

DAVID GRANT USAF MEDICAL CENTER



LINEAGE

4167th Hospital Established and organized, 15 Feb 1954

Redesignated USAF Hospital Travis, 1 Jul 1958

Redesignated David Grant USAF Hospital, 1 Jul 1966

Redesignated David Grant USAF Medical Center, 1 Jul 1969

STATIONS

Travis AFB, CA

ASSIGNMENTS

COMMANDERS

Col W. F. Dewitt, Feb 54

Col George F. Baier III, 11 May 54

Col Nuel Pazdral, Oct 55

Col John W. Linfesty, Unknown

Col Nuel Pazdral, Oct 59

Col John Ficicchy, Jr., 11 Jan 60

Col Ralph P. Campanale, 1 Jun 62

Col James B. Anderson, 27 Aug 63

Col James P. Jernigan, 27 Jan 64

Col John A. Norcross, Mar 67

Col (BG) George E. Reynolds, Jul 71
Col (BG) Evan W. Schear, Jul 72
Col Monte B. Miller, 1 May 75
Col William L. Lee, Jr., 15 Aug 77
Col Vernon Chong, 1 Nov 78
Col Frederick W. Plugge, IV Dec 81
Col Paul D. Gleason 8 Apr 85
Col Marshall S. Cook, 17 Mar 86
Col Robert W. Gilmore, 29 Jun 90

HONORS

Service Streamers

Campaign Streamers

Armed Forces Expeditionary Streamers

Decorations

EMBLEM

EMBLEM SIGNIFICANCE

MOTTO

NICKNAME

OPERATIONS

The 4167th Station Hospital at Fairfield-Suisun Army Air Base first opened its doors to patients on 1 July 1943. Hospital buildings were of cantonment type construction, housing seven wards with a total capacity of 125 beds. Two wards were allocated for medical service, one for convalescent patients and one for a crash ward temporarily dubbing as a redistribution point of supply. The remaining ward was used for examinations, briefings and medical clearance.

The first minor operation was performed in the hospital on 26 July 1943. Prior to this, all surgery was performed at Hamilton Army Air Field near San Francisco. The first major operation for acute appendicitis was successfully performed on 6 August 1943.

The construction of a 670 bed Aerial Debarkation Hospital and the reconstruction of the 150-bed Station Hospital were approved and the project was immediately begun in June 1945. The designs for the Aerial Debarkation Hospital called for seven wards, six of 100 beds. The seventh for 70 beds would be for mental health patients. The wards would accommodate eight patients in each room. A two-story Base Hospital would consist of four wards with a capacity of 150 beds.

With the advent of V-J Day, the primary mission of Fairfield-Suisun became the processing of returned troops for redeployment and transfer to separation centers. The mission of the AAF Station Hospital was to provide medical care for the station complement and transient personnel and to perform routine examinations prior to the transfer to separation centers. However, with the cessation of hostilities with Japan, the construction of the holding station and hospital ceased. The floor of the tunnel and 80 percent of the footings had been poured. One long wall and several wing walls of concrete had been poured to first floor level and the area had been rough graded. Whatever work had been completed on the foundation was subsequently torn out.

After a reevaluation of mission needs for Fairfield-Suisun Army Air Field as the west coast base from which the Air Transportation Command would conduct its foreign commitment, additional funds were allocated on 25 March 1946 to complete construction of projects at the base, among which was the suspended construction of the hospital.

Excavation work for the 150-bed Station Hospital was started on 17 March 1947 after many revisions of plans. To allow the temporary hospital to continue its functions and at the same time to clear the site for the new Air Freight Terminal and apron, a few of the existing hospital buildings were salvaged and services continued in cramped quarters. The Stolte Incorporated had the contract for erecting the hospital building and Morrison-Knudsen Company, Inc., handled the landscaping and roads that were around the hospital.

As the transition to a separate Air Force from the U.S. Army began in 1947, all Station Hospital personnel were assigned to the newly designated 8th Medical Group (provisional), which consisted of two squadrons: the 81st Medical Squadron (provisional) composed of all medical department duty personnel and the 82nd Medical Squadron (provisional) composed entirely of hospital patients.

On 1 Jun 1948 at the recently redesignated Fairfield Suisun AFB, the 8th Medical Group was redesignated 530th Medical Services Squadron, 530th Air Transport Wing. Just a few months later on 1 Oct 1948, the 530th Medical Services Squadron was redesignated 1501st Medical Services Squadron.

