

Seán Collins (00:00):

Americans are obsessed with food.

TV clip (00:03):

3, 2, 1.

(00:07):

This is an enormous plate of food. It would take me all day to eat this. He's got 30 minutes. That's really tough.

Seán Collins (00:13):

And our obsession is killing many of us.

TV clip (00:16):

I ignore what mom always tells me and start with dessert.

Seán Collins (00:22):

It's estimated that within a decade, half of all Americans will be obese

TV clip (00:27):

Pastrami with cole slaw. This is so good <laugh>,

Seán Collins (00:35):

But maybe -- just maybe -- the object of our obsession might just become the means of our healing.

Dr. Miles Hassell (00:49):

You know, I get a 40 year old guy who comes through the door and has high blood pressure. He doesn't need me to tell him that he needs a blood pressure drug. He almost certainly needs to be told to lose 50 and 20 pounds, eat more vegetables, and get some exercise twice a day, even if very brief, and see that as the treatment, because the treatment in, in that case, is not only more successful reducing his risk of stroke, which is our biggest concern with high blood pressure, but also predictably reduce, reduces risk of diabetes, heart disease, joint disease improves his energy, reduces his chance of erectile dysfunction that always gets him

Seán Collins (01:24):

Food as medicine. On this week's program. My guests are Dr. Miles Hassell and Chef Josh Galliano

Chef Josh Galliano (01:32):

We need to ask ourselves, should we be eating a peach in December? These are kind of questions that we've had to grapple with quite a bit, whether we wanted to call our, our restaurant locavore, if we wanted to say it was in line with slow food principles. I think that's a, a good point for us to kind of realize with whole foods is that the whole thing is literally gonna provide us with sustenance, the, the entirety of the animal or the entirety of the plant. Whichever way you want to kind of take your grounding when it comes to diet

Seán Collins (02:00):

Healing America's obsession with eating today on the Hear Me Now podcast, I'm Sean Collins. Glad you're listening.

(02:12):

Food as Medicine, there are a dozen ways for us to approach this topic. We could have taken a purely metabolic approach and drilled down on the numbers on the balance sheet, calories on one side, energy expended on the other. We could have approached this purely as a cultural issue, focusing on America's love of convenience, common sense, be damned. There's an entertainment angle here with the rise of celebrity chefs and destination dining in a country that supports at least two full-time cable television channels devoted to food. And there's an episode that could have been produced looking at food and addiction and the psychology of eating. All of these are legit, and I think we'll touch on each of them in some way during the course of today's program. But here's the angle that we've settled on. I have a conversation with a physician who helps his patients with their weight and the many illnesses that stem from being overweight or obese.

(03:18):

And joining us, an award-winning chef who spent his career in some of the most celebrated kitchens, thinking about resources and taste and health. Miles Hassell graduated from the University of Western Australia. He completed his residency in internal medicine at Providence St. Vincent Medical Center, and is board certified in internal medicine in addition to private practice. He's a clinical instructor for internal medicine residence. Dr. Hassell has established the integrative medicine program at the Providence Cancer Center and specializes in evidence-

based conventional and lifestyle medicine for the treatment or reversal of heart disease and stroke type two diabetes and cancer prevention and survivorship, along with his sister Mea, he's the author of the book, "Good Food, Great Medicine: a Mediterranean Diet and Lifestyle Guide." I've got to say Dr. Hassell, the book is impressive, exhaustive, and engaging, and really informative. Welcome to the podcast.

Dr. Miles Hassell (04:27):

Thank you. Thank you.

Seán Collins (04:29):

Tell me how the book came about.

Dr. Miles Hassell (04:32):

So we grew up in a family that really saw medicine as kind of the enemy almost. You know, if you didn't have bones poking outta the skin or likely to bleed to death, you probably didn't need a doctor. But the flip side of that attitude is you better take care of yourself. And so we brought up brought up in a household that really believed in whole food growing stuff working hard staying fit. And so so when I went into medicine, of course and then became aware that actually the foundation of western medicine is actually lifestyle medicine. You know, you go back to Hippocrates there, there's nothing new about this, and the evidence favors it. So it's not as if there's anything oddball. It's just that I would, you know, unkindly say the pharmaceutical profession has sort of gotten its stranglehold on medicine inappropriately not because of anything they really, they've done wrong.

(05:26):

It's just they provide a really easy option for people where they don't have to, you know, look at the menu before they go to a restaurant. And so as a result, lifestyle medicine has sort of gotten pushed to the side, even though the evidence would suggest that it should be the, the, the bedrock of Western medicine. So, so I start from the position of, of this was my culture I grew up in. Plus, it's, it's the, it's, it's, it's got the scientific underpinnings and the practical outworking that, that you can see every day. So even if you look at my medical school yearbook, they're making fun of me for eating alfalfa sprouts,

Seán Collins (06:05):

<Laugh>, you've used the term "whole foods," and I wanna make sure that we all agree on what that means. Explain whole foods.

Dr. Miles Hassell (06:11):

So whole foods, I think it'd be reasonable to say are foods that our great grandparents would recognize that are processed primarily at home. So, if a food is processed in a factory as Michael Pollan said, if it's, if it comes from a plant, eat it. If it is made in a plant, don't, or something like that. He actually said it slightly more elegantly. But I probably butchered his, his elegant phrase. But so, so anything that came roughly from the way it's always been provided to humans and it's processed in your home, I think it's, it's fair to call that whole food.

