



The Cloak

St. Martin's – A Christian Church for all people Sharing God's Love, Following Christ, Serving Others



Somebody's junk is
somebody else's
treasure!

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Father Lee Hutchison



“Faith is the assurance of things hoped for, the conviction of things unseen”
(Hebrews 11:1)

The Greek word for faith means “to be persuaded” usually by debate. A healthy faith is not simply blind acceptance of an idea or event, it also includes reason.

Saint Augustine wrote that faith and reason are mutually supportive ways at arriving at truth, both are necessary to purify and strengthen each other.

Relying only on blind faith or only on reason can lead us to extremes.

Both faith and reason are directed by what we love or by what we desire. If we love or desire the wrong thing our faith can become corrupt in the eyes of God.

The decisions of the Heavens Gate group I believe are an example of blind faith. These individuals committed mass suicide in the belief that the comet Hale-Bopp was actually a space craft. They believed this craft would pick up their souls and deliver those souls to a higher plane of existence.

Nazi Germany was the most industrial, well educated and scientifically advanced country of its day. Yet they placed reason at the service of a corrupt and evil desire. They did for genocide what they had already done for industry or cars or chemicals.

Faith and reason must be united together. Faith was silent in Nazi Germany but faith was instrumental in the civil rights movement. People of faith must be involved in public debate.

However faith is more than simply believing the right thing. Faith is also a journey. The Didache which is the oldest manual of Christian instruction tells us there are 2 paths to follow in life: : “there are 2 ways (paths) one of life and one of death and there is a great difference between the 2 ways”. Our faith is to set us on the way toward Christ, on the way toward fellowship with God. Seen in this way faith is also a motivating power which takes us on a journey beyond ourselves and moves us to where God would have us be.

Growing in faith is a life long journey. This faith sets us on the way toward God and as a result in this life we will always be pilgrims as God draws us closer to himself.

Fa. Lee

Announcements for November:

1 Sunday - Daylight Saving Time ends

1 Sunday - All Saints Celebration

1 Sunday - Crop Walk walk begins at 2pm, carpool will leave St Martin's at 1pm

6 and 20 Friday - 6 to 9 pm - EYC meeting

10 Tuesday - 7pm - Vestry Meeting

11 - Feast Day of Saint Martin of Tours



11 and 18 Wednesday - 7 pm - Wednesday Night Bible Study not on 4th or 25th

13 and 27 Friday - 10am - Social Bridge Group will meet the 2nd and 4th Friday

13 Friday - 12noon to 2pm - ECW to set up for Holiday Market (strong table movers wanted)

14 Saturday - 8 am - Men's Breakfast call James Burr if you need a ride

14 Saturday - 10am to 2pm - ECW Holiday Market - lots of vendors!
chance for Christmas shopping

18 Wednesday - 11am - Daughters of the King

18 Wednesday - 11 am - Prayer Shawl Ministry Read more on page 7

19 Thursday - 11 am Book Club Read more on page 8

21 Saturday - 9:30 am - St Martin's Project white team

25 Wednesday - 7pm - Thanksgiving Eve Service

28 Saturday - time TBA - Greening of the Church

Fr. Lee will be out of town from
November 3rd - 10th
Nov 4th -
Morning Prayer lead by James Burr
Nov 8th -
Morning Prayer lead by Joe Lamb

Women's Bible Study on Tuesdays 10 am
has suspended meetings until after
Thanksgiving.



We



to all who have already pledged!

Thanks to each and every one of you!

The Stewardship Committee wants to thank everyone who has made a financial commitment to support St. Martin's Church in 2016. Collectively, our pledges will be used to support the church's ministries and its own internal needs – things as far reaching as providing meals for men, women, and children in shelters, and things as humble (but necessary) as heating the sanctuary this winter.

If you have not yet completed a pledge card for 2016, we urge you to do so as soon as you can so the vestry can begin the challenging work of developing a budget for next year's expenses and programs. Additional pledge cards are available in the hallway and in the church vestibule. Rest assured that you can change your pledge at any time, should circumstances change, by confidentially contacting the Assistant Treasurer (Christa Burr.)

