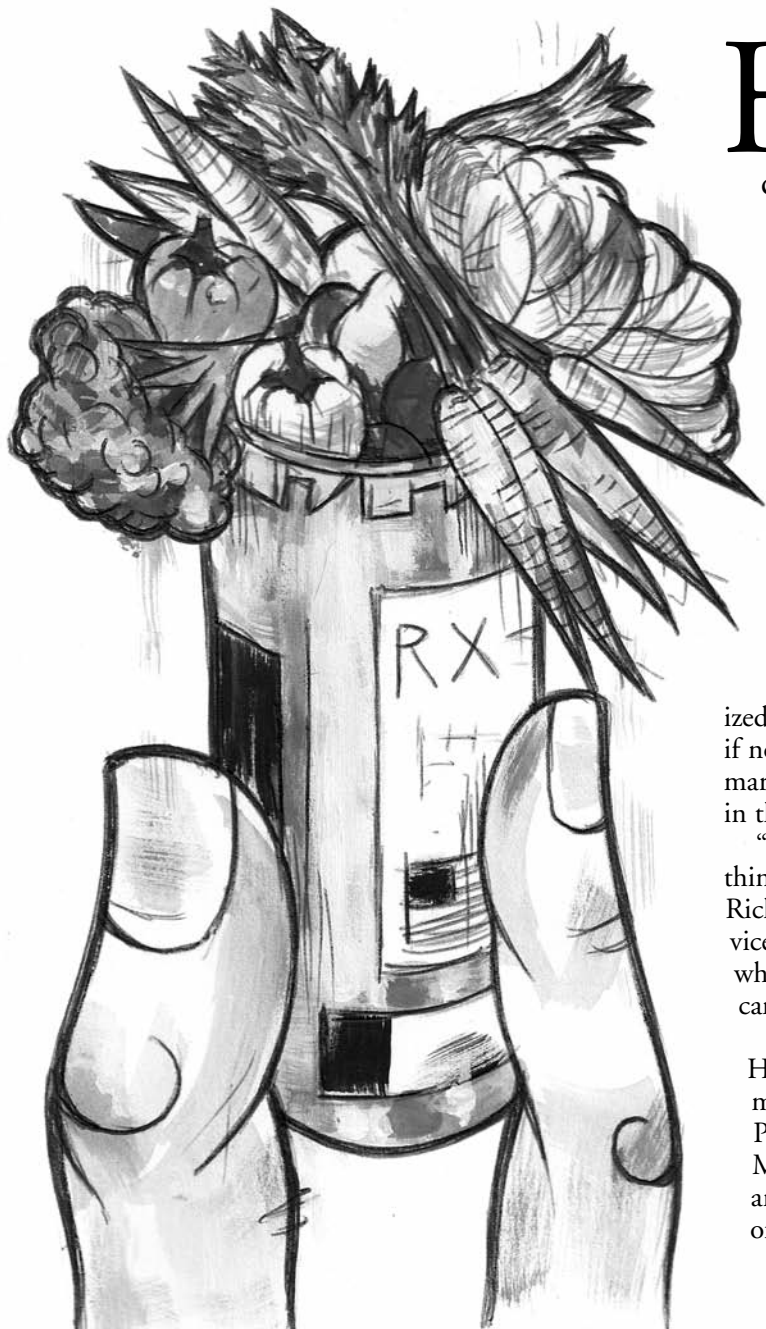


By Marc Eisen

Illustration by Devon Bowman

Not Just Jell-O Anymore: *Local Food Now Served on the Hospital Tray*



HOSPITAL FOOD: THE VERY term conjures up the most bland and unappetizing images. But that's changing in Eau Claire, Wisconsin, population 65,000. Sacred Heart, the smaller of Eau Claire's two hospitals, has committed to spending 10 percent of its food budget on tasty local produce and meat. By big-city standards, this does not amount to much—about \$200,000 a year. But cracking the institutional market is one of the trickier challenges facing food system reformers, and this 334-bed hospital in western Wisconsin is showing the way.

By its nature, institutional food service is cost conscious and lends itself to the efficient, standardized approach of mass production. If you have hundreds, if not thousands, to feed daily, purveyors like Sysco, Aramark, and Sodexo are experts at delivering food product in the perfect portion size.

"We were used to placing an order and having everything come in the door exactly how we wanted it," says Rick Beckler, Sacred Heart's director of hospitality services. "We didn't have a clue where it was produced or who grew it. We didn't know even what continent it came from."

Sacred Heart's kitchen now serves greens from Pam Herdrich's Flower Farm south of Eau Claire, meatloaf made of hamburger from Vic and Mary Price's Out to Pasture Beef in Fall Creek, chicken from Eileen McCutchen's Angel Acres in Mason, pork from Jim and Alison Deutsch's Family Farm near Osseo, and lots of other locally sourced items.

