

59 MEDICAL WING



MISSION

The 59 Medical Wing operates the Air Force's largest medical facility. Its mission is to provide deployed and in-garrison health care, graduate medical education and clinical research, all designed to enhance Air Force readiness.

59 Medical Wing mission includes being a referral hospital; physical evaluation board; autopsies; united states air force central eye bank; casualty staging unit; united states air force central tumor registry; area dental laboratory; histopathology center; whole blood collecting center; center for diagnosis, teaching and equipping of the partially sighted; united states air force sentry dog program veterinary support; tuberculin testing of recruits; orthopedic brace shop; clinical records library; mental hygiene clinic; medical equipment maintenance branch; base medical support; advisory and logistical support for air force reserves; command jurisdiction over 408 medical service flight, air force reserve, on activation; provide training, inspection and safety programs for 422 medical service flight and 423 medical service flight, air force reserve; joint use area laboratory; logistical support for united states air force epidemiological laboratory; clinical research laboratory; clinical laboratory, class a; military consultant center; radioisotope service; special pulmonary function testing; medical remedial enlisted program; cleft palate team; united states air force center for cardiac surgery; and diagnostic hearing center.

LINEAGE

59 Observation Group established, 21 Aug 1941

Activated, 1 Sep 1941

Inactivated, 18 Oct 1942

Activated, 1 Mar 1943

Redesignated 59 Reconnaissance Group, 2 Apr 1943

Redesignated 59 Fighter Group, 11 Aug 1943
Disestablished, 1 May 1944
Redesignated 59 Tactical Fighter Wing, 31 Jul 1985 but remained inactive

3700 Medical Squadron designated, 25 Aug 1948
Organized, 26 Aug 1948
Redesignated 3700 Station Medical Squadron, 1 Nov 1948
Redesignated 3700 Medical Group, 27 Jun 1950
Redesignated 3700 USAF Hospital, 16 Oct 1953
Redesignated USAF Hospital, Lackland, 1 Jul 1958
Redesignated Wilford Hall USAF Hospital, 2 Mar 1963
Redesignated Wilford Hall USAF Medical Center, 1 Jul 1969

59 Tactical Fighter Wing and Wilford Hall USAF Medical Center consolidated and redesignated 59 Medical Wing, 1 Jul 1993

STATIONS

Newark, NJ, 1 Sep 1941
Ft Dix, NJ, 14 Nov 1941-18 Oct 1942
Ft Myers, FL, 1 Mar 1943
Thomasville AAFld, GA, 30 Mar 1943-1 May 1944
Lackland AFB, TX, 26 Aug 1948

ASSIGNMENTS

I Air Support (later, I Ground Air Support) Command, 1 Sep 1941
First Air Force, 21 Aug-18 Oct 1942
Third Air Force, 1 Mar 1943
III Fighter Command, (by Sep) 1943-1 May 1944
3700 Basic Training Wing, 26 Aug 1948
Indoctrination Division, Air Training Command, 22 Apr 1949
3700 AF Indoctrination Wing (later, 3700th Military Training Wing; Lackland Military Training Center), 28 Oct 1948
USAF Aerospace Medical Center, 1 Oct 1959
Aerospace Medical Division, 15 Apr 1962
Air Training Command, 15 Jan 1987
San Antonio Joint Military Medical Command, 16 Feb 1987
Air Training (later, Air Education and Training) Command, 1 Oct 1991

