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THE NEWSPAPER OF SILICON VALLEY

SPECIAL REPORT: SANTA CLARA COUNTY OMBUDSMAN'S OFFICE

## Watchdog agency in turmoil

FOSTER CARE CASES IN LIMBO AFTER REPORT ALTERED, DIRECTOR FIRED, RULES CHANGED

By Karen de Sá  
Mercury News

The Santa Clara County Office of the Ombudsperson — once a well-respected watchdog for children and families in the foster care system — is in chaos. The director who oversees the office has curtailed its investigative abilities, altered its annual report and allowed its lead ombudswoman to work from a remote

beach house in the Costa Rican forest.

The problems in the office surfaced this fall only after two of its members were called before the county's civil grand jury. The next day, the lead ombudswoman fired her two colleagues and — they say — scattered confidential client files like rubbish. Three weeks later, the county terminated her contract.

Now there are concerns that the con-

duct of Norma Doctor Sparks, director of the county's Department of Family and Children's Services, and former lead ombudswoman Beverly Miles has undermined an office that helped guide beleaguered families and abused children through their struggles with the often-mystifying foster care system.

"It's important that our children are protected, and currently there's an en-

vironment in DFCS where people fear retaliation for telling the truth," said Rick Callender, president of the San Jose Silicon Valley NAACP chapter, which recently investigated dozens of foster care cases. "We need a functioning, working ombudsman's office that doesn't have the truth changed."

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Miles

### INSIDE

Graphic shows two problems faced by foster care watchdog: absent director and a report edited before it was made public. PAGE 27A

## A DAUGHTER'S INNER BATTLE

With her family's help, a young woman struggles to overcome emotional and physical ills of anorexia



Family photos record changes in Lisa Himmel's appearance, from June 2000, left, to April this year, after developing anorexia.



JOANNE HOYOUNG LEE — MERCURY NEWS

Lisa Himmel, a freshman at the University of California-Santa Cruz, looks in a mirror as she prepares for classes. The 19-year-old has struggled the past year to overcome anorexia, an eating disorder that, for her, grew out of an interest in diet, nutrition and exercise that went out of control.

By Sheila Himmel  
Mercury News

My 19-year-old daughter has spent the past year in a corner, like a child being punished. Her struggle with eating disorders started with a healthy interest in diet, nutrition and exercise before going very bad.

I am a food writer. My husband, Ned, is an excellent cook. When we get together with friends, it's almost always in a kitchen or a restaurant. Food is as central to our lives as breathing. Heart disease in the family, yes. Anorexia, never.

We had none of the common risk factors: divorce, death, job loss.

Our story is not as bad as many. Though Lisa dropped below 100 pounds, hated us and herself and pretty much withdrew from the world, she never had to be hospitalized. And she never completely stopped trying to figure out what was happening to her.

Before she left for college this fall, Lisa wrote her story, sitting at the com-

puter for hours recalling how she felt and what she did. It was one of the ways she got better. Not over it, just better. We came to find that eating disorders don't run a course. Nobody gets completely well, but they can learn to manage.

Later, many people asked, "How did you keep working?" Work was a relief, a place to do something positive. When your child is sick, you may rocket be-

tween frenzy and paralysis, but you keep going. My job just made the going a little trickier: I was being paid to go out to eat while my daughter was home starving herself.

Along the way, Ned and I learned many uncomfortable facts:

An estimated 8 million people (3 percent) in the United States have anorexia nervosa, bulimia or related eating disorders.

Refusing food has been a historic form of protest for women from nuns and saints to suffragettes.

Ten percent of Anorexia cases are fatal. This is the highest mortality rate of any mental disorder, and anorexia is second only to schizophrenia in costs of health care.

If you have an eating disorder for five years, you probably always will. Like drug addiction, it's a ride that may

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Where to find help in dealing with eating disorders. PAGE 22A

Lisa Himmel's tips on what to say, what not to say, to someone with anorexia. PAGE 23A

Note: Staff Writer Sheila Himmel is not pictured with her daughter to preserve her anonymity as a Mercury News restaurant reviewer.

