



The GUNFIGHTER

Volume 16, Number 32

366th Fighter Wing, Mountain Home Air Force Base, Idaho

Aug. 20, 2004



Photo by Staff Sgt. Chris Campbell

Staff Sgt. Jose Garza, 366th Component Maintenance Squadron, makes adjustments to an F-15C/D/E radar receiver exciter while Chief Master Sgt. Gary Chuba, 366th CMS avionics flight chief, supervises. Chief Chuba was recently awarded a Bronze Star Medal for his contributions made at a forward deployed base in Southwest Asia in 2003 during Operation Iraqi Freedom.

Flight chief receives Bronze Star Medal

By 2nd Lt. Erin Tindell
Gunfighter public affairs

Chief Master Sgt. Gary Chuba, 366th Component Maintenance Squadron avionics flight chief, received the Bronze Star Medal Aug. 11 for his contributions during Operation Iraqi Freedom in 2003.

The Bronze Star Medal is awarded to individuals who, while serving in any capacity with the Armed Forces of the United States in a combat theater, distinguish themselves by heroism, outstanding achievement or by meritorious service not involving aerial flight.

While deployed to the 485th Air Expeditionary Wing, Chief Chuba was the only aircraft maintainer on an initial buildup team of 11 Airmen that set up a bare-base operation in Southwest Asia.

"Chief Chuba is the reason the [485th Air Expeditionary Wing], not just our maintenance squadron, was a success during the war," said Maj. Jonathan Bland, 485th Expeditionary Maintenance Squadron commander.

As the 485th EAMXS chief, Chief Chuba extended his duties beyond the realm of maintenance and handled problems that arose in other areas.

"He literally jumped in and led efforts for [civil engineer], services, transportation, security forces and a host of other areas," said Major Bland.

During the first two weeks of his tour, the wing did not receive necessary supplies because cargo was stuck at

Dover Air Force Base due to a snowstorm. At the same time, the number of personnel was quickly increasing.

"We went from 11 to about 3,500 people in [two weeks], but didn't receive the required equipment needed to get everybody going," said Chief Chuba.

Despite austere conditions, he helped coordinate and direct the construction of tents, air conditioner and heating units and a dining facility through negotiations with local host-nation commanders.

Once equipment arrived, Chief Chuba established the preparation of over 200 pieces of aerospace ground equipment in less than 48 hours and setup of two avionics test stations in 16 hours, putting the maintenance squadron 32 hours ahead of schedule.

The chief also restructured the wing's F-15 phase inspection process, which decreased the normal timeline by 60 percent. This allowed aircraft to fly over 3,500 hours in only six weeks during Operation Iraqi Freedom.

"While deployed, Chief Chuba's motto was, 'There's nothing maintainers can't do,'" said Major Bland. "He proved it by getting our folks involved in building, maintaining and securing our base for over 5,000 servicemen."

The chief said he credits the hard work and dedication of the young airmen he worked with for helping make the base efficient.

"I felt like I represented everybody that I worked with ... this is for all the young troops that ... went above and beyond," Chief Chuba said after receiving the medal during an official ceremony.

Newsline

FTAC award winners

Congratulations to Airman 1st Class **Matthew Anderson** for being selected as the First Term Airmen Center's Sharp Troop for Class 04X and Airman 1st Class **Alexandra Blair** for receiving the Class 04X Razor Sharp Award for excellence in dress and appearance.

366th MDG closure

The 366th Medical Group is closing at noon today for an organizational function. This includes the pharmacy, so please plan appropriately. The emergency room will remain open for immediate health care needs. For more information, call the 366th MDG beneficiary counselor assistance coordinator at 828-7803.

Library closure

The base library is closed Monday for an upgrade to the Quality of Life Network. People who need access to a computer may use the computer lab in the education center. The library will resume normal operations Tuesday.

Tops in Blue

The U.S. Air Force's Tops In Blue is offering a free night of family entertainment Wednesday at 8 p.m. at Mountain Home High School Tiger Field.

366th EMS inventory scheduled

The 366th Equipment Maintenance Squadron munitions storage area is conducting their semi-annual inventory from Sept. 7 though 17.

All requests that need to be taken care of during that time frame should be brought to the attention of munitions accountability by Aug. 27. There will be no other munitions transactions allowed during that time frame except for approved emergency issues. For more information, call Tech. Sgt. Richard Lauric at 828-4301.

