

The  
*New Orleans*  
Program



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*New Orleans*  
Program

EAT, EXERCISE, AND ENJOY LIFE

David A. Newsome, M.D.  
and  
Chef John Besh



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With the writing assistance of Mariann S. Regan, Ph.D., Professor of English,  
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*To Jennifer, Brendan, Jack, Bobby,  
Paul, Dwight, Torrey, and Danielle*



# Contents

	Preface .....	9
	Acknowledgments .....	11
	Introduction .....	13
Chapter 1	New Year's Day: It All Begins with a Baby .....	25
Chapter 2	Mardi Gras: Laissez les Bons Temps Rouler! .....	59
Chapter 3	Lent: Sinners to Saints .....	89
Chapter 4	Crescent City Classic: The Big Easy's Spring Ritual ..	117
Chapter 5	Earth's Bounty and Rebirth: Easter Feast .....	137
Chapter 6	French Quarter Festival: Rolling on the River .....	165
Chapter 7	Jazz Fest: The Greatest Picnic on Earth .....	187
Chapter 8	Fruits of the Earth: Harvests and Festivals .....	213
Chapter 9	Independence Day: A Melting Pot Celebrates .....	229
Chapter 10	All Saints' Day: Wake and Repast .....	247
Chapter 11	Thanksgiving Down South: Saying Grace .....	257
Chapter 12	Reveillon: A Celebration of Cooking at Home .....	279
	Appendix A .....	292
	Appendix B .....	295
	Resources .....	307
	Index .....	309





## Preface

We knew a ferocious hurricane was coming but hoped desperately it wouldn't be a direct hit. That pleasantly sweet summer morning of August 28, 2005, turned sour when I glanced at the *Times-Picayune* headline: *Katrina takes aim*.

"Let's go. Pack *now*." Those were strange words from someone who had ridden out every hurricane of the previous twenty years. The same words echoed in the home of Chef Besh and countless other New Orleanians, lifelong hurricane rider-outers. Soon, our eldest but roomiest vehicle became an ark of sorts—adults, children, and dogs all piled in together. We expected, as did most, to return in three days.

Not this time. It was as though Chicken George—feathered Panama hat, gris-gris, and all—had gotten Mother Nature to deliver a double whammy.

We began an odyssey throughout the eastern United States, occasionally stopping with relatives and friends and some fellow evacuees to exchange war stories. Everywhere we went, people's reactions echoed: "Oh my God, how horrible! You know, the last time we were in New Orleans, you wouldn't believe how much fun we had!" Tears mingled with smiles.

This book, finished in great measure before Katrina and her storm surge laid to waste our storied and beautiful and unique city, should not serve as her obituary.

Rather, we hope it demonstrates the need for the real New Orleans to survive: from Paw-Paw's gumbo joints, to married couples who pass by Auntie's or Mamma's on Mondays for that "best red beans and rice in town" spiced with stories, to Mardi Gras Indians, to seersucker-bow-tied Uptowners.

Driving through a poorer area of the city on the way to check on our house, I passed by a family barbecuing and picnicking in their recently submerged but now dry front yard. Nothing was green, just brown and gray. They came back, they said, "because it's home."

We had asked ourselves on our evacuation odyssey, “If we can’t get back to New Orleans, where else would we like to live?” The unanimous answer was, “Nowhere else.”

The whole country needs the New Orleans attitude, for its own health and life. The spirit of the city inheres in those who fled and will continue as they return to heal. Our book is full of hope and joy. We hope the entire nation will welcome not only the personally restorative nature of this book, but the restorative nature of our beloved New Orleans itself.

DAVID A. NEWSOME

Red beans and rice is a simple dish, the historical staple of the New Orleans diet, the traditional Monday “washday” meal, and in many ways, the city’s staff of life. It takes very little effort to prepare, tend, and serve. It is fully nutritious, providing complete sustenance at very little cost. It was part of what I packed my truck to the bursting point with, in the weeks following Hurricane Katrina, on missions into the city to find and feed my staff, my neighbors, my fellow citizens: beans, rice, fresh water, and gasoline.