ATTACHMENTS

Aerospace Medical Division, 1 Nov 1961-14 Apr 1962

WEAPON SYSTEMS

BC-1A, 1941-1942
L-59, 1941-1942

O-46, 1941-1942
O-47, 1941-1942
O-49, 1941-1942
O-52, 1941-1942
P-39, 1943-1944
P-40, 1944

COMMANDERS

Lt Col Victor Dallin, 1941
Ltc Chester A. Charles, Jan 1942-Unkn
Maj Leland S. McGowan, 24 Mar 1943
Ltc William R. Clingerman, Jr., 14 Apr 1943
Col James B. League, Jr., Oct 1943
Ltc James Van G. Wilson, 11 Mar-1 May 1944
Col John R. Copenhaver, 26 Aug 1948
Col Robert E. Lee, 21 Jun 1949
Col Howard C. Martin, Mar 1951
Col Robert S. Brua, Sep 1951
Col David Gold, 11 Jun 1955
Col James G. Moore, 20 Jul 1955
Col Don S. Wenger, 12 Aug 1957
Col John E. Pluenneke, 15 Aug 1957
Brig Gen James G. Moore, 1 Jun 1959
Brig Gen James W. Humphreys, Jr., 12 Sep 1960
Brig Gen Thomas H. Crouch, 1 Jun 1965
Col Robert E. Lau, 10 Jan 1966
Brig Gen Thomas H. Crouch, 16 May 1966
Brig Gen Edgar H. Underwood, Jr., 1 Nov 1968
Maj Gen Paul W. Myers, Apr 1971
Brig Gen Kermit Q. Vandenbos, 28 Jul 1978
Maj Gen Monte B. Miller, 26 Mar 1985
Brig Gen Thomas P. Ball, 6 Jun 1986
Maj Gen Vernon Chong, 17 Feb 1987
Maj Gen Edgar R. Anderson, 14 May 1990
Maj Gen Paul K. Carlton Jr., Sep 1994
Maj Gen Earl W. Mabry, May 1999
Maj Gen Lee P. Rodgers, Jun 2000
Maj Gen Charles B. Green, Jul 2003
Brig Gen David G. Young Iii, 8 Jul 2005
Maj Gen Thomas W. Travis, 13 Aug 2007
Maj Gen (Dr.) Byron C. Hepburn, Nov 2010
Maj Gen Bart Iddins

HONORS

Service Streamers

Campaign Streamers

World War II

Antisubmarine, American Theater

Armed Forces Expeditionary Streamers

Decorations

Air Force Outstanding Unit Awards

1 Jul 1957-31 Dec 1963

1 Jan 1965- 30 Jun 1966

1 Jan 1975-31 Dec 1976

1 Jan 1979-31 Dec 1980

1 Jan 1983-31 Dec 1984

1 Jan 1986-31 Dec 1987

19 Dec 1989-31 Jan 1990

1 Jul 1994-30 Jun 1996

1 Jul 1997-30 Jun 1998

1 Jul 1998-30 Jun 1999

1 Jan 2000-31 Dec 2001

1 Jan 2002-31 Dec 2003

1 Jan-31 Dec 2004

1 Jan 2005-30 Jun 2006

1 Jul 2006-30 Jun 2007

EMBLEM

59 Observation Group emblem: Azure issuant fanwise from clouds in sinister base proper five rays, in dexter chief a mullet or. (Approved, 24 Nov 1942)



Wilford Hall and its predecessors never had an official logo until 1960. The 1960 design did not follow the normal rules of military heraldry since it showed the medical center's main building. That deviation from policy indicated how former commanders saw it as the core of the hospital's mission. In addition, there were three lighting flashes that stood for three missions -- care of patients, teaching program and clinical investigation.



59 Medical Wing emblem: Since the new wing would be the Air Force's first medical wing, the search for a unit with an acceptable insignia took some time. According to the 1993 59 Wing history, "The attractive design of the 59 Observation (later Fighter) Group's insignia was a major reason for requesting that designation, particularly since it stressed aviation and sky and was without warlike symbols which would have been inappropriate to a medical unit." The insignia may have been without warlike symbols; the unit was born on the eve of war.

59 Medical Wing emblem: The colors of ultramarine blue and yellow represent Air Force colors with the blue alluding to the sky, which is the primary theater of Air Force operations. The yellow refers to the sun and the excellence required of Air Force people. The cloud represents an element

of doubt and the unknown. Rays emanating from the cloud indicate the wing's ability to overcome difficulties and reach the objective as symbolized by the star. (Approved, 3 Feb 1995)

MOTTO

EXEMPLAR—An Example

OPERATIONS

The 59 Observation Group came into existence on Aug. 21, 1941, a few months before America's entry into World War II. The unit was redesignated the 59 Reconnaissance Group on April 2, 1943, and again as the 59 Fighter Group on Aug. 11, 1943, and finally disestablished on May 1, 1944.

