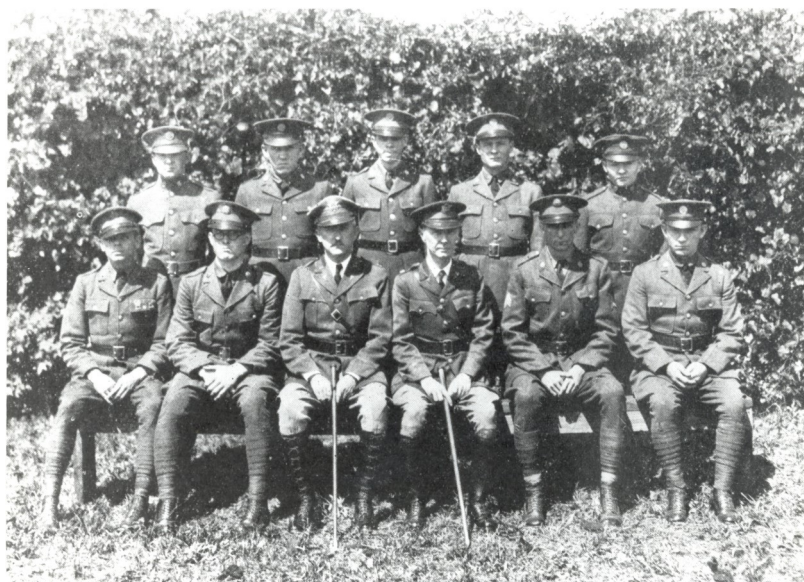
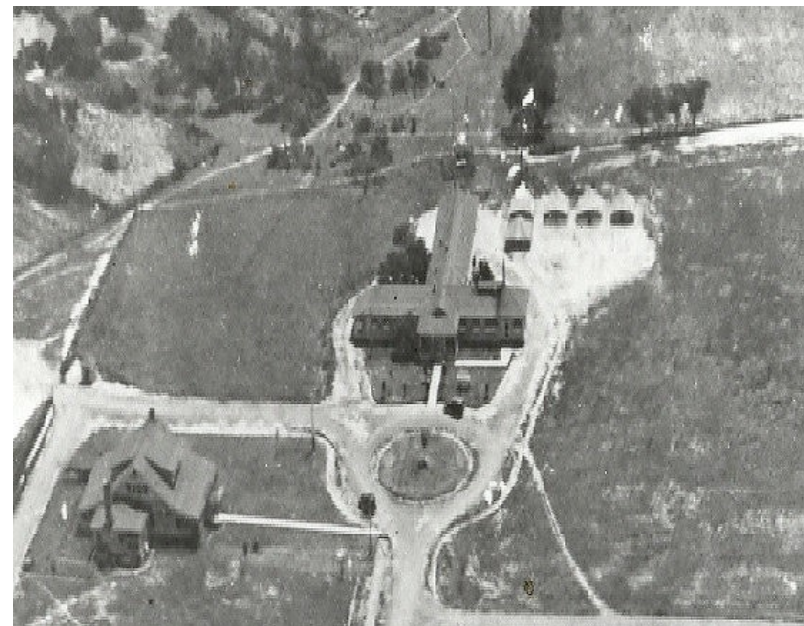




Ambulatory Health Center (2000)
Note proximity to 2nd Hospital (1932-1964)
Bottom left—now Civil Air Patrol National HQ



Medical Detachment May 1929

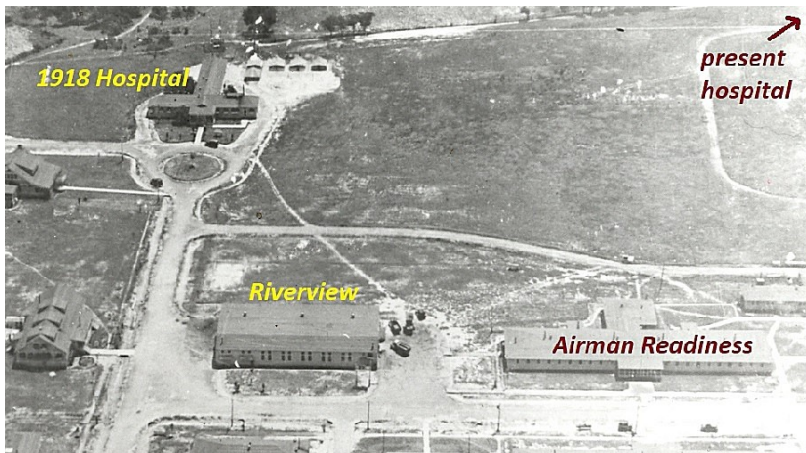
28 May 2019
Directorate of History
Air University
Maxwell AFB, Al.