We also want to express just how very grateful we are for the countless hours so many of you spend in church-related activities each year. So often we forget to say "thank you" for the time and skills and devotion that each member of this church brings in support of each other and our church home. From children's Sunday School to youth mission trips, from delivering flowers to delivering meals, from leading the congregation in the Prayers of the People to leading the congregation in song, from serving Sunday coffee to serving on the Vestry, please know that your talents and generous gifts of time are a vital and appreciated part of St. Martin's ministry.

There are many ways for people of all ages to get involved in parish life and activities. For help in exploring all the opportunities St. Martin's has to offer, contact Stewardship chairs Ellery Bradley and Michael Shook, any member of the vestry, or Father Lee.

Blessings to all,
Mike and Ellery
Your Stewardship Chairs

Happened in September:



September 26 - The Annual Fish Fry!

A thank you and appology to Barbara Campeau who had provided the photos and I neglected to get them into The Cloak last month.

As you can see, fun was had by all!



John C. Wallace Scholarship Fund:

Did you know? The John Wallace Scholarship's on-going program has 12 "alumni" who are now in the work force.

Happened in October:

Friday pre-yard-sale sorting, aranging and pricing!



Saturday October 10th

Steady stream of customers. At the end there was not much left.





The money takers!

Kerry put her purse down for just a minute and somebody wanted to buy it!



Prayer Shawl Group:

Still looking for Help!

The 'Prayer Shawl' group could use your help. We are a small group of three or four women trying to knit or crochet shawls, scarfs, lap blankets and baby blankets. We usually meet one morning a month. We know everyone has busy lives, but if anyone can make some of the above items and give them to our group so we can present them to shut-ins, new babies and graduates, we would appreciate the help.

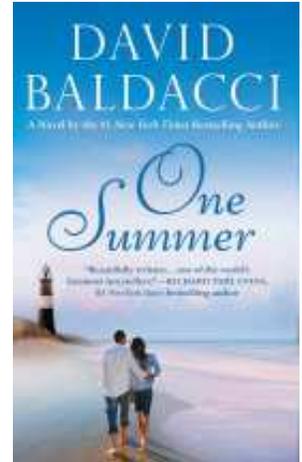
For more information contact Carolyn Wallace or Pat Akens.

Book Club update:

I hope after looking at some of the books we have read in the past, you will find some that you find interesting and might like to join in a discussion with books we choose to read in the future.

The following books are the ones read in 2011

- The Alchemist by Paul Coelho
- House Rules by Jody Picault
- The Cabinet of Curiosities by Douglas Preston & Lincoln Child
- Gifted Hands, the Ben Carson Story, (the gentleman who is now running for President)
- Cutting for Stone by Abraham Verghese
- Eyewitness to Evil by G. Scott McGregor
- A Thousand Acres by Jane Smiley
- The Zoo Keepers Wife by Diane Ackerman



I hope some of these books will peak your interest enough to join our group, participate in the discussions, and get to know some of our church members a little better.

- Pat Rourk

The Book Club meets the third Thursday each month. Please note that the meeting time has changed from 10:30am to 11am. The book to be discussed in November is "One Summer" by David Baldacci.

- 11/03 Earl Templeton
- 11/03 Maggie Caskie
- 11/04 Claire Jenkins
- 11/05 Hannah Walker
- 11/06 Allen Hall
- 11/06 Memphis Machalinski
- 11/07 Nancye Greenwood
- 11/07 Linda Fairtile
- 11/08 Melissa Machalinski
- 11/09 Howard Cutler
- 11/10 Sharon Boyd
- 11/10 Karen Hood
- 11/12 Brian Lansing
- 11/12 Alexander Cooper
- 11/14 Ashley Howdysshell
- 11/15 Kevin Howdysshell
- 11/18 Margaret D'Arville
- 11/18 Dianne O'Kelley Lamb
- 11/18 Colin Borders
- 11/20 Mark Lindsey
- 11/20 Mike Fiasco
- 11/21 Rachel Horne



- 11/22 Kenzie Howdysshell
- 11/24 Lee Hutchson
- 11/27 Katie Hall
- 11/28 Igor Prskalo
- 11/29 George Crowell
- 11/30 Paris Lindsey
- 11/30 Tatiana Vidal

If you know of somebody not on these lists (including yourself) please let the office know.
If we don't know ...