Gunfighter Attic

The Gunfighter Attic is collecting basic supplies like pens, pencils, paper, backpacks and lunch box items to help families offset the cost of going back to school. People are encouraged to drop off donations to the attic or one of the designated areas on base.

The Gunfighter Attic is open Monday from 3 to 6 p.m., Wednesday and Thursday from 9 a.m. to 1 p.m., and Saturday from 9 a.m. to noon, except holidays and down days.

Base speed limit changes

A project to change several speed limits on base is scheduled to be completed by Aug. 27. The changes are to accommodate and provide protection for pedestrian traffic in the effected areas. The new speed limit for Sycamore, Ponderosa and Willow Circles will be 15 mph. The new speed limit for Pine Street, Aardvark Avenue between Liberator and Desert Streets, and Gunfighter Avenue between Liberator and Desert Streets will be 20 mph.

Base vehicle registration stickers

366th Fighter Wing personnel who have base vehicle registration stickers that expire in 2004 or those who need to register their car can get Department of Defense Form 2219, the base vehicle registration sticker, at the base visitor's center.

Change to base instruction

The Mountain Home Air Force Base Instruction 31-204 has changed. Gunfighters who operate motorcycles are required to review and comply with the changes, which are in effect now. For more information contact Master Sgt. Marty Clifton, Gunfighter Motorcycle Advisory Council at 828-1104 or the 366th Security Forces Squadron at 828-2256.

Aug. 20, 2004

The Gunfighter

Commander's Hotline

This Hotline is your direct line to me.

It's your opportunity to make Mountain Home AFB a better place to live and work.

I review every response to Hotline questions, but functional experts prepare most responses.

If possible, you should first contact the organization responsible for the problem or function.

Your first sergeants, commanders and agency chiefs want to help, so please let them try.

If you do not know how to proceed or if you have already tried your chain of command, then do not hesitate to contact the Hotline at 828-6262 or CommandersHotline@mountainhome.af.mil.

Not all Hotlines are published, but if you leave your name and phone number or e-mail address, I will make sure you get a reply.



Col. Charles Shugg

Col. Charles Shugg
366th Fighter Wing commander

Last DUI:

(As of noon Thursday)

726th Air Control Squadron

Days without a DUI:

3

AADD made 22 saves in August, 212 in 2004

Medical officer defines emergency

1st Lt. Andrew Hansen
366th Medical Operations Squadron

ER – thanks to TV drama and trauma, those two letters conjure up exciting images of life saving rescuers fighting time, bad odds and death on a daily basis.

If real emergency medicine was as constant and hectic as it is portrayed on TV, no one could sustain working there long.

ER to those who work there brings to mind less exciting images. In fact, while any emergency department is ready to perform life and limb saving measures, what we mostly see walking through the door is clinic overflow.

An emergency department should be used for emergencies and urgent medical problems that cannot wait for a clinic appointment; they are designed to treat emergencies first and fast.

By definition, an emergency is something that, if left untreated, would immediately threaten someone's life, limb or eyesight. This criterion only includes things that cannot be replaced, and if treated soon enough, may be saved.

The staff members working in an emergency department are specially trained to assess what injuries and illnesses will kill or maim patients and take care of those immediately.

Qualified personnel whom have received specialized training make the decision about who gets treated first, and they generally sort patients into three categories depending on the severity of their case: emergent, urgent and nonurgent.

Patients who come to the emergency department first check in at the front window, and then are seen by the

triage nurse or screening technician. If multiple patients come in at the same time, the triage nurse decides based on the chief complaint which person is triaged first.

Patients then tell the nurse or technician what is wrong with them and are asked questions like, "How long have you had the problem?" and "What were you doing when it started?" Sometimes people come in with a problem they have had for days, weeks or longer and they are asked "What changed about your problem that made you come to the emergency department today?"

Other information is gathered such as past medical history, blood pressure, pulse, temperature and weight. Emergency department staff also compiles a list of medications being taken and information regarding any allergies to medicine.

Based on all this information, the medical professional assesses the severity of the complaint along with the risk to life, limb or eyesight and assigns the patient a triage category.

The emergent patients are seen first, the urgent patients second and the nonurgent patients last, usually in the order they present to the emergency department. However, even the nonurgent patients can be sorted so that the more sick patients will be seen first. This may mean the least urgent patients wait several hours in the waiting room with other sick patients.

People can access emergency care by initiating the 911 emergency system or by private transportation to the ER. People who use cell phones to dial 911 will reach the city of Mountain Home emergency system and not the base emergency system. Those who have cell phones should dial 828-1117 to contact the base emergency services.

