

BAGRAM NEWS EXPRESS

START RIGHT, FINISH STRONG | VOL. 4 ISSUE 7, FEBRUARY 12, 2010

Afghan doctors, coalition medical teams render assistance in Afghanistan avalanche

By: Staff Sgt. Richard Williams, 455th Air Expeditionary Wing, Public Affairs



BAGRAM AIRFIELD, Afghanistan—Afghan doctors Shekib Hassanzada (left), and Abdul Hashim, and U.S. Air Force Senior Airman Katrevious Swift, 455th Expeditionary Medical Group, discuss avalanche survivors' assessments at Craig Joint Theater Hospital, Bagram Airfield, Feb. 9, 2010. More than 200 Afghans arrived at Bagram Airfield to receive medical assistance after an avalanche struck a mountain pass in the Parwan province in north eastern Afghanistan. (U.S. Air Force photo by/Tech. Sgt. Jeromy K. Cross)

BAGRAM AIRFIELD, Afghanistan—Afghan doctors, coalition members of Task Force Medical East, 82nd Airborne, 30th Medical Command and the 455th Expeditionary Medical Group along with volunteers from across Bagram

Airfield sprang into action rendering medical care and assistance to 276 individuals involved in an avalanche that struck Parwan Province, Afghanistan Feb. 9, 2009.

The initial call was received by the TF-MED-East Tactical Opera-

tions Center at 3:28 a.m. notifying personnel here of an avalanche in the Regional Command East area of operations. Approximately 150

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A young avalanche survivor watches as doctors and his father talk at Craig Joint Theater Hospital, Bagram Airfield, Feb. 9, 2010. More than 200 Afghans were taken to Bagram Airfield after an avalanche struck a mountain pass in the Parwan province in north eastern Afghanistan. (U.S. Air Force photo by/ Tech. Sgt. Jeromy K. Cross)

Afghan, Cont.

people were trapped with helicopter evacuation as the only means of exit, said U.S. Army 1st Sgt. Brian Fassler, TF MED-East.

At 12:49 p.m., 60 to 70 patients were inbound to Bagram Airfield.

They began to prepare for a possible mass casualty situation, and within 45 minutes, Craig Joint

Theater Hospital went from a 41 bed facility to a more than 100 bed facility equipped and ready to receive patients.

Members of the Craig Hospital, the primary medical treatment facility for the entire country, prepared for surge operations that required a quick reaction force to implement proper security measures for the hospital and to prepare

additional assistance areas for a mass influx of patients, said U.S. Air Force Capt. James McDaniel, 455th EMDG/TF-MED, medical readiness officer.

To assess care needs and ensure the hospital was not flooded with a large number of minimal care patients, the 82nd Airborne and 30th

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U.S. Air Force Chaplain (Capt.) Peter Ma, 455th Air Expeditionary Wing, talks with avalanche survivors who were medically evacuated to Craig Joint Theater Hospital, Bagram Airfield. (U.S. Air Force photo by/ Tech. Sgt. Jeromy K. Cross)



Afghan, Cont.

MEDCOM set up a triage unit at the 455th Air Expeditionary Wing fixed wing passenger terminal.

Sergeant Fassler explained once initial assessments were made, individuals requiring medical attention were loaded onto busses and transported to the hospital. Remaining individuals were transported to a clam shell tent where they received further assistance from coalition personnel.

“We perform various battle drills that prepare us for these types of situations; however, this is a completely unique situation,” said Sergeant Fassler.

He points out that normally with a battlefield injury the patient comes directly from the field to the medical facility.

“This is unique because we are receiving patients from an event that happened seven hours ago and they will be clinically cold and some have varying phases of hypothermia and frostbite so this is a complete non-battlefield-related injury situation,” he said.

Sergeant Fassler added that the highly trained staff at the medical facility is prepared to receive as many patients as are sent, and the real challenge is getting the patients from a remote location with avalanche covered roads and no clear places to land helicopters.

In addition to the Craig Hospital staff, medical and nonmedical volunteers flooded the area to assist with patient care, litter carry, security and a host of other duties.

