

88 MEDICAL GROUP



MISSION

LINEAGE

2790 Station Medical Squadron designated and organized, 28 Aug 1948
Redesignated 2790 Base Medical Complement, 10 Nov 1948
Redesignated 2790 Base Medical Group, 5 Oct 1949
Redesignated 2750 Base Medical Group, 5 Feb 1951
Redesignated Hq, 2750 Medical Group, 17 Aug 1951
Redesignated 2750 USAF Hospital, 15 Oct 1953
Redesignated USAF Hospital Wright-Patterson, 1 Jul 1958
Redesignated USAF Medical Center Wright-Patterson, 1 Jul 1969
Redesignated 645 Medical Group, 1 Jul 1993
Redesignated 74 Medical Group, 1 Oct 1994
Redesignated 88 Medical Group, 20 Oct 2004

STATIONS

Wright-Patterson AFB, OH, 28 Aug 1948

ASSIGNMENTS

Air Materiel Command, 28 Aug 1948
2750 Air Base Wing, 5 Oct 1949
Air Materiel Command (later, Air Force Logistics Command), 1 Jan 1961
Aeronautical Systems Center, 1 Jul 1992
88 Air Base Wing, 20 Oct 2004

COMMANDERS

Col Edgar L. Olson, Sep 1956-Sep 1957
Brig Gen J. W. Humphreys, Sep 1957-Aug 1960
Col Frank A. Perri, Aug 1960-Feb 1963
Col William C. Hernquist, Feb 1963-Jun 1966
Col Timothy N. Caris, Jun 1966-Jul 1966
Col John A. Hennesen, Jul 1966-Mar 1970
Col James L. Borders, Mar 1970-May 1970
Col Herrick M. Thomas, May 1970-Jul 1970
Col Donald N. Vivian, Jul 1970-Apr 1972
Col Harry T. Cerha, Apr 1972-Aug 1972
Col John R. Greene, Aug 1972-Jul 1973
Brig Gen Joseph E. Wesp, Jul 1973-Jul 1975
Brig Gen John J. Halki, Aug 1975-Apr 1979
Brig Gen Bealer T. Rogers, Jr., Apr 1979-Jul 1980
Col Emmett B. Ferguson, Jr., Jul 1980-Apr 1983
Col Lawrence R. Smith, Jun 1983

HONORS

Service Streamers

Campaign Streamers

Armed Forces Expeditionary Streamers

Decorations

Air Force Outstanding Unit Awards

1 Jul 1960-30 Jun 1962
31 Dec 1966-31 Dec 1968
1 Apr 1976-31 Mar 1978
1 Jan 1991-21 Dec 1992
1 Jan 1993-31 Dec 1991
1 Jan-31 Dec 1995
1 Jan-31 Dec 1997
1 Jan -31 Dec 1998
1 Jan-31 Dec 2000
1 Oct 2002- 30 Sep 2004
1 May 2008-30 Apr 2010
21 Jun 2010-20 Jun 2012
1 Jul 2012-30 Jun 2013
1 Aug 2013-31 Jul 2015
1 Jan 2018-31 Dec 2019

EMBLEM

Azure, a pile in bend throughout Or, in chief a representation of the Wright Flyer Plane Argent garnished Silver Gray, pilot and engine of the second, in base four flight symbols ascending bendwise each trailing three vapor trails to base of the third, all within a diminished bordure of the second. Attached below the shield, a White scroll edged with a narrow Yellow border and inscribed "88 MEDICAL GROUP" in Blue letters. **SIGNIFICANCE:** Ultramarine blue and Air Force yellow are the Air Force colors. Blue alludes to the sky, the primary theater of Air Force operations. Yellow refers to the sun and the excellence required of Air Force personnel. The vintage airplane, a Wright Flyer, is indicative of the aviation heritage of Wright-Patterson AFB, which the wing has supported since 1948. Wright-Patterson is known as the birthplace of aviation. The center portion – a mach cone or shock wave – denotes the aerospace mission of the Wing. The stylized aircraft represent modern day weapon systems and symbolize the Wing's ongoing support of Wright-Patterson AFB's role in the development of airpower. (Approved, 31 Jan 2012)

MOTTO

OPERATIONS

Major Alfred G. Farmer, the first post surgeon, established Wilbur Wright Field's Medical Department with the aid of a lieutenant and three enlisted men in July 1917. A converted barracks served as their infirmary until the hospital, a temporary wooden structure, opened the next month. Within a year, the hospital expanded to 89 beds and a staff of 14 physicians and dentists, 11 commissioned nurses, and 63 enlisted men.

Shortly after the start of World War II, the installation opened its first permanent medical facility. The Patterson Field Post Hospital in Building 219 served military personnel from both Patterson and Wright fields. A staff of 15 doctors, six civilians, and 550 enlisted men supported the 50-bed hospital. Rapid wartime expansion soon overwhelmed the facility. By December 1942, a temporary cantonment-type hospital (Building 1113) opened in Wood City. It remained the main base hospital until 1956.

After the war, Building 219 converted to non-medical functions, including bachelor officers' quarters, Women Airforce Service Pilots (WASP) barracks, and offices for the Foreign Technology Division. The old hospital returned to medical use in 1977 when the medical center moved several clinics to the facility. It transformed into a pediatrics clinic in 1989. The World War II structure was also one of several buildings on base that employees claimed to be haunted.