Healing Wings

100 Years of Medical Service on Maxwell Air Force Base

By
Gail White
Under the direction of the
Air University Office of History

Front Cover
The first Hospital built in 1918 on what today is Maxwell Air Force Base, Montgomery, Alabama



1918 Station Hospital
Aviation Repair Depot Montgomery



Ambulatory Health Center (2000)
Note proximity to 2nd Hospital (1932-1964)
Bottom left—now Civil Air Patrol National HQ

Post World War II Designations

17 Nov 1947	USAF Hospital, Maxwell established at Maxwell AFB, assigned to Air University
1 Jul 1969	USAF Hospital, Maxwell redesignated as the USAF Regional Hospital, Maxwell
1 Aug 1986	USAF Regional Hospital, Maxwell reassigned to the 3800th Air Base Wing
8 Jul 1987	USAF Regional Hospital redesignated as the Air University Regional Hospital
1 Oct 1992	Air University Regional Hospital redesignated as the 502nd Medical Group
1 Oct 1994	502d Medical Group inactivated
1 Oct 1994	42d Medical Group activated

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Healing Wings

A Century of Medical Services at Maxwell Air Force Base

Military aviation made its first major impact on the world during the First World War, commonly referred to as the Great War at the time. Pilots engaged in air combat quickly found that it wasn't as easy as it seemed. Not only did they have to focus on their opponents but also on the altitude, weather conditions, and the obstacles around them. Such conditions not only exacted a physical toll on the pilots but impacted their mental and emotional stability as well. It was clear that in order to increase the health of the airman, governments had to provide special aviation medical research and services.

As far back as 1786 with the first hot air balloons, steps were taken in the medical field to focus purely on the aspects of flight and the effects it had on the human body. The idea of aviation medicine took on many forms. It was thought to bring a healing touch to all sorts of health issues. Some even believed that being in an ascending balloon could cure the body of different ailments or mental stress. Some ideas were implausible to the point that they may as well have been in the realm of magic. Rumors spread that being in a higher atmosphere could treat influenza, neuralgia, tuberculosis, and even deafness. However, the new focus on the effects of flight disproved these ideas and allowed medical experts to focus on the problems associated with flight.

The development of aviation medicine led to the creation of the flight surgeon, the special doctor who could provide for the specific health needs of military pilots. Such specialists understood the body's limitations under flying conditions better than an average doctor and made it their mission to assist those who made the sky their second home. They dealt constantly with flying personnel to find the best way to keep aviators in the sky longer and without repercussions.

Because 90 percent of aircrew casualties during the First World War were due to the limitations of the human body in a higher atmosphere, the nascent air services realized that they needed more flight surgeons to address the specific issues confronting pilots. Pilots, for example, suffered from inadequate preparation to handle aerial combat which impacted their physical and mental health. As a result, many were grounded and sent home to recover before being sent back into combat.

It did not take long to realize that the standard methods of medical examinations for the other military services were inadequate to meet the needs of the wartime Air Service and that the requirements and standards for US military aviators established in 1912 were insufficient. To keep the planes in the air, the Air Service would have to give the medical aspects of aviation special consideration. To better understand the requirements and standards of new pilots entering the Air Service, the United States sent a medical commission under General William H. Wilmer to France in 1917. The work of that commission laid the foundation of aviation medicine in the postwar Air Corps.

On 4 April 1918, the federal government acquired 302 acres of land, owned by Frank Kohn, a Montgomery Alabama, businessman and the former site of the Wright Brothers' civilian flying school, for approximately \$35,000.00, for Aircraft and Engine Repair Depot #3. About two-thirds of the land was reserved for the flying field proper, and the remainder was used for building construction. On 8 April, construction began on the depot's 52-two buildings, and 90 days later the contractor released buildings to the military authorities.

Among the facilities that were constructed was the station hospital. This facility officially opened on 26 July 1918, three days after the Medical Department, with three medical officers, and 18 enlisted men. This facility had limited capabilities, mostly minor illnesses and injuries. More serious cases were transferred to other military installations or to local hospital.