Throughout World War II, the 59th was assigned to various commands including the First Air Force, Third Air Force and the Third Fighter Command. According to the Wing's Lineage and Honors Statement, "Following the outbreak of war, the unit engaged in anti-submarine patrol along the East coast of the United States from Dec 1941-Oct 1943. During 1943-1944, it trained pilots using P-39 aircraft. Began conversion to P-40s in Apr 1944, but inactivated the following month." In fact, the 59 flew a number of different aircraft during the war years including, the BC-1A, L-59, O-46, O-47, O-49, O-52, P-39 and P-40 while stationed in Newark, N.J., Fort Dix, N.J., Fort Meyers, Fla., and Thomasville Army Air Field, Ga.

The facility was built in two separate sections. Construction was begun on the first section on 15 June 1941. This section was released by Army engineers to the Base Air Installations Office, on 25 May 1942. The second section of the hospital was released by Army engineers to the Base Air Installations Office in October 1962 with a few buildings released in January 1943. The medical unit presently occupied by the USAF Hospital is an outgrowth of the Station Hospital, a unit of the San Antonio Aviation Cadet Center, The AAF Regional. and Station Hospital was designated by WD Circular 187, 26 June 1942, under the command of Col, John R. Copenhagen, Director of Medical Services. The hospital began operations on 8 June 1942 when the San Antonio Aviation Cadet Center was directly under the control of Kelly Field.

On 4 July 1942, the hospital, along with other units of the San Antonio Aviation Cadet Center, became an independent command with Col. Robert J Platt, USAAF assuming command of the medical activity July 1942. In addition to offering the usual services of a Station Hospital during the year 1942, a completely equipped Dental Clinic was in operation. As an additional mission, the hospital also trained selected medical officers in the School of Aviation Medicine along with a Medical Training Center School for enlisted men, wherein such courses as Field Sanitation, First Aid, Field Hospital and Combat Rescue, and other related subjects were taught. In addition to the Station Hospital located in the north end of the field, five dispensaries were in operation in various areas of the Base under the command of Flight Surgeon who commanded the Medical Processing activity in their respective areas.

Major Edwin C. Benjamin was surgeon of the Army Air Force Preflight School, and Lt. Col, William H. Lawton was chief Flight Surgeon of the Classification Section. In 1943, the Station Hospital boasted more than 1,200 bed, Medical processing of aircrew candidates and aviation cadets, corrective

surgery on aircrew candidates, and the operation of a branch school of Aviation Medicine were the main functions.

On 1 February 1946 with the wartime mission of Training Aviation cadets completed, Lackland became known as the Army Air Force Military Training Center, and the hospital at this time was designated as an Army Air Force Regional and Convalescent Hospital. In January 1946, the Hospital was under the command of Colonel Clyde L. Brothers, MC, at which time the medical activities of the Station Hospital on Kelly Field were transferred to the AAF Regional and Convalescent Hospital at Lackland.

In February of the same year, the medical services of Brooks Field, Texas were transferred to this activity. Due to the conversion of Lackland (then San Antonio Aviation Cadet Center) from Aviation Cadet Training to Basic Military Indoctrination Training, a great increase in Hospital admission was shown during the January-March 1946 period. This was due to the increased number of personnel on the field and the concentration no doubt of "Teen-Agers who had not previously been exposed to a variety of contagious diseases, or who had not been subjected to or experienced the usual run of childhood sicknesses. During this time the medical services consisted of 13 medical officers and one administrative assistant. Lackland continued to grow and continued to train basic airmen.

In mid 1948, a Base Surgeon, looked over his sprawling, war relic of a Base Hospital, which encompassed 112 single story frame buildings, where 32 over-worked physician had to walk miles and miles as they tried to do the work of the 38 doctors which the hospital was supposed to have. Everyone, it seemed, was coming into the Air Force except the medical men, who were all going out. The surgeon thought his normal 439 cases a day were more than enough; and although health conditions of the Base population were surprisingly good, Lackland's proneness towards atypical pneumonia was just another reason for viewing the overcrowding of personnel with concern.

