTH KOREA

38 **Hokkaido University Hospital - Department of Oncology**
HOKKAIDO, JAPAN

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Cardiology

1 **Cleveland Clinic - Miller Family Heart, Vascular & Thoracic Institute**
CLEVELAND, OH, USA

2 **Mayo Clinic - Rochester - Department of Cardiovascular Medicine**
ROCHESTER, MN, USA

3 **Brigham And Women's Hospital - Heart & Vascular Center**
BOSTON, MA, USA

4 **Massachusetts General Hospital - Corrigan Minehan Heart Center**
BOSTON, MA, USA

5 **Mount Sinai Heart at The Mount Sinai Hospital**
NEW YORK, NY, USA

6 **The Johns Hopkins Hospital - Heart and Vascular Institute**
BALTIMORE, MD, USA

7 **Cedars-Sinai Medical Center - Smidt Heart Institute**
LOS ANGELES, CA, USA

8 **NewYork-Presbyterian Heart**
NEW YORK, NY, USA

9 **Universitätsklinikum Heidelberg - Krehl Klinik (Innere Medizin III)**
HEIDELBERG, GERMANY

10 **Royal Brompton Hospital**
LONDON, UNITED KINGDOM

11 **Hospital Universitario La Paz - Department of Cardiology**
MADRID, SPAIN

12 **Hôpital Universitaire Pitié Salpêtrière - Department of Cardiology**
PARIS, FRANCE

13 **National Cerebral and Cardiovascular Center**
SUITA, JAPAN

14 **NYU Langone Hospitals - Cardiology and Heart Surgery**
NEW YORK, NY, USA

15 **Hospital of the University of Pennsylvania - Penn Presbyterian - Primary Cardiology**
PHILADELPHIA, PA, USA

16 **Helios Kliniken - Herzzentrum Leipzig**
LEIPZIG, GERMANY

17 **University of Michigan Hospitals - Michigan Medicine - Frankel Cardiovascular Center**
ANN ARBOR, MI, USA

18 **Universitätsspital Zürich - Universitäres Herzzentrum Zürich**
ZÜRICH, SWITZERLAND

19 **Herz- und Diabeteszentrum NRW - Klinik für Allgemeine und Interventionelle Kardiologie**
BAD OEYNHAUSEN, GERMANY

20 **Duke University Hospital - Department of Cardiology**
DURHAM, NC, USA

21 **CharitéCentrum 11 für Herz-, Kreislauf- und Gefäßmedizin**
BERLIN, GERMANY

22 **Centro Cardiologico Monzino**
MILAN, ITALY

23 **Instituto do Coração (InCor)**
SAO PAULO, BRAZIL

24 **The Prince Charles Hospital - Heart and Lung Clinic**
BRISBANE, AUSTRALIA

39 **Cancer Research Ariake Hospital**
TOKYO, JAPAN

40 **Istituto Nazionale Tumori di Napoli - Fondazione G. Pascale**
NAPLES, ITALY

41 **Keio University Hospital - Cancer Center**
TOKYO, JAPAN

42 **The University of Tokyo Hospital - Department of Hematology and Oncology**
TOKYO, JAPAN

43 **Universitätsklinikum Essen - Das Westdeutsche Tumorzentrum**
ESSEN, GERMANY

44 **Hôpital Universitaire Pitié Salpêtrière - Centre Intégré de Cancérologie**
PARIS, FRANCE

45 **Hospital Universitario 12 de Octubre - Servicio de Oncología Médica**
MADRID, SPAIN

46 **Addenbrooke's - Department of Oncology**
CAMBRIDGE, UNITED KINGDOM

47 **National Cancer Center Hospital East**
KASHIWA, JAPAN

48 **Fundación Instituto Valenciano de Oncología**
VALENCIA, SPAIN

49 **Grande Ospedale Metropolitano Niguarda - Department of Hematology and Oncology**
MILAN, ITALY