My recipe for red beans and rice and many other such fundamental, restorative, New Orleans dishes are here in the pages of this book—recipes for rebuilding yourself and your loved ones as we rebuild this city—together.

As I repeated these “red-beans-and-rice missions of mercy,” it occurred to me that the recipe for the rebuilding of New Orleans itself is really very simple, too:

It all boils down to faith, hope, and love.

We must have faith in the people of New Orleans—a passionate, tenacious, and gifted people.

Let us build a city full of hope for all its citizens, by providing for each and every one.

We must love, respect, and nurture one another and work to heal the city’s ills.

The old charm of New Orleans will be preserved through its architecture, music, food, and hospitality. Our cultural arts are our biggest resource and are what bring and keep us together, all races and all creeds. We don’t need to sell our city. We need to clean it up and establish sound fundamental services. We need to keep the music playing, keep the beans and rice cookin’, and it will return—better than ever.

JOHN BESH

## Acknowledgments

This book, which we hope will be received as the first true postmodern diet book, achieved delivery at the hands of many midwives. We wish to thank and acknowledge the several and particular contributions of those who helped birth this baby.

Dwight Thaggard provided extensive research efforts, scouring Web sites and media archives to help assure we had the most current information. He also provided a great measure of the final production effort, so critical to realizing the project: that “no dessert until you finish your mashed potatoes” phase.

Assistant chef Eric Smith provided invaluable efforts in putting the recipes we offer into publishable form.

Catrinel Stancieu, of Louisiana State University, patiently provided answers to food-content questions.

Our dear friend Doris Shaheen and Ayako Goto Sever provided thoughtful and constructive ideas to improve the concept, and careful readings of the text to assure flow and reader friendliness.

Kent Mercier provided suggestions and information on the importance of family involvement, especially at mealtimes, in a child’s future success.

Clinical investigation requires not only the discipline of a protocol, but more importantly the care and enthusiasm of a dedicated crew and their ability to keep participants engaged, interested, and coming back. Ferdette Johnson and her raconteur husband, Roland Johnson, sparked the group in a community of faith that allowed us to discover the real-world value of the New Orleans Program. Others who made the clinical trials successful included Elinne Dison, with her technical expertise, and Chauncey Packer, an internationally known opera singer, who also contributed expertise in exercise routines. Many forget that singers are also athletes. Melissa Lampkins, operating-room tech extraordinaire, captained the Lighten Up Louisiana Team utilizing the New Orleans Program. Only doctors are worse patients than nurses.

We are grateful to all who took the time to be interviewed. We particularly thank Jessica Sorgenfrei for establishing a comfort level with obese teens so that they would give revealing answers in their interviews, and agree to try the program.

Finally, we thank all our teachers.

# Introduction

## **A STORY FOR OUR TIMES: TOWANDA**

Recently one of my eye patients announced to me, “My niece has gone blind!”

Her twelve-year-old niece, Towanda, had been gaining weight for a few years. Then her grades took a sudden dive. Why? Because all at once, Towanda couldn’t see the blackboard. She couldn’t read. Towanda was diagnosed with high blood pressure and Type II diabetes. She was given medication and instructions about diet, and her family was told that Towanda should exercise more and eat less. Yet as the months went by, Towanda wouldn’t follow the guidelines. Her vision deteriorated until she couldn’t stay in school, or leave the house alone. She remained at home, inactive, with her blood pressure and diabetes growing worse.

At this point, I learned about Towanda from her aunt. When I gave Towanda an ophthalmological exam, I discovered that very dense cataracts were making her legally blind. Her family and doctors worked to improve her medical condition enough for surgery. When we removed her cataracts and discovered only a few other diabetes-related eye problems, we were able to make Towanda see almost perfectly with glasses. She agreed to catch up on her schoolwork and follow written eating and exercise plans for better health.

