



A DELICIOUS Prescription

After years of witnessing the effects of an unhealthy diet on her patients, a pediatrician and Dartmouth alumna decided it was time to complement her medical training with culinary skills.

By Julia R. Nordgren, MD

Photos by Kerry Schutz

Orientation fell on a beautiful summer day. I climbed the long stone staircase, passing lemon trees and fragrant rosemary hedges. I walked through the heavy, carved wooden doors into the majestic building that had been, at different times, a monastery and a winery. I joined my fellow students, and we chatted nervously and expectantly. As we were guided up to the second floor to be fitted for our new white coats, I could not help but reminisce about the last time I went through such a ceremony, in the fall of 1995 when I was a first-year medical student at Dartmouth.



Thirteen years after earning her MD, Julia Nordgren returned to school to pursue her passion for cooking.



recall what a great sense of importance and honor I and my Dartmouth classmates felt knowing that we would be wearing those white coats as we ventured into the intimate world of patient care. This coat was different, but I felt a similar sense of pride. The coat had to be buttoned high and fit closely but allow for our arms to fully cross the chest. We were expected to look crisp and professional, as we were all about to venture into the amazing world of the professional kitchen. I was one of 27 students in the Accelerated Culinary Arts Program at the Culinary Institute of America (CIA) in Napa Valley, Calif., and I felt truly honored to be among this group of future chefs.

For years, I had long to learn not just to cook but to understand food. To many, being a doctor and a chef may seem unrelated. But to me, this combination made perfect sense. My arrival at the CIA orientation was the culmination of a great deal of dreaming and planning.

FOOD FOR THOUGHT

I first started thinking about food as medicine back in 2008, around the time Asha, a 16-year-old-patient, came to my office for an ankle injury. It was winter, and she had slipped on her way to drama class. She had pain and swelling over the top of her left ankle, and she was having a hard time putting weight on it.

I adored Asha. She had a funky sense of style and a great sense of humor. She always made me laugh. And as a general pediatrician, I liked treating musculoskeletal injuries. A straightforward ankle sprain was a welcome visit on my schedule.

But Asha's case was not so straightforward. She weighed 240 pounds and had been obese for about six years. She had stopped playing sports long ago. She wasn't particularly muscular, and her bones and joints were under tremendous strain. I knew her ankle would take a long time to heal. And unless she lost weight, she was at risk for persistent joint problems, back problems, and even osteoarthritis, not to mention her future risk of cardiovascular disease, fertility problems, cancer, and diabetes.

Asha and I had certainly touched on this issue before. She had heard my chipper endorsement for eating more fruits and vegetables more than once. But her increasing weight was clear evidence that my advice wasn't having a meaningful effect. Perhaps I didn't afford the topic sufficient time, or maybe she needed more concrete techniques for how to make sustainable changes. I honestly didn't know.

But I did know that cases like Asha's were increasingly common. Many of my patients with asthma were overweight or obese, and treating their airway disease was made more difficult by excess weight, which compromises chest expansion. A majority of my patients with mood disorders and poor school performance were obese as well. Patients with great eating habits and healthy weight-gain trajectories were becoming less common.

In our office, we were all witness to the roots of the problem. Toddlers arrived clutching containers of goldfish crackers, bags of donut holes, or fast food. Teens traipsed in with electric-colored sports drinks, candy bars, and energy shots. Kids drank juice out of cute little boxes, and babies slurped down bottles of strawberry-flavored milk. Cheerios and chips were regularly spilled on our floors. The processed foods and sugary drinks that are such a part of our cultural landscape were clearly taking a toll on our patients.

I started to see these problems through a different lens, as so much of my clinical work was complicated by my patients' unhealthy

eating habits. Kids seemed to be eating and drinking whatever they wanted, and harming themselves in the process. Parents were often at a loss about how to make changes and how to be more effective parents when it came to food. I became convinced that nothing I could do was more important than helping families feed their children more healthfully, but I also felt limited by time and expertise.