Seán Collins (06:41):

That's Dr. Miles Hassell in Portland, Oregon. Joining us now from St. Louis, Missouri. Chef Josh Galliano, who's an old friend of mine, I should say. Josh is a multiple James Beard Award nominee, and was named the best new chef in the Midwest by Food and Wine Magazine. Josh trained at Luke Cordon Blue in London has worked in the kitchens of the likes of Angela Hartnett and Daniel Boulud, and at the legendary Commander's Palace in his native New Orleans, Louisiana. Today, Josh is elbow deep in dough at Companion Baking, making breads steeped in tradition and new breads that express healthfulness, place, and awareness of community. He's one of the smartest chefs I know when it comes to thinking about ingredient-driven cooking. And I know has spent time thinking about the balance restaurateurs face in giving diners what they want to eat and food that will be good for them. Josh, welcome.

Chef Josh Galliano (07:43):

Well, thank you. That was a really kind introduction.

Seán Collins (07:46):

I suspect that Dr. Hassell's definition of whole foods resonates with you at your core.

Chef Josh Galliano (07:53):

So, whole foods in, in so many ways is not contradictory to Chef world. But in many cases we, we almost justify what we do and what we put on a menu by how we can manipulate food. And that manipulation is, is valid to many extents because it could be traditional or it could be cutting edge and, and kind of pushing the envelope when it comes to what we enjoy and what we eat. But at the same time, kind of to Dr. Hassell's point, like if you can't recognize it for a piece of food, you might not be getting the nutritional value out of it that so many of our forefathers really relied on. And kind of to add onto that, we now have this industrial complex,

so to speak, that provides us with any food we want at any point in time, all at our fingertips, whether we're ordering it online or if we're going to the grocery store.

(08:45):

And to many moments in our lives, we need to ask ourselves, should we be eating a peach in December? Or should we be getting that white asparagus that's been shipped up from Peru instead of waiting until that fleeting moment in May when it's available from Belleville? These are kind of questions that we've had to grapple with quite a bit, whether we wanted to call our restaurant locavore, or if we wanted to say it was in line with slow food principles, what we would always kind of strike down with is the idea of are we respecting the ingredients for what they are and for how they were grown or harvested? So in, in many ways, we were trying to waste not so that there was no want later on. And I think that's a, a good point for us to kind of realize with whole foods is that the whole thing is literally gonna provide us with sustenance, the, the entirety of the animal or the entirety of the plant. Whichever way you want to kind of take your your kind of grounding when it comes to diet.

Seán Collins (09:41):

Yeah, I'm probably a few years older than both of you, but I think people in my generation especially grew up with processed food as the norm. Y you know, starting in the 1960s, canned food became ubiquitous in people's pantries rather than fresh vegetables or frozen vegetables. The idea of processed cereal products, bread products, all of that just became a sort of modern convenience that was embraced by the American culture in the sixties as sort of the space age way to, to feed your family. And I think for people like me and my people my age and I should say my producer's age, we grew up, you know, with TV dinners and all of these convenient food where convenience trumped common sense when it came to nutrition in some sense, it just seems like everything has pushed us starting with that movement, you know? So post-war convenience to creating a culture that kind of forgets what food is about in, in a very real sense, Dr. Hassell.

Dr. Miles Hassell (10:58):

Yeah. And I think it's when we're, when we're striving for financial gain and, and workplace promotions and entertainment, and I would actually consider the entertainment as a bigger problem, then, you know, standing at home at a kitchen and chopping vegetables is not necessarily the way you wanna spend your time. And yet, if you're going to eat a a, if you're gonna see lifestyle as medicine, whole food is medicine, food is medicine. You better chop vegetables and you better teach your kids. And my, my son learned to chop vegetables

probably about the time he could hold a knife. We built a little platform in the kitchen for him and he, you know, and we accepted that he might cut himself, you know, eh, no big deal. This, this happens. And so you obviously you have to take some, some risk but unless you make it a primary aspect of your life, more important than your entertainment certainly more important than than seeing a physician, frankly this is something we teach our patients is it's more important that you take care of yourself than if you then see me.

(12:02):

And because if you, if you have this attitude that the doctor can sort of do something magically before you, when most of the time he can't, occasionally we do. I mean, I occasionally I pull off a, some pretty good stuff, but most of the time people need to get a little bit more fit, eat a little bit less, and eat a little bit better for, you know an example, and tell me if I shut me up if I go on too long, but, you know, I get a 40 year old guy who comes to through the door and has high blood pressure. He doesn't need me to tell him that he needs a blood pressure drug. He almost certainly needs to be told to lose 50 and 20 pounds, eat more vegetables, and get some exercise twice a day, even if very brief, and see that as the treatment, because the treatment in, in that case is not only more successful reducing his risk of stroke, which is our biggest concern with high blood pressure, but also predictably reduces risk of diabetes, heart disease joint disease improves his energy, reduces his chance of erectile dysfunction that always gets him and so on.

(13:02):

So in other words, by looking at medicine as a bigger picture, not just of what's happening right now today, but also what's gonna happen in 5, 10, 15, 20 years, then you have to say, what's gonna be the best medicine? Is it gonna be giving you a pill or is it gonna be teaching you how to live better? Yeah. And that living better is gonna mean you're gonna spend less time in front of the screen buddy. In fact, if you, you know, often I'll, I'll ask somebody, Hey, do you have a weapon in the home? And they sort of look at me nervously, like, why am I asking about, you know, guns in the home? I say, if you do, you know, put a bullet through your TV screen as a first step towards good health, cuz you'll gain it by yourself like maybe quite a bit of time. You can spend that time chopping vegetables.