The 911 emergency system should be used only when it

is believed there is an actual emergency. Ambulances should be used only when life and limb are endangered and never for first aid care. When an ambulance is sent unnecessarily, valuable manpower and resources have been misused and care may be delayed to others who need it.

Do not drive past any other hospital on the way to the base hospital if you or your loved one is having a true emergency. In fact, if life, limb or eyesight is in jeopardy, you shouldn't drive yourself or another at all. In those cases you should, always call 911 for an ambulance.

There are at least four good reasons for this. First, if you try to drive yourself to the hospital, as some people have done, you may die or lose consciousness on the way further injuring or killing yourself and others on the roadways. Second, if you're driving a loved one and they become unresponsive, you cannot do anything for them because you are driving. Third, an ambulance has trained emergency medical technicians that can use specialized life-saving equipment that you don't have access to in your car. Last but not least, ambulances have lights and sirens to get people out of their way on busy roads, and some have four-wheel drive to get off the road and around cars on packed streets.

For nonurgent conditions, an appointment with a clinic provider is best. When unable to do this, the "Healthwise Handbook" can provide valuable insight to those who feel sick or have a minor injury. This free guide addresses many illnesses and instructs on ways people can treat themselves in the comfort of their own home, away from needles, doctors and other sick people from whom they might catch something. The books are available at the medical group.

EMERGENCY, continued on page 3



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Coverage: Coverage of upcoming events should be arranged in advance by calling the public affairs office at 828-6800 or by sending an electronic message to pa_news@mountainhome.af.mil.

Classified Ads: Free classified advertisements of a non-commercial nature are published in *The Gunfighter* on a space-available basis. Free advertising is limited to Air Force people (active and retired), Department of Defense civilian employees and their family members. Ad forms are available in Bldg. 512. Deadline for free classified advertisements is 5 p.m. Monday.

Rack 'em up – Annual Gunfighter winners

Welcome to Gunfighter
Country — home of a
winning attitude!



Air Force Awards 5



Air Combat Command Awards 22



12th Air Force 3

MDG providers participate in humanitarian exercise

By 1st Lt. Kevin George
366th Medical Operations Squadron

Two medical officers assigned to the 366th Medical Group recently returned from Georgetown, Guyana, after spending 17 days there in support of a joint overseas training exercise.

Maj. (Dr.) Craig Pack, a flight medicine doctor, and Capt. Caesar Garcia, a physician assistant, participated in Exercise New Horizons 2004 Guyana, cosponsored by the U.S. Southern Command and the Guyanese Defense Force.

The exercise, still currently underway, includes three construction projects to build a new nursery school, a new rehabilitative center and new medical clinic. It also includes two Medical Readiness Training Exercises (MEDRETE), the first of which ended July 7.

"The beauty of this training is two fold," said Gen. James

Hill, commander of U.S. Southern Command, during a visit to the New Horizons exercise area July 13. "The troops get training in an austere environment that they couldn't possibly replicate in the United States. On the other side, the country benefits from the buildings that we leave with them, and the U.S. benefits from the goodwill engendered by our American ambassadors – the Soldiers, Airmen, Sailors, Marines, Coast Guard and all those that participate in this exercise."

Capt. Garcia and Maj. Pack were two out of 16 people who were a part of the first MEDRETE team, which consisted of an oral maxillofacial surgeon, an optometrist, a pediatrician, an internal medicine specialist, a family physician, a physician assistant and technician support for each specialty.

During their 10 days of patient care, the team traveled

to three separate locations in Guyana, treated more than 2,200 patients and handed out almost 6,000 prescriptions.

"Everyone wanted to see the optometrist to get one of the pairs of donated prescription or reading glasses," stated Maj. Pack. "People would wait between four to eight hours, generally in the hot sun, to be seen."

"A few people treated had heat exhaustion secondary to the long wait. The majority of cases were typical diseases one would find in the states – high-blood pressure, diabetes and heartburn. However, several unique medical experiences occurred such as assisting a new mother who had given birth to her daughter on the taxi-ride to the clinic or treating an aggressive flesh-eating bacterium."

The second MEDRETE started in August. Approximately 200 military personnel are participating in this exercise.



101 Critical Days: *Sleeping, driving do not mix*

(Editor's Note: This article is part of a series of articles compiled by the Gunfighter safety office in support of the 101 Critical Days of Summer campaign.)