50 **Shizuoka Cancer Center**
NAGAIZUMI, JAPAN

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25 **Ospedale San Raffaele - Gruppo San Donato - Department of Cardiology**
MILAN, ITALY

26 **Deutsches Herzzentrum Berlin - Klinik für Innere Medizin – Kardiologie**
BERLIN, GERMANY

27 **Policlinico Sant'Orsola-Malpighi - Department of Cardiology**
BOLOGNA, ITALY

28 **Stanford Health Care - General Cardiology**
STANFORD, CA, USA

29 **University of Chicago Medical Center - Heart & Vascular Center**
CHICAGO, IL, USA

30 **Policlinico San Donato - Gruppo San Donato - Department of Cardiology**
MILAN, ITALY

31 **Inselspital Bern - Universitätsklinik für Kardiologie**
BERN, SWITZERLAND

32 **Hôpital Européen Georges Pompidou - Department of Cardiology**
PARIS, FRANCE

33 **Hospital General Universitario Gregorio Marañón - Department of Cardiology**
MADRID, SPAIN

34 **Hospital Israelita Albert Einstein - Department of Cardiology**
SAO PAULO, BRAZIL

35 **Karolinska Universitetssjukhuset - Department of Cardiology**
SOLNA, SWEDEN

36 **Asan Medical Center - Department of Cardiology**
SEOUL, SOUTH KOREA

37 **Baylor St. Luke's Medical Center - Texas Heart Institute**
HOUSTON, TX, USA

38 **Hospital Clínic de Barcelona - Cardiology and Cardiovascular Institute**
BARCELONA, SPAIN

39 **Herzzentrum der Universitätsmedizin Dresden**
DRESDEN, GERMANY

40 **Hospital Sirio Libanes - Department of Cardiology**
SAO PAULO, BRAZIL

41 **Medizinische Hochschule Hannover - Klinik für Kardiologie und Angiologie**
HANOVER, GERMANY

42 **Johns Hopkins Bayview Medical Center - Heart and Vascular Institute**
BALTIMORE, MD, USA

43 **Instituto Dante Pazzanese de Cardiologia**
SAO PAULO, BRAZIL

44 **Sheba Medical Center - Olga & Lev Leviev Heart Center**
RAMAT GAN, ISRAEL

45 **Monash Medical Centre - Clayton - MonashHeart**
MELBOURNE, AUSTRALIA

46 **Ronald Reagan UCLA Medical Center - Cardiovascular Center**
LOS ANGELES, CA, USA

47 **Herzzentrum der Universitätsmedizin Göttingen**
GÖTTINGEN, GERMANY

48 **Northwestern Memorial Hospital - Department of Cardiology**
CHICAGO, IL, USA

49 **Mayo Clinic - Phoenix - Department of Cardiology**
PHOENIX, AZ, USA

50 **Sakakibara Heart Institute**
TOKYO, JAPAN



SEBASTIAN KAULITZKI/SCIENCE PHOTO LIBRARY/GETTY



Endocrinology

1 **Mayo Clinic - Rochester - Division of Endocrinology, Diabetes, Metabolism, & Nutrition**
ROCHESTER, MN, USA

2 **Cleveland Clinic - Endocrinology & Metabolism Institute**
CLEVELAND, OH, USA

3 **Massachusetts General Hospital - Endocrinology Division**
BOSTON, MA, USA

4 **Asan Medical Center - Department of Endocrinology and Metabolism**
SEOUL, SOUTH KOREA

5 **The Johns Hopkins Hospital - Johns Hopkins Comprehensive Diabetes Center**
BALTIMORE, MD, USA

6 **Ospedale San Raffaele - Gruppo San Donato - Endocrinologia**
MILAN, ITALY

7 **Severance Hospital - Yonsei University - Division of Endocrinology and Metabolism**
SEOUL, SOUTH KOREA

8 **The Catholic University Of Korea - Seoul St. Mary's Hospital - Depaxrtment of Endocrinology & Metabolism**
SEOUL, SOUTH KOREA