The Medical Squadron and 3700th Station Hospital were designated by General Orders 79, 25 August 1948. The most pressing problem of the Hospital during the last half of 1948 was the serious shortage of medical officers. At Lackland AFB 38 medical officers were authorized. On 1 July 1948, only 34 were assigned. On 31 December 1948 only 29 were assigned. At Lackland's hospital during 1948 there were 11,944 admissions with the daily average of hospital patients of 439. Out-Patient visits (including dental, etc) totaled 195,618.

Furthermore, the doctor assigned to the hospital during this period had to do their work in a sprawling hospital unit consisting of 112 single story frame buildings grouped over a relatively large area. At Lackland's hospital during the first six months of 1949 there was a total of 5,515 admissions to the hospital. The out-patient clinic totaled 49,443 military visits and 9,779 non-military visits. This volume of business was conducted with a medical officer staff of 30. As of 1 January 1949, 17 Dental officers were assigned with 14 being assigned as of 30 June 1949. This serious loss of medically trained personnel prompted the surgeon to state in June 1949 that "If the loss of medical officers continued at the past rate, the activities of this hospital will have to be reduced to sick call, dispensary treatment, and the examination of incoming trainees." It was the consensus of opinion at this time that it would be most unsatisfactory to transport personnel from the Station Hospital at

Lackland to other hospitals at nearby installations, and that the absence of adequate medical care and immediate surgical and medical services for emergency cases on Lackland would not only prove a bad morale factor on the basic trainee population but would constitute a health hazard.

During the mid-part of 1949 the shortage of Medical officers at the hospital reached a more serious level when the Surgeon was informed that in addition to furnishing medical services for the entire population on Lackland, he would be responsible for the processing and hospitalization of patients from the newly re-opened Ellington Air Force Base just outside of Houston, Texas. The situation became so critical in October 1949 that in an interview the Surgeon made the statement that is the aim of the Surgeon and his staff to practice the highest possible standards of medicine in spite of the critical shortage of personnel; however, all indications are that in order to continue the barest minimum of operations the standards of medical practice will fall unless additional physician report to this station.

On 10 February 1950 the Commanding General, 3700th AFIW (which was designated on GO 79, ATRC, 25 October 1949, LAFB, was notified by TWK from the Commanding General, Air Training Command, that the activity known as the Station Hospital was being reduced to a dispensary status with the target date set for the middle of June 1950. Plans were immediately made by the Surgeon and staff to transfer all military dependents to Brooke Army Medical Center located on Fort Sam Houston, Texas. Patients who were found to need hospitalization beyond the target date were also being transferred to Brooke Army Medical Center, and the policy that only those patients who required a minimum of 72 hours of hospitalization would be admitted to the Lackland activity.

This reduction in service naturally called for the consolidation of activities and plans were made by Air Installations to close a number of buildings in the hospital area. With this reduction in activity a necessary reduction in personnel was affected. When notification was received of the change in the hospital's status, 128 civilian employees were on duty. As of 15 June 1950 only 49 of that number remained. On 16 June 1950 orders (GO 50, Hq, LAFB, Par 1) were issued which in part stated, "...The 3700th Station Hospital, Lackland Air Force Base, San Antonio, Texas, is redesignated the USAF Infirmary effective 16 June 1950." With all plans made to operate the facility as an infirmary, information was received later that the Secretary of Defense had authorized continued operation of the facility as a United States Air Force Hospital with a bed capacity of 100. All instructions from Headquarters, United States Air Force pertaining to the reduction of the hospital to an infirmary were rescinded.

Shortly after the issuance of general orders on 16 June 1950, and the subsequent cancellation thereof, the incident on the 38th parallel occurred. Within 45 days instructions were received from the office of the Air Surgeon giving authority to the Commanding Officer of the 3700th Medical Group to set up a 475 bed hospital which was to provide all types of definitive care within the capacity of the personnel and equipment available. This action placed the hospital closer to the status that it occupied in March 1950. The problem facing the Surgeon of re-equipping various technical facilities for the patient load was not compared to the re-assembling of his professional staff as it had existed in March 1950. Admissions to the hospital during the month of August 1950 amounted to 702; these admissions plus personnel received for classification and transferred to

Brooke Army Medical Center for hospitalization and medical processing of the great numbers of Air Force recruits that flooded this station during mid 1950 were conducted with an understaffed professional service.