Seán Collins (13:43):

Time is a important topic, and I'm glad you brought it up because I think many of us feel that we don't have a lot of it, lots of families are two income families. People are working hard. The convenience argument of processed food and convenient packaged food often outweighs the

ability in people's thinking of, what can I do to make dinner tonight? Right. And I'm curious if there are strategies from the two of you of how you can arrange your day or arrange your week to maybe get some of that prep work done so that it remains a more convenient thing to do when you get home busy people get home and try to make dinner.

Chef Josh Galliano (14:30):

Well, I'll jump in on that. In many cases, we, we battled that no matter what day of the week it is or, or what's going on. And, and most of it's because our kids' schedule is fairly booked, like everybody's in, in some cases we are trying to kind of piggyback on meals throughout the week. So if, you know, we prepare some roasted chicken that isn't gonna be fully consumed on one meal, we're gonna make a little bit extra and we're gonna use it in something else later in the week when we need a little more time. We do heavily rely on things like crock pots. We do some sobi cooking from time to time to try and speed up a little bit of what we're doing. But at the end of the day, you know, there's still going to be a solid 30 minutes or so of prep time.

(15:14):

And I, I just take that as a given that we're gonna have that time. One of the things that my wife has definitely tried to focus on me is that my background is cooking, so I take on all the cooking and I sometimes get blinders on when it comes to that. But getting the kids involved is equally as important. And knowing that if they get involved, I need to be okay with that 30 minute timeframe being skewed and being moved off course. And that's a good thing, you know, because if I'm getting them involved in cooking, they're having some decision making to it, they're also learning those skills from me that hopefully we'll provide them with some better decision making later on, or at least better cutting skills and cooking skills when they're on their own in college and and beyond.

Seán Collins (15:59):

Let me just double check. Do all of your children still have all of their digits?

Chef Josh Galliano (16:04):

They do. And surprisingly enough because, you know, the three older ones are in scouts, which they're all using knives a lot more now. But it is pretty amazing when they sit there and they're like, yeah, we did all the cooking at whatever their camp out is. I'm like, all the cooking, they're like, yeah, you know, most of it with the knives. Yeah.

Seán Collins (16:23):

Yeah. <Laugh>.

Chef Josh Galliano (16:24):

Good girl.

Seán Collins (16:25):

What about that Dr. Hassell, the, the involving kids?

Dr. Miles Hassell (16:29):

The, a couple of things that Josh said really, really resonate. One is the leftovers. We rely heavily on leftovers. So for example, my lunch every day, I bring my own lunch to, to work every day. And, and I can say to a patient, Hey, you know, if you wanna see how I make this work, I work 60 hours a week and I can still make this work. And one of the ways I do it is I bring around lunch. So I show 'em my, my lunch pale which is always leftover from the night before, night before it might be leftovers from some other time. So we have big, big servings, crock pots, casseroles soups. And then in our book we have a, a some pretty rapidly made food. So we can show you how you can have some chicken thighs from the time you have your package to the time you pull 'em outta the oven, 20 minutes elapses.

(17:13):

And, and things like that. I can show people how to make mayonnaise in 90 seconds. And so on. So the, the idea of of, of planning is critical. So if, you know, if you, the military say if you know, if you fail to plan, you're planning to fail. And so I say to people, if, if they wanna be healthy you better plan at least tomorrow's meals ahead and maybe the whole week ahead, go for the leftovers know what you're gonna make and employ everybody in the family because it's also good family time. So if one of us is washing dishes and one of us is chopping something and one of us is pulling something outta the, outta the oven or serving a plate or doing whatever, it's actually, you're chatting away. You're, you're, it's, it's, it's a, it's, it's a classic old fashioned little house on the prairie time as well. But it does take time and, and you can't get away from that

Seán Collins (18:01):

One strategy that I I have a friend in Berkeley, California who, who I think sets aside four hours maybe on Sunday afternoons and does a lot of prep cooking for the week and freezes stuff or portion stuff out and puts it away and plans the lunch and dinner menus for the rest of the

week, and does a lot of the work upfront so that when she gets off work, she has stuff ready to go.

Dr. Miles Hassell (18:33):

Yeah. We have a, a very similar case. So this guy who really turned his life around, he had been a marathon runner, was still 40 pounds overweight, high blood pressure, blah, blah, blah. He figured he could run off weight and you can't, you can't outrun the kitchen. Right? you know, if, if you're eating too much, you're gonna, you're gonna have trouble with weight regardless how much you run, I think. But he was pretty busy guy, and he did exactly that same strategy every Sunday afternoon. And he sent us a picture of what he does, and now we, we actually print it for patients and said, Hey, you know, you're busy guy, do this. And exactly that. He has I think 21 dishes laid out on his on his countertop. And they're all full of different things that he's gonna enjoy the next week. And some go in the freezer, some go in the fridge but exactly, he's, but he's planned ahead and it's a, it's, it's, it's a critical aspect to this.

Seán Collins (19:21):

Josh, from your history in restaurant kitchens, does, does that planning ahead make sense to you for, for families or individuals?

Chef Josh Galliano (19:29):

Absolutely. It's planning that's allowing us to accomplish a high volume of cooking within a short period of time in restaurants. You know, we, we have a crunch time, we have to be open by five, and we have to pretty much be done when the last customer leaves at nine or 10. And you're doing that with minimal staff. So having the, the me plus, so to speak around at your fingertips is what makes my cooking at home a little bit more successful. We joke around that our refrigerator, it's a refrigerator of condiments, but it, it's all little bits and pieces that help to accentuate our meals, but also to vary it up to where we don't feel like we're having the same thing over and over again. Especially if it is utilizing some of the leftovers or if it's that kind of multi-day prep ahead. Many cases I'm cooking a little bit too many grains, or I'm kind of having too much chicken prepared, but I have some sauces and I have condiments that the kids can adapt for their lunch boxes. And same thing for me when I bring mine for lunch at work, it's, it's there to allow us to kind of spice it up and change things and not feel like there's a redundancy or a really kind of a boredom with what we're eating.

