

Celebrating 50



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 II, 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 Corvaire C-131A. Aeromedical transportation eventually made possible the structured referral system of the USAF Hospital System and the designation, in July 1969, of five USAF Medical Centers, including Wilford Hall USAF Medical Center. 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.

James S. Nanney, Ph.D.

This year Wilford Hall Medical Center celebrated its golden anniversary. Located on the northern edge of Lackland AFB, nine miles west of San Antonio, Texas, this famous institution overlooks Lackland Training Center, the "Gateway to the Air Force" for thousands of officer and enlisted trainees since 1942. Ten stories high, with many adjacent and outlying buildings, the center is not only physically imposing, it is the Air Force's largest medical center in patient workload, physician specialties, postgraduate training and clinical research. The center achieved its current preeminence throughout several decades by responding to growth of the military population in and around San Antonio. This growth justified the expansion of a small World War II base hospital into one of the Air Force's premier medical institutions.

The Facility

The land around today's Wilford Hall served as a bivouac area and bombing range for Kelly Field until the eve of World War II. In June 1941, major new construction began on Kelly's western side beyond Leon Creek, known as "the Hill." Included was a hospital complex housed in 130 temporary wooden cantonment buildings (groups of buildings connected only by covered walkways).

In July 1942, this station hospital of the San Antonio Cadet Center began to receive patients. The hospital had 1,200 beds by the end of the war in September 1945. The hospital's patient workload remained high after the war mainly because Army Air Forces established their central military training center at Kelly Field in February 1946. In July 1947, the western side of Kelly Field, including the hospital grounds, became part of the newly-designated Lackland AFB, assigned to the Air Training Command.

Because of a shortage of physicians, the hospital had just downsized to an infirmary in June 1950 when American entry into the Korean War suddenly gave it new life. Within six months, the hospital expanded to almost 1,000 beds, treating thousands of recruits while serving as a major debarkation point for casualties returning from Korea. At the Lackland hospital, most casualties received supportive care before moving on to definitive care at other facilities.

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

s of Quality Medical Care

If 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 for 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.

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 (DOD). In October 1962, a clinical research laboratory was created to coordinate the growing number of research projects. 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.

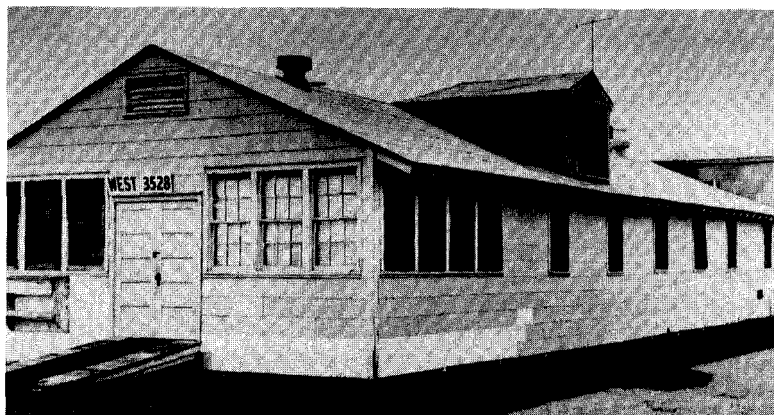
From 1976 to 1983, however, in a massive expansion project at the medical center, a new three-story wing for clinics, a new one-story north wing, a nine-story bed tower, a total energy plant and a separate new dental clinic were built, tripling the size of the complex to 1.3 million square feet. All outpatient facilities were consolidated in the new Clinic Annex, and the World War II and Korean War buildings were abandoned. 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, and a high-capacity waste incinerator in 1991.

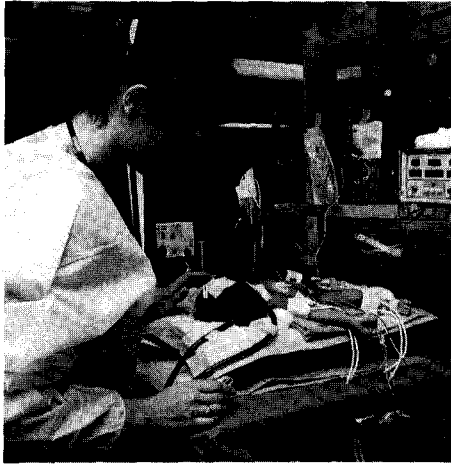
The Staff

As the building expanded and changed over the years, so did the staff at Wilford Hall. They are now most notably characterized by a high-level of competency in the full spectrum of modern medical care, including some of the most innovative technologies and treatments. Wilford Hall's tradition of institutional excellence can be traced to the mid-50s, when the hospital began to assume responsibility as a teaching and research institution and as the major Air Force referral center in the Southwest. Development of the Air Force peacetime aeromedical system in the mid-50s permitted centralization of highly specialized physicians at Lackland's large, well-supported medical facility, where the growing size of the local patient population already justified an advanced facility.