## 2 adults, 3 children found dead in home

POLICE SUSPECT MURDER-SUICIDE IN SANTA CLARA DEATHS

By Julia Prodis Sulek and Gary Richards  
Mercury News

Two adults and three children were found dead shortly after noon Saturday inside a neat one-story bungalow on Benton Street near Santa Clara University, victims of what police suspect was a murder-suicide.

Authorities released few details, but neighbors said the man who lives in the house was the father of 10-year-old twin boys and a 13-year-old girl who were visiting him this weekend.

The woman who lives there was apparently his second wife and not the mother of the three children.

"It's probably most likely murder-suicide," said Santa Clara police Sgt. Kurt Clarke, adding that officers were not releasing the victims' names because they were having trouble reaching the dead man's relatives, who are believed to live in Southern California.

Santa Clara police went to the house after they got a call at 12:07 p.m. Saturday from a concerned relative. The SWAT team was ready to break into the house when a neighbor arrived

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## S.F. Democrats' nightmare has a Green tinge

RIVAL FOR MAYOR'S JOB THREATENS PARTY POWER

By Paul Rogers  
Mercury News

San Francisco Mayor Willie Brown once quipped that being mayor is little more than overseeing "streetlights, dog doo and parking meters." On Tuesday, when an estimated quarter-million San Francisco voters head to the polls to elect Brown's successor, the stakes will be much higher.

If Green Party candidate Matt Gonzalez upsets Democrat Gavin Newsom, he will become the most prominent Green Party elected official in the United States.

That, many political experts say, could mean big trouble for a Democratic Party still licking its wounds from the recall of Gov. Gray Davis this fall and needing every vote it can get in the presidential showdown with George W. Bush next year.

Many Democrats are still bitter at the Green Party, believing that Ralph Nader tipped the White House to Bush in the 2000 presidential election when he won 97,000 votes in Florida — siphoning support from Democrat Al

### The two contenders



Newsom Willie Brown's chosen successor got Al Gore's endorsement.



Gonzalez Victory on Tuesday would be a major boost for Green Party.

## Schwarzenegger and lawmakers estranged, stalled

By Mary Anne Ostrom and Ann E. Marimow  
Mercury News

SACRAMENTO — On Monday, Gov. Arnold Schwarzenegger boldly expressed confidence in his abilities to win legislative approval of his budget-balancing plan.

"Failure is no option," he said.

But by Friday, unable to persuade the Democrat-controlled Legislature to put his bond and spending cap on the March ballot, he was rallying fellow Republicans to unite behind his bid to go directly to people to collect signatures and put the measures on November's ballot.

The high-stakes week showcased much about

how Schwarzenegger plans to govern. He tried to quickly push through fundamental budget reforms, used his bully pulpit to vigorously force that agenda on politicians, and kept Democrats on edge with an unconventional negotiating style.

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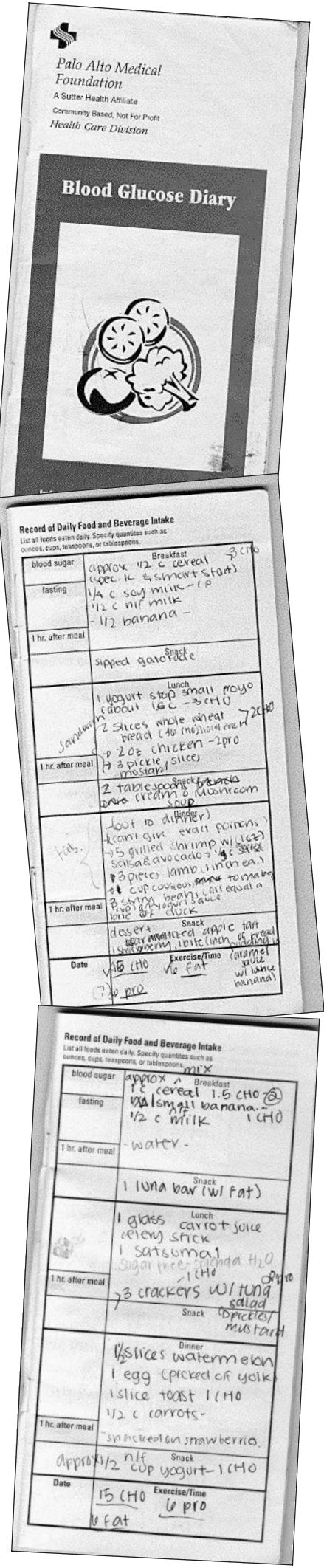
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A DAUGHTER'S INNER BATTLE