- 11/26/1975 Christa & James Burr
- 11/27 Daniel & Tiffany Clements

Outreach Committee:

Veterans Day is November 11th! The Outreach Ministry would like to honor our Veterans by helping the Richmond Fisher House which serves as a "home away from home" for the families of veterans receiving care at the Hunter Holmes McGuire VA Medical Center. We have a basket in the hallway where we are collecting various items and gift cards to be given to these families during their stay. A list of these items can be found on the front of the box. The deadline is Sunday, November 29th.

Richmond Fisher House Program Donation Wish List

- * Wal-Mart Gift Cards (for food/groceries, house cleaning and for house maintenance supplies)
- * Home Depot Gift Cards (for the maintenance and repairs for the house)
- * Lowes Gift Cards
- * Target Gift Cards
- * Tickets to local events and entertainment (individual)
- * Movie tickets/Theater Tickets (for individual families)
- * Paper products, paper towels, plates, disposable utensils
- * Cash or checks

We also have a basket for Thanksgiving Day to be given to families in need in Henrico County. The deadline for the Thanksgiving Basket is Friday, November 20th. Thank you for your support and generosity!

- Jean Rollins

Advent

Oaks' and maples' carnival dresses
curl, brown, tatter at their roots;
bare limbs trace
filigree patterns on pewter clouds.
Laughing stream slows, hushes
to frosty whispers, in and out, between
chill stones, shadows cast by dark pines,
even salamanders on tiptoe.
Murmuration of starlings
writes a secret in disappearing distance.
Winterhawks, like iron statues, gaze hours
for traces of motion.
Muffled crumbs of laughter
fade in silence.
Like notes of harpstrings
vagrant snowflakes flutter and vanish.
Wind holds its breath.
The universe waits for a miracle.

- Patsy Bickerstaff

The Richmond Fisher House History

The Richmond Fisher House opened on the campus of the Hunter Holmes McGuire VA Hospital on July 21, 2008. It provides lodging to the families of veterans receiving treatment at the McGuire VA Hospital at no cost. Its average occupancy level is 92-94%, and the average length of stay is 12-14 days. Having family members nearby provides significant benefits and advantages to patient treatment, rehabilitation and recovery. By providing cost-free living quarters for patient families, the Fisher House provides an immeasurable benefit to patient care, in addition to the care and well-being of our veterans' family members.



YOU ARE MAKING A DIFFERENCE!

The Wednesday announcements will tell us what is needed especially this month. Please place your donations in the basket in the hallway.

Baptism:



Jack Alan Greenwood,
son of Bo & Megan Greenwood
grand-son of
Jim & Nancye Greenwood
October 11



St Martin's Project:

Thank you to our dedicated volunteers!
October 17



Baptism:



Olivia Choi Alloway
daughter of Sharon & Harrison Alloway
grand-daughter of Kerry & Scott Alloway
October 18



Welcome

new Acolyte Alex Cooper
October 11



Blessing of the Animals:

October 11



Youth Spaghet...



ECW October meeting:

Christa demonstrated the making of a stove-top-pan-pizza.



The toppings!
Actually we
made 3 different
ones!



AND ... DO ... NOT ...
FORGET! ...
NOVEMBER 14!
YOU ... KNOW ... ALREADY
... ALL ... ABOUT ... IT!

The Holiday Market



This made the
meeting very
"tasty". Every-
body wanted the
recipe!



...ti Dinner:

October 18





Parish Nurse

by Betty Horne

November is national lung cancer awareness month

Your lungs are 2 sponge-like organs found in your chest. When you breathe in, air enters through your mouth or nose and goes into your lungs through the *trachea* (windpipe). The trachea divides into tubes called the *bronchi* (singular, *bronchus*), which enter the lungs and divide into smaller bronchi. These divide to form smaller branches called *bronchioles*. At the end of the bronchioles are tiny air sacs known as *alveoli*. Many tiny blood vessels run through the alveoli. They absorb oxygen from the inhaled air into your bloodstream and exchange carbon dioxide from the body into the alveoli. This is expelled from the body when you exhale. Taking in oxygen and getting rid of carbon dioxide are your lungs' main functions.