9 **Charité - Universitätsmedizin Berlin - Medizinische Klinik für Endokrinologie und Stoffwechselmedizin**
BERLIN, GERMANY

10 **Brigham And Women's Hospital - Division of Endocrinology, Diabetes and Hypertension**
BOSTON, MA, USA

11 **Seoul National University Hospital - Department of Endocrinology and Metabolism**
SEOUL, SOUTH KOREA

12 **New York-Presbyterian Hospital-Columbia and Cornell - Naomi Berrie Diabetes Center**
NEW YORK, NY, USA

13 **Hôpital Universitaire Pitié Salpêtrière - Service de Diabétologie**
PARIS, FRANCE

14 **Herz- und Diabeteszentrum NRW**
BAD OEYNHAUSEN, GERMANY

15 **Beth Israel Deaconess Medical Center - Division of Endocrinology, Diabetes and Metabolism**
BOSTON, MA, USA

16 **Hospital Universitari Vall d'Hebron - Servicio de Endocrinología y Nutrición**
BARCELONA, SPAIN

17 **Samsung Medical Center - Department of Endocrinology and Metabolism Medicine**
SEOUL, SOUTH KOREA

18 **Mayo Clinic - Phoenix - Endocrinology Department**
PHOENIX, AZ, USA

19 **Cedars-Sinai Medical Center - Diabetes Center**
LOS ANGELES, CA, USA

20 **Addenbrooke's - Wolfson Diabetes and Endocrine Clinic**
CAMBRIDGE, UK

21 **University of Michigan Hospitals - Michigan Medicine - Division of Metabolism, Endocrinology & Diabetes (MEND)**
ANN ARBOR, MI, USA

22 **Hospital of the University of Pennsylvania - Penn Presbyterian - Endocrinology, Diabetes, and Metabolism**
PHILADELPHIA, PA, USA