Captain McDaniel pointed out that there was a group of Afghan medical professionals who were vital to assisting the injured.

Local Afghan doctors with varying backgrounds from internal medicine to an orthopedic surgeon were participating in a Trauma Mentorship Program at Craig Joint Theater hospital and jumped in to provide care to the bulk of the patients.

“This experience is important so they can see how we prepare for medical emergencies of this magni-



Afghan doctors Shekib Hassanzada (left) and Abdul Hashim, and U.S. Air Force Staff Sgt. Russell Poole, 455th Expeditionary Medical Group, assess avalanche survivors who were evacuated to Bagram Airfield, Feb. 9, 2010. More than 200 Afghans were taken to Bagram after an avalanche struck a mountain pass in the Parwan province in north eastern Afghanistan. (U.S. Air Force photo by/Tech. Sgt. Jeromy K. Cross)

tude,” said Captain McDaniel.

Captain McDaniel also explained the importance of the Afghan medical professionals as interpreters and liaisons to the patients in a cultural capacity.

“For some of the patients coming

from remote areas of Afghanistan, this may be their first and only interaction with coalition forces,” he said. “The importance lies in the fact that we are professional and

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Afghan Dr. Mohammed Asif works in the emergency room to save an avalanche victim at the Craig Joint Theater Hospital, Bagram Airfield, Feb. 9, 2010. Dozens of Afghans were taken to Bagram after an avalanche struck a mountain pass in Parwan province, Afghanistan. (U.S. Air Force photo by/Tech. Sgt. Jeromy K. Cross)

Afghan, Cont.

sensitive to their cultural needs.

“The assistance we receive from the Afghans helps to convey the respect and professionalism these people need and deserve,” he added.

The Afghan providers played a

vital role in providing medical care to their own people. It was evident the local national patients were more comfortable being treated by their fellow countrymen.

“We have had doctors and medics from all over the post coming to assist, and that is important because this was a Bagram Airfield-

wide emergency not just a Craig Joint Hospital issue,” said Sergeant Fassler.

Army Lt. Col. Joe Marsiglia, TF-MED-East tactical operations director, was impressed with not only

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U.S. Air Force Senior Airman Alexandra Benefiel, 455th Expeditionary Medical Group, is hugged by a young avalanche survivor at Craig Joint Theater Hospital, Feb. 9, 2010. More than 200 Afghans arrived at Bagram after an avalanche struck a mountain pass in the Parwan province in north eastern Afghanistan. (U.S. Air Force photo by/Tech. Sgt. Jeromy K. Cross)

Afghan, Cont.

the response from medical agencies on Bagram but the non-clinicians as well. "I was amazed with the amount of assistance received from all of the units here, not just the medical personnel assigned to the hospital. When the call went out, we had volunteers from everywhere and were having to redirect assistance."

Lt. Col. Marsiglia said no matter how much preparation goes into a training scenario, nothing prepares individuals for these types of large scale situation and the response and support from all coalition agencies was top notch.



(Above) U.S. Air Force Master Sgt. Jan Fink, 455th Expeditionary Medical Group, holds a young avalanche survivor who was medically evacuated to the Craig Joint Theater Hospital, Bagram Airfield, Feb. 9, 2010.

(Below) Afghan doctors Abdul Hashim (left) and Shekib Hassanzada put socks on a young avalanche survivor to help get him warm. More than 200 Afghans were taken to Bagram for medical assistance after an avalanche struck a mountain pass in Parwan province, Afghanistan. (U.S. Air Force photo by/Tech. Sgt. Jeromy K. Cross)



Commentary: I lost my weapon...now I'm losing a stripe?

By: Senior Master Sgt. Anita Easter, 455th Air Expeditionary Wing Legal Office



An Article 15 for losing or misplacing a weapon is not required, but the majority of personnel who lose track of their weapons are receiving one. Why, you ask?

Well, even though we have a few of the amenities enjoyed at home station, the truth is we are in a hostile, deployed environment. A situation may arise that will require any of us, at any time, to utilize the weapon we carry. If we become complacent and do not re-

main vigilant to our current environment we could pay a significant price.