Since opening in spring 2000, Maxwell's ambulatory health care facility has provided effective health care and medical and dental services to military personnel, dependents and retirees numbering around 75,000 people annually, throughout the River Region of Alabama. It has continued a proud heritage of a centennial of medical care at Maxwell Air Force Base and the surrounding area since its small beginnings as a small Medical Detachment, able to handle only the most rudimentary medical care, in April 1918.



42 Medical Group Personnel Belize 2013

tural firm for Phase I of the project, which began in September 1996 at a cost of \$10 million. This phase involved upgrading and renovating existing facilities for swing space, demolishing old clinic buildings in the 700 area, and general site preparation for the new facility. Phase II of the 202,241 square foot building would cost \$25 million. The facility promised to be one of the largest of its kind in the Air Force. Contractors completed the facility, as expected, in April 2000.

Although health care workers at the AHHC offered many of the same services previously provided at the Maxwell Hospital, doctors performed only outpatient surgery at the new facility. Although the Center had an obstetrics/gynecology (OB/GYN) clinic for prenatal visits, it did not have an obstetrics maternity ward. Instead, expecting mothers used the Columbia East Montgomery Medical Center through the Department of Defense TriCare medical program.

From 13 to 15 November 2000, the Joint Commission on Accreditation of Healthcare Organizations conducted an accreditation survey of the 42nd Medical Group's Ambulatory Healthcare Center and found it to be "mission ready" with scores of 97 out of 100 for ambulatory care and 99 for behavioral health care. The Center held its official opening ceremony on 21 November.

In addition to providing medical and dental care for the Maxwell Air Force Base military personnel and their families and military retirees in central Alabama, the 42nd Medical Group since the mid-2000s deployed about 12 to 20 medical and dental specialists and technicians annually to locations designated by the US Southern Command to support its annual medical readiness and training exercise in places such as Peru, Belize, and Guatemala. Augmented by medical and dental personnel from other US military services, the Maxwell medical and dental personnel provided health care services to up to 7,000 people during each deployment. The 42nd Medical Groups also participated in Operation Urgent Response in response to the earthquake in Haiti in 2010 and provided medical support in response to natural disasters in Southeast United States.



Air Intermediate Depot Montgomery circa 1920

Considered as the best aviation post in the country in the early 1920s, the Montgomery Aviation Repair Depot headed the list of aviation sites for permanent retention by the War Department. In January 1920, the Aviation Repair Depot was renamed as the Montgomery Air Intermediate Depot. Repair operations at the depot ceased in 1921, and it began functioning as a supply station. In the fall of 1921, the War Department had reorganized the 22nd Observation Squadron and the 4th Photographic Section and transferred them to the Montgomery Depot.

On 8 November 1922, the War Department again renamed the depot; this time, Maxwell Field, in honor of a native Alabamian, Second Lieutenant William C. Maxwell of Atmore, who was killed while flying with the 3rd Squadron in the Philippine Islands. In January 1925, it became apparent that the War Department would not close Maxwell Field when, in an austere defense budget period, Congress voted \$200,000 for the construction of a permanent



Maxwell Field Hospital January 1932

enlisted barracks and noncommissioned officer (NCO) quarters. In 1927, the Air Corps launched its Five Year Expansion Program. Under the program, contractors completed the first permanent type buildings at Maxwell in May 1928. Then, in December 1928, the War Department announced that it was going to relocate the Army Air Corps Tactical School from Langley Field, Virginia would be relocated to Maxwell Field. The school was to be twice as large as originally planned.

This significant increase in personnel and functions required upgraded medical facilities. On 11 May 1931, construction began on a new hospital, estimated for completion in just seven months at a cost of \$83,147.56. The new hospital provided a full range of medical services, including major surgery, obstetrics, and pediatrics. This increase in services resulted in the need for additional nurses. Throughout the 1930s Maxwell Field leaders continued to make improvements to the new hospital.

In 1940, the hospital witnessed an increase in its staff to 20 officers, which included Army, reserves, and nurses along with 50 enlisted men. The installation built a two-story building to act as the hospital headquarters and deal with most of the incoming traffic. In emergency cases

The hospital staff, under the command of Col Andres G. Oliver, included 52 doctors; 14 dentists; 83 nurses; and 333 enlisted medical and dental technicians and administrative people; 53 military cooks, clerks and maintenance people; 2 veterinarians; 5 medical specialists (dietitians, outpatient and physical therapy specialists) and 17 Medical Service Corps (administrative) officers.