23 **Queen Elizabeth Hospital Birmingham - Diabetes Centre**
BIRMINGHAM, UK

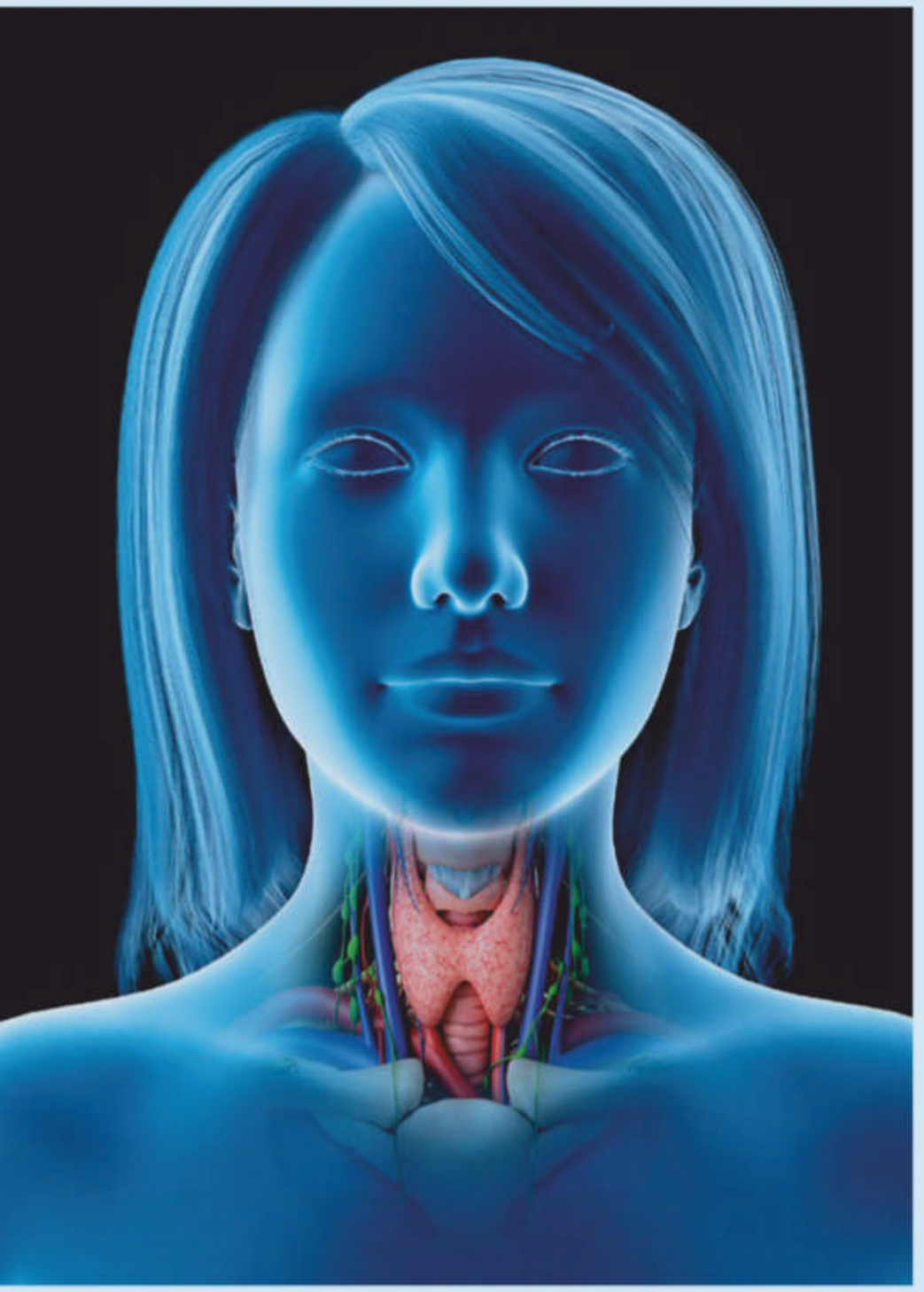
24 **The University of Tokyo Hospital - Department of Nephrology and Endocrinology**
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25 **Toronto General - University Health Network - Endocrinology Clinics**
TORONTO, CANADA

26 **Hospital Universitario La Paz - Servicio de Endocrinología**
MADRID, SPAIN

27 **Mount Sinai Hospital - Sinai Centre for Diabetes (LSCD)**
TORONTO, CANADA

28 **Policlinico Sant'Orsola-Malpighi - Ambulatori di Endocrinologia**
BOLOGNA, ITALY



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29 **UCSF Medical Center - UCSF Endocrinology Clinic at Parnassus**
SAN FRANCISCO, CA, USA

30 **Royal Melbourne Hospital - Parkville - Endocrinology service**
MELBOURNE, AUSTRALIA

31 **Ospedale Pediatrico Bambino Gesù di Roma - L'Unità Operativa Complessa di Endocrinologia**
ROME, ITALY

32 **Hôpital Lyon Sud (HCL) - Service d'Endocrinologie-Diabète-Nutrition**
PIERRE BENITE, FRANCE

33 **Diabetes Klinik Bad Mergentheim**
BAD MERGENTHEIM, GERMANY

34 **Vancouver General Hospital - Gordon and Leslie Diamond Health Care Centre**
VANCOUVER, CANADA

35 **KyungHee University Medical Center - Department of Endocrinology and Metabolism**
SEOUL, SOUTH KOREA

36 **Presidio Ospedaliero Molinette - Endocrinologia, Diabetologia e Metabolismo**
TURIN, ITALY

37 **Hospital Sirio Libanes - Centro de Diabetes do Sírio-Libanês**
SAO PAULO, BRAZIL

38 **Ronald Reagan UCLA Medical Center - Gonda Diabetes Center**
LOS ANGELES, CA, USA

39 **Policlinico Universitario A. Gemelli - Endocrinologia e Diabetologia**
ROME, ITALY

40 **Hospital Clínic de Barcelona - Clínic de Enfermedades Digestivas y Metabólicas**
BARCELONA, SPAIN

