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The Dietary Managers  
Association is an  
organization of  
Professionals dedicated to  
achieving excellence in  
the food service industry.

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**North Dakota Dietary Managers Association**

**PRAIRIE  
BREEZES**

Volume XXX

Issue 2

Published Quarterly

April 2005

**From The  
President...**

I hope everyone is able to attend North Dakota Long Term Care Association's 28th Annual Convention and Trade Show May 3-6, 2005 in Bismarck, ND. Wednesday, May 4th, Dayle Hayes MS, RD award winning author, educator and nutrition coach will open the convention with "Eat Well With Arthritis" and "Dumb Diets and Smart Solutions."

We will be having a special anniversary membership luncheon celebrating 35 years. The luncheon is on Thursday, May 5th at 11:30 a.m. at the Civic Center in the Spruce and Pine Room. Kristie Salisbury CDM, CFPP, RD National Dietary Manager Chairman, originally from North Dakota will be guest speaker at our membership luncheon.

The 45th Annual National DMA Convention is in Washington, DC. The NDDMA is willing to help with some of the expenses to help you attend this educational experience. If you would like to attend or need more information please contact me.

NDDMA has won the Red Ribbon award in January with a 13% membership increase. This could not have been accomplished without the help of the membership committee.

Vicki Dulmage, CDM, CFPP  
President, NDDMA

**In This Issue...**

- ✓ News from the President, Past President
- ✓ Facts & Figures for 2005
- ✓ Vote For...
- ✓ Featuring...Deb Anderson
- ✓ DMA's 45th Annual Meeting
- ✓ Egg Safety



**From left to right: Heather Weber - President-Elect/Membership, Nancy Regan - Spokesperson/Travel, Lana Charvat - Secretary/Treasurer and Vicki Dulmage - President.**

*DMA serves lunch to Legislators*

North Dakota Dietary Managers Association - Vicki Dulmage - President, Heather Weber - President-Elect/Membership, Lana Charvat - Secretary/Treasurer and Nancy Regan - Spokesperson/Travel served 200 legislators and staff lunch at the Capitol in Bismarck to celebrate Pride in Food Service Week February 1st, 2005. The NDDMA served lunch at the Capitol every other year when legislators are in session to let them know who Dietary Managers are and what we do in our field. The legislators were very appreciative of the lunch and asked about our association.



Dietary Managers Association  
North Dakota

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## Featured Certified Dietary Manager: Deb Anderson CDM/CFPP

Deb Anderson has been a Certified Dietary Manager for 13 years at Rosewood on Broadway in Fargo, ND. She started her career in food and nutrition as a dietary aid and cook at the Maryhill Manor nursing home in Enderlin, ND. She took the Dietary Manager's course by correspondence through UND in Grand Forks.

Deb and husband Mike live in Enderlin, ND and Deb commutes to Fargo daily. Deb shared with me that she enjoys the drive because it is her quiet and relaxing time each day. Deb and Mike have 3 sons, 2 daughter-in-laws and they enjoy watching them play softball and spending time with their family at the lakes in MN.

Deb's Certified Dietary Manager's role at this 109 bed skilled nursing home is clinical and manager. Her days are very busy with MDS's, clinical charting and managing the Dietary Department. Over the past 10 months, Deb has introduced and implemented the "5 Meal a Day Plan". Deb states it is very popular at their facility. Resident surveys are done frequently and the results have high satisfaction ratings.

Deb and CDM's from sister facilities wrote a 5 week cycle menu and therapeutic extensions for this meal concept. Deb states the positive outcomes are resident focused and therefore the resident has more choices. Deb and managers of other disciplines at Rosewood are tracking food intakes, weekly weights of the resident and frequency of falls. All have had improved results.

North Dakota Certified Dietary Managers applaud Deb Anderson for a job well done in your chosen profession.

## Revisions to the RAI Manual effective Nov. 2005

This past week I attended a training that was put on by the corporation in which I work for. At this training I learned that there have again been revisions made to the RAI manual. There have been updates in July 2003, August 2003, April 2004, June 2004, and now May 2005. For us in Dietary, there are changes to Section J (Health Conditions) and in Section K (Oral/Nutrition Status). You can view the changes online by going to the following website address: <http://www.cms.hhs.gov/quality/mds20>. Scroll down to the Update files title and open the May Update 2005. I would encourage you to share this information with anyone else at your facilities that have to work with the RAI process. I thought that I would share this with everyone that may not be aware of this change.