In May 1964, Air University agreed to demolish buildings 622, 630, 759 and 765 and gained approval from Headquarters Air Force to retain buildings 710, 711, 712, 714, 755, 756 and 758 for medical use. They continued to function as administrative buildings, laboratories and offices for the aero-evacuation mission. Over time, the base demolished all but 711, 712, and 714 (now the National Headquarters Civil Air Patrol), 744, and 745.

After nearly 30 years in operation of the third Maxwell Hospital, the Air Force revealed plans to replace it with a new Ambulatory Health Care Center (AHCC). The transition from a full-service hospital to an outpatient care facility at many continental Air Force bases reflected the Air Force's decision to reduce its active duty force by 13.6 percent from 1998 and 2006 and to right-size its medical facilities without jeopardizing wartime, operational, and sustainment requirements. Additionally, the Air Force medical community would promote healthier life styles, prevention, primary care management, and utilization of out-sourcing and privatization.

On 19 November 1997, Maxwell leaders held a groundbreaking ceremony for the new \$35 million facility at the south side of the current hospital. The construction site was approximately 1,000 feet southeast from the site of 12 new housing units which would place the new facility to even closer to the military families. The base also marked most of the older buildings for demolition or repurposing, depending on their location and the status of the facility.

The Corps of Engineers at Maxwell selected Sherlock, Smith, and Adams from the local area as the architect-

Air Force accepted the final design for a four story, 143,245 square foot facility with 225 beds at an estimated cost of \$3.4 million over a construction period of 20 months.

In August 1962, the US Army Corps awarded the construction contract to Dyson & Company Pensacola, Florida. A month later, then Air University commander Lieutenant General Troup Miller, Jr., and Maxwell base commander Colonel (Col) William J. Wigglesworth turned the first shovels full of earth during the ground breaking ceremonies. The contractor completed the new hospital in April 1964 and the Air Force formally opened the building on 15 May 1964. The new four-story steel and masonry facility provided complete medical and dental care for military members, dependents, and retirees estimated at 30,000 people in the Alabama central region.

It was the first US Air Force medical facility constructed to insure the minimum time and distance loss to both the staff and the patients. All the clinics were on the first floor, grouped around the central patient record center and the central waiting room. Surgical theaters, post anesthesia recovery rooms, delivery rooms and the maternity ward were located on the second floor. The facility's third and fourth floors housed the medical and surgical patients' rooms and most of the private and semi-private rooms. All clinics were located in the new facility except a few support services, mentioned earlier, which were located in the old hospital building.



Ambulatory Health Care Center completed April 2000

where the number of people coming in for medical care became overwhelming, the building also acted as a barracks. Meanwhile, medical supplies had been stored in a 30' x 50' room that steadily became insufficient. The room couldn't hold the required demand for supplies and alternative storage methods had to be made. The hospital began using emergency attics, tents and even sections of airplane hangers to keep their supplies close and easily accessible.

In 1941, the installation added a new wing to the south end of the building, increasing the capacity from 30 beds to 186 beds. A year later, another wing was added to the north end of the building.

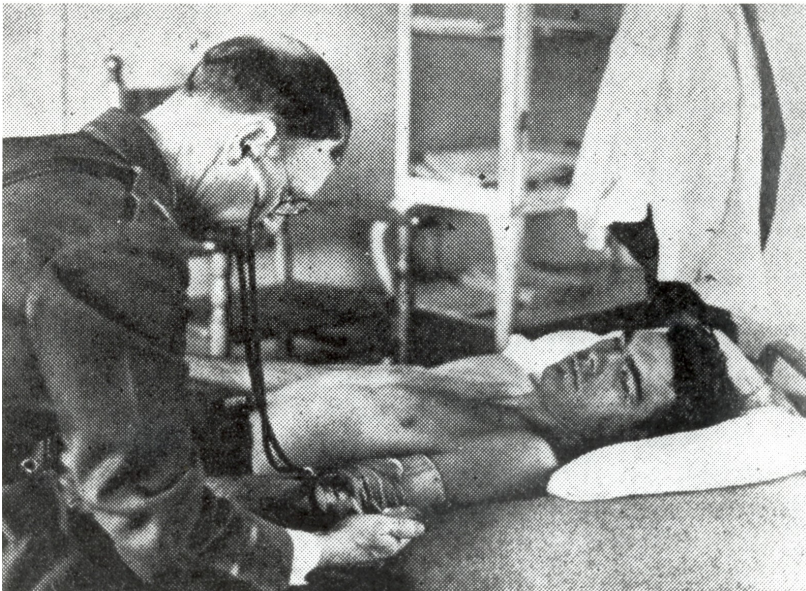
In addition, the hospital staff also received an increase. From 1300-1500, every Monday, Thursday and Friday, any recruit with less than six months of service had to complete a basic medical training program. This program would allow them to increase their medical knowledge through practices, lectures, and demonstrations. No longer was Maxwell Field bringing in individuals that already possessed a healing hand, but now they were turning their hospital into a place of learning. Recruits would learn firsthand how to handle medical situations and then applying it only a few months later without ever having to leave the area.