Commanders at all levels are ensuring their personnel are made aware of the impact a lost weapon could have on their unit, their personnel and ultimately this operation. If a weapon was left in the restroom, at the bus stop, or in the Base Exchange, and found by someone other than another servicemember, it could be used to harm, maim or kill our servicemembers, coalition partners or the civilians who support us. You may have only left your weapon unattended for ten minutes and nothing happened, but that is all the time and opportunity the enemy needs.

Commanders have to consider the ramifications of those unplanned opportunities and take action to prevent them from occurring.

On that same note, we, as Airmen, Soldiers, Sailors and Marines need to look out for each other when we can. When you see someone exiting the latrine, leaving the Base Exchange or on the bus and they do not have their weapon...ask why. If it is in their room, they are within 72 hours of departure, they are a Chaplain, or another legitimate reason exists, then no harm, no foul. If not, maybe you have helped to prevent an opportunity for the enemy to exploit.

The Air Force recognizes this year as the "The Year of the Air Force Family." Our location demands that we recognize each other as family. We would not want to let our mother, father, sister, son, and daughters down...let's not let each other down. Talk to each other, ask questions, help each of us serve with honor and return home safely.

STORY IDEAS STARTING A NEW MISSION MEDIA QUESTIONS

Contact your
455th Public Affairs Office
@ DSN 431-2371
or email @
455aew.publicaffairs@bagb.afcent.af.mil

Break the Cycle:

Volunteer

Hospital

Honor Guard

Base Clean Up

Security Forces

Fire Department

Contact your First Sergeant for more details.



94.1 FM Afghanistan

afnbagram@gmail.com
Request Line 431-3339

Afghan National Army Air Corps completes historic flight

By: Staff Sgt. Richard Williams, 455th Air Expeditionary Wing, Public Affairs



BAGRAM AIRFIELD, Afghanistan—U.S. Army Spc. Nathan Freel (left), and Spc. Ed Okul, 36th Air Support Medical Company, help Afghan Sgt. 1st Class Ghulam Sakhi, and U.S. Air Force Master Sgt. Richard Kramer, flight medics, 438th Air Expeditionary Advisory Group/Combined Air Power Task Force, load an Afghan soldier into an Mi-17 for a rotary wing medical evacuation on Bagram Airfield, Feb. 3, 2010. This rotary wing medevac is the first of its kind in Afghanistan, where a combined Afghan and U.S. crew takes Afghans from coalition medical facilities and returns them to Afghan facilities. (U.S. Air Force photo by/Tech. Sgt. Jeromy K. Cross)

BAGRAM AIRFIELD, Afghanistan—Members of the Afghan National Army Air Corps accompanied by 438th Air Expeditionary Advisory Group/Combined Air Power Task Force mentors completed a historic mission when they flew their Mi-17 helicopter during the first joint rotary wing medical evacuation from Bagram Airfield to Forward Operating Base Lightning, Gardez, Afghanistan, Feb. 3, 2010.

The mission was to transport an Afghan national who had been receiving care at the Craig Joint Theater Hospital on Bagram to a local medical facility in Gardez for

continued care and to allow the patient to be closer to home.

The success of this mission was a testament to the teamwork and dedication of many coalition units to include the ANAAC; two U.S. Air Force units: the 438th AEAG and the 455th Expeditionary Medical Group and two U.S. Army units: Charlie Company, 2nd Battalion, 3rd Aviation Regiment, 3rd Infantry Division and the 36th Air Support Medical Company.

The completion of this significant mission, which took more than one and a half months of coordination between coalition personnel and their Afghan counterparts, was

paramount to the nation's growth and capabilities, said U.S. Air Force Master Sgt. Richard Kramer, 438th AEAG/CAPTF, ANAAC flight medic mentor.

"This is the first step for the Afghans to gain some independence and become part of the coalition to help us out," said Sergeant Kramer, deployed from the 43rd Aeromedical Evacuation Squadron, Pope Air Force Base, N.C. "Them coming here and getting Afghan patients out of a coalition hospital and taking them to an Afghan hospital is big."