That menu has been a struggle to build but a success

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for the small farmers who fill it.

Take Jim and Alison Deusch. Both thirty-two, they are emblematic of the new wave of sustainable-minded Midwestern farmers. They're products of the reformist Land Stewardship Project in Lewiston, Minnesota, where they took a year-long "farm beginnings" course. After apprenticing and crop-sharing at several Minnesota and Wisconsin farms for four years, the Deusches bought their own spread in early 2010: a biodiverse 160-acre quarter-section farm that dates to the nineteenth century and includes woodlots and wetlands.

Firmly rejecting the dominant mono-crop model of conventional farming, the Deusches hope to be full circle farmers who grow everything they eat, from blueberries to vegetables to meat. With two young children, Alison says she shuns the pesticide-dosed foods available in local groceries. The specialty of the Deutsch Family Farm is pasture-raised chickens and old-breed Duroc pigs that are animal-welfare certified and bred for flavor. Much of their produce is already stamped as USDA organic.

Conventional farming, with its seesaw market prices and heavy federal subsidies, leaves both of them aghast. "It's asinine," says Alison. "Farmers are paid to grow crops that are not profitable."

The Deusches are heels-dug-in independents. Jim says the two-party political system has completely failed; Alison has no use for the big farm groups. They talk about homeschooling their kids. Family is huge for them.

"Jim and I like to work together, and we like to be with our children," says Alison. "We live and learn together every day."

Jim says, "Farming balances our needs physically, mentally, and spiritually."

Like most small farmers who reject the agribusiness paradigm, the Deusches bank on multiple income streams. They direct-market their pork and chicken to consumers, raise

winter squash for the Organic Valley farmers' co-op, and now sell to the newly created co-op that serves Sacred Heart.

That new venture—the Producers & Buyers Co-op—has been crucial in procuring the farm products sold to the hospital. Alison serves on the marketing and product committees.

The co-op requires that producers treat their animals humanely and follow organic standards. Prices are based on farmer profitability.

"The only reason this has been possible has been because of Sacred Heart's commitment. They've really stood behind us," says Jim.

For that, St. Francis of Assisi, the patron saint of ecology, deserves some credit.

Sacred Heart was founded in 1889 by the Hospital Sisters of St. Francis. Their mission sounds downright progressive to modern ears: that "every human person requires the holistic care of body, mind, and spirit regardless of race, creed, or ability to pay." In 2006, the last of the sisters retired to the order's "Motherhouse" in Springfield, Illinois.

Their legacy weighs heavily on the thinking of Stephen Ronstrom, the solid, plain-talking, Duluth-born CEO of Sacred Heart. He is not a standard-issue health care executive. Ronstrom subscribes to the radical *Catholic Worker*, founded by social justice icon Dorothy Day, and long ago was an Alaskan tugboat captain who delivered supplies to poor Eskimo villages. He cites it as one of the formative experiences of his life.

Franciscan care, in an era of technological medicine, "is really countercultural," he says. The order believes in the solidarity of healers to the sick, as well as in the divinity of human life, the importance of community, and the dignity of work.

"I've always felt that if we can really hold up that holistic body-mind-spirit view of human life and community, that's how we will endure," he says. "That's where the sisters

wanted us to go."

Ronstrom places a high value on community. "When you live in a place, you try to pick what's best about it and you try to affirm it," he says. "What's best about living in western Wisconsin? Well, the diversity of food and the heritage of farming."

Medical excellence can take Sacred Heart only so far, Ronstrom says. "How could we extend our health system into prevention and wellness? And how could we do it in a way that was part of our geography?"

His answer: by the food the hospital served its patients and staff.

"It's not New Age to say food is medicine, and what we eat impacts our health and longevity," he says.

In July 2008, Ronstrom announced the hospital was choosing fundamental change. Sacred Heart would embrace local food as part of its hospital mission.

Sounding like Michael Pollan, Ronstrom insists that America will not solve its health care crisis until its food-delivery system is transformed.

Beckler remembers a more prosaic message from his boss: "I'm tired of buying chickens that have road rash from Carolina. I'm tired of buying cantaloupe that have more frequent flyer miles than I do."

Sacred Heart isn't alone in seeking reform. Kaiser Permanente, one of the nation's largest non-profit health groups, sponsors more than thirty-five farmers' markets and has partnered with a farm group to provide local produce at twenty-two of its northern California facilities. The Cleveland Clinic hosts a Wednesday farmers' market that includes health screenings and buys the unsold perishable goods for its cafeteria.

Other hospitals have cracked down on junk-food vending machines, started their own on-site gardens, or followed Sacred Heart's lead by committing themselves to locally sourced foods. Activist research groups like

the Institute for Agriculture and Trade Policy in Minneapolis and the Urban & Environmental Policy Institute in Los Angeles have done the spadework to define the problems in institutional food.