The following was the staffing personnel situation in the 3700th Medical Group during the month of September 1950: In addition to the routine duties of which the hospital was required to give personnel of Lackland the additional duty of providing temporary treatment for Korean war casualties was assigned to the Surgeon on 1 September 1950. In the initial stages, the Lackland hospital served as an overnight rest stop for the wounded who had been flown from Hickam Field, Hawaii, or Travis Air Force Base, California, to Kelly AFB, while enroute to military hospitals throughout the country.

On 11 December 1950, the Lackland hospital acquired an even more important role in the Air Evacuee Program, which was charged with bringing wounded warriors from the battlefield to the well-equipped military hospitals in the United States. On that date, Lackland was designated a major port of debarkation for the Korean returnees. The capacity of the hospital was ordered increased from 475 to 1,000 beds. This move caught Lackland medical officials completely by surprise. They had but recently prepared a table of distribution for a 725 bed hospital and were formulating their plan for expansion on the basis of this proposal. They had anticipated that only 125 of the 725 beds would be required by the evacuees, whereas the Washington directive decreed that 500 beds be allocated for this purpose. The evacuees began streaming into Lackland before the hospital was fully ready to receive them, Washington provided essential personnel. To handle this influx by 30 to 60 day TDY from other bases. Lackland officials began a program to recruit its own personnel to supplant the TDY people when they left. Additional doctors were obtained and ambulance drivers were recruited from the Base Motor Pool. In order to man the program adequately, it was expected that saw 1,300 persons would be required, This represented a substantial increase over previous strength requirements.

The increased need for medical administrative personnel for medical corpsmen resulted in a substantially altered table of distribution. The augmented administrative force was required because Lackland was charged with the responsibility of preparing individual case reports and with forwarding them to Washington. On the basis of these reports. Washington determined the ultimate disposition of the patients.

The nature of the treatment provided by Lackland demanded the assignment of approximately twice the number of medical corpsmen as were required for the normal hospital routine. To relieve the critical shortage of these corpsmen, a school to train a consignment of basic trainees was held, No airmen were assigned to the wards medical corpsmen until after they had completed this training.

The patients received supportive rather than remedial treatment at Lackland, The first necessary treatment had already been provided. Mainly, Lackland fed, shaved, bathed, paid, and replaced the dressings and damaged casts of the Korean casualties. Quite a few blood transfusions were given. To facilitate this activity, Lackland started its own blood bank rather than storing the blood at

Brooke Am Hospital as was previously done, Surgical treatment was available but was provided only when necessary. Only those patients requiring emergency treatment remained at Lackland longer than 48 hours, Between 1 September 1950 and 11 January 1951, more than 3,500 combat men were cared for at the Lackland Hospital, During the month of December only, sane 1,200 wounded men were received. From 11 December 1950, when Lackland was designated a major debarkation port, to 10 January 1951, 2,774 evacuees poured into the base hospital. Once the program was in full operation, a daily average of 150 patients streamed into the hospital, while the outward flow averaged about 100.

During the month of January 1951, when Lackland underwent the Blitz, and was investigated by congressional investigators, civilians appointed by the President, and the Air Surgeon and his staff, the hospital, still under strength, experienced a high rate of admissions due to high trainee receipts during that time. On 19 January 1951, the Surgeon, Col. Robert E. Lee, announced that military nurses would serve a duty tour of 12 hours a day seven days a week. This emergency measure remained in effect until late in February, The following figures show the assigned and authorized strength of the hospital as of 31 March 1951. It will be noted that the number of personnel assigned greatly exceed the number authorized. This was one of the emergency measures taken by the Surgeon to adequately staff his hospital when nationwide charges of a high death rate due to pneumonia and suicides were being levied against Lackland Air Force Base in the nation's presses.