When behind the wheel of a car, being sleepy is dangerous. Sleepiness slows reaction time, decreases awareness and impairs judgment just like drugs or alcohol. And just like drugs and alcohol, sleepiness can contribute to a collision. Most people know how dangerous drinking and driving is, but they may not know that driving drowsy can be just as fatal as driving drunk.

The biological clock tells people when it is lunch time, gives them energy at certain times of the day and affects the body temperature. But what biological time it is differs from person to person.

To be a safer driver, people should be aware of their individual biological clock. Once a person is aware of his or her personal cycle, he or she can take extra care when most likely to feel sleepy.

While coffee can be an effective temporary remedy, stimulants are no substitute for sleep. Drinks containing caffeine such

as coffee or cola can help a person feel more alert, but the effects last only for a short time.

Those who drink coffee and are seriously sleep-deprived are still likely to experience "microsleeps," or brief naps that last only four or five seconds. A driver travels more than 100 yards at 55 mph, and that's plenty of time to kill him or her.

Most people may believe they can control their sleep, but the truth is, sleep is not voluntary. A person who is drowsy or seriously sleep-deprived can fall asleep and never even know it. An individual also cannot tell how long he or she has been asleep.

There are a few ways people can determine if they are about to fall asleep. Those who experience any of the following danger signs should take them as a warning that they could fall asleep without meaning and may need to pull off the road and take a nap:

- eyes close or go out of focus by themselves
- have trouble keeping the head up
- can't stop yawning
- have wandering, disconnected

stomach-flu patient dying is unlikely, while the person with the increased eye pressure from glaucoma may lose their eyesight.

It is often difficult for patients to understand this when they or a loved one is left in the waiting room while someone else walks back to see the doctor before they do. Due to patient privacy laws, we cannot tell the less emergent but sick patients why they have to wait.

Active duty members can call 832-1560 Monday through Friday between 7 to 7:30 a.m. for acute appointments. Supervisors have the authority to send a sick troop home for the day. There is no need to send them to the emergency department if they feel sick at work; have the troop

thoughts

- don't remember driving the last few miles
- drift between lanes, tailgate or miss traffic signs
- keep jerking the car back into the lane

The only safe driver is an alert driver. Even the safest drivers become confused and use poor judgment when they are sleepy. In order to be a safe driver, a driver must have his or her eyes open, and that means staying off the road when he or she is sleepy.

Many people may insist they can't nap. Yet even people who say they are not tired will quickly fall asleep in a darkened room if they have not been getting enough sleep. A driver who thinks he or she can't nap should stop the car and recline for 15 minutes anyway; he or she may be surprised at how easy it is to fall asleep once given the chance.

According to a recent survey, half of Americans report occasional sleeping difficulties, so there is a good chance that many drivers are not getting all the sleep they need. A good way to determine this is by

asking: "Do I wake up rested?"

Many people also shortchange themselves on sleep during the week and try to make it up on weekends. This means that by Friday night, when they want to go out and have a good time, they are more likely to be driving drowsy.

People should also keep in mind that age plays a factor when it comes to determining how much sleep they need. Young adults, for instance, need more sleep than people in their 30s. Young adults who get up early tend to feel alert in the evening, especially if they're at a party or a place where there's a lot to keep them interested. They think that being able to stay up late means they don't need much sleep. The problem is the temporary alertness wears off once they're away from the stimulation and they can end up driving home drowsy.

The bottom line is a drowsy driver doesn't process information as fast or as accurately as an alert driver and is unable to react quickly enough to avoid a collision, so everyone should always drive carefully and make sure they are well rested before getting on the road.

make an appointment to see their primary care manager.

If a child is running a fever, try to treat them with acetaminophen or ibuprofen as appropriate at home first. Antibiotics do nothing for a child's pain or fever for the first several days but acetaminophen or ibuprofen does. For earaches, 80 percent get better in three to seven days without antibiotics.

So, give a child something to treat their pain and fever first, and then contact their doctor; he or she can tell whether or not they need to be seen.

If you have utilized all means available and feel medical care is required, the emergency department is available 24 hours a day seven days a week.

EMERGENCY, from page 2

Based on this article, you could say the ER is here to put out the brush fires first, and then worry about the smoldering problems. Everyone else must wait to be treated, no matter how sick they feel.