The findings have been sobering. Some 38 percent of the nation's top hospitals host fast-food franchises—the proverbial McDonald's, Panda Expresses, and Pizza Huts. Surprisingly, this includes children's hospitals, where such calorie-rich processed offerings are justified as “comfort food” for sick kids.

A food service trade magazine even advised: “If you fry it, they will come.” In health care cafeterias, it added, “deep fat is the route to achieving customer satisfaction more often than not.”

Yikes!

But greening up the hospital cafeteria—or the school lunchroom, for that matter—is no easy job, advocates admit. Farmers and food service managers live in different worlds and don't understand one another's needs and limits. The infrastructure simply doesn't exist to connect the two.

This is where the Eau Claire experiment had its breakthrough.

By early 2008, Beckler was frustrated. He and Ronstrom had already agreed that local food was a perfect fit for the hospital's Franciscan mission. “But my timeline was waning. My CEO wanted local food now.” For a year, Beckler had been spinning his wheels trying to contract for it. Sure, he had gotten a big order of bison burger that had proved a huge hit in the cafeteria, but then he never heard from the rancher again. What was that all about?

At the closing session of an Eau Claire agriculture conference in early 2008, he vented to a room full of farmers: “I have more than \$200,000 to spend on local food. Do any of you want a piece of that action?” Then he stalked out of the hall.

One of the people hurrying after him was farmer Pam Herdrich,

whose day job is as coordinator of the River Country Resource Conservation and Development Council. Talk about frustrated: The council had failed three times in the previous ten years to launch a local food program in its twelve-county region.

As Herdrich recounts it, the farmers couldn't provide goods in the sizes and volume the institutions wanted, and when the buyers backed away from further involvement, the farmers found themselves stuck with no market for their ramped-up production. “The institutions weren't committed to working things out,” Herdrich says. “That caused a lot of the distrust that Rick faced.”

As for that bison rancher, Herdrich says Beckler hadn't realized he had probably purchased her entire year's production in one fell swoop. And the rancher was probably nervously waiting for Beckler to call her. Small farmers, Herdrich says, often don't understand the concept of standing orders “or how Sysco serves customers.”

The Producers & Buyers Co-op changed the dynamic. It brought the two sides together, as well as the food processors who are indispensable to a functioning local food system.

Rather than buying from individual producers, Beckler now buys from the co-op he helps run. Patience helps in riding out the rough spots. “You come to realize there is no model out there. You're going to have screw-ups,” he says.

“I'm amazed at how much we've learned by trial and error,” agrees Erica Zerr, a consultant with the co-op.

Like the time Beckler ordered 250 chickens that averaged 4.8 pounds: When quartered they were too big to fit on the hospital plates. Now he orders (and the co-op's chicken growers provide) three-pound chickens.

And his cooks are astonished, says Beckler. “The look, the smell, the texture—even the cookability—of the local chicken is far superior to the product that comes off the big-box truck.”

What's most heartening about the Eau Claire experiment is its grassroots nature. Out of necessity, activists are rebuilding a local food system that all but disappeared after World War II. Their challenge is daunting: Kitchen staff in large institutions may no longer have cooking skills or even rudimentary kitchen tools.

For example, Zerr says school kitchens may not have chef knives. “Everything comes pre-chopped, bagged, and frozen,” she says. “It becomes a royal nightmare to chop butternut squash or slice watermelon for the kids.” Zerr dreams of establishing a local kitchen to prepare vegetables and fruit for school cafeterias.

But there is progress on other fronts. New buyer-members include Sacred Heart's sister facility, St. Joseph's Hospital in Chippewa Falls, and its Eau Claire competitor, the Mayo Clinic-owned Luther Midelfort. The producer-members include twenty farmers and processors. A newly secured \$55,000 federal grant will fund outreach efforts to potential new members.

The fact that the co-op pegs its prices to farmer profitability is a powerful draw for producers who otherwise live or die according to the swings of the Chicago Board of Trade.

For Sacred Heart, the higher cost translates to a 15-to-20 percent premium for locally sourced food, according to Beckler. No one seems to be complaining. A PR consultant reported that the national coverage the little hospital has gained in *Forbes*, *The Wall Street Journal*, and in trade outlets translates to a publicity value of \$1.5 million. Indeed, Ronstrom and Beckler have become go-to sources nationally on local food.

Ronstrom mentions none of this in an interview. With quiet intensity he emphasizes how local food bolsters family farms, keeps money in the community, creates jobs, and fulfills the sisters' vision of holistic health. “Local food is good medicine for everyone,” he says. ♦

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JIM HIGHTOWER ON THE PAMPÉRED RICH

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