41 **NYU Langone Hospitals - Division of Endocrinology, Diabetes and Metabolism**
NEW YORK, NY, USA

42 **Universitätsklinikum Tübingen - Innere Medizin IV**
TÜBINGEN, GERMANY

43 **Hospital General Universitario Gregorio Marañón - Servicio de Endocrinología y Nutrición**
MADRID, SPAIN

44 **The Mount Sinai Hospital - Endocrinology Department**
NEW YORK, NY, USA

45 **King's College Hospital - Endocrinology & Diabetes Services**
LONDON, UK

46 **Emory University Hospital - Endocrinology services at Emory Clinic 'A'**
ATLANTA, GA, USA

47 **University of Washington Medical Center - Endocrine Care Center**
SEATTLE, WA, USA

48 **Lenox Hill Hospital - Division of Endocrinology & Metabolism**
NEW YORK, NY, USA

49 **Guy's Hospital - Diabetes and endocrinology service**
LONDON, UK

50 **Hospital Universitario 12 de Octubre - Servicio de Endocrinología y Nutrición**
MADRID, SPAIN

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UNCHARTED

Mouthwatering Street Foods Around the World

A lot has changed in the last six months—from the way we work to the way we eat. Outdoor dining has become the norm while indoor seating remains restricted in most areas as the world continues to battle COVID-19. But another dining alternative—street food—requires no seating at all and is a great socially distant way to dine out. From the more recognizable (like elotes, Mexican street corn) to the less well-known (Socca, a French cross between flatbread and pancake), these tidbits available from food trucks and carts will enliven your sense of adventure even though widespread travel might be off the table for the time being.

EYEEM/GETTY



TIDAL TREATS
At floating markets, such as this one in Indonesia, patrons can buy prepared food for on-the-go eating, as well as fresh produce.

Photograph by SURANTO RIADI



03 Doughnut Popcorn

New York City

This variation on doughnuts harkens back to Dutch roots. It is fried into bite-sized balls of dough and will remind you of carnivals in days gone by.



01 Poke Inari Cups

Hawaii

The raw, fresh fish is cooked in its own seasoning like a ceviche and then placed among rice and some veggies. Much like a deconstructed version of your favorite sushi roll, this recipe is converted into an on-the-go style rather than the typical poke bowl.



04 Corned Beef and Sweet Potato Pasties

England

While the United Kingdom is pretty well known for its meat pies, this variation from Cornwall, England, takes a slightly different form. These handheld pies are prepared from a homemade pastry filled with meat, vegetables and potato. A great dish to try as the temperatures begin to drop.



02 Elotes

Mexico

This quick-and-easy snack, which originated in Mexico is a now a readily available staple at street fairs. It is usually topped with Mexican cheese, but Parmesan or ricotta will work just the same.



05 Halloumi and Za'atar Fries

Great Britain

This version of a classic basket of fries is a take on the popular Greek fried cheese hors d'oeuvres sagnaki. It's not just the main attraction of the fried Halloumi cheese sprinkled with za'atar that makes this dish special, though; it's also the homemade sauce made with beets, mint and yogurt.



Street Food: Mouth-Watering Recipes for Quick Bites and Mobile Snacks from Around the World
(Ryland Peters & Small, 2020)
takes readers around the world visiting some of the best on-the-go recipes for any palate.

01: MOWIE KAY/RYLAND PETERS & SMALL; 02: TOBY SCOTT/RYLAND PETERS & SMALL; 03: WILLIAM LINGWOOD/RYLAND PETERS & SMALL; 04, 05: STEVE PAINTER/RYLAND PETERS & SMALL



06 Socca
South of France
Made from chickpea flour, this cross between a flatbread and a pancake is typically served right out of the oven and can be topped with virtually anything.



07 Cheese Bread
Bulgaria
Much like the stateside favorite the grilled cheese sandwich, this dish is made with feta cheese layered onto homemade fresh bread and sprinkled with paprika to finish.



