Minnesota Bedlam Revisited
November 1950

Mental Patients Get Better Food; State is First to Try Single Diet
CHAPTER 7

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Better food - and more of it - now is being served all patients in Minnesota mental hospitals.

Two years ago cooks and kitchen workers were most concerned about preparing decent meals for employees.

Patients got stew six times a week, eggs at Easter and ice cream on the Fourth of July.

Today, every hospital is serving the same or comparable food to the patients and employees.
Minnesota is the first state in the nation to set up this plan for its mentally ill.

The single food standard carries over into the kitchen the new philosophy of the mental health program:

“Concentrate everything we’ve got on the patient.”

One plump, good-natured dietitian told me: “I had to take away fried eggs from the employees. I couldn’t serve them all over the house so I told the employees: The day the patients have them, you will too.” Some of the employees complained. But the dietitian was firm.

“Who’s this hospital for anyway?” she asked.

ONLY ONE HOSPITAL has been slow to grasp the full meaning of the new food program - which is that no special favors should be given one group unless they can be given to all.

At that hospital, doctors got fancier food and “extras” up until a few months ago. A separate kitchen and staff, however, still turn out only the doctors’ meals which then are served in a private dining room. The system has aroused resentment among other workers in the hospital.

While all Hospitals still do not serve all patients and employees exactly the same food at the same meal, Ethel Haberlin, chief dietitian for the mental health program, said a fair arrangement has been worked out.

Shortage of kitchen workers and equipment makes it hard, for example, to serve pancakes or french toast to all patients and employees in a hospital, she explained. But over a week’s time, everyone in the hospital will have pancakes or french toast.

Arthur Hager, Minneapolis Tribune photographer, and I ate many meals in the hospitals during our recent visit just as we did in 1948.

IN 1948 we tried to get down a sloppy meal of sauerkraut, boiled potatoes and watery stew—the patient’s fare. We also ate with one of the superintendents and this meal included baked ham, spiced crabapples, candied sweet potatoes, vegetable salad and apple pie.

In 1950 the difference between the worst and the best meal was not so great. Our worst meal included a loose beef-vegetable stew, potatoes boiled in the jackets, cottage cheese, and a gray, raisin-rice custard.

Our best meal, roast beef with sage dressing, buttered squash, vegetable salad, American fried potatoes and chocolate cream pie.

Dietitians are at work in all hospitals except Sandstone. They are planning balanced diets which eliminate much of the starchy food that fattened patients without giving them needed food values.

Patients now get eggs at least three times a week and butter three times a day. They get more milk, more meat, more vegetables and fruit. Baked casseroles and roast meats are a change from the old steamed food.

Instead of stewed prunes or apricots for dessert five days out of seven, patients now get pies, cookies, cakes and ice cream.
COOKS, BAKERS and other kitchen workers - like most hospital employees - are attending special training meetings. These courses and the new dietitians have helped greatly in making more appetizing meals.

But perhaps the biggest reason for the better-prepared and better-served food we saw and ate in each hospital is the increase in money under the mental health program.

Before July, 1949, hospitals spent about 25 cents a day per patient on meals. Today they spend about 65 cents a day. They are also spending thousands of dollars for new kitchen equipment.

Two years ago a cook took four and a half hours to slice cheese for 1,600 mental patients. Today, automatic slicers cut the cheese and the cook’s time is put to better use. In our recent visits to the eight mental hospitals, we saw new toasters, bread slicers, deep fryers and hot food carts. We saw only a few hot food carts in 1948.

THE SURROUNDINGS in which a patient eats his food have changed too. In 1948 we saw no tablecloths, flowers or drapes in the rooms where patients ate — although all three were in most employee dining rooms.

In our recent visits, we saw tablecloths, drapes, and some flowers in many patients’ dining rooms. One hospital even paper napkins to some patients.

In 1950 we saw orange and blue plastic dishes — about 48,000 of them — that have almost replaced tin plates and cups and chipped crockery. We saw some of the 2,000 dozen sets of knives, forks and teaspoons that have been added to the lone tablespoon with which many mental patients used to eat an entire meal.

Instead of setting food on the table 15 to 30 minutes before patients sit down to eat, most hospitals now use cafeteria-style serving for a number of patients.

The state hospitals still do not have all their food problems solved, however.

THEY NEED MORE than the many thousands of dollars worth of kitchen equipment already bought. Moose Lake hospital, for example, has one vegetable steamer which can cook enough food for a 100-bed hospital. It is used for 1,100 patients.

With food prices going up, the 65 cents a day for allowance is barely adequate. Most of the kitchen help now is supplied by patients.

“It takes a lot of people to prepare 14 bushels of potatoes and bake 360 pies for one meal,” a dietitian commented. “We’ve got to have more workers who can follow directions better and can go ahead on their own.”

Cold storage and refrigeration space still is at a minimum in every hospital. New additions, remodeling and new buildings now under way, however, will take care of many of these problems.

Because of old buildings, unskilled patient help and too little expert direction, sanitation problems—particularly in storing and preparing food—constantly plague state hospital workers.

SANITATION officers have been appointed in each hospital. Courses have been held to help them in their battle against mice, roaches and filth.

“But it’s a constant job of housekeeping,” Miss Haberlm said.
“I try to get to each hospital once a month to check not only sanitation problems but other food problems, too. Each dietitian also is expected to make a monthly report covering these problems.

Serving special diets to patients who have some medical ailment—like diabetes—is another problem hospitals now are tackling, Miss Haberhn added.

“We’re hoping to get therapeutic dietitians to do this job,” she said. “But there’s so much to be done so fast.”