Towanda became one incentive for us to design and clinically test our own plan for healthy eating and age-appropriate exercise. We call it the New Orleans Program. My friend Mavis Early, a recently “graduated” city attorney now in private practice, reacted to the linking of New Orleans to a best-health program: “That’s an oxymoron!” This is not true, as you will learn. This program has helped Towanda and other obese young people, along with their parents. Appendix B is a minimal sketch of our program. Our book fills out this sketch with our supporting reasons, and it expands our advice to give readers the

whole picture. In this spirit, we've added delectable recipes and some cultural wisdom from New Orleans.

Now, Towanda is performing better in school. She's lost weight and finds her diabetes much easier to control. She doesn't need high-blood-pressure medication anymore. This is indeed a happy ending for Towanda.

Towanda's story is a story for our times. She is the tip of a public-health iceberg. Imagine: Towanda became ill from eating the wrong foods and not exercising. This health threat simply did not exist in the past.

Yet Towanda's story is becoming a common one. We are beginning to realize in America that our cultural patterns of eating and inactivity are a danger to us all, adults and children. It's as if we're pouring ourselves an obituary cocktail—that New Orleans term for an overindulgent drink that could put the drinker into the obituary column.

### OUR OBITUARY COCKTAIL IS NOT OUR FRIEND

It may seem extravagant to claim that our food culture is luring us towards early death. Yet it's true. The facts bear us out, and we can't afford to ignore them. We are up against a formidable foe. Let's not underestimate the enemy! Our obituary cocktail of unhealthy food is pushed at us by the dominant culture, like an irresponsible bartender pushing a loaded drink: "Have just one more." We Americans are eating ourselves to death, as testified to by mounting rates of breast, colorectal, and other cancers. Our epidemic of childhood and adult obesity, diabetes, and high blood pressure has created headlines. Big business even feels the sting. A recent *Wall Street Journal* lead article revealed the financial strain that paying for employee obesity-related disease placed on profitability.

In the 1970s, Pres. Richard Nixon declared a "War on Cancer." Today, health statisticians tell us that war has been miserably lost. While cardiac fatalities have declined slightly since the 1990s, deaths from several types of cancer have continued to rise.

The richest nation on earth has become the fattest—and the sick-est. Between 1996 and 2002, America's pharmaceutical bills doubled, from \$75 to 150 billion. As a nation, we now let fast-food outlets set up shop in our children's school cafeterias, while we can't find the time

to sit down with our families over a home-cooked meal. Only one in three Americans, according to the Surgeon General, gets enough exercise. Fewer than one in twenty maintains a nutritious diet, concludes a recent California study. Corporate influences invade our homes with targeted advertising, and corporate interests have transformed even our food supply. The technology of the food industry and the fevered pace of modern life aggravate these problems. We are under a profound threat to public health.

We are at risk.

Our children are at risk.

The authors of this book, like so many others, have been sucked into the quicksand of America's eating habits. Victims of our national obesity epidemic are everywhere. One of us has helped his own child out of this predicament. We envision an escape for us all.

Diets? Diets are part of the problem, not part of the solution. *Diets don't work. Diets create unhappiness.* We need a sustainable solution, a firmer place to stand than the latest "diet." We want meals that don't leave us feeling deprived or sick. We deserve an occasional party without drowning in anxiety. We seek healthier and more vital lives for ourselves and our loved ones.

### FRIENDLY ADVICE

The New Orleans Program can help. It offers the *informed common sense* we need to stay healthy. It contains easy recipes for the Southern Louisiana food its authors love. It provides doable exercises. It supplies knowledge about our bodies that we can turn into action. In plain terms, it demonstrates how to eat well, exercise well, and nurture our spirits. Our book is a guide, but it's not some rigorous schedule that will drain away time and money. Our advice is adaptable and useful in balancing each person's lifestyle. It will help you to create the healthiest, happiest you possible, and to maintain that desirable you.

