

# Hospital food and 'invalid cookery' get healthy makeover



**Michigan's Henry Ford West Bloomfield Hospital upgraded the condition of its food by adding a greenhouse. Michelle Lutz oversees production of vegetables, fruits and herbs, used in preparations such as braised romaine salad.** / *Photos courtesy of Henry Ford West Bloomfield Hospital*

What do you feed someone who's been laid low by illness, injury or surgery?

American caregivers once spooned out porridge, gruels of milk and mashed bread or crackers, soft-cooked eggs and custards – forerunner of the popular BRAT diet, the bland repertoire of bananas, rice, apples and toast. “[Common Sense in the Household](#),” a best-seller in the late 19<sup>th</sup> century, prescribed the all-purpose “1 tumbler of milk, well sweetened” with “2 tablespoonfuls best brandy, well stirred in” and served cold.

“I have known very sick patients to be kept alive for days at a time by this mixture, and

nothing else, until Nature would rally her forces,” Marian Harland wrote in the chapter titled “The Sick-room.”

The state of “invalid cookery,” as it was called, has advanced appreciably at home and in health-care settings. Contemporary cookbooks and websites offer home-care guidance on foods for specific ailments – from [stomach bugs](#) to [heart disease](#) – and retailers stock fortified products to add nutrients and replace lost electrolytes. Beyond that, more and more hospitals have shaken the rap for bad food, cutting back on heavily processed offerings in favor of the fresh and wholesome – and the [Affordable Care Act](#) is goading more change in that direction.

“With the ACA now, we will not be reimbursed for re-hospitalizing you for something we’ve already treated you for,” explains Eric Eisenberg, an executive chef for [Swedish Medical Center](#) in Seattle. “We want to make and keep people healthy.”

Good nutrition plays a part in that. So, dietary departments like his are recasting hospital food – including comfort food, American regional cuisine and ethnic fare – in the most nutritious iterations that diners will accept.

Swedish and other institutions across the country have introduced on-demand food service, letting patients decide when or even whether to eat a particular meal. Someone with an upset stomach might want to give it a rest temporarily – and should follow that intuition, says Robynne Chutkan, a gastroenterologist in metro Washington, D.C., and author of “Gutbliss” (Avery, 2013). “The process of digestion is incredibly complex, taxing the system. It diverts a lot of blood flow from the heart, the kidneys” and other vital organs. Reducing the digestive tract’s workload means “resources can go to other organs.”

Knowledge about the exact interplay of diet, health and disease continues to evolve. “Nutrition didn’t really become a science until about the 1950s,” says Jessica Murphy, reference archivist at the [Center for the History of Medicine](#) in Boston. It’s “very complicated, with a number of confounding variables. We’re still learning.”



In “Food and Cookery for the Sick and Convalescent,” Fannie Merritt Farmer called for setting a pretty breakfast tray to stimulate the appetite. / Courtesy of Little, Brown and Co. and the USDA National Agricultural Library

Still, much has changed even since the mid-1970s, when I did a two-year stint as a high school student working in a hospital dietary department. Vegetables often came out of industrial-size cans, patients with gastrointestinal disorders might be assigned a regular diet, and many night-shift doctors and nurses skipped the cafeteria salad case, instead ordering cheeseburgers and malts.

A decade ago, physician David M. Eisenberg set out to bridge the gaps in health professionals’ understanding and practice of good nutrition by launching “[Healthy Kitchens, Healthy Lives.](#)” The annual conference – put on by the Harvard School of Public Health (where he’s an associate professor), the Samueli Institute and the Culinary Institute of America at Greystone in California – brings them together with chefs to learn how to prepare flavorful, healthful food. Improving their own diets makes them better role models for their patients.

Likewise, Tulane University’s medical school introduced a teaching kitchen in March 2012 for its students, physicians and patients. The [Goldring Center for Culinary Medicine](#) will move in May to new digs in New Orleans’ Mid-City neighborhood as part of a [revitalization project](#). Leah Sarris, the center’s chef and director, says Goldring aims “to give access to fresh, healthy food and teach people how to prepare it.” She shows students and community members how to retool local favorites like red beans and rice, cutting back on “loads of pork fat” and swapping out white rice, a refined carbohydrate, with more nutritious brown rice. Recipes, based on the plant-heavy Mediterranean diet, generally feature low-cost ingredients and take little time to prepare.

“Eating this way is preventive” in terms of chronic illness, Sarris says, “but it’s also palliative. We have a lot of patients with high cholesterol or hypertension who, just by adhering to it, can get off some medications.”