10 Yakitori Glazed Mushroom and Chicken Skewers
Japan
These skewers, made with chicken and mushrooms and grilled to perfection, are served across Japan as a quick grab-and-go snack. Yakitori translates literally to grilled chicken, but here the chicken is glazed in a sauce made of rice wine, mirin, soy sauce and a bit of sugar to give it that tangy, sweet flavor.



08 Deep-Fried Mussels in Beer Batter
Middle East
A quick dish traditionally made with freshly caught mussels and sold in port cities in Istanbul, Beirut and Izmir, Turkey. They are fried in a wok-like pan and topped with a garlicky walnut sauce. Fresh prawn or strips of squid can be substituted for the mussels to equally delicious effect.



09 Banana and Pineapple Fritters
Southeast Asia
Gluten-free batter serves up a popular snack of fried fruit made with coconut and served with caramel.

06: KATE WHITAKER/RYLAND PETERS & SMALL; 07: PETER CASSIDY/RYLAND PETERS & SMALL;
08: JAN BALDWIN/RYLAND PETERS & SMALL; 09, 10: CLARE WINFIELD/RYLAND PETERS & SMALL

MUSIC

The War and Treaty Look for Healing

The husband-and-wife duo's new record *Hearts Town* offers hope in hard times

BY

DAVID CHIU
@newbeats

A LOT OF THE WAR AND TREATY'S music is about trying to turn suffering into hope. In 2019, for instance, the Nashville-based duo of Michael Trotter Jr. and Tanya Blount-Trotter were among the marchers with late Congressman John Lewis over the Edmund Pettus Bridge in Selma, Alabama. The event was to commemorate the 54th anniversary of the day Lewis and other peaceful civil rights protestors were beaten savagely on the bridge by police.

The couple were asked for an impromptu song. They froze for a moment, stuck for something that would fit the occasion. A fellow musician suggested the gospel standard "This Little Light of Mine."

"We got unstuck quickly," Trotter recalls with a laugh. "You can't script those moments, and we were so proud to honor [Lewis], to talk with him."

Beginning with their 2017 EP *Down to the River* and their album *Healing Tide* a year later, The War and Treaty have developed a following for their mix of Americana, gospel, rhythm and blues and pop as well as the duo's powerful singing. That eclectic blend continues on their new record *Hearts Town* (due out on September 25 on Rounder Records) and so does their message of healing amidst despair.

"When we put out *Healing Tide*," Trotter told *Newsweek*, "we were all asking ourselves: who's the next great healer? Who's the next Mother Teresa, Gandhi or Dr. King? And we said: 'What if it's us?' Not meaning The War and Treaty, but what if it's everybody? What if we are all now responsible for each other's healing? But when *Hearts Town* came around, it moved the conversation to: 'Do you believe in that healing? Or are we seeing more cynics lately, more people who are apt to believe that we'll never heal or change?'" The new album's title refers to an ideal place where the sense of community and acceptance the duo see in their diverse fan base is a way of life.

The themes of pain and healing are addressed in such tracks as the reflective title song and the anthemic "Take Me In." The lush and bluesy "Lonely in My Grief" ("I don't hate your skin, but you hate mine") particularly resonates following the police killings of George Floyd and Breonna Taylor. "If we look at what's happening in the world right now, it's a cry that you're hearing from the minority community," says Blount-Trotter. "Now you have people that's seeing what's happening and they're like, 'You know what? We're not going to stand for this.'"

Blount-Trotter, who originally hails from Maryland, started a career in R&B in the 1990s. She was influenced by singers such as Aretha Franklin, Mahalia Jackson and Anita Baker growing up, but it was a church performance by her singer brother that convinced her to pursue music. "I said, 'I want to make people feel like that.'" She recorded an album for Polydor Records and was featured in the Whoopi Goldberg movie *Sister Act 2: Back in the Habit* with future star Lauryn Hill.