Cause and spread of lung cancer

Tobacco use is the number one cause of lung cancer, but people who don't smoke may get lung cancer too. There is much evidence to suggest that second hand smoke can also cause lung cancer. Non-small cell lung cancer is the most common type of lung cancer. About 85% of lung cancers are non-small cell lung cancers. Squamous cell carcinoma, adenocarcinoma, and large cell carcinoma are all subtypes of non-small cell lung cancer.

Lung cancers can start in the cells lining the bronchi and parts of the lung such as the bronchioles or alveoli. Over time, these abnormal cells may progress to true cancer. As a cancer develops and continue to grow, they form a tumor large enough to be seen on imaging tests such as x-rays.

When cells from the cancer break away from the original tumor they can spread (metastasize) to other parts of the body. Lung cancer may spread before you develop symptoms or even before it can be detected on an imaging test such as a chest x-ray.

Lung cancer cells can enter lymphatic vessels and begin to grow in lymph nodes around the bronchi and in the

mediastinum (the area between the 2 lungs). Once lung cancer cells have reached the lymph nodes, they are more likely to have spread to other organs of the body as well. When cancer is spread to the lymph nodes, this determines the stage (extent) of the cancer and treatment options.

Signs and symptoms of non-small cell lung cancer

Often you may not realize you have symptoms of lung cancer until it has spread beyond the lung. Early detection and diagnosis is the key to an effective treatment. Contacting your doctor when you first notice symptoms may increase your chances for a better outcome. Signs and symptoms of cancer include:

- A cough that does not go away or gets worse
- Chest pain that is often worse with deep breathing, coughing, or laughing
- Hoarseness
- Weight loss and loss of appetite
- Coughing up blood or rust-colored sputum (spit or phlegm)
- Shortness of breath
- Feeling tired or weak
- Infections such as bronchitis and pneumonia that don't go away or keep coming back
- New onset of wheezing

When lung cancer spreads to distant organs, it may cause:

- Bone pain (pain in the back or hips)
- Neurologic changes from cancer spread to the brain or spinal cord (such as headache, weakness or numbness of an arm or leg, dizziness, balance problems, or seizures)
- Yellowing of the skin and eyes (jaundice), from cancer spread to the liver
- Lumps near the surface of the body, due to cancer spreading to the skin or to lymph nodes (collections of immune system cells), such as those in the neck or above the collarbone

Although many of the symptoms listed above may be caused by conditions other than lung cancer, it is important to see your doctor promptly so the cause of your symptoms can be found and treated.

Risk factors for lung cancer

- Smoking—increases with the number of cigarettes each day and the number of years
- Exposure to second hand smoke
- Exposure to Radon gas
- Exposures to asbestos and other cancer causing agents
- Family history of lung cancer

How is non-small cell lung cancer diagnosed?

Lung cancers can be found by screening, but most lung cancers are found because they are causing problems. If you are having signs or symptoms you should see your doctor, who will examine you and order some tests. The actual diagnosis of lung cancer is made by looking at a sample of lung cells under a microscope.

Imaging tests can be used to:

- Locate a cancer
- Assess how far the cancer has spread
- Assess the effectiveness of treatment
- See if there is any recurrence of the cancer after treatment.

Medical history and physical exam

If you have any signs or symptoms that suggest you might have lung cancer, your doctor will want to take a medical history to check for risk factors and learn more about your symptoms. Your doctor will also examine you for other health problems. If he suspects you have lung cancer he may order tests including:

Chest x-ray is often the first test that is done to look for any abnormalities.

Computed tomography (CT) scan gives more precise, detailed information about the size, shape and position of any lung tumors. It may highlight any lymph node involvement. Your doctor may scan other areas of the body to see if there is spread of the cancer. Let your doctor know if you have any allergy to the contrast used for the study.

CT-guided needle biopsy: A CT scan is sometimes used to biopsy the suspected area. A biopsy sample is then removed and looked at under a microscope.