Someone who feels awful and nauseated might have to wait several hours to be seen while a person with a painless eye problem who came in 25 minutes later would be seen immediately under this system. This may not seem fair or right to the patients in the waiting room, but depending on the problem, the eye patient may be sent to the head of the line. The reason for this is that the probability of the



If using a land line, dial 911 for all on-base emergencies.
If using a cell phone, dial 828-1666.



Exercise, Exercise, Exercise



Photo by Staff Sgt. Christopher Campbell

Airman 1st Class Christopher Bartlett, 366th Communications Squadron, inventories the items in his personal deployment bag. The 366th Communications Squadron held an eight-day training exercise to prepare for the upcoming deployment of Air Expeditionary Force cycle 5 and 6, and each 366th CS member that participated in the exercise personally inspected their mobility records, gear and bags to ensure compliance with 366th Fighter Wing standards.

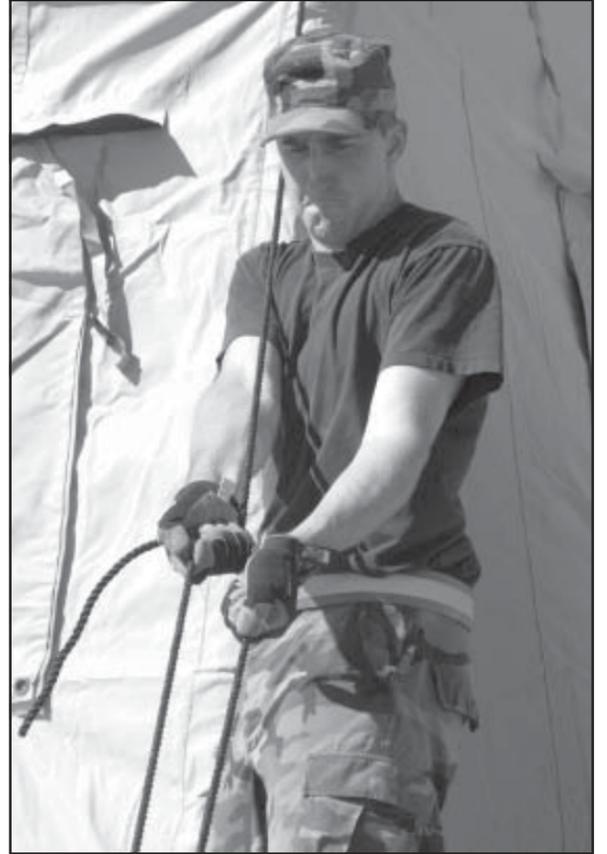


Photo by Staff Sgt. Christopher Gish

Staff Sgt. Jonathan Glogowski, 366th CS, tightens a tie-down rope on the corner of a temper tent. Sergeant Glogowski trained 366th CS members on the finer points of temper tent buildup.



Photo by Staff Sgt. Christopher Gish

Staff Sgt. Edgar Williams instructs other 366th CS members on how to properly assemble the roof of a temper tent. About 50 Gunfighters participated in the exercise to increase their war readiness skills.



Photo by Staff Sgt. Christopher Gish

Members of the 366th CS remove weeds and prepare areas for tent building. During the exercise, the group of warfighters also practiced proper pallet buildup and built test setups for satellite and land communications.

Gunfighter crosshairs for fitness

(Editor's note: The following information was compiled by the 366th Medical Group. Maj. Bruce Christensen and Master Sgt. C. Timmis Winstanley, human performance training team; Mr. Richard Myhre, exercise physiologist; and Capt. Bradley Hochstetler, flight surgeon, contributed to this article.)

Preventing ankle-related injuries

The ankle joint is a complex set of bones, tendons and ligaments working together to enable the body to move freely during the day. If not taken care of, it is also very susceptible to injury. Therefore, here are eight rules to help prevent ankle injuries:

1. Wear the correct shoes for an event. Good walking or running shoes provide comfort and balance.
2. Wear hiking shoes or boots in rough terrain. Different sports activities call for specific footwear to protect feet and ankles, so use the correct shoe for each sport.
3. Do not wear any sports shoe beyond its useful life, and be certain they are fitted properly.
4. Do not walk barefoot on paved streets or sidewalks.
5. Watch out for slippery surfaces at home, the gym and the road or track, and clean up dangerous spills immediately.
6. If getting up during the night, turn on a light; many fractured toes and other foot injuries occur while attempting to navigate in the dark.
7. Remember to warm up and cool down; incorporate ankle rotations and stretches to help lubricate the joint prior to participating in exercise.
8. If experiencing pain, stop and make sure you are fit to continue; it is easier to miss one game than an entire season.