CHRONICLING  
A DAILY STRUGGLE

The author's 19-year-old daughter recorded her yearlong battle with anorexia nervosa, an eating disorder.



WHERE TO FIND HELP

Here are some basic resources on eating disorders and the major local programs:

NATIONAL ORGANIZATIONS

**National Association of Anorexia Nervosa and Associated Disorders** The non-profit group updates its informative Web site monthly. More than 50 documents on file, including warning signs, statistics, relapse prevention. Will respond to questions via e-mail. [www.anred.com](http://www.anred.com)

**National Eating Disorders Association** Based in Seattle, the association has a toll-free help line at (800) 931-2237, which takes 2,000 calls a month. [www.nationaleatingdisorders.org](http://www.nationaleatingdisorders.org)

LOCAL HOSPITALS

**El Camino Hospital**, 2500 Grant Road, Mountain View, (650) 988-8489. The hospital runs an Intensive Eating Disorders Program for patients 18 years old and up. Outpatient only. Initial daytime program goes from 9 a.m. to 7 p.m. daily. Multidisciplinary staff. [www.elcaminohospital.org](http://www.elcaminohospital.org)

**Lucile Salter Packard Children's Hospital** 725 Welch Road, Palo Alto, (650) 497-8000. Eating Disorders Program offers comprehensive, multidisciplinary treatment for anorexia, bulimia, obesity and other eating problems in adolescents and children. Inpatient and outpatient. <http://www.lpch.org/ClinicalSpecialtiesServices/ClinicalSpecialties/EatingDisorders/eatingDisordersIndex.html>

BOOKS

If you look in Amazon.com under "eating disorders," the most popular titles include the personal journals "Counting Bones," "Wasted: A Memoir of Anorexia and Bulimia" and "Starving," a Christian perspective. Parents and friends would do better to read "Your Dieting Daughter: Is She Dying for Attention?" by Carolyn Costin. (Brunner/Mazel, \$19.95). A recovered anorexic, Costin directs the Monte Nido Residential Treatment Center in Southern California. This book gives an overview and practical tips.



JOANNE HOYOUNG LEE — MERCURY NEWS PHOTOGRAPHS

UC-Santa Cruz freshman Lisa Himmel, center, works out on an elliptical trainer in the university gym as part of her daily exercise program. Her preoccupation with image and weight loss through diet and exercise marked the beginning of a downward spiral into an obsessive need to shed ever more pounds.

ANOREXIA | Woman, parents struggle with eating disorder

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start out with a thrill. But soon, you just want it to stop.

A year ago we were still grateful that Lisa had dodged the typical paths of teenage self-destruction. We mistakenly thought eating disorders struck earlier, not when your daughter is preparing to leave home.

With a lot of help, Lisa managed to get well enough to go to college. The overnight orientation in June so exhausted her that she realized something had to change if she was going to make it to college. Over the summer she had a camp counselor job waiting for her. Instead she stayed home and slowly, very fitfully, edged out of the corner.