Dr. Miles Hassell (20:37):

And part of that planning, I think also allows you to be free of temptations that are gonna kill you. So know our big thing is get rid of refined carbohydrates. If you can get rid of sugars and, and refined flour your weight control is gonna be better, your blood sugar's gonna be better, and so on. And as part of that is sort of this planning ahead thing, what do you want life to look like in five years, 10 years, 15 years, 10, 20 years? And when you look at the data if I can briefly cite some nurses health study data where people who weren't too heavy, who ate well but an omnivorous eating well who drank a small amount of alcohol, who didn't smoke, and who got about 30 minutes of, of exercise every day. That group lives somewhere in the 10 to 13 years longer region with dramatic like 60 to 80% less heart disease, less stroke, less 90% less diabetes.

(21:33):

Wow. almost eliminate the use of medications and so on with these just very five very simple healthy habits. And when we present that feed to people and say, you know, that's gonna cut your risk of cancer by half. It may not cut it to zero, but it's gonna cut it a lot. And even if you get cancer, you're gonna do better. And so on. So it's planning, including planning, what, what do I like, want life to look like in 10, 15 years? And do I wanna be dependent on a physician Yeah. Or a pharmaceutical company, or do I wanna just be healthy? Yeah.

Seán Collins (22:04):

You know, for, it's probably fair to say for anyone who's not looking at me on a video conference at the moment, I have dealt with obesity personally for a good part of my adult life and have sought help in a bunch of different ways. And a couple years ago at the very beginning of the pandemic, I was successful in losing about 80 pounds Whoa. Over the course of a year. And part of that was adopting some cognitive behavioral therapy techniques. And part of it was some pharmaceutical intervention as well. The, the cognitive behavioral therapy part of it was really informative. And I'm, I'm just gonna mention two things. One was the concept, and this goes sort of hand in hand with planning, but the concept that, that your success happens when you go shopping, it doesn't happen when you're standing in front of a pantry.

(23:06):

It's like all the important decisions are made when you buy food or, or you bring it into your home. So learning just not to buy the stuff that you're easily could buy or tradition tells you you need, in fact, you don't need it. The other thing I learned about myself was that sugary drinks were a downfall for me. And that my psychiatrist sort of encouraged me to, to sort of analyze

that. And part of it was, well, it's really convenient, you know, I can go to the refrigerator and open it up and there's lemonade or something like that. And he, and he urged me to figure out another strategy that would be just as convenient. And so I stumbled on iced herbal tea. Unsweetened herbal tea, and that sits in my refrigerator now in a pitcher and is just as convenient as any sugary drink used to be. But it realizing that in the moment you make really bad decisions, you know, the neurology of addiction tells you, oh, in this one moment I'm gonna get away with doing this. Whereas the, the wiser you has thought in advance of what the plan should be. So making sure that it's easy to follow that plan is important, I think.

Dr. Miles Hassell (24:25):

Yeah. Yeah. I agree. In our book, we have a planning plan, meal planning section, and a pantry section addressing exactly what you're talking about is, is, is, is it's, it, it's all doable, but it's only doable with effort. And that means you're taking effort away from something else. And we usually focus on the entertainment, you know, Hey, maybe you need to spend more time in the kitchen. Hey, people hate to hear that.

Seán Collins (24:49):

<Laugh>, the book, by the way, is Good Food, great Medicine, Mediterranean Diet and Lifestyle Guide. My guests are Miles Hassell and Josh Galliano, md and chef respectively. Let's, let's talk a little bit Dr. Hassell about the health impact of, of unchecked diet and eating. The country is experiencing an growing epidemic of obesity and a lot of the metabolic diseases that go hand in hand with it, plus heart disease, plus high blood pressure. Some cancers are linked to diet. Te tell us some of the scope of when it goes wrong. It goes badly wrong in a lot of ways.

Dr. Miles Hassell (25:47):

Yeah. So in the short term, when people are eating poorly, especially if it's social weight gain, but even if it's not, you see things like fatigue diffuse aching you know, people might use the term fibromyalgia and that kind of thing. And many of us suspect that that's due to fatty infiltration of tissues. People know about fatty liver and the fact that you eat too much carbohydrates and drink too much, you're gonna get fatty liver. Well that fat accumulation throughout the tissues doesn't just happen in the liver. It happens around the heart. It happens sprinkle through all your tissues, your muscles, tendons, and so on. And so all of that leads to, we think this sort of low grade inflammatory state. And it's not necessarily associated with being grossly overweight. And generally speaking, it's associated with too much tummy though.

(26:33):

So the person actually may be at appropriate body weight by, by normal standards. But if you look at 'em sideways, they got too much tummy. And that's that that abdominal fat mass acts like another organ messes up your hormones. It it drives high blood pressure, drives diabetes, and as you point out, cancer risk, and not just cancer risk, but if you get cancer, your cancer outcomes are much worse. Hmm. And so for the major cancers for which this has been studied whole food diets and, and exercise dramatically improve survival after you have the diagnosis of cancer, in addition to reducing your risk of cancer at all. Because none of us are gonna get outta this world alive. So it's not as if we don't get stuff but we get it later and briefer. And so what I delight in is seeing, I take care of a lot of older people and it's really fun to see these people who are taking care of themselves. They're playing tennis in their eighties and so on, and they're dying at 85, 95, a hundred, whatever we just lost a hundred year old. But they have a good quality life until then, sometimes called squaring the curve where you, where a good quality life, good quality life, good quality life, good quality life, you're gone. Dirt, dirt nap. And so it's, it's, it's that idea that, that you're not trying to stay alive forever. Right. You're trying to stay well as long as you're here.