For the new Air Force fitness program standards, log on to www.af.mil/news/USAF_Fitness_Charts.pdf.

If not regularly engaged in a fitness program, see a primary care manager or physician beforehand.

Aerobic training

To know if you are performing an aerobic exercise, you must first know how to calculate a target heart rate. This is accomplished using two simple math formulas: 220 sub-

tracted from a person's age and multiplied by .65; and 220 subtracted from a person's age and multiplied by .85.

For example, a 35-year-old person would subtract 220 from their age of 35, which equals 185. Then, they would multiply 185 by 0.65 to get 120, which is their low-end target heart rate. Their high end can be found by multiplying 185 by 0.85, which equals 157. So, the 35-year-old should keep their heart rate between 120 and 157, which is their aerobic range.

For best results, it is recommended that people use a heart monitor. Those who do not have their own monitor can sign one out from and use it at the base fitness center.

People without monitors can just take their individual low and high range and divide those numbers by 6. This lets the 35-year-old person who monitors their heart rate for 10 seconds know their heart should be beating at a rate of 20 to 26.

The second and hardest part is not the math but keeping the heart rate elevated within the aerobic heart rate range for a minimum of 20 minutes three or more times a week. The warm up and cool down is not included in the 20 minutes.

Resistance training

Everyone should use a qualified instructor to learn how to use exercise equipment or to perform a new exercise. To prevent injuries, there are eight basic rules to follow:

1. Do not allow joint hyperextension; exercise within the normal range of motion. Rehearsing the motion prior to performing a lift helps prepare both mentally and physically.
2. Exercise speed should be smooth and controlled. When bench pressing, for example, do not let the bar drop rapidly; go from near full extension to a 90-degree bend in the elbow no faster than one second.
3. Remember to breathe; exhale during the exertion phase of each rep. It helps stabilize the body and aids in keeping proper form.
4. Rest between sets; based on the workout goals established by the trainee and the trainer, a 30- to 90-second rest allows muscles time to recharge.
5. Perform from one to three sets per body part; additional sets typically don't provide any added benefit and

can lead to injury due to overuse.

6. Increase weight-load gradually over time by two to five percent after meeting goals; aggressive leaps in weight are dangerous if adequate precautions are not taken.

7. Exercise intensity should allow for a momentary muscle failure at or near the end of the workout set. The buddy system must be utilized if going to failure.

8. Balance muscle development over the entire body. For instance, if chest muscles are worked chest, work the back also. Likewise, the lower body should not be neglected at the expense of the upper body.

Diet and nutrition

How many calories are needed each day? How many calories are being consumed every day? People who cannot answer these two questions may not be able to achieve their desired goals of losing or gaining weight.

To find the estimated daily calorie intake, there is a formula to help. First, find the resting metabolic rate. For men, the formula is $66 + (6.22 \text{ multiplied by the body weight in pounds}) + (12.7 \text{ multiplied by the height in inches}) - (6.8 \text{ multiplied by the age})$. For women, the formula is $665 + (4.36 \text{ multiplied by body weight in pounds}) + (4.32 \text{ multiplied by height in inches}) - (4.7 \text{ multiplied by the age})$.

The second part is to multiply the resting metabolic rate by the activity level factors, which allows for variation on a daily basis. There are five ALF zones:

- 1.2 to 1.3 equals very light physical activity like sitting and driving.
- 1.4 to 1.5 equals to light physical activity such as housecleaning or walking at 3 mph.
- 1.6 to 1.7 equals moderate physical activity such as tennis, walking at 4 mph and weeding.
- 1.8 to 2 equals heavy physical activity such as running three-plus miles, heavy digging.
- 2.1 to 2.4 equals exceptional physical activity such as a competitive triathlete would participate in.

After reviewing progress, make changes as necessary to attain the desired goal. As a rule men should eat no less than 1,800 calories and women no less than 1,600 calories per day. In the end, moderate exercise cannot compensate for excessive eating.



Full of hot air

Tech. Sgt. Kevin Andert, a Gunfighter deployed to the 379th Expeditionary Medical Group, adjusts a valve on a device that extracts pure oxygen from the air. Sergeant Andert maintains medical equipment at a forward deployed location in Southwest Asia.



Photos by Staff Sgt. C. Todd Lopez

Tech. Sgt. Andert cleans the inside of a digital film scanner. He was recently recognized by his deployed unit as the Warrior of the Week.