At the same time, new teaching and research responsibilities made the hospital doubly attractive to Air Force physicians. By 1960, Lackland had established residencies in anesthesiology, general surgery, internal medicine, obstetrics and gynecology, orthopedic surgery, pathology, pediatrics, radiology and



The original hospital at Kelly Field, now Lackland AFB, Texas, consisted of temporary wooden cantonment buildings constructed for World War II.



On Nov. 17, 1985, this infant was the first to be sustained in-flight on the extracorporeal membrane oxygenation device.

urology. A substantial fellowship program was also soon inaugurated.

As the staff became highly specialized in the late 1950s, they began to contribute to preparing the first Americans for space flight. 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. 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. Shephard'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.

In the 1960s, the staff expanded its expertise to many other areas. For example, in 1962 the open heart surgery program began, making Wilford Hall the only Air Force cardiac surgical center. In 1965, the hospital opened the USAF Central Eye Bank, which supplied military and civilian hospitals with fresh or preserved eye tissue. 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. By the late 1980s, Wilford Hall provided more than 60 percent of postgraduate training for Air Force physicians, and these graduates consistently out-performed their civilian peers on national examinations.

After the major facility expansion of the late 1970s, 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. 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.

In the mid-80s, the hospital expanded its transplant programs. 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 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. In the last few years, Wilford Hall acquired the latest diagnostic scanning technologies, such as magnetic resonance imaging, computed tomography (CAT) scanning and positron emission tomography (PET) scanning.

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. On April 12, 1985, the hospital dedicated a new nine-acre field training site, known as Camp Rissington, where the hospital staff and reserve medics would be trained in field medicine and aeromedical evacuation procedures.*

In February 1987, Wilford Hall was assigned to the Joint Military Medical Command, which was disbanded Oct. 1, 1991. The hospital then reverted to Air

* During the Persian Gulf War in January and February 1991, about 900 staff members were sent to RAF Little Rissington, England, where they set up a repositioned, 1,500-bed contingency hospital.

Training Command, where it serves today. Although Wilford Hall does not have a current aerospace development mission, its traditional role as the leading institution in Air Force patient care has not changed.

The Patients

Wilford Hall's highly trained staff have always focused on their patients, who have increased in both number and variety during the past four decades. In the early 1960s, the hospital recorded about 575,000 visits a year; in 1990, the center recorded almost 1 million visits. In the 1940s and 1950s, most of the patients were active duty Air Force members; today, these customers make up only one fifth of the workload.

Many patients today are from other services — the Army, Navy, Marine Corps and other uniformed services such as the Coast Guard — and a few are visiting military members from other countries. For instance, the number of U.S. Army and Navy patients of all types, including active duty, retirees and all families, has increased 20 times since 1964. Today, non-Air Force military patients make up 10 percent of Wilford Hall's workload.

In 1956, federal legislation opened the military medical system to dependents and survivors of active duty members and to retirees and their family members. Visits to Wilford Hall by the new retiree beneficiaries continued to increase dramatically, especially after the Vietnam War. In the early 1960s, such beneficiaries were only about 5 percent of the workload; in the late 1980s, they made up more than one-third of Wilford Hall's patient visits. But family members of all types were the main beneficiaries of the 1955 legislation. Since the early 1960s, families of active duty and retired service members have been the largest patient category, about 45 percent of the center's workload.



Staff members carry a loaded litter through an obstacle course at Camp Rissington, the medical center's field training site built in April 1985.



Doctors examined 48,367 pediatric outpatients at Wilford Hall Medical Center in fiscal 1992.

Most of Wilford Hall's patients live in the San Antonio area, but some drive to the hospital from other areas of the Southwest. Also, several thousand inpatients and outpatients, referred by doctors on other bases, arrive each year through the aeromedical system. Many of these patients are seeking medical care that is not available elsewhere in the Air Force or the other services. In the 1950s and early 1960s, Wilford Hall received almost 30 percent of its inpatients by transfer from facilities outside the Southwest. In July 1969, the creation of a regionalized USAF Hospital System with five designated referral centers, including Wilford Hall, significantly reduced this transfer workload. But Wilford Hall, with its size and several unique specialties, still receives some of the most complex medical cases in the Air Force.

Conclusion

The end of the Cold War may eventually reduce the number of patients coming to Wilford Hall because of the resulting drawdown in the size of the U.S. armed forces. But for the next few years, even with fewer active duty members stationed in the area, military retirees and their families will continue to justify the hospital's size. The center will also continue to play a key role in contingencies by deploying its staff and receiving casualties. Whatever workload or mission the future brings, Wilford Hall Medical Center can draw inspiration from its tradition of excellence in medical education, research and patient care. ¶

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