Our book is *not* a diet book.

In our book we are answering Towanda's alarming story with action. After studying the science and reading the experts, after clinically verifying our New Orleans Program, we have found an approach to food and exercise that works for adults and obese young people—even in twenty-first-century America. Sometimes revelations occur even in the

depths of the bayous. We are as excited about our discovery as Jim Boudreaux must have been, one July morning in 1991, when he caught sight of a nest of alligator eggs in a swamp near Bayou Teche. One newly hatched white alligator was there among the eggs. After checking for alligator parents, Jim gathered up the eggs and the hatchling. Now white alligators, a refreshment for the eye, are thriving at the New Orleans Audubon Nature Institute.

Like Jim Boudreaux, we are transporting our discovery to a wider audience. The clinical success of the New Orleans Program has inspired us to write this book. We want to nourish our readers, by teaching simple and pleasurable food and exercise habits that work from birth through advanced age. As Albert Einstein said, “Everything should be made as simple as possible, but not one bit simpler.” We mean to clarify the science behind our program, and we offer methods of resisting our society’s twin addictions—fast food and diets. These addictions promise pleasure, but they do more harm than good. We believe that life is to be enjoyed, and food to be savored, all our lives long. We believe in sustained and pleasurable health.

### THE NEW ORLEANS PROGRAM

I’ve been there. In 2001, I was trapped by fast-food eating patterns. When I rushed between offices at lunchtime, my only practical meal was fast food. Or so I thought. A hot burger with French fries and a large drink certainly hit the spot. Once or twice a week I treated myself to a New Orleans po’ boy (fried “erstes,” fully dressed with hot sauce and extra lettuce). Before I knew it, I had that typical post-forty waistline, creeping outwards slowly but surely. I looked down, and there it was. I checked the mirror. There it was again, under my chin.

I stopped and asked myself what I was doing. I checked my health statistics and found trouble. My Body Mass Index was 30. My waist had ballooned to thirty-nine inches. Even though I was trying (not always successfully) to exercise at least thirty minutes three times a week, I was nevertheless expanding. So I looked at what I was eating and how I was eating it. At the same time, I discovered that my older daughter had an early teenage version of my same problem.

As I worked on my eating choices, the New Orleans Program was born. I discussed it in detail with my friend, Chef Besh. We developed



and refined it together. Along the way, Chef Besh had an epiphany: He was shocked to realize what his family was eating even while he was preparing healthful food professionally. “We’re now on the program,” he recently said.

The New Orleans Program has been clinically tested and is clinically successful. It is a guide to better health and longer life. Our program rests upon three specific pillars, as outlined below.

### **The Three Components of the New Orleans Program**

- Healthy eating (chapters 1-8, Appendix B)
- Adequate exercise (chapter 9)
- A self-nurturing spirit (chapters 10-11)

Our third component, “a self-nurturing spirit,” may seem a bit mysterious. We intend no mystery, and we’ll explain further in chapter 10. We simply mean to honor the various terms by which people refer to this vital pillar of health. Self-nourishment, cultivation of spirituality, relaxation, stress reduction, prayer, meditation, quiet time, self-centering, and peace of mind are among these terms. We believe this area combines both personal nurture and connectedness with others, on both intimate and social levels. In our quest to improve health and longevity, we feel we must attend carefully to the wellbeing of the human spirit—and we use the word “spirit” in its most inclusive sense.

Our second component, “adequate exercise,” is about feeling good, not about being oppressed. Without exhausting yourself, you can get real and substantial benefits from our suggested exercises. We present our recommendations in chapter 9, where we offer two phases of exercise, one for beginners and another for longer-term participants. Here’s some exciting scientific news. Even if your weight loss is less than ideal, exercise can help protect you against heart problems and other diseases.