*I guess my story starts pretty typically. I always loved food.*

Jacob, our first child, was a picky eater, so we bought a book, "Feed Me, I'm Yours." He has always been thin and quiet, like me. Lisa was round and expressive. We foolishly tossed out the book. She ate lustily, but we figured her baby fat would work itself off. She danced and played soccer.

*My parents bought high-quality produce and groceries. This is not to say we never had treats in our house, especially with my dad's cooking skills. I would help him make the holiday fudge just so I could scrape the bowl. I was jealous of my schoolmates' pudding cups, soda cans and Fruit Gushers. I often hid junk food in my desk. From fourth grade on I was a bit heavier than most girls my age. I often felt fat, but as consolation I dove into the ice cream carton with a jar of peanut butter at the side.*

As parents of a daughter, we knew all too well that we lived in a culture that prizes thinness in women above all other qualities.

Ned's sister has been down an endless road of dieting, so we knew enough to take a different route with Lisa. We knew she worried about her weight and that she sometimes hid food. We didn't want to overreact and make it worse.

*As my sophomore year wound down I knew I needed to change my lifestyle. I decided to go to the gym after school. I developed a routine and started losing weight. When summer started people noticed my weight loss and began complimenting me on how good and healthy I was looking. Finally I was being told I was skinny!*

*At the end of junior year I became interested in nutrition. I filled my room with Fitness and Shape magazines. I still had trouble controlling my dessert intake so I cut them out completely. But for the most part I was feeling great and my parents were pleased with my healthy lifestyle. I didn't eat carbs after 6. I stopped eating altogether after 8. I rarely went out with friends because usually they ate fast food or pizza.*

*Somehow, I stepped over the line.*

When Lisa started taking her diet in a healthy direction 2½ years ago, we were pleased. She read nutrition labels and watched the sizes of her



Lisa Himmel shares a laugh with a friend, Tony Gomez, last week before the start of theater class at UC-Santa Cruz.

portions. She cut out red meat and fried foods. Even when she reduced her diet mainly to vegetables with maybe a piece of grilled chicken or, more likely, tofu, I cast about for ways to make it work. She could help me seek out vegetarian options in restaurants.

But as Lisa acted even weirder around food — measuring out one cup of steamed vegetables and three ounces of protein and calling that dinner — we grasped for other explanations. This was her senior year at a very competitive high school. College applications, leaving home, life-size decisions to make. Maybe the crazy-quilt wealth and pressures of Silicon Valley had gotten to her. Or was it the downturn? She said she feared becoming homeless. Was that crazy or just the way adolescents think, fantasizing all the way to catastrophe?

We cast about for reasons to explain why anyone would even get started on an eating disorder.

At Stanford University Hospital, James Lock directs the oversubscribed Eating Disorders Program for Children and Adolescents. Though Lisa never went to the clinic, Lock and Milena Esherrick, the director of a separate program for adults, later helped me understand the nature of eating disorders.

The trouble often starts with concerns about appearance. Lock said, "Not that people in Iowa don't care how they look, it's just very important here." The national panic about obesity, he fears, will only make things worse as more people go on diets or put their children on diets.

These days, much eating is done on the run. Families rarely eat together, and if they do, parents may have their own issues and set bad examples. "Is Mom on the Atkins diet and Dad over-exercising?" said Esherrick, director of the 6-year-old eating disorders program at El Camino Hospital in Mountain View. "Not everyone who goes on a diet develops an eating disorder, but everybody who develops an eating disorder first went on a diet."

Going to restaurants with Lisa soon became torture. Especially with my job, we would take too long and eat too much. Most of what we ate Lisa disapproved. She stopped coming with us.

Finally, she barely ate meals with us at home. And we stopped begging. It was a rare meal that didn't start in tension and end in tears.

"Come eat with us."  
"I won't eat what you're having."  
"I know, but just sit down with us."  
Strain for safe conversation, as if we are strangers.  
"Want to try this?"  
"You know I don't eat pork!"  
"Aren't you still a little hungry?"  
"I knew it! You're going to make me eat so much!"