At Swedish in metro Seattle, Eisenberg eliminated fried foods such as chicken strips and fish and chips, and replaced frozen vegetables with fresh produce from local sources. He says his crew has done a good job of updating and refreshing old favorites, such as macaroni and cheese or meatloaf. Patient demand makes it “impossible to take meatloaf off a hospital menu,” he says, citing opposition when he tried to replace it with “a nice, braised brisket.” He revised the meatloaf recipe, mixing in ground turkey, replacing breadcrumbs with oatmeal and adding more carrots and onions to reduce fat and sodium levels. In the hospital cafe, diners can find entrees such as *pho ga* (Vietnamese chicken soup with rice noodles and lemongrass broth), cod Veracruz (oven-roasted fish with a sauce of roasted tomatoes and green olives), seared salmon with a jalapeno glaze or sliced pork loin sauced with fresh ginger and molasses.



Leah Sarris, director of Tulane University's Goldring Center for Culinary Medicine, teaches healthful cooking to medical students and others. / Kate Gilbert photo courtesy of Goldring Center

Patients, many of whom are hospitalized not for illness but for care involving childbirth or procedures such as joint replacement – can order what Eisenberg describes as “restaurant-quality food” whenever they’re hungry during the day. On Swedish’s general menu: entrees including oven-roasted salmon, herb-roasted chicken, Asian vegetable stir-fry or the meatloaf; sandwiches such as a grilled cheese or Vietnamese *banh mi*; salads; pro-biotic yogurt; snacks of fresh fruit, roasted almonds or multigrain tortilla chips; and sweets from cookies to puddings and custard and, yes, Jell-O. Preparing mostly fresh, from-scratch food to order – instead of presenting assembly-line trays of food at appointed times, the practice that I remember and that’s **still widely used** – makes more demands on kitchen staff. To control costs and better manage the inventory of perishable foods, Eisenberg reduced the number of menu options and specialized diets, but plenty of choices remain, he says.

When some chronically ill patients are discharged but require medically specific food that they can't provide for themselves, the [Chicken Soup Brigade](#) picks up where Seattle-area hospitals leave off. A program of the Lifelong AIDS Alliance, the brigade delivers frozen meals to King County residents with health issues including HIV, diabetes, kidney disease, cancer and disabling arthritis. Assistant director Paul Getzel says the brigade delivers meals, groceries and nutrition counseling to about 900 people a week and about 1,800 a year, most of them low income. Deliveries include a supply of two or three frozen meals a day. These “resemble a TV dinner, with a meat and starch on one side, vegetables on the other,” Getzel says. They're tailored to cultural as well as nutritional needs, variously excluding pork, beef, gluten or dairy.

A combination of public grants and private donations supports the Chicken Soup Brigade. Getzel estimates it costs \$5,000 to \$6,000 annually to provide a person with three meals a day: “We say a year's worth of our meals costs less than one day” in a hospital's intensive care unit.

In southeast Michigan, the [Henry Ford West Bloomfield Hospital](#) made a visible commitment to fresh, healthful fare. It planted a greenhouse on the site, providing all the herbs and a fifth of the other produce fed to patients, staff and visitors. The 1,500-square-foot, certified-organic greenhouse – operating since September 2012 and supported by an anonymous donor's \$1 million gift – yields cold-hardy crops such as kale and spinach in winter, and tomatoes, eggplants and green peppers in warmer months.

Resident farmer Michelle Lutz says the hospital's former CEO, Gerard van Grinsven, “wanted everyone to eat meals that would aid in healing and avoid chronic diseases.”

The hospital also has an 86-seat demonstration kitchen for teaching healthful eating to patients, employees and community members. To combat childhood obesity, Henry Ford brings elementary-school students into the greenhouse to get them close to what's growing, Lutz says. She and dietitians discuss good choices with the kids, and she follows up with school visits. “We talk about how pop is less expensive than even a bottle

of water” – and she proposes soft-drink alternatives, pouring samples of water infused with lemons and oranges, or cucumber and mint. A third of the students Lutz sees come from low-income households. She recalls “a heartbreaking moment” when a boy raised his hand and said he didn’t get fresh fruits or vegetables at home. Frozen or canned are OK, she answered. “We have to watch how preachy we are,” she says.

**ThedaCare**, a community health system in northeast Wisconsin, has revamped the food served in its five hospitals. In his four years as executive chef, Lawrence London says the system has eliminated deep frying, removed bacon and highly processed deli meats, limited red meats, focused on proper portion sizes, and helped diners “change their food choices to be much more plant-based.”

That applies to employees and guests, too. ThedaCare’s cafe food is color-coded according to its level of processing and its nutritional value. Green tags – the most abundant, for items such as an apple or parsnip whipped potatoes or vegetable ragout over soft polenta – indicate minimal processing and a go-ahead choice. (A 10 percent employee discount on “green” choices heightens the appeal.) Yellow tags – on applesauce or lean Sloppy Joe with slaw or beef sukiyaki over brown rice – suggest moderate processing. Red ones – on the rare likes of pepperoni pizza or ham and Swiss panini – flag heavy processing and considerable fat or salt, sugar and other preservatives.