Our first component, “healthy eating,” is the subject of our first eight chapters. We believe that to eat for health, we must at the same time eat for enjoyment. A family member who cultivates healthy eating is, by example, encouraging loved ones and children to do the same.

## BEGINNING THE NEW ORLEANS PROGRAM

For those who choose to begin the New Orleans Program, we have done our best to include in this book what you need for “healthy eating,” our first component. These are our goals, as authors:

### “Healthy Eating” from the New Orleans Program

- We give you accurate information about eating choices.
- We explain why these choices can guide you to better health and longer life.
- We provide a short list of *pas bonnes*, strict no-nos, for a start.
- We guide you in preparing and reconnecting with healthful food.

You are the source of motivation and action. Before starting our program, you will probably also want to know what our clinical results are, how you can expect to feel on the program, and what foods we restrict.

## CLINICAL RESULTS OF THE NEW ORLEANS PROGRAM

After three years of personal experience and individual successes on our program, we began the small family program described in chapter 1. We also shared our program with persons at a large midtown New Orleans community of faith. Altogether, we have collected results on more than one hundred patients who tried the New Orleans Program.

For the initial six-month period, our participants naturally divided themselves into two groups: those who followed our program well by using our manual, and those who did not stay on our program regularly. Here are the results from one structured adult group test for Phase I (six months). “Yes” includes fourteen who followed the program; “no” includes six who did not. Values are averages, with ranges.

	Group “Yes”		Group “No”	
	Start	End	Start	End
Age (years)	48 (30 to 59)		46 (37 to 59)	
Height (inches)	65 (63 to 70)		65 (62 to 70)	
Waist	39 (36 to 47)	37 (34 to 45)	39 (37 to 42)	No change
Weight	201 (162 to 292)	188 (152 to 280)	214 (179 to 246)	218 (182 to 251)
Blood Sugar	246 (95* to 210)	107 (83 to 130)	151 (88 to 217)	149 (91 to 221)
Blood Pressure	144/91 (112/80 to 164/98)	124/84 (118/72 to 152/92)	150/90 (132/86 to 160/94)	152/92 (134/86 to 162/96)
Cholesterol	242 (105 to 356)	194 (113 to 238)	215 (193 to 238)	221 (191 to 245)
(Total/ “bad”)	189 (137 to 201)	133 (94 to 167)	169 (150 to 192)	179 (146 to 196)

\*Note: 4 “yes” subjects had normal blood sugar at the start; 12 had normal blood sugar (about 120) at the end. One “no” had normal sugar both times.

Today, more than 90 percent of those who were successful in the program tell us they have stuck with it and kept the weight off. Some have even reached their ideal weights. These people are fitter and healthier, more than a year after the program has formally ended.

We find these results exciting. Clearly, the New Orleans Program can be understood, used, and maintained by people with real obesity and health concerns.

The weight lost over a six-month period averages two pounds a month. More weight is lost after the first month has passed, because the first month is spent revving up the metabolism and enabling the body to lose weight. The “yes” folks consistently reduced their blood

sugar and blood pressure, even when they had lost only 10 to 15 percent of their starting weight. The cholesterol reductions were impressive, even though the numbers did not drop to the targeted blood cholesterol levels.

Participants in our structured groups documented what they ate every day. We met monthly to gather data on weight, blood pressure, blood sugar, and eating patterns from the checklist in the manual. Chef Besh provided recipes and cooking demonstrations on how to prepare quick, inexpensive, and delicious meals at home.

### **HOW THE NEW ORLEANS PROGRAM WILL PROBABLY AFFECT YOU**

The program takes about six months to become fully established. After the first month, you may not notice much weight loss. Don't be discouraged. Unlike some radical "diets" whose early success is often driven by very low calories and water loss, the New Orleans Program is not a diet. It is for keeps. It is not—like many popular diets—dangerous. It works and keeps on working. After about a month, you will see slow but steady weight loss.