Heather Weber, CDM, CFPP  
President Elect/Membership

## DMA's 45th Annual Meeting and Expo:

### History in the Making in Washington, D.C.



What better place to celebrate DMA's 45th Annual Meeting and Expo than in our nation's capitol this summer. Scheduled for July 24-28 at the historic Omini Shoreham Hotel in Washington, D.C., this year's meeting will be creating a bit of history, as well. On opening day, DMA will host the first-ever Novartis International Nutrition Care Symposium. A distinguished panel of experts will discuss nutritional issues facing managers around the world. Don't miss this history-making event!

In addition, Annual Meeting 2005 will provide valuable networking opportunities, as well as an impressive, diverse educational agenda. Whether you come seeking counsel on food safety issues, guidance on "reaching" your staff, or assistance with food cost management, we have a session designed to meet your needs. Another highlight of this monumental week is Expo, planned for July 26-27. An abundance of new products and innovations will be introduced during this two-day event. Come see thousands of foodservice products and services available to you.

Plenty of time has also been worked into the schedule to allow attendees and their families to soak up Washington's rich history and cultural offerings.

## Interesting facts and figures for 2005

### US FOODSERVICE - CONSUMER LIFESTYLE

1. The children of baby boomers (in this case, children born after 1976) are a generation as large as baby boomers, and in 10 years will total just over 41% of the population.
2. The older households with their higher incomes, are spending more, while household spending of younger households is decreasing.
3. The number of elderly (those 65 and older) has jumped 1100% since 1900. The number of centenarians has increased over 100% just since 1980.
4. By 2025, the United States will have the world's second largest Hispanic population. Strategy Research Corporation estimates the 1998 U.S. Hispanic population figure at 30.5 million, with a slightly different total of 29.1 million from the U.S. Census Bureau.
5. We spend a lot and waste a lot. There are three billion people world wide who live on the equivalent of \$2 a day, while Americans daily spend \$90 and daily throw away between 1.5 and 4 pounds of trash.
6. The Food Industry Review using USDA figures, reports 1996 total food expenditures at \$691,175 billion, an increase of 3.2% over the previous year and up nearly 20% since 1991.
7. Continuing a downward trend, the percentage of disposable income spent on food reached 10.9% in 1996, the smallest amount ever.
8. Total food price inflation was 2.6% in 1997, the lowest rate of increase since 1994. Cost for food at-home increased only 2.5%, the smallest increase since 1993, while food away-from-home costs posted a 2.8% rate of increase, the highest since 1991.
9. Ninety-three percent of Americans snack, and 50% do so two or three times a day. Forty percent eat at least four times a day and 13% eat five or more times.
10. Hand-held foods posted sales of \$1.2 billion in 1995 (a 19% jump over the previous year) and is the most rapidly increasing segment of the food industry.
11. The National Cancer Institute, in their analysis of how diets have changed over the past 25 years, had good news and bad. Americans, per capita, now eat 70 pounds more of vegetables, 52 pounds more of fruit, 74 fewer eggs and 57 pounds more of grain, but 11 pounds more of fat and oil, 16 pounds more of cheese, 28 pounds more of sugars and 15 pounds more of red meat, poultry and fish.
12. Introductions of reduced fat products has decreased dramatically as research and development executives in most major fast food companies have reined in monies for fat free product development.
13. An increasing number of consumers are looking at food as having medical benefits. Over 50% think some medical therapies and drug use can be reduced by eating certain foods, up almost 10% from 1994.
14. The customer base of kosher food in 1996 is about seven million consumers: two million Jewish and five million non-Jewish. By 2000, the total is expected to reach nine million people, with 2.3 million Jewish and 6.7 million non-Jewish.
15. Recent surveys point to "fresh" as the most important quality in food. Seventy two percent of shoppers ranked "fresh" as the most desirable claim on a product, in a HealthFocus Inc. poll
16. Since 1990, organic foods have seen sales increases of 20%-25% annually, bettering sales of natural products in general by about 5%. Total dollar sales for 1996 reached \$3.5 billion and are expected to reach \$7.2 billion by the year 2000, while the growth rate slows slightly to 18%.
17. Business Communications Company, Inc. projects 1997 sales of functional beverages at \$92.7 million, growing to \$196.2 million in 2002.
18. In 1996, supercenters rang up over \$34 billion in sales, nearly three times their sales totals of three years ago, according to consulting firm J.M. Deign & Co.
19. Experts predict food and beverage Internet sales will reach \$336 million by the turn of the century.
20. Those that never use coupons have increased from 15% in 1996 to 20% in 1997.
21. Nearly 30% of retailers and wholesalers responding to Supermarket News, Fourth Annual State of the Industry Report on Supermarket Technology ranked solving the year 2000 problem as their highest priority for 1998, doubling the previous year's response.
22. Supermarket News, Fourth Annual State of the Industry Report on Supermarket Technology also shows frequent shopper programs as the number one priority for 1998, with an average of 30.6% of respondents ranking it highest.
23. Bacteria are responsible for 66% of food related illness and, according to the Center for Disease Control and Prevention, 77% of traceable outbreaks resulted from improper handling in foodservice and 20% in the home. The food itself was only found to be responsible for 3% of cases.
24. Hurried life-styles are not the sole domain of Americans cultures worldwide are experiencing the rush, with 84% of worldwide consumers buying food to go somewhere.
25. According to the World Dairy Situation 1997 report from the International Dairy Federation, global cheese production is projected to increase 7% until 2001, with worldwide cheese consumption increasing nearly 7% in the same time frame.