Magnetic Resonance Imaging (MRI). MRI scans are most often used to look for possible spread of lung cancer to the brain or spinal cord. Unlike the CT scan, the MRI uses

radio waves and strong magnets instead of x-rays. A computer translates the pattern into a very detailed image of parts of the body. A contrast material called gadolinium is often injected into a vein before the scan to better see details. These tests can be noisy and may cause some discomfort if you don't like close spaces.

PET scan (Positron emission tomography) - A PET scan can be a very useful when assessing the spread of cancer to other areas of your body. It helps to highlight any abnormal area seen on a chest x-ray or CT scan. Often a PET scan is combined with a CT scan using a special machine that can do both at the same time (PET/CT scan). This lets the doctor compare areas of higher radioactivity on the PET with the more detailed appearance of that area on the CT. This is the type of PET scan most often used in patients with lung cancer.

Bonescan - A bone scan can help show if a cancer has spread to the bones. A small amount of low-level radioactive material is injected into a vein. The substance settles in areas of bone changes throughout the entire skeleton. Areas of active bone changes attract the radioactivity and show up as "hot spots." These areas may suggest metastatic cancer.

Sputum cytology - A sample of sputum (mucus you cough up from the lungs) is looked at under a microscope to see if it contains cancer cells. The best way to do this is to get early morning samples from you 3 days in a row.

Thoracentesis—Thoracentesis can be performed to obtain a sample of fluid buildup of around the lungs (*pleural effusion*). This can tell if the fluid was caused by cancer spreading to the lining of the lungs (pleura). The buildup might also be caused by other conditions, such as heart failure or an infection. This is done by numbing the area and withdrawing a sample of the fluid. The fluid is examined under a microscope for cancer cells. Sometimes this is done to remove the excess fluid to enable you to breathe easier.

Needle biopsy - Your doctors can remove a sample of tissue from a suspicious area with a small needle **Fine Needle Aspirate**. The tissue is then examined under a microscope to determine the cause of the mass. An FNA biopsy may also be done to check for cancer in the lymph nodes between the lungs:

Bronchoscopy - a lighted, flexible fiber-optic tube (called a *bronchoscope*) is passed through the mouth or nose and down into the windpipe and bronchi. The mouth and throat are sprayed first with a numbing medicine. You may also be given medicine through an intravenous (IV) line to make you feel relaxed. A biopsy can be obtained through this approach as well as bronchial brushing or washing.

Parish Nurse - continued:

Endobronchial ultrasound - A tube is inserted down the windpipe to create pictures, by sound waves. Biopsy samples can be obtained of any tissue or lymph nodes that look suspicious. This is done with numbing medicine (local anesthesia) and light sedation.

Endoscopic esophageal ultrasound - This test is like endobronchial ultrasound, except the doctor passes an endoscope (a lighted, flexible scope) down the throat and into the esophagus (the tube connecting the throat to the stomach). This is done with numbing medicine (local anesthesia) and light sedation.

The esophagus lies just behind the windpipe and is close to some lymph nodes inside the chest to which lung cancer may spread. As with endobronchial ultrasound, the transducer can be pointed in different directions to look at lymph nodes and other structures inside the chest that might contain lung cancer. If enlarged lymph nodes are seen on the ultrasound, a hollow needle can be passed through the endoscope to get biopsy samples of them. The samples are then sent to a lab to be looked at under a microscope.

Mediastinoscopy: A small incision is made in the front of the neck to take a look at the area between the lungs. Samples from the lymph nodes along the windpipe and the major bronchial tube areas can be taken for examination under a microscope to determine whether cancer cells are present.

Mediastinotomy: A slightly larger incision (usually about 2 inches long) is made between the left second and third ribs next to the breast bone. This lets the surgeon reach some lymph nodes that cannot be reached by mediastinoscopy.

Thoracoscopy or **Thoracotomy** is done in the operating room while you are under general anesthesia. A small incision is made in the side of the chest wall. The doctor

then inserts a thin, lighted tube with a small video camera on the end through the incision to view the space between the lungs and the chest wall. This may show cancer deposits on the lining of the lung or chest wall. These procedures are also used to remove small pieces of the lung for examination under a microscope or sections of the lung to remove a tumor.