Trotter grew up in Cleveland and Washington, D.C., spending time as a child in homeless shelters. He found refuge in the music of Ray Charles, Johnny Cash and Harry Belafonte, but it wasn't until he served in the Army during the Iraq War that he discovered his calling. After his commanding officer was killed by an IED, Trotter was asked to write and perform songs to honor his unit's fallen.

"There was death around me," he recalls. "And the soldiers—no matter how tough we are—their thought of 'I'm next' is always there. And my thing was: 'What can I do that will say that you're not next?' So I would write hope. I took what I was doing serious enough to say, 'There's a mission here,' and I was challenged and charged by my battle buddies to keep it going."



"There was something happening that we both were trying to deny, and it was creating this kind of tug of war, this friction."



SENDING A MESSAGE
Tanya Blount-Trotter and Michael Trotter Jr.'s new album is intended as an antidote to cynicism and hopelessness.

After returning from his service and launching a career in music, Trotter met Tanya Blount at a festival where both were performing. She says after seeing him play "I ran across the field in four-inch heels. I was like: 'Who is this guy? I have to know who he is.' We exchanged numbers. He lost my phone number, but I found his number and called him." Trotter says, "I saw the most beautiful woman in the entire universe I had ever seen. I initially and immediately thought, 'There's no way she belongs in my life.' I felt she was out of my league."

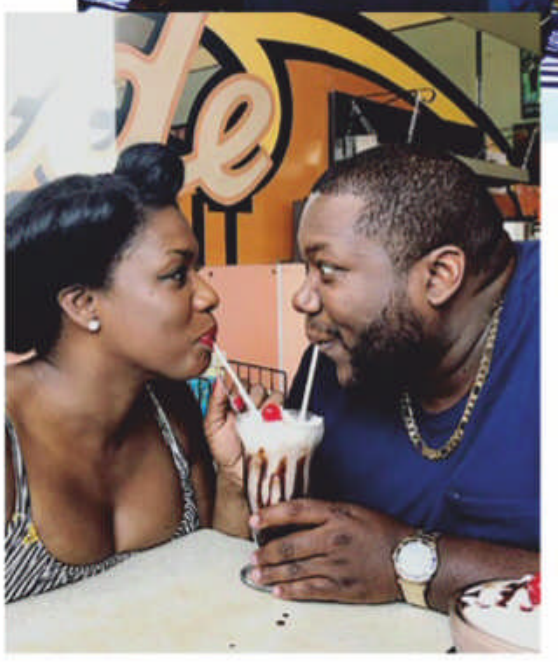
She later invited Trotter to collaborate on a project with her and her brother. As it turned out, her brother missed some rehearsals. "I was *so* glad he could not make these rehearsals," Trotter says, "because it gave me an opportunity to work some things out with Tanya vocally together. There was a chemistry." And it wasn't just music. "There was something happening that we both were trying to deny, and it was creating this kind of tug of war, this friction."

The couple married in 2011, and formed The War and Treaty three years later. (The band's name comes from an argument about what to call themselves.) Since then they have toured steadily and shared stages with artists such as Jason Isbell, who guests on *Hearts Town*, Al Green and Brandi Carlile. Earlier this year, the couple performed at the Grammys.

The new album's lead-off single, "Five More Minutes," is a joyous number that recalls classic 1970s Al Green."Five More Minutes," though, was actually born out of a dark time in 2017, when Trotter was contemplating suicide—an incident that involved the intervention of his wife and the police in Michigan, where the couple were living at the time.

Photograph by DAVID MCCLISTER





EYE TO EYE Right: The War and Treaty perform at the 2019 Americana Honors & Awards at Nashville, Tennessee's Ryman Auditorium. Below: A refreshment break.

"Tanya got down right between my legs on her knees and grabbed me by my face," Trotter remembers, "and said: 'I know you have a time frame to end your life today. I can see it all over your face. But if you would just give me five more minutes to love you, I promise I'll give you a reason to change your mind.' The pleading and the begging was replacing that sorrow and anxiety. I could tell you now, I'm still living in those five minutes. I was being reminded that 'In the midst of your pain, hurt and sorrow, you still got five more minutes left, and I'm gonna love the hell out of you.'"