The American entry into World War II, following the Japanese attack on Pearl Harbor on 7 December 1941, produced an exponential growth in the installation's population as Maxwell Field transitioned to a major flight training installation. In fact, 1942 was the year that brought the most significant increase in buildings, staff, and training. New hospital structures paved the way with a new flight surgeon's building, cadet infirmary, additional clinics, and nine new wards, including a surgical and surgical recovery ward, treatment rooms and a mess hall. The increased number of rooms allowed for the number of beds to increase to 578. The addition of four enlisted men's barracks brought Maxwell's bed capacity up to 925 and the construction of faculty facilities provided housing for 81 nurses and 94 enlisted men. Surgeons now had two major operating rooms and the number of offices increased as well. The Maxwell Hospital

became a place where the severely injured could go without having to be sent to a local hospital.

However, if the Maxwell medical facilities could not take care of a patient, the Maxwell Hospital could take him or her to a proper medical facility. In 1941, the hospital had five ambulances and 12 drivers and one motor pool sergeant, with three more vehicles to come in the following year. Each vehicle had an emergency crash kit and a few had two-way radios. These radios, one of the best upgrades for the hospital, allowed for quick response times to locate injured individuals and getting the proper care in the minimal amount of time. These vehicles could cover many places up to 20 miles around Maxwell Field--including nearby Gunter Field, surrounding auxiliary fields, emergency calls to the hospital, and the flight line to meet incoming airman.

In addition to the increased facility square footage and supplies, there was an increase in overall staffing. Medical officers required more assistance in handling cases that couldn't be sent to civilian hospitals. With more patients came the need for more staff, and, in turn, there was a call



Captain Platt giving blood pressure test, early 1940s



Third Maxwell Base Hospital, completed in April 1964

consolidated most functions of the base hospital under one roof. The team considered everything in the latest Air Force concepts for hospital facilities for incorporation into the new hospital. For example, each hospital room would have a complete public address system, an intercommunication system, and television and radio lines. Each room would have ducting for oxygen lines for on the spot treatments. However, some functions such as administration, laboratories and the aero-evacuation mission remained in the old buildings.

The design team considered the feasibility of incorporating a fallout shelter in designing this hospital as requested by the Air Force Surgeon General and Director of Civil Engineering. If not included in the initial construction, the team proposed that a shelter be considered in the proposed 12,000 square for addition, proposed for FY 1964. On 26 September, the design architect-engineers, Warren, Knight & Davis of Birmingham Alabama, submitted its preliminary plans to the Air Force. The Air Force approved the preliminary design on 5 December 1961 and the Air Force Regional Civil Engineer, Atlanta directed the contractor to proceed to the final design. After several conferences, the

tary and continuing education colleges, schools, and courses with hundreds of students enrolled in the resident programs at Maxwell. In addition to the permanent party military and their families, the Maxwell Hospital would provide medical and dental services to the students and families of the Air War College and the Air Command and College, the students enrolled in various short courses, and military retirees living in the general Montgomery area.

For roughly twenty years the prewar hospital continued to Maxwell's population well. However, by the late 1950s, the sprawling medical complex that had evolved since 1931 was no longer sufficient to meet the needs of the base as many of the support facilities were in less than optimum condition. As a result, on 9 July 1961, Headquarters United States Air Force assigned Captain D.E. Walker to Maxwell to serve as the medical construction liaison officer as the US Congress had appropriated \$3.5 million for the construction of a new hospital at Maxwell as part of the Fiscal Year (FY) 1961 Military Construction Program.

Captain Walker led a team which drew up plans to establish a new composite medical facility that ultimately



Patient being examined in the new hospital

for more nurses. This helped create the Nurses' Association which allowed nurses to come work at the installation hospital and, in return, receive free nursing services for their dependents for \$1 a month. This allowed for medical care to not only be given by military personnel but individuals who did not come from a military background.