See MEDEVAC, Next



where medical care is not adequate or transportation is not available to assist in critical situations. Second, it will free up much needed bed space in coalition medical facilities, and allow the Afghans to provide medical care for their countrymen in Afghan hospitals with Afghan medical staffs. It also allows local national patients who have been treated at Bagram to receive continuing care in a facility closer to their families.

This significance is not lost on the medical professionals of the 455th Expeditionary Medical Group, who assisted with the coordination and transport on the recent rotary wing medical evacuation.

“It’s hard on them (Afghan patients) not being close to their families, just as it is with anyone receiving medical care,” said U.S. Air Force Maj. Demea Alderman, 455th EMDG, flight commander, patient administration.

Major Alderman, deployed from Robins AFB, Ga., and his team track all of the patients in and out

U.S. Air Force Master Sgt. Richard Kramer and Afghan Sgt. 1st Class Ghulam Sakhi, flight medics with the 438th Air Expeditionary Advisory Group/Combined Air Power Task Force, discuss with an Afghan soldier through Shakira Azzizi, a translator, what is going to happen on a rotary wing medical evacuation from Bagram Airfield Feb. 3, 2010. This flight is the first of its kind in Afghanistan, where a combined Afghan and U.S. crew takes Afghans from coalition medical facilities and returns them to Afghan facilities. (U.S. Air Force photo by/Tech. Sgt. Jeromy K. Cross)

MEDEVAC, Cont.

“The efforts and support from everyone involved has been amazing and I am happy to play a role helping the Afghan medical teams pave the way,” said U.S. Air Force Capt. Cassie Ayott, 438th AEAG/CAPTF, flight nurse advisor.

Captain Ayott, deployed from the 139th Aeromedical Squadron, Stratton Air National Guard Base, N.Y., said the significance of this mission is that it’s Afghans taking care of Afghans. “They are really eager to get this program working and give their people the best care possible.”

As an advisor to the flight nurse program, Captain Ayott says that the program here is really in its infancy and the typical infrastructure seen at stateside locations has in the past been virtually nonexistent here, but the strides made in recent months have really gotten the ball rolling to make sure the program literally “takes off.”

Sergeant Kramer points out the

importance of the operation is two-fold: first, this will allow Afghan medical personnel the ability to access remote towns and villages

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Afghan Sgt. 1st Class Ghulam Sakhi, a flight medic, 438th Air Expeditionary Advisory Group/Combined Air Power Task Force, secures equipment to an Mi-17 for a rotary wing medical evacuation, Feb. 3, 2010. (U.S. Air Force photo by/Tech. Sgt. Jeromy K. Cross)



BAGRAM AIRFIELD, Afghanistan—Afghan Sgt. 1st Class Ghulam Sakhi, flight medic, 438th Air Expeditionary Advisory Group/Combined Air Power Task Force, looks after an injured Afghan soldier on an Mi-17 during a rotary wing medical evacuation mission from Bagram Airfield, Feb. 3, 2010. This medevac is the first of its kind with combined Afghan and U.S. crew taking Afghans from coalition medical facilities and returns them to Afghan facilities. (U.S. Air Force photo by/Tech. Sgt. Jeromy K. Cross)

MEDEVAC, Cont.

of the Craig Joint Theater Hospital and ensure they receive the proper care. They also make sure if the patients leave they have a destination and the rotary medical evacuation is a key component.

Bed space in the hospital is limited, Major Alderman said, and the ability to move patients with less debilitating conditions allows the medical facility to receive more patients requiring critical care.

Freeing up bed space in the facility is important, but Major Alderman also explains that there is another more important aspect for the mission and that is community relations. “It allows us to build a better relationship with the Afghan communities by getting patients back to their residence and to their families who can assist with their care.”

Major Alderman, Captain Ayott and Sergeant Kramer stress the importance of the support for the

mission from the lowest level of planning and coordination to coalition leadership and the ANAAC.