# Vote For...

## **Shari Cooper CDM, CFPP** **Fort Smith, Arkansas**

*Candidate for  
National Nominating Committee*

I am a candidate for the National Nominating Committee. To qualify as a candidate, an individual must have served as a member of the Item Writers Committee and or the Standard Committee, which I have served on the Item Writers Committee. The CDMs are nominated by the Nominating Committee and elected by the certified membership of DMA. If elected the term to serve on the Nominating Committee is 3 years. Responsibilities involved in this nomination are to attend meetings to evaluate and discuss the entire certification program, the development and administration of the exam, and all policies governing the credentials.

If elected, I would work hard to provide current and useful information to Dietary Managers, and support the education and growth needs for Dietary Managers, both of which I feel is very important in the daily operations of a Dietary Manager.

I have 25 years experience in the food industry; have worked for Beverly Enterprise for 14 1/2 years, as a Dietary Manager in a facility, currently work at the corporate office as Menu Program and Reports Manager. I hold an Associate Degree in Culinary Management from Southwest Wisconsin Technical College. I have experience in being a manager in the facility, managing food cost, food preparation, staffing and managing the menu and recipe programs.

The election ballots will be included in the April 2005 Dietary Manager Magazine. I would appreciate your vote in April.

Thank You,  
Shari A. Cooper CDM, CFPP

## **Deborah Tilley, CDM CFPP**

*Candidate for Director at Large*

I will be on the ballot this year for Director at Large. Thank you in advance for your vote and support.

I have been a member of DMA for 8 years I have served DMA in the following offices:

State President - 2003-2004, 2005-2006

State President Elect - 2002-2003, 2004-2005

State Secretary - 2001-2002

State Treasurer - 2000-2001

Government Affairs Committee - 2003, 2004, 2005

Advisory Committee - 2003-2004

Welcome Committee - 2003, 2004, 2005

Program Committee - 2002, 2003, 2004, 2005

State Achievement Award - 2004

Diamond Award - 2004

Currently Employed as Director of Dietary Services - Spring City Care and Rehab Center, Spring City, Tennessee

## **Victoria Kearney, CDM, CFPP**

*DMA National Candidate*

*Secretary/Treasurer*

*Accomplishments include:*

State President-Michigan

State Achievement Award

State Newsletter Editor-

Michigan

Current National Director at Large

Leadership Training Presenter

"I can't change the direction of the wind, but I can adjust my sails to always reach my destination."

## **Bruce J. Link, CDM/CRPP** **Basin, Wyoming**

*Candidate for Director-At-Large*

Dear Fellow DMA Colleagues,

My name is Bruce Link, CDM/CFPP and I am a candidate for Director-At-Large of the Dietary Managers Association. I have been a DMA member since 1994 and have 30+ years of food service experience. Since moving to Wyoming, 7 1/2 years ago, I have been very active in DMA and my State Association.

During that 7 1/2 years, I have:

- Served as Wyoming State President for 2 1/2 years (2001-2003)

- Received the State Achievement Award twice (2001/02 & 2002/03)

- Served as the Wyoming DMA Newsletter Editor, Webmaster and Public Relations Chairman

- Received the National DMA Newsletter & Website Awards in Reno, NV

- Helped to re-activate the Colorado DMA Chapter and continue to mentor them

- Attended National DMA Conventions in: Reno, NV (2004), Orlando, FL (2003), Norfolk, VA (2002), New Orleans, LA (2001)

- Served on the National Awards and Recognition Task Force (2002)

- Provided training in several areas at National Conventions.