"I can't believe it!" Leatrice, a forty-eight-year-old professional lady in for an eye check excitedly told me about her twelve-pound weight loss after following the program just four months. "I saw my doctor yesterday. My blood pressure was much better. My sugars have been so good, she's taking me off insulin." Leatrice was still somewhat overweight (BMI now 27), but even a less than ideal weight loss paid off handsomely. Her experience is the rule, not the exception.

The exercise and self-nurture components of our program may show results more quickly. You may notice a lift in your spirits, even though you may be slightly sore from beginning to exercise. This is because you are relearning pleasure in moving your body. Your metabolism is improving. After the first six months, you will have lost weight, revved up your metabolism, enhanced your energy, improved your sleeping, reduced your internal stress, and discovered a change in your relationship to food, exercise, other people, and life. This change can be permanent.

Our participants found the program easy to follow, even though they were reluctant to give up favorite foods. We often heard, "How

can I stop eating ice cream? I've always eaten ice cream. I love ice cream. It's a reward, and I enjoy it." We know how this feels. Yet when we see food in its true sense, as nourishment, we must admit that ice cream is not a key nutrient. When we eat a lot of it, we're exposed to an unbalanced load of high calories, sugars, and bad fats. Yet after six months on our program, with metabolism revved and weight coming down and our good connection with food reforged, we can still eat ice cream once in a while, in moderation. On the program, people look back and wonder how they ever enjoyed those globs of greasy fries and double-cheese pizza. They wonder how they ever inhaled that entire quart of ice cream. They have retaught themselves pleasure in food. They've found more interesting things to eat.

### **RESTRICTED FOODS ON THE NEW ORLEANS PROGRAM**

We don't have a lot of restrictions. In fact, we encourage a cornucopia of foods and cuisines. But even at Jazz Fest, there must be a few rules. After all, we do live in the food climate of twenty-first-century America. So we have some no-nos. By not eating these, you'll find it easier to carry out the rest of the New Orleans Program.

#### **Specific *Pas Bonnes* (No-nos) for the First Six Months**

- No "fast food" except salads. Avoid the prepared dressings. (If you don't believe us, read the ingredients—calorie-dense, chemical gunk!) Oil and vinegar is best. Minimize salt. "Subway" products are OK but boring in repetition.
- No French fries. These are high-calorie, trans-fat city. Let fast-food fries get cold, then try to eat them. The awful flavor makes quitting easy.
- No fatty meats. Lean, trim meat, steaks, roasts, cutlets, and chops are great. A 5-oz. lean pork chop has under 200 calories; packs protein, vitamins, minerals, and some fiber; and is more digestible than chicken.
- No bread except 1 slice regular, low-nutritional, commercial bread or 2 slices true whole-grain bread a day. One pat of real butter is OK.

- No more than 1 8-oz. glass of fruit juice or sugary cold drink a day. Sugar-free brewed tea, filtered coffee, or diet drinks in small amounts are OK.
- No snack stuff, like chips, candy, or cheese puffs. Don't even ask! You need to get out of the snack habit anyway. (That's all it is—you do *not need* snacks.)
- No dessert. Eat a piece of fruit instead.
- No donuts. These are sugar and trans-fat city. One beignet once a week? OK, cher.
- No ice cream. It is too calorie dense and too easy to “pig out” on.

With this list of no-nos, which may seem to include the “favorite foods” of many people, the hardest part of our New Orleans Program is out of the bag. These foods may smile at us, but they are not our friends.

According to the Pew Research Center ([www.Pewinternet.org](http://www.Pewinternet.org)), 100 million Americans a year go online to search for health information. They do this not just in reaction to health problems but to prevent disease and maintain their health. Our Web site, [www.theneworleansprogram.com](http://www.theneworleansprogram.com), is regularly updated. It addresses your questions, from food choices and cooking tips to exercise formats and relaxation techniques. You may use it to personalize your own New Orleans Program.

Babies, children, young people, and adults—this book is for all Americans.

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