Seán Collins (27:52):

Yeah. Josh, when you're running a restaurant, what you're not doing at the moment, I should say, you're in charge of food at a commercial bakery, right?

Chef Josh Galliano (28:03):

Yeah. That's a great way of putting it.

Seán Collins (28:04):

But when you were running a restaurant, how difficult is it to balance this notion of giving people what they think they want versus something that might be better for them?

Chef Josh Galliano (28:16):

That's a tough one cuz we joke around about what we're trying to do when we create a plate of food. And, and usually it is maximizing flavor. Maybe in some other restaurants it's also maximizing the, the profit margins. But for the most part, if you're talking about food and kind of the exercise of creativity, it's maximizing flavor. And then after that, it's all the kind of little idiosyncrasies of enjoying that creation. So many cases we're, we're thinking of things that are good for them and nourishing of their mind and the experience more so than nourishing of the

body. We of course are gonna make some food to where, you know, people will really enjoy it. They won't complain about the portion size being too small, hopefully. But for the most part it's not a, a top of mind issue.

(29:07):

I think in certain restaurants, in certain kind of settings, it definitely is. And it's something that I've, I do think about a lot when I'm preparing soups at our church fundraiser. We have quite a few of our customers, so to speak, parishioners that are celiac or they have kind of lower sodium diets that are needed. So I'm definitely taking that into consideration when I create the, the monthly soup and, and then I'm executing that soup. I am not probably seizing it as aggressively as I would if I were in a restaurant. And I'm definitely making it to where if it would've for, you know, a, a flour addition or some other kind of major carbohydrate celiac kind of no-no ingredient. I'm taking that out. I'm finding a substitute for it. And I think that's one of the important things that we can always keep in mind when we're in restaurants and creating food, is that there are other, the other options exist and we now have more modern cooking techniques that allow us to take advantage of those substitutions or modifications.

(30:08):

You know, we, we have a ton of hydrocolloids out there that allow us to thicken sauces like we've never been able to do or like our grandmothers never were able to do. I come from a background of rue being a holy thing, you know, and, and that we have to have a certain color of rue to make a certain dish. And your gumbo just won't look right if it doesn't have the right color root. But there's plenty of gumbos out there that need no rue whatsoever. And those are the kind of things that we need to think about as far as expanding how we cook, but also expanding how people appreciate what we cook. And kind of to digress for a moment I'm in St. Louis, Missouri and there's much kind of familiarity with Creole and Cajun cuisine that I grew up with, but there's also a little bit of blinders onto it.

(30:54):

And those blinders are the, the tourism industry. So we provide people with what they expect in New Orleans. They expect a certain type of gumbo and they expect to see a lot of seafood and kind of this over the top type cooking and, and that's what we give them. But trying to do that in St. Louis is tough because people still expect that because they went in vacation there. But we don't have to do that. And we can help people to understand that there's a gumbo herbs out there that's actually pretty healthy, you know, if you take the time to make it. But not

everybody knows about that cuz Leah Chase, she was beautiful, but she's gone, you know, and there aren't that many profits of that good cuisine anymore. Yeah.

Seán Collins (31:31):

Let's talk about eating in restaurants. The two of you have both touched on it. Give us some, some tips or suggestions for how to do that successfully.

Dr. Miles Hassell (31:41):

So from my perspective, so I'm, I'm largely dealing with people who have weight and weight associated illness. So primarily diabetes, high blood pressure heart disease, history of stroke, maybe cancer survivorship. That's sort of my, the core of my, of what I deal with. And so I teach 'em to look at a restaurant and often in the exam room, we'll, we'll pull up a restaurant menu and sort of I can walk 'em through and say, Hey, you know, here's some pretty good choices. Here's some choices you better share with other people. You can have somebody a french fry from somebody else's plate. You can't have a serving of your own. And we pretty much concentrate on proteins, vegetables, and then we look at what whole grains or beans are available. It's rare to see a much in the way of whole grains on the restaurant menu, but it's not uncommon around here.

(32:35):

We have a lot of Mediterranean cons, cuisine around here and and Mexican and so on. And so it's not uncommon to see good bean dishes. And we don't get too picky about, you know, what fats have they used. I mean, if you start, you know, if if start trying to be too purist, you're, you're, you're, you know, you're gonna fail. Cuz there's some questions I can't answer, but but if you stick meat, vegetables and beans, you're gonna probably do pretty well and share a dessert with somebody and only have one drink.

Chef Josh Galliano (33:01):

I, I like Dr. Hassell's suggestion of sharing. That's, that's a way that we actually kind of get around some of our issues of selection. When my wife and I go out to eat, we're, we're really kind of looking at different foods that we both enjoy, but we, we kind of bring them back to the table together and allow each other to enjoy, you know, bites off of each other's plates. That way we don't feel so kind of like, I wish I had this extra part to my dish. I do think you're right that it is very difficult to get a well-balanced dish as far as nutrition as well as to get whole grains and, and more vegetables into our, our diets through a restaurant. I think we kind of touched on it before, restaurants are really kind of like a, a once in a while type option.