Soon after I saw Asha, I began studying weight and nutrition issues intensely. I went to professional meetings that would teach me about prevention, treatment, and management of obesity and its comorbidities. In a great stroke of luck, I met the bright and vibrant Dr. Mary McGowan, who ran the Cholesterol Treatment Center in Concord, N.H. We shared a passion for improving health through better food and exercise habits, and I admired her depth of knowledge and tremendous enthusiasm. So when she called a few months later to ask if I would join her and Dr. Susan Lynch in managing their pediatric patients, I jumped at the chance.

Working at the Cholesterol Treatment Center was a dream job. I had time to talk to patients and delve into the complex topic of eating behaviors. These conversations helped me better understand the intersection of medical history, family history, lab values, and health habits for each patient. We worked hand in hand with skilled registered dietitians, who were expert at identifying what we fondly referred to as "nutritional opportunity." Working together, we helped many patients change habits, improve the nutritional quality of their diets, and even lose weight. We saw wonderful improvements in lab values—lower bad cholesterol, higher good cholesterol, and lower triglycerides. We celebrated every reduction in body mass index, and we saw far more weight loss than I had when working in general pediatrics. We certainly had our share of frustrating cases, but for the most part, our collaborative efforts worked beautifully.

One key to our success was being able to offer specific advice, not just generic recommendations. Instead of a cheerful "Eat more fruits and vegetables!" I could discuss detailed suggestions. "What vegetables do you like? How do you make them? Do you have a steamer for carrots or broccoli? How about packing a few slices of pepper instead of goldfish? Have you ever tried making a

fruit smoothie?” I found it far more effective to take time to understand a family’s established eating habits and preferences and make suggestions from there. Instead of handing out prescriptions, I scribbled down recipes.

But the more I delved into these discussions of food, the less I could ignore a simple fact about myself: I never learned how to cook.

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FROM FLUFFERNUTTER TO FOODIE

Let me explain. My parents divorced when I was three. My mother worked full time, and family meals were a rarity. I ate many meals alone, microwaving Budget Gourmet fettuccine alfredo or boiling up Kraft macaroni and cheese. I spent every penny of my allowance on candy.

My survival in my post-collegiate years was due primarily to the incredible invention known as the fluffernutter (peanut butter and marshmallow fluff on white bread). My vegetarian roommate was awed that a seemingly fit and healthy person could maintain such a terrible diet. But in truth, I thought I was doing fairly well. And maybe I was, for a person who had yet to learn the nutritional difference between white and whole wheat bread.

Sometime during medical school, I started to cook. At first I found it a relaxing, creative distraction from the rigors of medical school. I bought cooking magazines and kitchen gadgets. I fell in love with the Norwich farmer’s market and the King Arthur Flour Baker’s Store. I experimented a lot, with some success and many failures. Fast forward several years, add a husband and two small boys, and in terms of culinary skills, I was doing okay.

But still, I could not make rice to save my life. Every spear of broccoli that crossed my path endured overcooking and underseasoning. Chopping an onion was a clumsy, weepy,

sloppy disaster. And I had lots of questions: How do you get a pit out of a mango? Do you really need to tie up the chicken before roasting? What is blanching? Why does my steak come out dry? I was desperate to get to the bottom of these culinary conundrums.

It was clear that reading books and magazines wasn’t going to do it for me. If I wanted to

communicate how to execute a healthy meal, I had to learn more about doing it myself.

So you can imagine my amazement and delight when some web-surfing led me to the homepage of a medical conference entitled “Healthy Kitchens, Healthy Lives.” Founded by Dr. David Eisenberg, an adjunct associate

professor of nutrition at the Harvard School of Public Health, it combines medical lectures on nutrition and disease prevention with hands-on culinary lessons at the Culinary Institute of America (CIA). I could not have designed a more perfect conference. I signed up, booked a ticket, and told my husband (in that order!).

The conference was full of similar-minded physicians and health-care professionals—all of us wanted to learn more about food. The course had two components: lectures from leading experts on the latest nutrition research and kitchen workshops led by top chefs. Scores of physician-foodies filed from lecture halls to the teaching kitchen to learn some tricks: how to slice an onion, how to make an Asian vegetable dish, how to make salmon cakes, how to roast a chicken, how to add beans and whole grains to your diet. I was in heaven.

What’s more, the conference was held at the CIA’s Greystone campus in the heart of California’s Napa Valley. It was March, and I had left behind an East Coast snowstorm to arrive at the lush, sun-drenched, historic campus. After four days of inspiring lectures and incredible workshops, I knew I had to come back for more.