Besides my DMA involvement, I also bring to the table 22 years of experience in another nationally known professional, volunteer organization, serving at several levels of the local, district, regional and state level.

Remember, as a member of DMA, you have the privilege of selecting your leadership each year by exercising your right to vote. As with any election, if you don't vote, your voice is not being heard. Let's make this the year that we have the largest voter turn-out in DMA history. The ballot should be in your April Dietary Manager Magazine. Remember to vote, clip the ballot and place it in the envelope provided for you, and mail the ballot in to DMA headquarters.

I look forward to serving all the members of DMA for the next two years. Thank you in advance for your vote!

"We Are Family!"

## President Elect/Membership report

I hope everyone had a great Easter and is enjoying the nice spring weather we have had the past week or two. I was asked by Vicki Dulmage, President of NDDMA to write a note letting you know what has been happening with the membership over the past few months.

As you read in the January 2005 Newsletter, it is a goal of our chapter to increase membership by 5% over the next year. I am very excited to inform you that we have already met and exceeded our goal. In January of 2005, we received the National Dietary Managers Association Red Ribbon Award for a 13% increase in membership for our chapter.

I have been very busy trying to keep the membership listing as up to date as possible. I have been collecting all member's email addresses. I have created an email group, titled NDDMA, and have been emailing out the membership listing quarterly or more often, via email. Since this email group has been created we have been able to send emails out to the whole chapter with updates and notices of upcoming events. If I do not have your email address or if you have changed your email address, home address, work address, etc. please get a hold of me so we can update your information. You can email me at home or work at Heather.Weber@bhshealth.org or hsweber@wah.midco.net. If you do not have email please call me and leave your information. My number at work is: 701-642-8609 ext. 242. I hope that all of you are able to use this membership listing as a useful networking tool. I know I have. There will also be updated membership listings available at the Long Term Care Conventions at the NDDMA Booth.

One other thing that I have been doing is that anytime there is a new student that joins a Dietary Managers Course at one of the schools in North Dakota, I send them a letter along with a student membership application. I encourage them to sign up for a student membership through DMA. Student

memberships are paid for by the NDDMA. With the letter, I enclose pamphlets on what being a CDM, CFPP means along with many other brochures. Whenever there is a new enrolled member to the state, a welcome letter is sent to them along with other brochures and the names and numbers for whom they can contact if there are any questions.

I am very excited to see the increase in the membership and hope to see it continue to soar. If anyone has any creative ideas for what we can do to continue increasing our membership, please let me know and I will bring your suggestions to the Board.

Heather Weber, CDM, CFPP  
President Elect/Membership

## Monthly Enrolled Student Report

Paul Caskey  
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Fargo, ND 58102  
School Attended: U of ND  
Work: 701-271-1800  
Home: 701-232-4669

Mark Oster  
1016 4th Ave. N.  
New Rockford, ND 58356  
School Attended: U of ND  
Work: 701-766-1413  
Home: 701-947-5876

## State Member Count

As of 3/1/2005

Alaska .....	66	North Dakota .....	117
Alabama .....	273	Nebraska .....	180
Arkansas.....	476	New Hampshire .....	51
Arizona .....	107	New Jersey .....	345
California .....	327	New Mexico .....	64
Colorado .....	92	Nevada .....	39
Connecticut.....	72	New York.....	390
District of Columbia.....	5	Ohio.....	774
Delaware.....	42	Oklahoma .....	459
Florida.....	1191	Oregon.....	111
Georgia .....	302	Pennsylvania .....	1049
Hawaii.....	67	Rhode Island.....	25
Iowa.....	238	South Carolina .....	239
Idaho .....	61	South Dakota .....	152
Illinois .....	627	Tennessee .....	387
Indiana .....	571	Texas .....	505
Kansas .....	436	Utah .....	34
Kentucky.....	238	Virginia .....	273
Louisiana .....	205	Vermont .....	46
Massachusetts .....	50	Washington.....	188
Maryland.....	211	Wisconsin .....	499
Maine .....	57	West Virginia .....	193
Michigan .....	552	Wyoming .....	52
Minnesota .....	544	Canada .....	12
Missouri .....	471	US Military.....	3
Mississippi .....	221	US Territories.....	3
Montana .....	75	Foreign .....	4
North Carolina .....	658	Grand Totals.....	14429

# Egg Safety - Over Easy

Turn your employees into a team of egg safety experts

There was a time when raw egg in Caesar dressing and eggnog were considered perfectly acceptable products to serve in restaurants. Today, we can still serve these dishes as long as we use pasteurized eggs or are careful to use time and temperature as a food safety control. Here are some basic food safety guidelines to follow when using egg in our menus. At the Receiving End

Eggs have a natural barrier that deters bacterial growth - the shell. Intact eggs are washed and sanitized shortly after they're laid to remove any microorganisms present at that time and are checked for breaks and cracks.