(33:46):

I know it's convenient for many people and it is a part of a lot of normal life, but to go out for me is, is more of a, I don't get to do it very often. So if I do, I'm gonna make sure that it is worthwhile and worthwhile to me is probably something I can't normally cook, but also something that really is nourishing to the whole experience. So definitely nourishing to the body, but nourishing to the idea of I might wanna go back later on and find those ingredients and cook them at home. And in many cases, I, I think back to how you mentioned the Mediterranean diet and I love fregola. It's a very simple pasta, but it's also one that's packed full of flavor because it's toasted and it looks more like couscous than pasta, but you also don't need that much.

(34:27):

So I'm not trying to have like a big plate of tomato sauce and pasta. I'm trying to have it as a, a component that compliments maybe a piece of fish or a grilled piece of meat that I'm, I'm having. And I probably would've never enjoyed that had I not first had fregola at a restaurant. So I, I feel like many cases restaurant in menus can be gateways Yeah. For us to explore food more and to bring it back home, but to do it in a way that makes sense to us and, and kind of the rest of our lives.

Seán Collins (34:55):

I think about Alice Waters and her work in Berkeley really sort of changing the mindset of a lot of chefs about farm to table using vegetables in a prominent way. I mean, it, it is possible to inspire people by how you are a chef.

Chef Josh Galliano (35:12):

I think that's one of our greatest gifts.

Dr. Miles Hassell (35:15):

And we, we really teach your patients to take control of their environment in the restaurant. So for example, if I've, if my patient's been sold, you know, you really probably should avoid much in the way of potatoes or rice because your blood sugars. Then we teach 'em, Hey, look at what vegetables as you're walking in the restaurant, start taking control right then and look at what's on other people's plates. And you say to the waitress, Hey, can I, can I have all of my potatoes and rice replaced with whatever vegetable you've got? And I've never, I do that all the time and I've never seen anybody object. I've never seen a, a chef un unhappy with the idea,

you know, just whatever you got, you know, I'm not trying to make your life difficult. And it's always been something that's been but it's, it's a matter of teaching your patient or ourselves to not be passive. Food is medicine and passivity don't work. It's, it's active whether it's chopping a vegetable or or controlling the environment at your restaurant. That's a great point.

Seán Collins (36:11):

You know, environment is a hugely important part of this. And I, I'm cognizant of the fact that there are pockets in our communities where access to fresh vegetables is limited. They, they're often referred to as food deserts where whole groups of people find it very difficult to get nutrient dense ingredients to work with, which raises issues about access and about issues of social justice and whether there needs to be some policy level change that we see in the country. Do either of you have any thoughts on that?

Dr. Miles Hassell (36:51):

I sure do. So I, this is something I deal with pretty much daily. Whether it's educating medical students. So I teach quite a bit or talking to patients who are in a food desert or say if I'm working in the, in the downtown free clinic then we, we have what we call the anti victim lecture that we give people. So the first thing I ask 'em is, do you have any friends with a car? And they always have a friend with a car. I say, so go to around here, there's a budget supermarket that we actually as a family consider the best health food store around WinCo and I don't know how broad WinCo is, but anyway, it's local, local supermarket chain that's, that's concrete floors. You beg your own vegg you beg your own stuff and it's got pretty good stuff at really good prices.

(37:38):

And lot huge bulk section. So we'd say, you know what, if you, here's, here's a diet plan for you, you know, here's what you'll have for suggested for a couple of different breakfast and here's a couple of different lunches and here's a couple different dinners and here's how you turn all into the leftovers. And it's all been built around grains, beans and vegetables and season within some animal protein thrown in. And you don't consider yourself a victim cuz you live in a food desert. You get outside of the food, food desert and teach you or your, your family and your neighbors how you can overcome that particular obstacle waiting for policy change. I don't even know how you'd institute policy change because the, the problem that often occurs is that people actually don't wanna cook. You know, they're, they're so out the habit of cooking, they actually don't wanna cook. And I don't know how to overcome that problem, but if they wanna be healthy and so I often say to 'em, Hey, I've got, you know, I can put you on

two or three blood pressure medicines or I can teach you how to take better care of yourself, your, your pick. And then see what the response is, which is usually kind of fun.

Chef Josh Galliano (38:40):

I think from what I see, and I, I need to preface it with, I live in a very rural area of southern Illinois. And so we have food deserts in a slightly different way, and it's a little bit of a kind of a, a sad juxtaposition in the sense of we've got tons of row crops out there. But we don't have quick access to grocery stores, you know, and the, the family farm is a very important part of our economy as well as the culture of the area. But those family farms are not growing food, so to speak. They're, they're growing commodities and, and part of our policy changes is gonna be difficult, but there's need for getting that that food to be grown in the rural areas instead of just the, the row crops that are going into commodification. And unfortunately, I, I see it a lot, but I also am a part of that commodification in that I, I work in a facility that really relies upon the ability for large companies to buy grain mill.

(39:43):

It provide us with flour and then us to use that flour. We try our best to pick and choose better options that are grown better, but at the same time it's, it all is predicated on the, the commodity market. And that's the tough part to really kind of get around for a lot of these small communities that don't have a, a good option for locally grown or a good grocery store. You know, many of the things that are at the grocery store that we have are in boxes. They're prepared in some way and, and modified and processed. And so that's kind of what's available. The C store is probably a, a main resource for a lot of diets in our community. And, and that part is understandable cuz it's, it's convenient, it's also affordable, but it's not providing for that healthy environment that's gonna allow people to really take part in that, that full enjoyment of life and that that well lived life. It's, it's seeing a lot of problems and not to kind of dive too deep into it, but the cancer rates in our area are ridiculous, you know, and that part of that's because of the lifestyles that are around us and the convenience factor that's involved with it. Yeah.