Even with this first mission’s success, there are still many steps that must be taken to ensure continued success and Sergeant Kramer emphasizes the importance of the equipment, crews and training that must continue.

“The medics come to us with basic ANA medical training under their belt,” said Sergeant Kramer. “We try to build on what they know by teaching them how to do care in the air.”

Airborne medical care has many more stressors that he explained can affect not only a patient but also the individuals administering the care. “There are many variables in the air like temperature, humidity, vibration, noise, altitude and barometric pressure that can affect a patient and crew during flight.” He also noted that care capability can change based on different air frames.

Captain Ayott said, “We are

really working on a crawl, walk, then run mentality. At this point we are going to be transporting stable and low level medical care patients.” She points out that with the continued training, the ability to give critical care from the most remote locations will definitely be possible and that is the ultimate goal.

Sergeant Kramer said another goal is to make this a completely Afghan process and remove U.S. Forces assistance. He added that this will take time with limitations on the Afghan pilots flying into Bagram airspace without their American mentors. This is primarily due to air traffic and some language barriers, which will improve with time and training.

“It is great to be able to make this happen and we are thankful for all of the support we have received,” said Captain Ayott. “The medics that we work with are great and we look forward to hopefully doing this on a weekly basis throughout the country.”

455th Air Expeditionary Wing, Warrior of the Week

Staff Sgt. Kerchell Strong, 955th Air Expeditionary Squadron



Staff Sgt. Kerchell Strong is a knowledge operations manager assigned to the 955th Air Expeditionary Squadron and is deployed from Randolph Air Force Base, Texas. Her primary duty is to provide administrative support to

more than 300 Joint Expeditionary Tasked Airmen dispersed throughout the Afghanistan area of operations. She provides expert assistance on Electronic Records Management, SharePoint and Community of Practice issues.

A New York, N.Y. native, Sergeant Strong also processes Letters of Evaluation, Enlisted and Officer Performance Reports and monitors the squadron's awards and decorations program and is the site manager for the squadron's electronic information avenues.

"I am flattered," said Sergeant Strong. "I did not expect people to think my job was that important."

She added that her job was important because it ensures that U.S. and coalition forces have the proper administrative support to accomplish the command and control mission.

Sergeant Strong's leadership sited her as an exemplary Knowledge Operator/Client Systems Administrator. During a relatively

short time on Bagram, she repaired critical loading errors on numerous Secret Internet Protocol computers, returning all to operational status within 24 hours.

Her meticulous attention to detail was the key to enforcing procedures necessary to establish local area network and electronic mail accounts ensuring the activation of local user accounts in less than 24 hours.

Additionally, Sergeant Strong's proactive work ethic prevented data loss when she single-handedly copied and saved 75 squadron-level electronic files, providing disaster recovery and ensuring 100 percent accountability. She developed a comprehensive letter of evaluation checklist, streamlining the squadron process and reduced evaluation errors by 80 percent.

Finally, she spear-headed the squadron's filing system conversion, reducing man hours and network availability by 60 percent via electronic scanning and storage.

THE ROCK FITNESS CENTER
PRESENTS

VALENTINE'S
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Force Protection
Tip of the Week

Remove your personal information from your parcels and envelopes received from home and shred the information. Names and addresses can be used by the enemy to intimidate or exploit families back at the homefront. Furthermore, your information can be exploited for terrorist and criminal gain. Take a proactive approach to OPSEC and Force Protection - it is YOUR business!

455 AEW AT/FP Office: 431-4207
Capt. Sprute - Antiterrorism Officer
MSgt. Holtzmann - Antiterrorism Superintendent

Force Protection is your business - everyone is a sensor

History of Afghanistan

By: Tech. Sgt. Scott Gaitley, 455th Air Expeditionary Wing, Historian



The country of Afghanistan has played a key role in the

region for more than 3,500 years.

The reason: Afghanistan sits at the crossroads of Central Asia, sitting between Persia (modern day Iran), China and India.

These three decentralizing forces have interacted time and again in Afghan history, frequently dividing the country against itself.