Not that the time since then has all been easy. The couple were set to tour with John Legend this year but that has now been moved to 2021 due to the pandemic.

They've also been very deeply affected by the Black Lives Matter movement and the ensuing civil unrest and backlash. Trotter says, "There are many days where we are not hopeful—we are surrounded and engulfed in hopelessness. But we're *never* hopeless at the same time. It is a perfect design by the universe. If I'm feeling down and weak, Tanya is feeling up and strong. And when she's feeling down and weak, I'm up and strong."

With its impending release, *Hearts Town* seems poised to be the duo's breakout album, but more importantly, it's meant to be a salve for those who are feeling broken-hearted right now. Blount-Trotter says, "I hope that they hear every song and they find themselves in these songs and they can go back and say, 'I could see myself in this, and they learn something from it.'"

"My hope is that the question we all have gets answered," adds Trotter. "'Is there anybody out there that feels the way I feel?' I hope that people when they hear our album, they hear the question answered: 'Yes, there's a band who believes in this. We believe in the human race, we believe our *Hearts Town* and we believe in you.'" N

Suggested Listening



Down to the River
2017, Strong World Entertainment
This seven-song EP introduces the Trotters' powerhouse vocals and affinity for old-time Americana and R&B. Highlights include the swampy title song,a fusion of blues and gospel, and the ballad "Til the Morning."



Healing Tide
2018, Strong World Entertainment
Produced by Buddy Miller, the couple's first full-length album sounds more dynamic and expansive. Standouts include the energetic title track and and the rootsy "Here Is Where the Loving Is At" (a duet with legendary singer Emmylou Harris).

FROM TOP: ASON KEMPIN/AMERICANA MUSIC ASSOCIATION/GETTY; COURTESY OF WAR AND TREATY (3)

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PARTING SHOT

Janelle Monáe

IN A YEAR WHERE IT SEEMS LIKE EVERY FACET OF LIFE IS GOING THROUGH a massive shift, musician and actor Janelle Monáe is front and center as a voice for that change, especially in her new film *Antebellum,* available on-demand on major cable and digital platforms September 18. "I want this to be a real look at the burden that Black women carry every single day to deconstruct systemic racism and to deconstruct white supremacy." Monáe plays Veronica Henley, a successful writer trapped in a terrifying reality mirroring America's original sin: slavery. "One of the things that this film says is that the past is not even the past." While Monáe is best known as a Grammy-nominated music star, she hit the ground running with her first two films: *Hidden Figures* and *Moonlight,* winner of on an Oscar for Best Picture. She says she's grateful those films were her debut. "They had a very specific perspective around the Black experience and about broadening who we can be as a people." After *Antebellum,* "community and being a good citizen is what I'm focused on next," says Monáe.



"We're in the middle of a revolution. We're in the middle of a reckoning."

How did *Antebellum* come to you?
I needed to take a bath, and I was like, "Okay, let me read the script." I found myself in the tub for about three hours. There were so many turns in the script; just when I thought I knew what kind of film it was going to be, it morphed into something else.

In what ways do you think the film reflects the current moment?
It mirrors a lot of the themes we are dealing with today—systemic racism, racial injustice, micro-aggressions, white supremacy and the burden that Black women have to carry. We're in the middle of a revolution. We're in the middle of a reckoning. There's never a wrong time to continue the conversation around what it means to be a Black woman living in America.

How do you think the film shows why it's important to remove symbols of the Confederacy?
These statues represent pain for the Black community. The flag represents pain, torture. It represents horror. We have to confront them, we have to sit in the discomfort because real change requires an upsetting, a rerouting, a real honest look at ourselves.

Do you approach a role similar to how you approach new music?
It depends. Sometimes I just write songs for therapy and I don't share them with anybody. When I'm working on a film, I'm with a production; we're all trying to tell a story and do what's best for the film. —*H. Alan Scott*

DANIELLE LEVITT

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