“Food can be ‘medicine’ if done correctly,” London says.

## **An American sampler of ‘invalid food’**

- Fannie Merritt Farmer, renowned for her 1896 “Boston Cooking-School Cook Book,” considered her 1904 “**Food and Cookery for the Sick and Convalescent**” to be her greatest work. She introduced it as “equally valuable to those who care for the sick and those who see in correct feeding the way of preventing much of the illness about us.” Farmer had spent years recuperating from a stroke at age 16 and, in her manual, outlined six key considerations. First on the list: “Appeal to the sense of sight.” A tray set

with nice dishes and a flower might tempt the appetite. Then came “appeal to the sense of taste,” and advice on temperature, digestibility, nutritive value and economy.

- “The Settlement Cook Book,” first issued in 1901, outlined preparations such as flaxseed tea, brown flour soup and chicken custard in the 1931 edition’s chapter on “invalid cookery.” Author Mrs. Simon (Lizzie) Kander also included a recipe for liver juice. Its directions: “Score the raw liver and sear slightly in a pan, for less than a minute. Place the liver in a square made of several thicknesses of gauze. Squeeze out the juice. Serve very cold with orange juice.”



“The Settlement Cookbook” prescribed orange juice and liver juice, possibly for anemia. / AFR photo by Carol Guensburg

This combination might have been an antidote for potentially fatal pernicious anemia, says Jessica Murphy, reference archivist at the [Center for the History of Medicine](#). The orange juice’s Vitamin C would help absorption of iron found in the liver.

- Winifred Stuart Gibbs, in her 1912 “[Food for the Invalid and the Convalescent](#),” called for “great care ... in the preparation of food for the sick.” A dietitian for the New York Association for Improving the Condition of the Poor, as well as a teacher of economic cookery at Columbia University’s Teachers College, Gibbs forbade serving any meat that had been fried or “warmed over,” including stews and hash.

For “high fever or any condition where solid food cannot be taken,” she recommended these fluids: “One glass or cup of any of the following every two hours, at least 8 cups during the day: milk, kumyss [fermented milk], buttermilk, milk with barley, malted milk, any soup without solid matter; coffee, tea or cocoa, each to be made half milk; lemonade with white of egg; orangeade with white of egg; junket; custard; ice cream; eggnog or milk punch (either of these may be given once a day, in place of milk, where ordered.”

- In the popular 1873 “[Common Sense in the Household: A Manual of Practical Housewifery](#),” Marion Harland – the pen name for Mary Virginia Terhune – recommended Iceland or Irish Moss Lemonade for patients with “feverish colds and all pulmonary troubles.” The [moss](#) is a seaweed and source of carrageenan, a thickening agent named for the Irish village of Carrageen. In 2013, the [Food and Drug Administration denied a physician’s petition](#) to ban carrageenan’s use as a food additive.

## **Iceland or Irish Moss Lemonade**

1 handful Irish or Iceland moss, washed in 5 waters

2 quarts boiling water, poured upon the moss, and left until cold

2 lemons, peeled and sliced, leaving out the peel

Sweeten very well and ice.

Do not strain, and if it thickens too much, add cold water.

*Fresh kale (shown here) and mustard greens star in this nutritious gratin. The recipe was adapted from the Henry Ford West Bloomfield Hospital, which grows greens and other produce in its greenhouse and shows how to use them in its demonstration kitchen.*



## **Ingredients**

12 cups chopped kale

12 cups mustard greens

3 tablespoons olive oil

3/4 cup fresh breadcrumbs or crushed cornflakes

1/2 cup finely grated Parmesan

1 teaspoon minced fresh thyme, plus extra sprigs for garnish (divided)

1 tablespoon butter, plus extra to grease pan  
1/4 cup sliced shallots  
1/2 cup whole milk  
1/2 cup plain yogurt  
3 garlic cloves, minced  
1/2 teaspoon freshly grated nutmeg  
Cayenne pepper, to taste  
Salt and pepper, to taste  
1/4 cup grated Gruyere cheese

## **Instructions**

Preheat oven to 400 F. Lightly butter an 8-inch-square baking dish.

In a pot of lightly salted boiling water, blanch kale about 3 minutes. Using a slotted spoon, transfer kale to a large bowl of ice water. Let cool, then drain. Squeeze out as much excess water as possible by hand and transfer kale to cutting board. Repeat with mustard greens, blanching for about 2 minutes per batch. Coarsely chop all greens and combine in a large bowl. Set aside.