At other times, Afghanistan has united against invaders and proved a bloody testing ground for foreign empires, as well as occasionally looking beyond its borders to form empires of its own. Within Afghanistan's own borders it has experienced tribal wars, monarchies, dynasties, and coups that have attempted to gain lasting control over Afghanistan.

The following list are the rulers, instigators, invaders, and those dominating influences on Afghanistan's history: Aryans and Achaemenids (c. 1500 B.C. - 330 B.C.); Alexander of Macedon (c. 330 B.C. - 327 B.C.); Mauryans and Graeco-Bactrians (c. 305 B.C. - 48 B.C.); Kushans (c. 135 B.C. - 241 B.C.); Hephthalites (c. 400 A.D - 600 A.D.); Sasanian - Samanid period (c. 300 - 900 A.D.); Islamic Conquest (c. 637 A.D.); Ghaznavids (962 - 1186); Ghorids (1148 - 1202); Mongols (1220 -

1332); Timurids (1369 - 1506); Moghuls & Safavids (1504 - 1709); Mirwais Khan Hotak (1709 - 1715); Ahmad Shah and the Durrani Empire (1747 - 1772); the rise of Dost Mohammad and the beginning of the Great Game (1826 -1839; 1843 - 1863); the first Anglo-Afghan War (1839-1842); the second Anglo-Afghan War (1878 - 1880); Amir Abdur Rahman Khan (1880 - 1901); Amir Habibullah Khan (1901 - 1919); the third Anglo Afghan War (May 6 -Aug 8, 1919); Amir Amanullah Khan (1919 - 1929); Tajik Rule (Jan - Oct 1929); Mohammad Nadir Shah (1929 - 1933); Mohammad Zahir Shah (1933 - 1973); Daoud's Republic (1973-78); Noor Mohammad Tarakai (1978-1979); Hafizullah Amin (1979); the Soviet Invasion (24 Dec 1979 - Feb. 15, 1989); Babrak Karmal (1979 - 1986); Dr. Najibullah

Ahmadzai (1986 -1992); Sibghatullah Mojaddedib (1992); Burhanuddin Rabbani (1992 - 2001); Taliban (1994 - 2001); Coalition Forces (2001 - Present); and the first democratic leader Hamid Karzai (2004 - Present).

With so many cultural, political, and religious influences, it is no wonder that Afghanistan is a country in turmoil. Imagine the United States prior to the Declaration of Independence, when Russia, Spain, France, and Great Britain each possessed a portion of its modern day territories. Then add the various religions, political influences, and trailblazers who have all attempted to shape this New World.

If the majority of American population didn't want an independent, democratic nation, then it is easy to see we could have been a nation bursting with instability ourselves.



NEWS BRIEFS

IMMUNIZATIONS: Are your immunizations up to date? Active-duty members are required to stay current on all immunizations during their deployment. Report to your nearest medical treatment facility to check your status and get vaccinated. For questions, contact Task Force Medical Public Health, 431-4426.

NEWCOMERS INPROCESSING: All Air Force members are required to inprocess with PERSCO. The inprocessing will start your combat pay entitlements. If you have been in the area of responsibility for at least 30 days and you are not receiving combat pay, visit Finance in the crow's nest tower on Camp Cunningham. If you know for a fact that you did not inprocess with PERSCO, visit PERSCO located in Bldg. 700 near the passenger terminal. Call 431-2070/4409 for more information.

COMBAT O: Combat Orientation is every Friday at 0130Z/0600L at the MWR Clamshell. Uniform is Air Force PT uniform for fitness assessment. This is a mandatory briefing for all Air Force personnel assigned to Bagram Airfield. Accountability is tracked and will be forwarded to the first sergeants.

NEW BAF MAIL INSTRUCTIONS:

BAF residents, please ensure individuals sending mail have your most current contact information. This alleviates any delays in you receiving your mail. Below is the current contact information required for individuals to receive mail.

