

59 SURGICAL OPERATIONS SQUADRON



MISSION

LINEAGE

59 Surgical Operations Squadron constituted, 5 Mar 1998
Activated, 1 Apr 1998

STATIONS

Lackland AFB, TX, 1 Apr 1998

ASSIGNMENTS

59 Surgical Operations (later, 59 Inpatient Operations) Group, 1 Apr 1998

COMMANDERS

Col Martin D. Bomalaski
Col Gary I. Arishita

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
1 Jul 2010-30 Jun 2011
1 Jul 2011-30 Jun 2013
1 Jul 2013-30 Jun 2014
1 Jul 2014-30 Jun 2015
1 Jul 2015-30 Jun 2016
1 Jul 2016-30 Jun 2017
1 Jul 2017-30 Jun 2018
1 Jul 2018-30 Jun 2019
1 Jul 2019-30 Jun 2020
1 Jul 2020-30 Jun 2021
1 Jul 2021-30 Jun 2022

EMBLEM

On a disc Azure, a cross couped Gules, surmounted by a wyvern sans legs, wings displayed Vert, langued of the second, teeth and horns Argent, eyed and garnished Or, supporting a globe of the first bordered and gridlined Sable. Attached above the disc, a Yellow scroll edged with a narrow Black border and inscribed "HEALING THE MASSES" in Black letters. Attached below the disc, a Yellow scroll edged with a narrow Black border and inscribed "59TH SURGICAL OPS SQ" in Black 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 red cross is a modern day medical symbol. The wyvern is an ancient symbol of protection and strength. The globe, here supported by the wyvern, indicates the global mission of the unit. (Approved, 3 Sep 2002)

MOTTO

OPERATIONS

Anesthesia Flight: Lt Col Harry Ervin remained the Anesthesia Flight Commander throughout 2005. The shortage of Air Force anesthesiologists finally ended during the summer of 2005 and the flight is 123% manned for the specialty. This year's anesthesiology graduates continued our tradition of scoring in the top 5% nationally on the in-training exam and we continue to maintain a 100% board certification rate. The integrated Army-Air Force residency continues to move toward a seamless system, allowing us to focus on each institution's strengths to produce some of the most capable anesthesiologists for each respective service. At Wilford Hall, the residents complete specialty rotations in cardiac, pediatric, vascular, neurosurgical and obstetric anesthesia as well as critical care medicine, pain management and research. Clinical productivity remained a concern in the presence of an unprecedented OPSTEMPO. The increased OPSTEMPO had a significant impact on the department of anesthesia as we were tasked with expanding surgical

services at Balad AB, Iraq. Fondly referred to as "Wilford Hall East", the Iraqi hospital showcased the quality of anesthesia providers developed at Wilford Hall Medical Center. The department continues to have three anesthesiologists and four nurse anesthetists deployed to Balad at all times in support of Operation Iraqi Freedom. As the year closed, the Anesthesia Flight looked back on a successful, yet stressful, year. The future of operations at Wilford Hall Medical Center remains a looming question. Despite the uncertainty the department of anesthesiology will continue to be successful in the delivery of healthcare whenever and wherever the mission dictates.

Operating Room Services Flight: Lt Col Donna Smith was the Flight Commander. We were tasked beyond comprehension in support of the global war on terrorism and deployed 46 individuals in 2005 to Camp Anaconda, Balad AB, Iraq. In addition to contingency deployments, we prepared relief medical teams for Hurricane Katrina and Rita relief for deployments to New Orleans and Mississippi. Personnel volunteered numerous hours to support the 8,000 evacuees at Kelly Air Base. We supported many humanitarian missions throughout the world; two ENT missions to Ecuador, two missions to Honduras, ENT Eye mission to Paraguay, and oral Surgery Maxillo-facial mission to El Salvador. All of these missions were maintained even with the loss of those who PCS'd or separated this year, which totals 22 technicians and 17 nurses. The OR saw many patients with infections who needed to be under strict contact precautions. We had a new organism introduced to us from Iraq called *Acinetobacter Baumannii*. Our caseload increased from 8,036 to 9,557 with less staff, due to deployments.

Post Anesthesia Care Unit (PACU): Maj Karen Ottinger relinquished command to Maj Flavia Casassola. The PACU staff recovered over 13,000 surgical and special procedure (pediatric and adult) patients this year include patients from MRT, Interventional Radiology and Cardiac Catheterization. The PACU supports the OR and ancillary departments within the facility. The PACU recovers C-section patients and covers conscious sedation cases two days a week.

Pre-Anesthesia Clinic: The Pre-Anesthesia Clinic was moved on the Unit Manning Document from the Anesthesia Services Flight to the Surgicenter Flight in preparation for re-alignment. The Pre-Anesthesia Clinic aligned with the Same Day Surgery Unit under Capt Caballero as the Element Chief. Pre-Anesthesia is in the process of moving to a one-stop shop.

Same Day Surgery Unit (SDSU): Capt Edward Caballero remained in command of the Same Day Surgery Unit. Same Day Surgery processes 80% of all patients requiring surgical services, equating to over 13,000 patients annually. Same Day Surgery increased their services to include, pre/postoperative interventional radiology patients. Quality improvement efforts continued to enhance staff proficiency and customer service. Teamwork, communication, leadership, and excellent performance were common topics during monthly unit meetings and quarterly training days. The SDSU continued to focus on "no delays to surgery" and persistently tracked metrics on reasons for patient delays to the operating room. Initiatives included faster centralized processing of first cases, which allowed processing of four patients simultaneously, instead of three.

DEPARTMENT OF THE AIR FORCE ORGANIZATIONAL HISTORIES

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Sources

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