In a large skillet, heat oil over medium heat. Add breadcrumbs and cook, stirring frequently, until crispy. Transfer breadcrumbs to a large bowl. Stir in the Parmesan and thyme. Set aside

In a medium saucepan, melt butter over medium heat. Add shallots; cook, stirring frequently, until softened and light golden, about 5 minutes. Transfer shallots to the bowl of greens.

Add milk, yogurt, garlic and thyme sprigs to the saucepan. Bring mixture to a simmer and cook, stirring occasionally, until sauce thickens. Season with nutmeg, cayenne pepper and salt and pepper, to taste.

Add sauce to bowl of greens and toss evenly to coat. Transfer mixture to prepared baking

dish. Top with Gruyere and breadcrumbs.

Cover with foil and bake 20 minutes, until mixture is hot. Remove foil and bake another 10 minutes or until cheese and breadcrumbs are golden brown. Serve warm.

*Fannie Merritt Farmer, renowned for her 1896 “Boston Cooking-School Cook Book,” was most proud of her 1904 “Food and Cookery for the Sick and Convalescent.” Among its recipes, this one calls for an egg shirrer -- a flat-bottomed baking dish. A ramekin, especially the shallow kind used for creme brulee, can substitute. (If you like, add some fresh herbs.)*



## **Ingredients**

2 tablespoons soft breadcrumbs

2 teaspoons melted butter

1 egg

Few grains salt

Minced fresh herbs, if desired

## **Instructions**

Mix breadcrumbs and butter, stirring lightly with fork.

Preheat oven to 350 F.

Cover bottom of egg shirrer with crumbs, saving a bit for the top. Break the egg, slip it onto the crumbs, sprinkle with salt and remaining crumbs. Bake until the white is set, about 7 to 10 minutes.

*Rice pudding nourishes and comforts, and it's easy to digest. This recipe is adapted from the U.S. Department of Agriculture's Food and Nutrition Service. (Photo courtesy*

*of lamouradigelso.blogspot.com/)*

## Ingredients

1 cup whole, low-fat or skim milk  
1 cup water  
1 cup rice, uncooked  
2 eggs  
1 cup evaporated milk (divided)  
1 teaspoon vanilla extract  
1/4 cup sugar  
1 teaspoon ground cinnamon



## Instructions

In saucepan, heat milk and water. Add rice and bring the mixture to a boil. Lower the heat to a simmer; stir every few minutes to prevent scalding. Cook, covered, until the rice is tender, about 30 minutes.

In a large bowl, mix the eggs, 3/4 cup of the evaporated milk, vanilla and sugar. Set aside.

Stir remaining 1/4 cup of evaporated milk into the rice mixture. Spoon 1 cup of the rice mixture into the egg mixture and stir. Combine with the remaining rice in saucepan.

Heat pudding until it boils, stirring continuously. Remove from heat and sprinkle with cinnamon. Cool before serving.

*Tulane University's Goldring Center for Culinary Medicine retooled this dish, found in many Asian-American restaurants, to improve its nutritional profile. Adapted here, it's among the recipes found on the [Goldring Center's site](#).*

## Ingredients

- 3 tablespoons creamy peanut butter, no sugar added
- 1/4 cup chopped fresh cilantro leaves
- Juice of 1 medium lime
- 1 tablespoon low-sodium soy sauce
- 1 teaspoon honey
- 2 tablespoons water
- 1/4 teaspoon red pepper flakes
- 4 ounces uncooked whole-wheat spaghetti
- 1 cup frozen edamame or peas
- 1 teaspoon olive oil
- 6 ounces boneless, skinless chicken breast, cut into bite-size strips
- 1 small carrot, grated
- 1/4 cup sliced green onions
- 2 tablespoons dry-roasted, unsalted peanuts



## Instructions

In blender, combine peanut butter, cilantro, lime juice, soy sauce, honey, water and red pepper flakes. Blend to make smooth peanut sauce. Set aside.

In large saucepan over high heat, bring 2 quarts of water to a boil. Add pasta and cook for 8 to 10 minutes or until pasta is almost tender to the bite. Add edamame and cook 1 more minute. Remove from heat. Set aside 1/2 cup of the pasta water and drain the rest.

Add peanut sauce to pasta and vegetables, stirring to mix well. If sauce is too thick, add pasta water 1 tablespoon at a time, stirring to incorporate after each addition.

Meanwhile, in a large skillet, heat olive oil over medium-high heat. Add chicken strips and sautee until fully cooked, about 7 to 9 minutes. Transfer cooked chicken to pasta mixture and stir to combine.

Garnish with carrot, green onions and peanuts. Serve immediately.