But eggs are fragile and can be easily broken in transit. So once eggs reach your back door, you need to carefully check for broken and cracked shells and make sure the eggs are odor free.

Eggs should come to you in clean, snug-fitting fiberboard boxes that reduce breakage. Purchase eggs according to the grade and size you desire and only in the quantity need-

ed for one to two weeks. Only accept eggs that have been delivered under refrigeration and that arrive at an ambient temperature of 45 degrees F or lower.

## Keep 'em Cool

As with any perishable product, eggs need to be refrigerated at an ambient 45 degrees F or below to retain their wholesomeness and quality for several weeks. As

with any food product, the first-in, first-out (FIFO) policy is best for constant turnover. You can store eggs right in the cases in which they're delivered - it makes storage convenient and safe as it reduces the amount of handling.

Eggs are susceptible to odor transfer, so make sure to store eggs away from foods and particularly strong odors such as apples, fish or onions. Use them within 28 days.

## Handle With Care

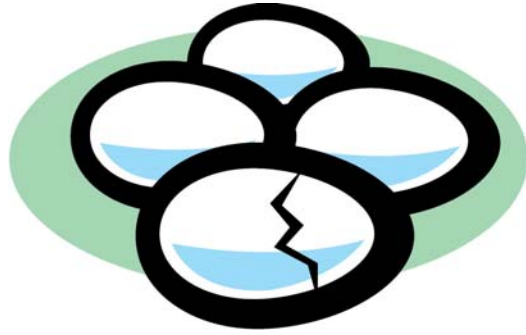
Since eggs are so rich in protein (bacteria love protein for energy), they need to be stored and prepared in a clean, sanitary environment to reduce the possibility of contamination. For preparation, it means hands must be washed and mixing bowls, pots, pans and utensils need to be cleaned and sanitized before use.

Make sure that the shell eggs to be prepared are clean and uncracked, and then make a habit of preparing small batches. Pooling eggs might seem efficient, but is really too risky. Employees have a tendency to leave that

large batch of pooled eggs sitting out at room temp. It's safer to prepare eggs to order, or in small quantities that will be used within four hours, including prep and service.

One way to save on labor and cost, is to purchase frozen, refrigerated or dried egg products. These convenient, real-egg products are USDA inspected and pasteurized and have the same nutritional value, flavor

and usage as shell eggs. These products still need to be handled and stored properly. But for large quantity preparation, pasteurized egg products are a great alternative.



## Over Easy is Actually Hard

Eggs need to be cooked thoroughly. That means you need to cook fried or poached eggs until the white is set (completely coagulated, firm and opaque) and the yolk is beginning to thicken (no longer loosely runny, but not hard).

Along with the visual description of safely cooked eggs, the 2001 FDA Food Code states the following safe temperatures (see section 3-401-11):

- Single service (cooked to order) 145 degrees F for 15 seconds.
- Quantity preparation:
  - 145 degrees F for 3 minutes
  - 150 degrees F for 1 minute
  - 158 Degrees F for less than one second

Scrambled eggs must be cooked until firm (but not rubbery!) with no visible liquid egg remaining. It's easier to produce safe scrambles in smaller batches, and helps you avoid overcooking the eggs.

Now, for eggs cooked in sauces and casseroles, use a thermometer to make sure food has reached safe temperatures of 165 degrees F for 15 seconds and to ensure the dishes are properly held at 140 degrees F. For preparations that require raw or undercooked eggs, opt for pasteurized egg products. They're considered safe even for high-risk groups.

# When Hospitals Were Places Only The Poor Could Afford to Enter

In 1869, a group of women from St. John's Episcopal Church in Yonkers, NY, founded a hospital for their parish's "deserving poor."

That hospital still exists. Today, it's a multi-million-dollar business.