NAME - (Eg. Jane Doe; no rank)

UNIT - (Eg. 455 ECS/SCXK)

Bagram Airfield or BAF



455th AEW Safety tip of the week

DRIVING ATVs ON BAF

Gator and all-terrain vehicle operators will be trained and licensed. Operator and their passengers will wear proper equipment: helmet, eye protection, reflective belt diagonally across the shoulder, full finger gloves, long pants, and sturdy footwear. Gators without headlights and taillights will not be operated during hours of darkness. If you have questions, please contact the Safety Office at 431-4743.

Did You Know:

1 in 33 men and 1 in 6 women

will be sexually assaulted

In their *lifetime*?

Every 150 seconds, someone is assaulted somewhere in America?

80% of victims *know* their assailant?

Always take a Wingman

If you are interested in becoming a Victim Advocate, contact
Capt. Jose Milan
DSN: 318-431-4060
455aew.sarc@bgab.afcent.af.mil



Looking for something to do?

CAMP CUNNINGHAM'S
FEBRUARY 2010
 RECREATION CALENDAR

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1 BINGO 0800 OMAHA 1900	2 TEXAS Hold 'em 0800 & 1900	3 AAAFES MOVIE 0500 & 1930 TRIVIA NIGHT 1830 hrs Black Jack 2100 hrs	4 BINGO 0800 TEXAS HOLD 'EM 1330 HRS AAAFES Movie 0500 & 1930	5 BINGO 0800 POOL TOURNEY 1500 SPADES 2100 AAAFES MOVIE 0500 & 1930	6 BINGO 0800 AAAFES MOVIE 0500 & 1930 TEXAS HOLD 'EM 1330 & 1900 HRS POOL TOURNEY 1500 HRS
7 AAAFES MOVIE 0500 & 1930 Black Jack 1800 Karaoke 1830 hrs	8 SUPERBOWL PARTY 0430 BINGO 0800 POOL TOURNEY 1500 OMAHA 1900	9 TEXAS Hold 'em 0800 & 1900	10 AAAFES MOVIE 0500 & 1930 TRIVIA NIGHT 1830 hrs Black Jack 2100 hrs	11 BINGO 0800 TEXAS HOLD 'EM 1330 HRS AAAFES MOVIE 0500 & 1930	12 BINGO 0800 SPADES 2100 AAAFES MOVIE 0500 & 1930	13 BINGO 0800 AAAFES MOVIE 0500 & 1930 TEXAS HOLD 'EM 1330 & 1900 HRS
14 AAAFES MOVIE 0500 & 1930 Black Jack 1800 Karaoke 1830 hrs	15 BINGO 0800 Mardi Gras Carnival 1930	16 TEXAS Hold 'em 0800 & 1900	17 AAAFES MOVIE 0500 & 1930 TRIVIA NIGHT 1830 hrs Black Jack 2100 hrs	18 BINGO 0800 TEXAS HOLD 'EM 1330 HRS AAAFES MOVIE 0500 & 1930	19 BINGO 0800 POOL TOURNEY 1500 SPADES 2100 AAAFES MOVIE 0500 & 1930	20 BINGO 0800 AAAFES MOVIE 0500 & 1930 TEXAS HOLD 'EM 1330 & 1900 HRS
21 AAAFES MOVIE 0500 & 1930 Black Jack 1800 Karaoke 1830 hrs	22 BINGO 0800 POOL TOURNEY 1500 OMAHA 1900	23 TEXAS Hold 'em 0800 & 1900	24 AAAFES MOVIE 0500 & 1930 TRIVIA NIGHT 1830 hrs Black Jack 2100 hrs	25 BINGO 0800 TEXAS HOLD 'EM 1330 HRS AAAFES MOVIE 0500 & 1930	26 BINGO 0800 SPADES 2100 AAAFES MOVIE 0500 & 1930	27 BINGO 0800 AAAFES MOVIE 0500 & 1930 TEXAS HOLD 'EM 1330 & 1900 HRS
28 AAAFES MOVIE 0500 & 1930 Black Jack 1800 Karaoke 1830 hrs						

THE VULTURES NEST
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