By the end of the Korean War, the Lackland hospital was well on its way to becoming a major Air Force medical center. The hospital obtained accreditation as a major teaching facility and as a specialty treatment center, providing complete medical and dental care to military members and their families assigned to approximately 15 Air Force installations in the Southwest. Since many of the hospital's World War 2 buildings badly needed repair, the Air Force obtained congressional approval for construction of a permanent nine-story, two-wing hospital with 500 beds, located just north of the old cantonment buildings.

Ground was broken for the new building on Oct. 11, 1954, and the Air Force surgeon general, Maj. Gen. (Dr.) Dan C. Ogle, dedicated the new USAF Hospital Lackland on Nov. 16, 1957. Explaining his decision to establish such a facility at Lackland AFB, Ogle noted San Antonio's recent growth as a center clinical and military medical education. Although the city did not yet have a civilian medical school, Ogle expected it to acquire one soon. His goal was to see the new Lackland hospital serve as the center of Air Force medical education and research. After the dedication, the hospital's major medical functions immediately moved into the new building, although several specialties and clinics continued to work in the older structures.

On Oct. 1, 1959, the hospital was combined with other units and the School of Aviation Medicine at Brooks AFB, Texas located 15 miles east in southern San Antonio to form the USAF Aerospace Medical Center.

By 1960, Lackland had established residencies in anesthesiology, general surgery, internal medicine, obstetrics and gynecology, orthopedic surgery, pathology pediatrics, radiology and urology. A substantial fellowship program was also soon inaugurated.

In May 1961, responding to a request from the National Aeronautics and Space Administration (NASA), the hospital provided a clinical support team for the launching and recovery of astronaut Alan B. Shepard's first American suborbital space flight. The hospital then formed a special unit at Cape Kennedy AFS, Fla., to support the entire series of Project Mercury space flights. The hospital itself provided medical examinations and treatment to all astronauts assigned to the new Manned Spacecraft Center of NASA in Houston. This growing research mission resulted in the hospital's transfer to the new aerospace medical division of Air Force Systems Command, on Nov. 7, 1961.

Growth in the patient population soon required further improvements. In March 1961, a third wing with another 500 beds was dedicated, making the hospital the largest one-unit hospital in the Department of Defense. In October 1962, a clinical research laboratory was created to coordinate the growing number of research projects.

In 1962, the open heart surgery program began, making Wilford Hall the only Air Force cardiac surgical center.

On March 2, 1963, the USAF Hospital Lackland was renamed Wilford Hall USAF Hospital in honor of dedicated physician and distinguished Air Force officer, Maj. Gen. (Dr.) Wilford F. Hall (1904-1962). During World War 2, Hall, working as a colonel in the air surgeon's office, helped shape the first American system for evacuating wartime patients by air transport. As command surgeon of the Military Air Transport Service from 1948 to 1954, Hall oversaw the establishment of the Air Force's peacetime aeromedical system and the design of its first dedicated medical aircraft, the C-131A. From 1954 to August 1957, Hall was chief medical officer of the Supreme Headquarters of the Allied Powers in Europe, located in Paris, France. He capped his career by serving as chief surgeon of Air Materiel Command at Wright Patterson AFB, Ohio, retiring on Oct. 1, 1959.

In 1965, the hospital opened the USAF Central Eye Bank, which supplied military and civilian hospitals with fresh or preserved eye tissue.

A dental clinic, adjacent to the hospital, was added to the complex in June 1965. Although patient load continued to climb during the Vietnam War, the hospital had no major facility additions.

In the mid-60s, Lt. Col. (Dr.) Kenneth H. Cooper, director of clinical investigations, conducted pioneer studies of aerobic functions that eventually led to major changes in armed forces physical conditioning and testing programs. The staff at the Wilford Hall clinical research laboratory began to earn an excellent national reputation for their research on humans and animals.

In December 1967, Ogle's vision for Wilford Hall was fully realized. Wilford Hall and the newly dedicated University of Texas Medical School at San Antonio agreed to exchange medical staff and students for mutually beneficial projects. The University of Texas Dental Branch at Houston also affiliated itself with Wilford Hall for teaching purposes.