When St. John's Invalid Home, as it was known then, began filling its 30 beds, only the poor would risk their lives going to a hospital. Unsanitary and disorganized, 18th-century hospitals were sometimes called "gateways to death." A working family's last nickel would hire a doctor to attend the injured or diseased at home. If surgery was necessary, it could be done on a kitchen table or ironing board.

In 1887, when a commuter train plunged over a Massachusetts bridge, all but a handful of the 115 people who were injured - even some in "dangerous condition" were taken home to recover.

But the homes of the working poor were cramped, and the family could rarely spare someone to nurse the sick. Charitable citizens, like the Yonkers women, thought honest laborers who fell ill and couldn't afford private medical care deserved help from the society they had served so industriously.

Like many 19th-century hospitals, St. John's began as a holding pen for people with diseases such as pneumonia, typhoid and "malaria fevers." The hospital also saw a smattering of jaundice, lead poisoning, apoplexy, hysteria, and "softening of the brain." In the surgical ward were the usual fractures and hernias, as well as unspecified "rail-road injuries."

As private institutions, America's early hospitals could admit or deny care to anyone. Patients with incurable or chronic disease, including cancer, were unwelcome, as were those considered not "morally worthy," such as alcoholics or prosti-

tutes.

Some hospitals required a letter of recommendation from an upstanding citizen. Wealthy people could endow a bed - At St. John's for \$300 a year - giving them the right to use or assign it to someone else. African-Americans often were turned away. As late as 1922, almost a quarter of all general hospitals in the U.S. served white people only.

Regardless of wealth, race or age, there were no treatments, let alone cures, for most maladies. Hospitals kept patients alive through a crisis, offering them a warm bed and meat, milk and potatoes. In the 1870s and 1880s, the average stay at a private hospital was two to three months. Some patients stayed for years.

But as in today's hospitals, life in a 19th century institution was anything but restful.

At many hospitals, the staff knew not to "coddle" the patients, which would only encourage them to stay. Able-bodied patients were assigned to scrub floors and help with the laundry. All patients were expected to be passive and grateful, and to obey the rules, including no profane language and no expression of "immoral or infidel" sentiments.

Patients, sometimes referred to as "inmates," might not be allowed to leave the premises without a pass.

The cost to St. John's of keeping one patient for one day in 1880 was 80 cents, the equivalent of \$13.99 today. The institution's greatest expense was food, followed by "servants," coal and the house physician's annual \$300 salary. The hospital spent nearly as much on wine as it did on "medicines." That year, the hospital's total budget was \$4,680.

Like St. John's, many hospitals were funded mainly by contributions from the wealthy. Not until the early 20th century did more begin charging patients, as well as creating pri-

ivate rooms for the affluent. A hospital administrator in the early 20th century wrote, "some hospitals have found it pays to admit people who are not, strictly speaking, hospital cases, a highly nervous woman, for example, or businessmen requiring rest."

Doctors usually worked for a pitance to get experience. But before antibiotics, they could do little for most conditions, anyway. A common condition of the time was "hospitalism" infection picked up while recuperating. In some hospitals, no medical personnel were on duty between 9 p.m. and 5 a.m. The night watchman doled out medicine to men, women did without.

Surgery was hell. There was little, if any, anesthesia, and inadequate sterilization of tools, wounds or hands. As one mid-19th century doctor described an operation: "It required for strong men to hold firmly my patient upon the table. It also demanded great nerve and skill in using the knife, as the operation involved large arteries and veins of the body."

Operations often were performed in the middle of a ward. They had to be done quickly to avoid death by shock or blood loss. One doctor was renowned for being able to perform leg amputations in less than 30 seconds. No "extraordinary means" kept dying patients alive.

Today, St. John's is part of a large, private medical center, the Riverside Health Care System, which includes a nursing school, a rehabilitation center and an outpatient facility for poor people with AIDS or HIV. In 2002, the last year for which figures are available, St. John's Riverside, with 407 beds, had a net loss of \$6.6 million on revenue of \$141 million. Patients still are treated there regardless of their ability to pay.

## Egg Safety and Quality

**STORAGE**

- \* Refrigerate at 45°F or below (do not freeze)
- \* Store away from strong odors
- \* Rotate—first in/first out

**HANDLING**

- \* Wash hands
- \* Use only clean, uncracked eggs
- \* Use clean, sanitized utensils and equipment

**PREPARATION**

- \* Cook eggs thoroughly
- \* Hold cold egg dishes below 40°F
- \* Hold hot egg dishes above 140°F
- \* Never leave egg dishes at room temperature more than 1 hour (including preparation and service)