By 1942, the military hospital staff had increased to 84 officers, 31 nurses, and 378 enlisted men, and the civilian employees grown in numbers from 73 members to 142. Maxwell Field now even had permanently assigned dental officers who had previously come to the base about every 15 -30 days to conduct routine checkups.

Additionally, it became noticeable that the flight surgeon could no longer singlehandedly perform all of the work of a supervisor. Even with the help of enlisted men and medical officers, the paperwork continued to grow. As a result, the War Department established the Aviation Cadet Replacement Center at Maxwell Field in January 1942 which allowed for process-examinations to be held on a daily basis. That spring, the hospital could fill out over 350 forms for examinations a day while still allowing the flight surgeon to perform his duties. With every passing month, the standards of the hospital grew, and the process of their establishment became more easily handled.

With this growth came more training, and with more training came the creation of a medical school. The hospital executive officer served as the commandant of students for the medical school attached to the Army Air Forces Southeast Air Corps Training Command (AAF SEACTC). Under the guidance the medical professionals, recruits received the knowledge and skills to enhance the value of their contributions to military service. The course lasted a month and included both physical and field exercises, drill, and academic training within the hospital. The students would gain confidence in fundamental administrative procedures and handle medicine to assist in the recovery of airman as they came to Maxwell Field. Within this time, they would also complete four classes that dealt with sanitation, hygiene, and first aid.



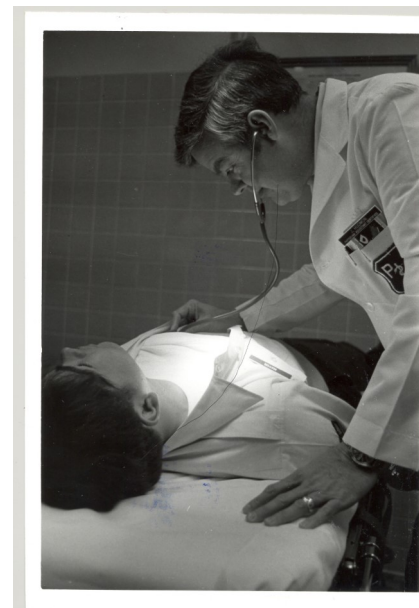
Maxwell base Hospital 1947

One class in specific was aimed towards those who would provide military service in the air. In order to prepare recruits to handle the life of a pilot, the hospital created the Altitude Training Unit in December 1941. This class provided a low-pressure chamber, allowing students to physically feel the changes that could occur when they reached a higher altitude without actually having to be in the air. It would put their bodies in an environment where oxygen became scarce to understand the effects of what could happen if someone goes into a high atmosphere without the proper breathing equipment. Medical officers directly supervised these sessions to ensure that no one was hurt and to avoid any accidents that could lead to lasting damage.

Enlisted men also had the opportunity to learn the basics and military training under medical officers and non-commissioned officers. Subjects covered included military courtesies, discipline, field medical records, chemical warfare, the use of a gas mask, medical aid, medical and surgical nursing, anatomy and physiology, sanitation and instructions

on proper marching techniques. Every three months they participated in a review drill and attend a calisthenics period for one hour a day. The Recreation Department took over this activity near the end of 1942.

Throughout the entire construction process between 1931 and 1943, the creation of one great social organization was the only primary objective. Every construction worker and government employee wanted to establish a place of healthful conditions, social positivity between medical personnel and patients, and the proper training of the troops. By the end of 1943, the total amount spent on creating new medical facilities for Maxwell Field was \$83,147.56 and their staff had hit a high of 56 medical officers, 44 dental officers, 9 medical administrative officers, 3 Air Corps officers, 2 warrant officers, 75 nurses, 401 enlisted, and 14 AAF Women's Auxiliary Corps (WAC).



With the war winding down and finally ending in September 1945, Maxwell Field began the transition to a peacetime military installation and a new designation, Maxwell Air Force Base, with the establishment of the United States Air Force as a separate military service in September 1947. During the mid-1940s, the Maxwell Hospital assisted thousands of Servicemen recover from wound and injuries and provided physical examinations for discharge and/or verification of service-connected disabilities.

Starting in March 1946, Air University, the soon-to-be the Air Force's primary education system, became the major organization at Maxwell. Over the 1950s and 1960s, it would grow into an extensive system of professional mili-