Seán Collins (40:51):

Let me ask the two of you to look ahead. O one thing that's apparent I think is that there is a cultural barrier that we're facing or a cultural pressure that we face. When you look 20, 30, 40 years ahead, what do you think has to happen to shift the balance towards healthier eating at a cultural societal level?

Dr. Miles Hassell (41:23):

From my perspective, we've got, the challenges are human laziness. We all would prefer to spend less effort on work and more effort on entertainment and whatever. Secondly, a lack of imagination about the future. It's hard to imagine what if I'm, well now I'm a 30 or 40 year old guy. It's hard to imagine what, what would life, I'm not 30 or 40. But what would life be like if I had cancer or heart disease or a stroke or disabled from bad knees or whatever. So we've got those forces and then we've got the medical industrial complex that is really telling us that, or not necessarily telling us, but putting options in front of us, whether it's delicious food that's really bad for you or, or drugs that are better than nothing like our high blood pressure drugs, better than nothing, but nowhere near as good as taking better care of yourself.

(42:21):

And then you've got the physician and nursing community that is, that is a co-conspirator with this, if I may say so because they're working hard and they simply don't have time to sit down and talk to a patient for an hour about food. And so if I could go back to my 40 year old with high blood pressure, he's got the choice of hearing from somebody who's gonna spend, you know, five or 10 or 15 minutes with him and hey, here's a blood pressure drug. And out you go. And then a little while later he is gonna get an erectile dysfunction drug and a little while later he is gonna get a diabetes drug and he's gonna think this is sort of a normal progression because that's, and the doctor who's taking care of him probably doesn't know how to chop vegetables either, right?

(43:00):

So, so unless we have unless we have a cultural shift where where it's considered cool and appropriate for, for food is medicine and lifestyle. More importantly, lifestyle is medicine cuz food is, medicine is only one third of it, I would argue it's fitness, it's food, and it's weight management. It's the three sort of core issues. Unless we have a population that's gonna look 20 and 30 years ahead and say, here's what I want my life to look like in 20 or 30 years, I want it to be like that guy and not like that guy. And, and as part of that, we, we often suggest to our patients that they go down, oh, so we, we, I, my office is in the hospital so I say, you know, pop down to the hospital lobby and sit there for a while and just watch the 80 year olds walk by and you're gonna be see this 80 year old who's got a spring to a step, a straight back, his head is up, he's looking around, he's alert and he might be wearing tennis clothes or you see that 80 year old who might have an oxygen bottle, might have a walker, might be pushing somebody in a wheelchair.

(44:06):

And right now the choices you make at 40 and 50 make a huge difference as what happens at 80. And so I don't see that we're going to get there, frankly, except on individual basis cuz I don't, I don't see there's a, there's a critical mass of people who think this way. I'd love, I'd love to be wrong, don't mean I'm not being a necessarily negative. I hope I'd,

Seán Collins (44:27):

Do you think your colleagues in medicine could do more shift people's thinking?

Dr. Miles Hassell (44:34):

Absolutely. Oh, oh yeah. No, I think, I think physicians and nurses are the core of it. But the physician and nurses I think are, are so in the hands of the medical industrial complex, the, the pharmaceutical industry that I'm, because of the time issues, I take an hour with my patients, I can say to the patients, Hey, come by at lunch and have lunch with us and you'll see how, you know, how we actually put this into practice. This is not magic. And so I can do that because I take that time cuz my whole practice is structured around this. If you don't live like this, how are you gonna do it? How is a doctor who, who, who's racing around and, and working 60 hours a week and doesn't value food as medicine and a medical school that's got this huge, huge agenda that's gotta teach at students.

(45:27):

And where is the funding to say, Hey, we're gonna make food as medicine a key part of the, of the of the curriculum. Not just a class they take or a or a workshop they go to to make everybody look like they're getting some, some education. Cuz they, you have to live it, you have to do it yourself. You have to chop the vegetables yourself. You can't, you can't teach it in an a weekend workshop. And that's why I'm just not seeing, cuz I don't think there's any financial forces that are gonna make it happen. Yeah,

Seán Collins (46:00):

It's, it's mind boggling because you, you realize that art disease, just focusing on the heart disease is the leading killer of both men and women in the United States.

Dr. Miles Hassell (46:12):

Cancer is just about topping it,

Seán Collins (46:16):

But at the moment, more, more women, one out of three women in this country dies of, of heart disease.

Dr. Miles Hassell (46:23):

A breast cancer patient is more likely to die of heart disease than from breast cancer. Yeah, no, it's a big deal. I agree.

Seán Collins (46:28):

Josh, looking ahead, what do you, is there any hope here?

Chef Josh Galliano (46:33):

I I I'm, you know, eternally an optimistic kind of person. And I I do kind of agree with Dr. Hassell in the sense that it, it needs to be kind of personal as far as where that, that agency's gonna come from. I I also think that you touched on it a little bit, there has to be some kind of financial reasoning behind some of it because I, I had mentioned before, we, we've got this very big agricultural industry that kind of dictates how we eat. But we don't have to be passive in that we, we can be very active and I, I do believe that some of the change will come from more of a grassroots activity. And in, in that way it can, it can take many different forms and it doesn't have to be an homogenous answer for everyone. And kind of what I think about is we have so many resources at our fingertips that we have a more historical knowledge about that isn't being utilized as prevalently today.

(47:25):

So we have foraging as a kind of more of a recent trend in restaurants and, and food consumption. And I, I see that as being something that can answer many problems for us, but also in the sense of if we can monetize that and do it in a way that's agile for the people who are taking part in it, then we have more food that's available locally. We have food that's gonna be available to people who might not have ever known that it was actually food because they just saw it passing by or, or driving by on the road. But let me give you kind of an example of how I think about this. We have a, a big problem in our area with Asian carp. There's a few different varieties. And I have a friend of ours that does guided bow fishing.