In July 1944, health officials opened a station dispensary on Wright Field. Building 40 accommodated a host of medical services through the years.

The era of temporary hospitals ended in September 1956 with dedication of the 2750th U.S. Air Force Hospital, Building 830 in Area A. The \$5 million facility had a patient capacity of 348 beds. A dental clinic was added in 1969 and a new wing built in 1970 increased the hospital's capacity by 75 beds.

Until January 1, 1961, the base hospital was assigned to the 2750th Air Base Wing. On that date, it was reassigned to Headquarters Air Materiel Command (later AFLC).

The USAF Hospital Wright-Patterson was redesignated as the USAF Medical Center Wright-Patterson effective July 1, 1969. It was also designated as the main Department of Defense medical institution within DOD Region 6, which encompasses a 10-state area with more than 450,000 eligible beneficiaries. As a result, it became a major referral and consultant center for the region. Locally, the Medical Center provides care for approximately 10,000 active-duty military personnel and their dependents, as well as approximately 43,000 retired military personnel from all U.S. services, and their dependents. Over 8,000 patients are hospitalized annually, and 400,000 outpatient visits are accommodated per year.

Besides its support of the base military population and its DOD Region 6 responsibilities, the Medical Center is the only Air Force center which offers hyperbaric compression therapy. Patients, both military and civilian, are referred to the center from the entire Midwest. Also unusual is the Occupational Medicine Service which provides medical support to the base civilian population of approximately 16,000. Support is also provided in aerospace medicine, dental care, environmental health, and veterinary service.

The Medical Center uses in excess of 400,000 square feet of space to accommodate 356 beds and a 28-chair dental clinic, as well as outpatient, ancillary, and support facilities. The present facility has been recognized as being overcrowded, and additional mission requirements have forced the conversion of certain space to other than intended usage. To facilitate the use of space within the Medical Center, several departments and clinics have been relocated to other areas on base, far removed from the main complex, complicating the effective management of all Medical Center activities and inconveniencing patients.

In 1976, the Air Force started planning for a modernized and expanded physical plant to accommodate the increased workload and implementation of new residency programs. In 1981, the expansion and modernization of the USAF Medical Center was finally approved.

The Medical Center hosted a service-wide medical training exercise, entitled Medical Red Flag No. 6, May 19-26, 1982. This annual event is specifically designed to provide training in battlefield medicine for medical professionals. More than 600 physicians, dentists, veterinarians, physicians' assistants, and nurse practitioners from the Air Force, Army, Navy, and Marines participated in the 1982 exercise. Classroom instruction was combined with training under simulated combat conditions. A complete air transportable hospital (ATH) was airlifted to WPAFB from the First Tactical Hospital at Langley AFB, Virginia, and provided training in a realistic environment. A UH-1 Huey helicopter used in air rescue missions was also on-site. Lt. Gen. Paul W. Myers, the Air Force Surgeon General and the originator of Medical Red Flag, participated in the exercise and commended this 6th annual event as being the best conducted so far.

On August 12, 1982, the contract for a \$115.3 million construction project was awarded to Blount

Brothers Corporation of Montgomery, Alabama. Formal groundbreaking was held on September 14, 1982, with completion scheduled for October 1987. This project is designed to increase the size of the Medical Center from 297,000 square feet to 657,000 square feet, making it the second largest in the Air Force Medical Service.

Major aspects of the hospital expansion include two additions for expanded outpatient facilities (bringing in functions from four outlying buildings), and construction of the largest and most comprehensive hyperbaric medicine chamber in the Air Force. Provision has also been made for additional ambulatory care services, specialized operating rooms, a dedicated ICU/CCU area, major dental services, professional training facilities including an auditorium, and a complete renovation of the interior of the existing structure to ensure compliance with appropriate building codes and accreditation standards.

A \$123 million expansion completed in May 1989 established the Wright-Patterson Medical Center as the second largest hospital in the Air Force.

The U.S. Air Force Medical Center Wright-Patterson supplied the largest contingent of base individuals deployed during the war. It sent 207 medical staff members to the Persian Gulf and the European theater of operations, and another 17 to support medical operations at four stateside bases. The medical center received 265 replacements, primarily reservists called to active duty, to continue delivering medical sendees at Wright-Patterson. The 111 Individual Ready Reservists (IRR) assigned to the Medical Center were part of the nation's first IRR mobilization since the 1961 Berlin Wall crisis (during which the United States and Soviet Union were on the brink of war over reunification of Germany and Soviet construction of the wall between the two halves of the city). The Air Force also selected the medical center as a primary, casualty-flow location. This required the center to activate its war plans and prepare an initial, casualty-flow triage site. Fortunately, the conflict produced few U.S. casualties. The Gulf War's first casualty, a soldier wounded on March 13 during a Scud missile attack on American barracks in Dhahran, Saudi Arabia, received care at the medical center. Finally, the center's blood-donor facility collected and processed more than 1,000 units of blood for the area of operations.

DEPARTMENT OF THE AIR FORCE ORGANIZATIONAL HISTORIES

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Sources

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

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