

# 59 ORTHOPEDICS AND REHABILITATION SQUADRON

## MISSION

## LINEAGE

759 Surgical Operations Squadron constituted, 5 Mar 1998

Activated, 1 Apr 1998

Redesignated 59 Critical Care Squadron, 31 May 2007

Redesignated 59 Orthopedics and Rehabilitation Squadron, 14 Jan 2008

Inactivated,

## STATIONS

Lackland AFB, TX, 1 Apr 1998

## ASSIGNMENTS

59 Surgical Operations Group, 1 Apr 1998

59 Medical Operations Group, 14 Jan 2008

## COMMANDERS

## HONORS

**Service Streamers**

**Campaign Streamers**

**Armed Forces Expeditionary Streamers**

## Decorations

Air Force Outstanding Unit Awards

[1 Apr]-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  
1 Jul 2007-30 Jun 2008  
1 Jul 2008-30 Jun 2009

## **EMBLEM**

## **MOTTO**

## **OPERATIONS**

759th Surgical Operations Squadron: The year 2005 was a demanding, yet extremely rewarding year, filled with many new challenges and unprecedented successes for the 759th Surgical Operations Squadron. Col Jill Sterling was the Commander. In addition to the already high operations tempo as the Air Force's number one resource for ICU nurses and technicians, cardiopulmonary technicians and critical care physicians for both CCATT and EMEDS deployments, the summer of 2005 saw unprecedented natural disasters for America's Gulf Coast. The squadron mobilized and deployed 7 CCATT teams within 48 hours of hurricane Katrina, evacuating over 100 critically ill Americans first from Keesler AFB and then Louis Armstrong International Airport in New Orleans. Several weeks later, we repeated this effort for Hurricane Rita. Based on these successes, we expect to be increasingly asked to assist our nation in times of need, both domestically and internationally. We look forward to future opportunities to serve.

Cardiology Flight: Under the command of Lt Col Chris Thompson, the year 2005 was a time of continued academic advancement for the flight, with presentation and publication of research by multiple physicians and nurses. Seven manuscripts were published in peer-reviewed journals, a textbook chapter was written by two members of the flight, and one of our fellows presented original research at an international scientific meeting. Dr. Charles Campbell's expertise in platelet function was recognized by his selection as an editor for the journal Acute Coronary Syndromes. We continued to be actively involved in research with participation in 5 international multi-center clinical trials and 14 local original research protocols. Specialized training in advanced echocardiography and heart failure and transplantation medicine was obtained by two members of the flight ensuring continued, state-of-the-art cardiac care at the 59th MDW. The Cardiology Flight continued to be a leader in technological innovations with the installation of a digital echocardiography network. Champions of process improvement, cardiology exceeded nearly all ORYX national and DoD benchmarks for quality care for acute MI and congestive heart failure. The flight continued to support OIF with deployments in CCATT and EMEDS roles for members of our flight. One of our staff physicians provided critical manning assistance at Landstuhl Regional Army Medical Center performing percutaneous coronary revascularization procedures on military members directly from operations in OIF and OEF. The readiness missions of our flight were applied at home as well.

Pulmonary Flight: With the departure of Maj Walter Rustmann, Maj Chris Chaney became the Flight Commander. Col (ret) Stephen Derdak continued to provide unmatched experience and knowledge as a civilian consultant. His presence provided stability to the academic program during the frequent deployments of the teaching staff. CY 2005 was a busy and eventful year for the pulmonary flight. Staff pulmonologists and respiratory technicians continued to deploy in every AEF cycle as CCATT team members in support of OIF and OEF. The year was productive from an academic standpoint with the graduation of three fellows and publication of seven research papers in national journals.

Medical Intensive Care Flight (MICU): CY 2005 was a time for change for the MICU. The staff research participation included Xigris and ventilated-associated pneumonia protocols. Capt Whitehorn published an article for the CCATT AMC newsletter on continuity of care.

Surgical Intensive Care Flight (SICF): Under the command of Maj Jean Sabido, the SICF had 22 personnel deploy during CY 2005. Thirteen officers and nine technicians supported OIF operations based out of A1 Udeid AB, Qatar; Balad AB, Iraq, and Baghdad, Iraq through CCATT, EMEDS ICU and Trauma Registrar temporary duty assignments. Following Hurricanes Katrina and Rita, the SICF hosted a group of University of Pittsburg volunteer nurses. These volunteers helped position our unit to support multiple contingency operations for both OIF and the hurricane affected areas while simultaneously meeting the peacetime patient care requirements in our unit.

Cardiac Intensive Care Flight (CICF): 2005 was a year marked by heavy deployments to Iraq, Afghanistan and the European theater as well as to an area of national natural disaster with deaths tolling in the hundreds. The year was marked by national tragedy as Hurricanes Katrina and Rita ripped through Louisiana and Mississippi requiring the deployment of federal emergency mission personnel. The CCU deployed via CCAT several missions in rapid succession. The unit took in two patient refugees from the Keesler AFB Cardiac Intensive Care Flight which was decimated and forced to evacuate its patients.

In 2005 we cared for cardiac catheterizations and interventions, myocardial Infarctions arrhythmia corrections, and coronary bypass surgery patients.

Inpatient Cardiology Flight: The flight continued to shine as the AF's largest telemetry unit -- 28 beds strong. Lt Col Wallace Winter continued as Flight Commander. This flight was tasked heavily for deployments, sending members in support of OIF and OEF. An additional 7 contract nurses were hired to help staff 28 beds. The Post Catheter Recovery Unit ran at full force with a staff of two to cover early morning and late afternoon recovery. This initiative continued to save the 59th MDW over \$9M in keeping the expenses here versus sending the patient downtown for the procedure and recovery.

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DEPARTMENT OF THE AIR FORCE ORGANIZATIONAL HISTORIES

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Sources

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