Contains information on the redesignation of Wilford hall united states air force hospital to the

Wilford Hall United States Air Force (USAF) Medical Center on 1 July 69

Opening of USAF School Of Aerospace Medicine technical equipment repair shop on 7 July 69;

Construction of Laser Hazards Laboratory on 5 Aug. 69

Wilford Hall's staff members became national leaders in several other important areas. For instance, in the field of newborn infant care, Wilford Hall became the first DOD hospital to offer a lung bypass procedure known as extracorporeal membrane oxygenation (ECMO). The staff developed a portable version of the ECMO system that permits in-transit respiratory support for critically ill infants.

From 1976 to 1983 in a massive expansion project at the medical center, a new three-story wing for clinics, a new one-story north wing, a nine-story bed tower, a total energy plant and a separate new dental clinic were built, tripling the size of the complex to 1.3 million square feet. All outpatient facilities were consolidated in the new Clinic Annex, and the World War 2 and Korean War buildings were abandoned.

Starting in 1982, the Wilford Hall staff expanded its mission by adding readiness. In event of war, the center was now expected to rapidly deploy many military staff overseas, leaving Wilford Hall's patients in the hands of its new Reserve unit, the 11th USAF Contingency Hospital.

For example, in December 1982, the center offered autologous bone marrow transplants (when patients are their own donors), which are especially valuable in treating breast and brain cancers.

In 1983, the hospital also became the single Air Force referral center for AIDS patients, and the National Institutes of Health later designated Wilford Hall and the nearby Southwest Foundation for Biomedical Research as a national center for AIDS research.

4 Nov 1983- A dedication ceremony marked the completion of a seven year, \$95 million expansion of Wilford Hall USAF Medical Center, which tripled the hospital's size.

In December 1984, the clinical research laboratory was moved into a large modern building next to the main hospital. A field training site, called Camp Rissington, was added in April 1985.

On July 31, 1985, the 59 Fighter Group was redesignated the 59 Tactical Fighter Wing but remained inactive. Finally, it was reactivated and consolidated with the Wilford Hall U.S. Air Force Hospital on July 1, 1993.

In October 1986, Wilford Hall became the only DOD hospital offering allogeneic bone marrow transplants (when the donor is a genetically matched sibling) for leukemia patients.

By the late 1980s, Wilford Hall provided more than 60 percent of postgraduate training for Air Force physicians.

In early 1993, Air Force officials informed the Wilford Hall Medical Center commander, Maj. Gen. (Dr.) Edgar R. Anderson, that the hospital was to be redesignated as a numbered wing. The general asked his staff to look into the possibility of assuming the designation and lineage of an inactivated unit. Since the new wing would be the Air Force's first medical wing, the search for a unit with an acceptable insignia took some time. According to the 1993 59 Wing history, "The attractive design of the 59 Observation (later Fighter) Group's insignia was a major reason for requesting that designation, particularly since it stressed aviation and sky and was without warlike symbols which would have been inappropriate to a medical unit."

A hospital assuming the designation and lineage of a wartime unit was not without controversy. According to the 1993 history, one AF official stated, "When a medical unit gets the lineage of a combat unit, Christ will descend on a cloud and tell you so." The report goes on to say, "The degree of supernatural intervention was not clear, but on July 1 the organization was redesignated the 59 Medical Wing, and made heir to the lineage, honors and heraldry of the World War 2 unit."

6 Jul 94 The 59 Medical Wing (formerly, Wilford Hall USAF Medical Center) at Lackland deployed nearly 100 staff members to Grand Turk Island in support of Operation Sea Signal, the resettlement of Cuban and Haitian refugees. Altogether, AETC deployed 487 people during the last six months of 1994 to Guantanamo Bay, Cuba, and the Caribbean in support of Sea Signal.