Tension doesn't help people get better. That's part of the reason that eating-disorder patients at El Camino Hospital initially eat all their meals at the Mountain View clinic, where they learn to break old habits and start healthy ones.

"The point is to get well-nourished so food is not always in the forefront," Esherrick said. Next to Stanford, El Camino is the region's largest clinic for eating disorders.

Its patients cross ethnic, social and economic lines. They are the children of Wal-Mart clerks as well as engineers. Increasingly, experts are seeing more boys with eating disorders and more college students or recent graduates who, Esherrick said, "Go home and stay home, and get more sick. They have dropped out of the world."

But the biggest change, according to Esherrick, is a new category of older adults with anorexia.

The vast majority of patients are still girls and women ages 15 to 24. They, particularly, don't have enough life experience to counter the illusion that life will be OK as long as they're thin. Or that weight-loss, exercise and beauty products are pitched to target their insecurity. Or that all these products aren't made with their benefit in mind, but for somebody else's profit.

Esherrick recently gave a talk at a

Silicon Valley high school and asked the students why they thought ideal body images had changed so much, from the soft curves of Marilyn Monroe to the sharp angles of Maria Shriver. "I got the saddest response, and even sadder because there was general agreement: 'We're just smarter now.'"

*I had soccer practice twice a week but after practice I either went back to the gym or ran a few miles. I felt like a failure if I didn't burn at least 800 calories. I even left practice early to go to the gym. Occasionally I would cut class if I wasn't going to fit the gym in. My clothes were sagging more. I was extremely cold at night and tired all the time. I barely went out on the weekends because I had no energy after 10. If I did, I didn't eat with friends. My friends and schoolmates were starting to notice my weight loss and many were concerned. Some would say they were afraid I was going to break if they touched me. Others, more in an effort to comfort me, said I was looking great and really skinny. I was so confused.*

*On the rare occasion that I went out to eat with my mom I often became upset, thinking she was going to force me to eat too much food.*

Indeed, I did. But "force" to her was "ask" to me. As in, "Hm, this looks good. Would you like to try the crispy boneless chicken with mango in a lemongrass-garlic sauce?"

"No! Crispy always means fried."  
"Ah, how about . . ." I kept trying to find some food she'd accept.

One of our lowest points occurred in a stylish Singaporean restaurant. After dinner, Lisa was in the restroom for a long time. I went in and sure enough, someone had vomited.

Lisa defiantly denied it was her. Today, she tells me the truth, and it is sometimes more than I want to know. But at the time, I looked around the restaurant and saw plenty of other suspects. Maybe they did it, I hoped, even as I worried that I was wrong.

Soon came another unpleasant surprise: Purging can take the form of excessive exercise, not just throwing up or taking laxatives. Inspect the bathroom all you want, the purge may be going on at the gym. Lisa was spending hours a day at the gym.

The child who had loved company and watched the old videotapes she had labeled "Family & Friends" until they fell apart now stayed in her room when people came over.

She didn't want to go to a therapist. If we forced her, would that tell her something was wrong with her? But something was wrong with her.

It is at this point that many parents turn to Stanford, which treats 300 to 400 patients at any one time, double the number of three years ago. We thought about it, but went instead to a therapist, a nutritionist and then a psychiatrist for medication.

I had always assumed the violence of bulimia was much worse than the quiet withholding of anorexia. Wrong again. In their desire to be attractive to someone else, bulimics make a connection with the world, while an-

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A DAUGHTER'S INNER BATTLE

# ANOREXIA | Woman winning fight with eating disorder

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orexics turn inward and focus on a perfect weight that never comes.

“Bulimia the psychological process can be a little less disturbing,” said Stanford’s Lock, who can often predict anorexic from bulimic by the state of her room. “In general, a bulimic’s room has pictures of boy groups and is messy. The anorexic has a neat stack of books.”