GAINING SEASONING

My husband was not surprised to see I had fallen in love with the CIA and fully supported the idea of me pursuing a degree there. The California campus offered an Accelerated Culinary Arts program open to those with existing degrees in nutrition or food science (fortunately, my MD counted). This would mean eight months of school rather than two years. But we lived on the East Coast. As you can imagine, I heard an interesting assortment of reactions: “Culinary school? Aren’t you a doctor?” “That’s, um, interesting.” “How is *that* going to work?” This was especially true as we made the difficult and

We were at school from 1:00 to 9:00 p.m., with one to two hours of lectures and the rest devoted to cooking and cleanup. We were expected to arrive early, get our stations set up, and have our knives sharp and our homework (yes, homework!) turned in prior to class. And no cell phones. At first this seemed impossible. After all, my family was across the country. What if something happened? This did create difficult moments, such as the time I found this text from my husband waiting for me after class: “Just back from the ER, all well, call when u can! xo.” But it also meant that I was able to immerse myself in the world of food and dedicate myself to learning.

familiar with the first-aid station. But slowly, we all got the hang of it.

After Fabrication, we moved into skill development. These intense classes taught us the building blocks of French culinary technique—all the knife cuts, basic stocks, and “mother” sauces. We had timed drills to hone our knife skills, such as one hour to produce one cup each of onion, potato, shallot, garlic, and parsley, all in very precise cuts. We all focused intensely during that time, no talking, no joking, no looking around. When the instructors said “Time!” we had better be ready. Every knife cut was painstakingly graded. It took a *lot* of practice to get them right.

We moved on to stocks and sauces and were introduced to the importance of salt. I had always thought salt was to be avoided, but my lack of seasoning was obvious to the chefs—my vegetables tasted lousy. The wonderful Chef Briggs would saunter to my station, taste what I was cooking, and playfully scowl, “Healthy doctor! More salt!” Then she’d toss a dose of salt into the boiling water. It took practice, but I learned to use proper seasoning to bring out the flavor of vegetables and proteins. Remarkably, the amount of salt we used was far less than that found in most premade or processed foods.

After becoming proficient in basic techniques, we began studying cuisines from around the world, starting with the Americas. We cooked our way across the continent, from New England clam chowder to Pacific Northwest salmon with merlot sauce. Along the way, we examined how tradition, immigration, and geography influence regional cooking. We explored Latin American flavor profiles, and I finally learned how to work with chilies. We made amazing Brazilian soups and Portuguese seafood stews. We spent three weeks learning Asian techniques, making kimchee, japchae, and stir fries. We learned how Vietnamese food is defined by the abundant use of fresh herbs, and I was blown away by the intense flavors and crisp textures. We made field trips to an Indian market in Berkeley and to Chinatown in Oakland, where we were treated to dim sum expertly ordered by Chef Toni and Chef Ken. We spent weeks cooking our way through the Mediterranean, making lively Spanish dishes

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complex decision that I would go alone and my husband and our two boys would remain on the East Coast. But my determination and the full support of my husband prevailed. We sat down, made a plan, and sent in a tuition deposit.

So for me, arriving at that orientation meant giving up my medical practice, living across the country from my family, and embarking on a totally unfamiliar adventure. But it felt in every way like the right thing to do.

After we were fitted for our chef’s coats, we were presented with sets of sharp, shiny knives, the tools of our new trade. We received stacks of gorgeous, mouthwatering textbooks. And the next day, we hit the ground running.

Expectations at the CIA are high. Every day we were expected to follow the strict dress code of chef’s whites: hounds-tooth pants correctly hemmed, black shoes and socks, crisp chef’s coat, white neckerchief, clean white apron, and an 18-inch-tall white chef’s hat known as a toque. The CIA’s standards of professionalism are no joke—any deviation and the chef could send us home. We learned quickly that the response to any question or suggestion from the chef should be met with an enthusiastic “Yes, Chef!”