During calendar year 2005, the 59 Medical Wing continued its outstanding record of important contributions to the Air Force Medical Service. While the wing continued to provide quality peacetime medical care for our beneficiaries, our wartime missions challenged manning and resources. One of our major missions was manning the Air Force Theater Hospital at Balad AB, Iraq. More than 840 wing personnel deployed in support of Operation IRAQI FREEDOM with only 6 out of a possible 37,890 theater discrepancies. The 59 MDW's mobility commitment continued to be the largest in the Air Force, with 3,271 personnel positions.

In a response to the devastation from Hurricane Katrina in August and Hurricane Rita in September, the wing deployed 60 medics to New Orleans and Mississippi to provide relief. Wing personnel safely relocated 36 late-term maternity patients and their family members from Keesler AFB, MS to Lackland AFB, TX. Approximately 29,000 evacuees were relocated to Kelly USA and wing personnel provided medical and other support to them while they were housed in temporary facilities there. During 2005, 59 MDW personnel also performed humanitarian missions to Ecuador, Honduras, Paraguay, El Salvador, Republic of Georgia, Costa Rica, Peru, Chile, Nepal and Guyana.

One of the most important occurrences this year was the report from the Base Realignment and Closure Commission which called for the development of the San Antonio Regional Military Medical Center. The proposal stated, "Realign Lackland Air Force Base, TX, by relocating the inpatient medical function of the 59 Medical Wing (Wilford Hall Medical Center) to the Brooke Army Medical Center, Ft Sam Houston, TX, establishing it as the San Antonio Regional Military Medical Center, and converting Wilford Hall Medical Center into an ambulatory care center."

Community involvement by the 59 Medical Wing in the San Antonio area remained vital and strong. Our continued operation of a Level 1 trauma center in support of the emergency medical service network in the greater San Antonio area was one of these programs. Continued close cooperation in the community with partner Level I trauma centers and other community hospitals continued to showcase the quality dedication and abilities of the 59 MDW staff in supporting this tremendously important mission.

Another area of community involvement was our full participation in graduate medical education. In 2005 there were 584 Medical Corps residents and 260 graduated from programs sponsored by the consortium of 1 the University of Texas Science Center at San Antonio, Brooke Army Medical Center, and Wilford Hall Medical Center. The graduate medical education program was challenged in the face of continued heavy deployments at both WHMC and BAMC that affected faculty staffing and patient care capacity. Hard work by the programs, the San Antonio Uniformed Services Health Education Consortium and the commands kept the programs intact.

2/5/2010 All Air Force medical treatment facilities in San Antonio merged under the 59 Medical Wing Feb. 1. The 12th Medical Group at Randolph Air Force Base became the 359 Medical Group, and the 37th Medical Group at Lackland AFB became the 559 Medical Group. The realignment unites the medical units and their subordinate squadrons from Randolph and Lackland Air Force bases under the 59 MDW. With the addition of approximately 700 members from these two groups, the wing grows to more than 6,000 active duty members, civilians and contractors.

The 59 MDW headquarters is located at Wilford Hall Medical Center and led by Maj. Gen. (Dr.) Thomas W. Travis. The consolidation will be transparent to beneficiaries with no change in services at the Randolph AFB, Lackland AFB, Brooks or Kelly clinics all in San Antonio. Military and civilian members will see little impact, with the exception of minor adjustments to the chain of command. The transition of Air Force medical facilities here is a direct result of the 2005 Base Realignment and Closure Recommendation 146, under which installation support functions consolidated at 12 locations across the Department of Defense.

In San Antonio, the newly formed 502nd Air Base Wing, under the Joint Basing Plan, will be responsible for the mission support groups at each installation, while the 59 MDW staff assume responsibility for the Air Force medical groups. The realignment streamlines medical contingency operations planning and installation and clinical support by creating a single interface point for all installations in the area. "The installations' missions drive the support, not vice versa," General Travis said. "Under Joint Base San Antonio, the 59 MDW now has a responsibility to directly support the missions and commanders at each of the installations through the newly activated medical groups.

DEPARTMENT OF THE AIR FORCE UNIT HISTORIES

Created: 18 Nov 2010

Updated: 24 Mar 2024

Sources

Air Force Historical Research Agency. U.S. Air Force. Maxwell AFB, AL.

The Institute of Heraldry. U.S. Army. Fort Belvoir, VA.