(48:10):

And that sounds just like fun and he's basically just trying to, you know, shoot things. But what we've asked him to do from time to time, shoot yes, shoot fish exactly. And so he will bow fish for these carp, bring them back to me, and some of my chef friends have taken that and turned

it into a, a Vietnamese style fish sauce. Something that would've just been trash for many people is now a luxury ingredient. And that can be the case for many things, whether it's taking mushrooms and turning 'em into mushroom jerky or, you know, looking around and seeing the elder flowers and saying, I just paid \$30 for a bottle of elder flour liqueur. Or I can make something myself that is an alcoholic and also gives me a, a nice refreshing drink in the summertime. These are little things that I think we just don't have a, an immediate knowledge about, but we can easily put 'em into action and then easily put 'em into our economy and, and grow a little bit as a grassroots activity.

Seán Collins (49:06):

Josh, your youngest daughter has been bitten by the chef bug. Tell me about what, what she enjoys cooking. Where's her head on any of these issues? Is she thinking about any of this stuff?

Chef Josh Galliano (49:22):

Many of the issues that she thinks about is more kind of to what we do as a family to, to put food on the table. So she is very much interested in just cooking in general and enjoying food and, and really tries things before she ever makes up a, an idea of, I don't like this, but what she really enjoys is that we will have a garden, we'll grow things and then we'll cook them. So she has a really great idea and knowledge about where food comes from. You know, she knows that there's families down the road from us that raise certain kinds of pigs that go to the butcher shop and then become dinner for us. And I think that's kind of where her head is really at, is that she enjoys that whole process, not just I put food on the table, but that I know where it came from. I went to the farmer's market, I bought from, you know, our local orchard and now I made a JMR jelly. Yeah.

Seán Collins (50:16):

Gentlemen, I'm really grateful for you taking the time. I, I said this to Josh in an email earlier this week that I, I'm by this topic and Scott and I have talked about it, or my producer, Scott Aort and I have talked about it for more than a year now doing this. And I think I've been reluctant to actually launch into it because it's like whack-a-mole. It's like it's soon as you identify one aspect of this issue, you suddenly realize that there are five other issues that need your attention as well. And I think one thing that we can take away from this conversation is personal responsibility for making change in your own life and how valuable that is. And not to adopt a defeatist attitude that you can make change. Even incremental change is gonna be

important. And supporting one another, encouraging one another is probably a good part of this

Dr. Miles Hassell (51:20):

Type two diabetes is, is a classic example. This is a disease that costs the country 300, \$500 billion a year plus uncounted, misery, strokes, heart attacks, cancer, joint disease are all associated with type two diabetes. And enormous cost. I mean, I, I can be, I can be seeing a patient that I'm writing prescriptions that it costs 15 to \$30,000 a year, not uncommonly that somebody's paying for. And when you look at the actual research evidence, 70 to 90% of those case of diabetes are reversible with food and lifestyle, 70 to 90% of them. And so the idea of seeing the pr, the food prescription as a key part of medicine would, would get back to a little bit about what you're, you're looking after, looking for earlier. I just, I don't know how to make it happen, but if patients, if, if people, if humans <laugh> could see the food truly is medicine in a way that they see prescription medicine as medicine you know, I can take a, a blood pressure pill or I can eat more celery. That that kind of thought, that truly thinking of food is medicine and not just have it as a vague concept, but as a core concept, as the first concept as something you do before a pill. Yeah. What could I eat to solve this problem? What could I do to solve this problem? Do I need to move more or less, blah, blah, blah. Then I, then I think that would get to sort of where you're going too.

Seán Collins (52:49):

Gentlemen. Thank you Josh Galliano, Miles Hassell, really appreciate your time.

Dr. Miles Hassell (52:54):

Thank you so much. Thanks very much. Bye-Bye.

Seán Collins (53:05):

Dr. Miles Hassell is an internist at Providence St. Vincent Medical Center in Portland, Oregon. Dr. Hassell established the integrative medicine program at Providence Cancer Center and specializes in evidence-based conventional and lifestyle medicine, along with his sister Mia Hassell. He's the author of the book, "Good Food, Great Medicine: a Mediterranean Diet and Lifestyle Guide." You'll find a link to the book's website at HearMeNowPodcast.org

(53:39):

Chef Josh Galliano is a multiple James Beard Award nominee and was named Best New Chef in the Midwest by Food and Wine Magazine. He's in the kitchen now at Companion Baking,

making breads steeped in tradition and new breads that express healthfulness place and awareness of community.

(54:01):

I'm fond of the name of the bakery Josh is at: Companion. The Latin word literally means someone you share bread with, and I think there's a hint there for anyone looking to change their relationship with food. Don't think of this as something you have to do alone. Gather like-minded people around you, shop with others, cook with friends, find companions on your journey to better eating and better health.

(54:35):

The Hear Me Now Podcast is a production of the Providence Health System and its family of organizations. The programs produced by Scott Acord and Melody Fawcett. We have research help from medical library staff, Carrie Grinstead, Sarah Viscusso, Basia Delawska-Elliott and Heather Martin. Our theme music was written by Roger Neill. The executive producer is Michael Drummond.

(55:00):

Join us in two weeks when we'll be talking about anxiety and how it manifests itself in adults and in youth. We'll hear from both behavioral health experts and from people who live with the condition and are learning to manage it. That's on our next program.

(55:17):

I'm Sean Collins. Thanks so much for listening today. Be well.