On 2 May 1949, the Strategic Air Command (SAC) took over the jurisdiction of Fairfield-Suisun AFB, with the 9th Strategic Reconnaissance Wing activated, one of its components being the 9th Medical Group, whose mission it was to run the hospital. In addition to providing the usual care for base and attached personnel, the hospital serviced personnel passing through the separation center and took care of air evacuation patients.

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On 20 May 1949, the hospital moved into its new permanent installation - known to the locals as "The Hospital on the Hill." There were a total of 148 people assigned: 24 officers, 10 nurses, 72 enlisted men and 42 civilian personnel.

On 5 Nov 1949, the 5th Strategic Reconnaissance Wing was attached to the 9th Wing. The hospital functioned under two medical groups: the 9th and the 5th--but was under command jurisdiction of the 9th. A Physical Evaluation Board was established on 1 June 1950, and the hospital was designated as a center for Air Force patients requiring general surgical and medical care.

As the only aerial debarkation hospital on the west coast, the hospital underwent several changes during the 1950s as the newly renamed Travis AFB. As a result of the Korean Conflict, all patients evacuated by air from Pacific bases debarked at Travis. Once again, facilities had to be expanded. In August 1950, the hospital airmen's barracks were converted into a hospital annex, with 118 additional beds. The total number of patients evacuated by air during the month was 1304, in comparison to 514 for the previous month. Just four months later in December 1950, the hospital reached a peak of 5,475 patients received by air evacuation.

When the 9th Bombardment Wing, including the 9th Medical Group, moved from Travis AFB, Calif., to Mountain Home AFB, Idaho on 1 May 1953, the 5th Medical Group took over the hospital at Travis.

After the Armistice in Korea became effective, the first group of prisoners of war in the mass exchange of prisoners with the Communists arrived at Travis on 12 August 1953. On 12 Feb 1954, the 5th Medical Group was inactivated. The 5th Tactical Hospital and the 4167th USAF Hospital were activated and both assigned to the 5th Strategic Reconnaissance Wing. Their mission to staff the hospital remained unchanged until 1 Apr 1954, when the 4167th was relieved from assignment to the 5th Wing and reassigned directly to the 14th Air Division (5th Air Base Group, 14th Air Division, Fifteenth Air Force, Strategic Air Command).

On 30 Jun 1954, the first planeload consisting of 16 litters and 31 ambulatory French patients from Indo-China arrived at the Travis hospital. The French Naval attaché of the West Coast, the manager of the French newspaper, and the French consul general visited the French patients.

Additional construction to USAF Hospital Travis was completed in 1961, which included conversion of the former nurses' quarters to a casualty staging facility. Temporary conversion of a transient airmen's dormitory in 1965 enabled the hospital to reach 650 beds. With the growing conflict in Southeast Asia after the Gulf of Tonkin incident in 1965, USAF Hospital Travis became the central receiving medical facility for aeromedical evacuation of soldiers, sailors, marines and airmen wounded during the Vietnam War.

On 1 July 1966, the USAF Hospital at Travis AFB was designated David Grant USAF Medical Center in honor of the late Major General (Dr.) David Norvell Walker Grant, USAAF, MC (1891-1964), the first Surgeon General of the Army Air Corps and U.S. Army Air Forces. The medical center was a wing-equivalent as well as a tenant on Travis AFB.

Postgraduate educational programs were implemented at DGMC in 1966 when planning began for five residency programs. The Air Force and Medical Service Accreditation Committee for Graduate Medical Education gave provisional approval to start the General Surgery, Pediatrics, Obstetrical/Gynecological, Internal Medicine, and Radiology residency programs with a start date of 1 July 1967. Other programs offered at DGMC included Physician Assistant in Orthopedics, Pharmacy Practice, Nurse Anesthesia, and Administrative Residency.

In addition to training active duty officers, DGMC partnered with the local community and reserve forces to provide training. DGMC has active affiliations with UC Davis School of Medicine, UC San Francisco, University of the Pacific, Solano Community College and a number of the other local training institutions. General Dentistry and Oral and Maxillofacial Surgery postgraduate education programs were added in 1969.

