

Introduction

Mea Hassell

This book had its beginning in the office of Miles' medical practice. He poked his head out of an exam room one day and said, "Hey, Mea, we need some brown rice recipes in here." So *Good Food, Great Medicine* was conceived.

My brother Miles and I started working together in his internal medicine practice in 1996. Since that time Miles has been tirelessly and passionately arguing the case for good food. "But you can't get people to change the way they eat," people would tell him.

It was that response which helped motivate Miles to develop a series of patient education handouts, the first of which was *Fat Is Good, Bagels Are Bad*, as seen in Chapter Two. As he sees it, *he* can't change the way people eat, but he can give them the information that can help *them* decide to make changes themselves. This book deals with ways to translate that information into practical day-to-day living and eating.

My background is notable for food, both in and out of the kitchen; working with restaurants and natural food stores as well as writing about food and teaching cooking classes. For that matter, both Miles and I have been involved in the food business all our lives, beginning with a country inn as a family business in Western Australia and continuing with natural food stores in Seattle, Pennsylvania, and Perth, Western Australia.

Miles and I were raised in Western Australia and have eaten the way we talk about in this book all our lives. Our mother always understood the importance of whole food, and we didn't realize then how ahead of the curve she was. These days, most of what is known about food and health sounds a lot like instructions from our mother. *Eat your vegetables. Beans are good for you. Finish your*

oatmeal. If you're still hungry, eat an apple. Clean up your plate before you have dessert. Go outside and play.

The approach to eating in this book is just as uncomplicated. *Choose good food. Food is medicine.* It only gets complicated when good sense collides with personal tastes and tolerances. The issue is our willingness to make the changes necessary for the food-as-medicine strategy to work.

Then there's the business of cooking. There is no avoiding the fact that it takes a certain amount of time to fix your own food. We don't assume that you are in the kitchen because you love to cook or have plenty of disposable time. Chapter One reminds you of *why* you are standing in your kitchen with a knife in one hand and an onion in the other. The subsequent chapters talk more about *how* to get there, and what to do with the knife and onions once you're there — a sort of kitchen starter kit.

The recipes reflect our personal tastes as much as our philosophy. Most of the recipes are very simply constructed and designed for speed, but the agenda also calls for maximum vegetable, whole grain, and bean per square inch of plate whenever possible. And Miles assures me that my affection for extra-virgin olive oil, onions, and garlic is fully supported by epidemiological evidence and prospective randomized controlled studies.



Mea and Miles