I had no idea what to expect from our first class—Ingredients and Techniques of Fabrication—but it turned out to be the lessons I use every day. We studied every variety of fruit, vegetable, herb, nut, and spice: how to select them, how to store them, and how to use them. We learned the importance of managing a pantry and refrigerator, which at school was the “walk-in,” a huge room the size of an office. We learned to rotate stock so that the oldest item gets used first and to value our food as an important asset—wasted food is wasted money. We labeled everything meticulously.

Our new knives were put to use right away to break down chickens, trim lamb roasts, truss pork shoulders, clean squid, filet flatfish, and debone salmon. I developed a deep appreciation for how much practice it takes to do these things well. When our chef called out “Demo!” we’d circle around, intent on every word and motion as he or she would artfully filet a fish. Then we’d return to our station and clumsily repeat what we had just seen. Knife under the gill first? Up and over technique? Ouch! Forgot to cut off the fins first. There were many clumsy and comical moments, and we all became very



Now back home, Nordgren is working to make use of both her clinical and culinary training.

and hearty, rustic Italian meals. I spent a day making naan bread at the outdoor tandoori oven, luckily suffering only minor burns in the process!

The ever-cheerful and capable Chef Lars guided us through our *garde manger* course, which is the art of making appetizers. We experimented with some wild techniques—grinding and stuffing sausages, curing and smoking salmon, making duck confit, and crafting liver pates into pastry-lined terrines. Chef Jorin, an incredibly skilled and accomplished baker, led us through three heavenly weeks of baking and pastry-making. We carefully weighed every ingredient and tried our hands at making artisan breads, layer cakes, and pastry swans with crème filling. I felt a bit disloyal to my physician colleagues when I proudly posed with one of our best creations: homemade donuts! But thankfully, we were also instructed in healthy cooking techniques by cookbook author and nutrition

expert Connie Guttersen, a master of delicious and flavorful recipes.

LET FOOD BE THY MEDICINE

Somewhere in this whirlwind of joyous and creative culinary activity, something extraordinary happened. We learned to cook. Every night we laid an amazing buffet on the table and indulged in one of the most delightful parts of our education: tasting. We ate dinner together on long wooden tables, exchanging compliments, passing plates, laughing a lot, all the while eyeing what the baking and pastry students had produced that day. They worked so hard making chocolate truffles, fruit sorbets, espresso custards, and other treats that it just wouldn't have been polite to pass on dessert. But sadly we had to eat fast—there was a *lot* of cleaning ahead of us.

After all this time with my fellow students, graduation was a bittersweet occasion. My

husband and two boys sat in the front row, all of us so proud of one another. My husband had become an even more amazing and involved father. My boys grew so much and became even more flexible and adaptable. I had missed them terribly but was so grateful to all of them. I had lived a dream, and now I could *really* cook.

The obvious question is, “What’s next?” The answer continues to evolve in unexpected ways. A month after graduation I saw a job posting for a culinary assistant on a PBS cooking show, “A Moveable Feast.” I jumped at the chance and spent a month traveling with the show’s crew, cooking in locations across the country, from a vineyard in California to a restaurant in downtown Harlem. I learned to style food for the camera and to set tables. I got to work with extraordinary chefs, and I even met one of my idols, Jacques Pepin. It was all such a thrill.

Back at home, a lot has changed in my kitchen. I am much more meticulous about ingredients I buy and how I store things. I save money by wasting less (although I certainly splurge on fun ingredients). I also save money by rarely going out—I am much less willing to spend money on mediocre food! I have a stronger repertoire of “fast food” for my kids—simple sautéed chicken, Asian stir-fries, and broiled salmon. I cook a lot more vegetables and can even give them the seasoning they deserve! And now, slicing onions, cutting mangoes, and roasting chickens are among my greatest pleasures.

Professionally, I am working to combine my loves of doctoring and cooking. My dream came full circle when I met with David Eisenberg, the founder of the “Healthy Kitchens, Healthy Lives” conference. We share the same vision that helping physicians learn to eat more healthfully will in turn help them communicate those skills to their patients. We hope to collaborate on projects that teach both nutrition education and culinary skills and strengthen the intersection of food and medicine. I have developed a business and consulted with some families individually to help them improve their own culinary repertoire.

And when I resume clinical practice, I will certainly use my prescription pad to scribble more, and even better, recipes.

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