Lisa’s room was always a mess.

*I knew I was hurting myself but I couldn't get out of it. I could barely stand, and my stomach was constantly growling. I got used to the emptiness, and when I didn't hear a grumble I assumed I had gained weight. I was finally the thinnest among my friends. What I was doing was working. I looked like Courteney Cox.*

*I couldn't sleep at night. I was scared to sleep on my back because I knew my stomach would growl, so I rolled on my side but my hips were so bony that I would wake up sore.*

*My heart rate and blood pressure were dropping significantly due to malnutrition. My doctor told me to stop playing soccer and exercising. She referred me to a nutritionist. She noticed how tired and depressed I was, and asked if I wanted to try an antidepressant.*

*My body contour changed frequently. I was bloated and retaining so much water that it appeared I was gaining weight. I started having nightmares that mocked me, forcing me to drink salad dressing and eat doughnuts.*

“What should we do now?” Ned would ask me. I wished I knew. My dreams were shot with loss and panic, but waking hours at home were worse. Lisa was leaving gum wrappers and water bottles all over the house. When I would ask her to clean it up, she’d explode. What I really wanted was an expert to move into our house and tell us all what to do.

It felt like we’d lost Lisa to a cult. We could see her but not touch her, in this alien place that was beyond anything I knew about.

Of course I remembered the shock of a girl’s body changing. One day you’re playing with Barbies, the next you’re having to deal with a bra and tampons. And maybe you put on a little weight with the curves. Meanwhile, boys are still children.

Just when your body goes out of control, how you look becomes essential. Some fat is a normal part of adolescent development. But these days, nobody wants that part of being normal.

*I often found myself crying after finishing a sandwich or a small wrap. I was still tired all the time and anxious. I was prescribed, with much resistance, remeron, an antidepressant that would also aid in sleep. However, it also increased my appetite.*

*I had to check in with my doctor again to see if I would need to go on hormones since my estrogen level was getting low. I wanted to be normal. I knew I needed to gain weight and eat more but I didn't want it to be done artificially.*

*I started my nutrition appointments. My first question was how I could maintain my weight, especially with prom around the corner. I wanted an exact eating plan. She explained that first, she does not do eating plans because it was my job to figure out what it was my body needed. She recommended that only she weigh me so I would not obsess. She said we would start slow, with added fats, since obviously they were my biggest fear.*

*I thought it would be easy enough, just six servings of fats added to my meals. But I couldn't do it. Adding a tablespoon of peanut butter seemed like so much to me. I also felt so overwhelmed by information. I started having anxiety attacks, especially at the end of the day when my blood sugar was at its lowest. I constantly tried on certain clothes to make sure they*



JOANNE HOYOUNG LEE — MERCURY NEWS PHOTOGRAPHS

Nineteen-year-old Lisa Himmel, at home in Palo Alto last week, shares a family moment with her father, Ned, who sometimes wondered aloud to his wife, “What should we do now?” during their daughter’s yearlong battle with anorexia. The couple are still learning how to help Lisa deal with the disorder, says Sheila Himmel.



Ned Himmel and daughter Lisa work together on a baking project — making fudge and cookies — in the kitchen of their Palo Alto home. Cookbooks now share shelf space with books such as “Your Dieting Daughter: Is She Dying for Attention?”

*were either still too big or fit a certain way. I checked my face in the mirror when it seemed bigger, I would comment to my parents that I was ballooning up. They would tell me I was crazy, and that I wasn't seeing things clearly. They would say, what I see is a very skinny girl.*

After the initial meeting with the nutritionist, Lisa was energized. And Ned and I caught our breath. At last, some good news, a direction to go.

But just as we were not prepared for the onset of eating disorders, we were not prepared for setbacks. One day, Lisa would be in a hopeful mood, eating healthfully. That would be followed by three days of regret and self-recrimination at not being cured. Whenever a child is sick, you want the turning point to be obvious. With Lisa we had no such *aha* moment.