Treatment for lung cancer may include the following:

- Surgery
- Chemotherapy
- Radiation Therapy
- Targeted Therapy - newer cancer treatments that work by targeting specific abnormalities in cancer cells. Targeted therapy drugs are often used in combination with chemotherapy drugs.

Palliative care

People with lung cancer often experience signs and symptoms of the cancer, as well as side effects of treatment. Supportive care, also known as palliative care, is a specialty area of medicine that involves working with a doctor to minimize your signs and symptoms. Your doctor may recommend that you meet with a palliative care team soon after your diagnosis to ensure that you're comfortable during and after your cancer treatment.

In one study, people with advanced non-small cell lung cancer who began receiving supportive care soon after their diagnosis lived longer than those who continued with treatments, such as chemotherapy and radiation. Those receiving supportive care reported improved mood and quality of life. They survived, on average, almost three months longer than did those receiving standard care.

You may be concerned that receiving palliative care means you can't undergo aggressive treatment for your cancer. But rather than replace curative treatments, palliative care complements your cancer treatment and may make it more likely that you can complete your treatments.

Please feel free to stop me with any questions you may have.

Deadlines:

Nov. 15th - Operation Christmas Child Samaritans Purse Due

Nov. 15th - Donations to the Richmond Fisher House

Nov. 20th - Thanksgiving Basket

**Cloak deadline:
Sunday November 22 - 8 pm**

St. Martin's Yellow Pages

This area is where you can post your service or product to let your fellow St. Martinites know how you can help them, and you can give those who post here your support.

OCEANFRONT BEACH HOUSE FOR RENT

Located directly on the beach in Hatteras
Village, NC. Contact Bob or Max Barritt
(h) 270-3862 or (c) 512-4586



DERING'S CLEANING SERVICE:

If interested getting your home
super good cleaned, call Leslie at 239-5865.
Licensed, Insured & Bonded

Original Art Work and Photography by Pat Rourk

Note cards and Placemats
Card \$1.50 ea. or 4 for \$5.00
Placemats \$8 ea.

Several samples of cards and a placemat
can be found in a folder in the Library
Pat Rourk, 270-1887



ST. MARTIN'S STAFF

Rector: The Very Rev. Lee A. Hutchson
Liturgical Deacon: Monastic Associate John Ogle, SF
Organist & Choirmaster: Jacqueline L. Bitler
Administrative Assistant: Andrea Vidal

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Office Hours

Monday – Friday, 9 am - 1 pm

Trustee Emeritus: Robert I. Kirby
Trustees: Kerry Alloway, A. P. Hall, Jr.
& Garland Harwood

VESTRY

2015	2016	2017
Sallie Bright	Lauren Alloway	Steve Alloway
Rick Gibbs	Garland Harwood	Sean Cooper
Larry Reid	Susan Teachey	Barbara Campeau

Senior Warden: Rick Gibbs
Junior Warden: Garland Harwood
Treasurer: Darrell Jenkins
Register: Nan Scott

Assistant Treasurer: Christa Burr
Editor: Christa Burr

Regular Weekly Events

Event	Day	Time
Sunday Services	Sunday	8 & 10 am
Boy Scouts	Monday	7 pm
Women's Bible Study	Tuesday	10 am - 12pm
Meals on Wheels	Tuesday	10:15am - 12pm
Holy Eucharist	Wednesday*	10 am
* <i>Healing Service every 3rd Wed.</i>		
Cub Scouts	Thursday	6:45pm - 7:45pm
Sr. Choir Practice	Thursday	7:30 pm
Ethiopian Christians	Saturday	6 am

Regular Monthly Events

Event	Day	Time
Vestry Meeting	2 nd Tuesday	7 pm
Social Bridge	2 nd & 4 th Friday	10am - 1pm
Men's Breakfast	2 nd Saturday	8 am
Daughters of the King	3 rd Wednesday	11 am
Book Club	3 rd Thursday	11am - 12pm
St. Martin's Project	3 rd Saturday	9:30 am
ECW	4 th Tuesday	5:30 pm
Prayer Shawl Ministry	4 th Wednesday	11 am
EYC	selected Fridays (see calendar)	6 - 9 pm



St. Martin's Episcopal Church

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