On 1 July 1969, USAF implemented a new medical system dividing CONUS into six geographical areas, each composed of one large AF medical facility designated as a Medical Center and smaller referral hospitals designated regional hospitals. DGMC became the Medical Center for 24 other active AF installations, including three regional hospitals in a nine-state area. DGMC also received referral patients from the Pacific area and cared for transient patients at the Second Aeromedical Staging Flight, an assigned unit.

On 21 October 1988, the medical center moved from "the Hospital on the Hill" to its current location, a state-of-the-art, modern medical center, located on the northwest portion of the base with a separate gate entrance. DGMC opened its doors to the third-generation facility at a cost of \$193 million through a unique design-build contract, which enabled the project to be completed ahead of schedule and \$8 million below original budget projections.

With a "footprint" measuring greater than two football fields in width and almost four football fields in length, the horizontal nature of the medical center is evident. The imposing eight-story building surprisingly contains only four major floors, but encompasses over 808,475 net square feet with 3,662 rooms, 350 inpatient and 75 aero-medical staging flight beds and 52 dental treatment rooms in the adjacent Arthur J. Sachsel Dental Clinic.

The building is divided into three separate patient zones: inpatient nursing units, diagnostic and treatment areas, and outpatient clinics. The hospital is designed around five large courtyards, which provide orientation for staff and patients, as well as natural lighting and views for patient rooms. In addition, key structural members and foundations are sized for future vertical expansion.

The facility has received five national awards for design and construction, is built to withstand major earthquakes, and can operate for up to a week using internal utility capabilities.

During Operation DESERT STORM, DGMC deployed 750 physicians, dentists, nurses, MSCs, BSCs, and enlisted personnel to Nocton Hall, England to activate the 310th Contingency Hospital to receive casualties.

On 1 July 1994, the medical center was re-designated the David Grant Medical Center, and on 1 October 1994 became a part of the 60th Air Mobility Wing as the 60th Medical Group. From February, 1995 to August, 1995, 145 members from the 60th Medical Group deployed to Zagreb, Croatia in support of the United Nations peace keeping mission in the former Yugoslavia.

The 60th Medical Group Forward at Camp Pleso provided comprehensive medical and surgical care to U.N. members from dozens of countries. The medical center has also deployed individual members throughout the world to support military and humanitarian efforts of the Air Force. Completed in February 2000, the neighboring Fairfield Outpatient Clinic provides health services to veterans enrolled with the VA Northern California Health Care System. Simplicity and structural expression characterize this \$8.6 million, single-story, 38,000-square-foot structure.

Located on the DGMC campus, the clinic complements services provided at other Department of Veterans Affairs facilities in the region. The building footprint consists of three distinct zones: an open entrance lobby; a modular clinical block, which anticipates future conversion from primary care to specialty use; and an ancillary support block, which allows for future conversion to soft space for enhanced diagnostic and treatment functions. A clerestoried lobby links interior and exterior spaces through a gradual progression of inviting materials and finishes.

Clinical spaces are grouped as flexible modules to allow changes of use without changes in construction. For example, administrative departments can be easily converted to exam and treatment space and, similarly, individual offices can easily convert to clinical treatment rooms.

The 60th Medical Group has captured 16 individual titles, and DGMC was nationally recognized in 2002 with the Picker Institute's Benchmark Hospital Award for the United States' Most Patient-Centered Hospital for the Emotional Support Dimension of Care. DGMC was honored with the 2006 Team Performance Patient Safety Award in recognition of outstanding achievement in creating a safer patient environment -- the highest honor recognizing quality healthcare services for a military treatment facility within the Department of Defense.

Home to more than 2,500 medical personnel, civilians, contractors and volunteer staff, DGMC offers a complete range of medical, surgical and dental services, including magnetic resonance imaging (MRI), nuclear medicine and a world-class hyperbaric chamber, the second-largest in the United States. DGMC also supports the multi-service Armed Services Whole Blood Processing Laboratory-West (ASWBPL-W), one of only two in the United States, and an active Clinical Investigative Facility (CIF) program that is a model for other research centers in the country. Regional health care programs throughout Northern California include partnerships with UC Davis, Touro Osteopathic College, University of the Pacific and Pacific Union College.

The medical center sponsors extensive postgraduate physician-officer training programs in internal medicine, surgery, pediatrics, obstetrics and gynecology, family practice, diagnostic radiology, dentistry, pharmacy, nursing and health services administration, as well as clinical technician training courses for enlisted personnel. The number of students in training at any given moment at DGMC typically exceeds 200 a year.