We got used to being thrown to the mat in new ways. The same progress-relapse dynamic works against people struggling with obesity. Severe dieting puts the body in famine mode, storing fat and slowing metabolism. When you eat a little more, you gain a lot more

weight.

The challenge, said El Camino’s Esherick, is finding a balance. “I believe everyone has a set-point weight, where you function best.”

Slowly, Lisa was getting there.

*Prom. I felt like a princess and received numerous compliments on my dress and overall appearance. After that night I was determined to fight this disorder and get better. My friends were very supportive, encouraging me and telling me how amazing it was that I was fighting and trying to get better.*

Prom. I felt like the wicked witch from across the country. I was in New York, getting an award from the James Beard Foundation for food journalism. Ned came with me. My cousin stayed with Lisa and served as the exemplary prom mom. That night, Ned flew back to be there when Lisa got home from the prom.

Lisa called so often that our stomachs churned when we saw we had a new message on the cell phone. The pressure of the prom was too much. She hadn’t been out late at night in

months. She wasn’t ready. She would talk and talk, and whatever we said was either wrong or vapor that went nowhere.

But as it turned out, she was ready. And the fact that we weren’t there to fix it for her, or fall apart with her, may have helped. She drew on her own strength. And then she could look back on a wonderful evening, and forward to the possibility of others.

Eventually.

*Now I was taking two medications (hormones to restart menstruation and an antidepressant). On many occasions, especially while in school, after a binge I would call my mom crying, saying the medication was making me eat more and I was losing control.*

People with eating disorders often look very fragile, and while they may be, they’ll only get worse if left alone.

It happened that Rodney Aley, one of the trainers at the YMCA where Lisa worked out, had worked in dietetics at Stanford University Hospital, and had brought in food trays for the anorexics. A 17-year-old who was about to be released

killed herself, and Aley never got over it.

Ever since, he has made a point of watching out for the exercise addicts at the Y. Lisa hadn’t been well enough to work out for several months. When she came back, Aley told me later over herbal tea, “I didn’t recognize your daughter.”

Aley first asked me if it would be OK to approach Lisa. He has been there to tell her, and others, “You’ve been here four hours, go home.” She has a picture of him on her wall at the dorm.

*I'm still struggling. I've gone on complete binge days. I just stuff myself and all I can think about is what's next. Recovery is a process, I know. I try to tell myself that being skinny isn't worth the pain, insomnia, antidepressants, sleep medication, hair loss, fatigue, crying, brittle nails and weak pasty skin. It isn't worth staying home every night instead of being with friends. It isn't worth pretending to be OK when inside I was searching for a way out. And it isn't worth losing myself.*

Two months later, Lisa still



## LISA'S TIPS FOR FAMILY AND FRIENDS DON'T

- Say, “Just have something to eat.” It’s like telling a migraine sufferer: “Just take aspirin.”
- Talk about your own diet or weight problems.
- Criticize food choices or progress. Such as: “Every time you ask for an orange, I want to give you a pork chop.”

## DO

- Let the person with the eating disorder bring up food topics. Find something other than food to talk about at the dinner table.
- Hug the person (though experts say it’s important to respect each person’s boundaries). They aren’t as fragile as they may look. Physical contact is an important reassurance.
- Listen, though the story is repetitious and may seem endless.

panics occasionally. She binges and hates herself. But she’s out in the world again. We knew she was getting better when she started talking about other people’s problems. Last week, the three of us went out to dinner and had a great time, like the old days. Soba noodles and salmon for Lisa. Corralitos sausage for me.

Ned and I continue to learn. Shelves full of cookbooks and writings like “The Man Who Ate Everything” share space with “Your Dieting Daughter: Is She Dying for Attention?”

As if our story needed any more irony, Ned and I have gained a bit of weight. Maybe stress has caused our intake meters to malfunction, but we are not going anywhere near a diet.

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