As medical advancements are made, DGMC continues to stay on the leading edge, opening the \$1.5 million Warfighter Photorefractive Keratectomy Center, one of only five in the Air Force Medical Service. The center includes an upgraded \$50,000 laser eye treatment system, a state-of-the-art technology that will increase availability of service to active duty patients with high astigmatism, providing immeasurable impact on readiness and mission success.

DGMC has also increased women's health services by 50 percent and overall enrollee access to care by 33 percent. It has implemented the use of an automated health library, providing 24-hour accessibility to health information for staff and patients. In 2004, work was completed on four new labor and delivery suites in the Mother/Baby unit. Within the Arthur J. Sachsel Dental Clinic, a new \$750,000 state-of-the-art centralized Dental Instrument Processing Center became operational, improving processing times by approximately 50 percent.

DGMC has become a specialty care referral hub for Northern California veterans with inpatient/outpatient care and facility sharing agreements via a unique partnership between the Departments of Defense and Veterans Affairs. DoD/VA Joint Venture programs include the \$1.6 million Hemodialysis and \$607,000 Peritoneal Dialysis units. A \$5.5 million Joint Spine and Neurosurgery service was added in 2007. A \$5.9 million Joint Inpatient Mental Health Unit and a \$5.7 million Joint Radiation Oncology Center were upgraded to state-of-the-art services in 2009 and early 2010.

Additionally, DGMC provides Hyperbaric Medicine support for VA San Francisco and VA Palo Alto Medical Centers.

Because it is a military medical center, DGMC personnel are "America's First Choice" as the Air Force's second largest medical readiness platform. Since the events of 9/11 and the Global War on Terror, DGMC personnel have performed expeditionary medical missions for both combat support and humanitarian missions, ranging from Iraq, Afghanistan and the Indonesian Tsunami to Hurricane Rita and California wildfire relief efforts stateside. DGMC also fulfills a key role in the National Response Plan as the Sacramento region Federal Coordinating Center for the National Disaster Medical System.

As one of the Air Force's constant deployer model sites, DGMC personnel are currently providing the lead support to the Craig Joint Theater Hospital in Bagram, Afghanistan, and medical/surgical support to the Joint Theater Hospital in Balad, Iraq. DGMC fields over 1,500 mobility positions with over 700 personnel holding 150 different Air Force specialty codes, filling primary deployment roles on 114 different standard unit type codes. The current steady state has approximately 150 medical personnel deployed in support of Aerospace Expeditionary Force rotations and humanitarian missions "Anytime, Anywhere" - while ensuring world-class medical care and service to its customers at home.

Currently, a Joint Venture Hemodialysis Center -- the largest anywhere in DoD/VA -- opened in May 2010. A \$5.03 million modernization of DGMC's Clinical Laboratory reopened in July 2010, combining laboratory, radiology and pharmacy departments as a "one-stop" shop for ancillary services. The open design with improved lighting and modular furniture allows for a very flexible footprint to accommodate changing needs and future developments in lab technology.

A new, state-of-the-art, robotically-assisted hybrid Cardiovascular Operating Room (CVOR) opened for business in October 2010, ushering in a new era of healthcare for DoD and VA patients. The CVOR offers the most advanced and efficient method for complex cardiac and vascular surgical procedures at DGMC as part of a new Heart, Lung and Vascular Center (HL&VC), which opened in November 2010.

The only medical facility of its type in northern California showcases the latest cutting-edge medical technology for treating patients with pinpoint precision, accuracy, safety, care and compassion. This unique model for healthcare delivery at an Air Force Medical Treatment Facility is achieved by providing a wide range of clinical capabilities and services in one unified multispecialty clinic.

A new Ophthalmology Clinic and Eye Surgery Center relocated to the fourth floor in November 2010, featuring state-of-the-art ophthalmic and laser refractive services all consolidated under a "one stop" department. A new Infusion Pharmacy and Patient Service Center opened in April 2011 which includes window counters for Admissions & Dispositions, Referral Management and TRICARE. It was soon followed in September 2011 by new and greatly expanded Inpatient and Outpatient Pharmacies. This new area on the second floor of DGMC -- known as "The Patient Mall" -- is located directly across from Diagnostic Imaging (X-ray) and the Women's Imaging Center (Mammography), rounding out our patient-centered area.

Air Force Order of Battle

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Sources