



Brig. Gen. Clinton Murray visits BLOC JBSA-Fort Sam Houston, Texas.  
(Photo by Jose Rodriguez)

## Navigating the Future of Military Medical Training and Operations: Insights from MEDCoE Commanding General Brig. Gen. Clinton K. Murray

*“All of these lessons of scale we will have to apply.” -Brig. Gen. Clinton K. Murray*

Large-scale combat operations exemplify the peak of complexity of military engagements, characterized by the deployment of significant Forces across expansive battlefields. These operations demand high levels of coordination and integration, and

strategic planning and execution are paramount. Conventional tactics are leveraged against modern challenges including cyber warfare, intelligence operations, and complex logistics. There are numerous considerations Brig. Gen. Clinton K. Murray within medical planning and support in Large-scale combat operations, aimed at preserving life, maintaining the health of the force, and ensuring readiness to continue operations. At the forefront of that effort for Army Medicine is Medical Center of Excellence Commander, Brig. Gen. Clinton K. Murray. In addition to Commanding General, MEDCOE, in January 2024 Brig. Gen. Murray was appointed by The Secretary of the Army as the 25th Chief of the U.S. Army Medical Corps. He is a Professor of Medicine at USU, Fellow of the Infectious Disease Society of America, and Master of the American College of Physicians—and he has a keen eye for the challenges facing Army Medicine in a LSCOenvironment.

“We must understand the scale and complexity of future operations,” Brig. Gen. Murray stated. “Learning from history while incorporating modern technology is crucial.” One of the examples Brig. Gen. Murray references to help to understand the scope of large battlefield operations is the Battle of the Bulge. The Battle of the Bulge saw combined troop strengths from both sides reaching over 1 million combatants. The battle occurred from December 16, 1944, to January 25, 1945, in the Forest of the Ardennes located in Belgium and Luxembourg. During that battle, the United States suffered roughly 81,000 casualties, and many more were wounded and struck down by illness. Brig. Gen. Murray said this type of historical perspective could guide the design of medical training and structure of operations on the ground.

“It’s been a guiding force—aligning with my values of service and dedication to something bigger than myself.” -Brig. Gen. Clinton K. Murray

“I’ve always wanted to be in the Army and a physician,” Brig. Gen. Murray explains. Brig. Gen. Murray’s drive towards a cause greater than himself comes a family dedicated to international service. For him, the desire to serve in the Army and as a physician has been a lifelong ambition. This path, he explains, was influenced by his parents, who grew up as missionaries in Congo, and instilled in him a “servant heart,” driving him to pursue a career in Army Medicine.

Brig. Gen. Murray says his commitment to Army Medicine is fueled by his high esteem for his colleagues and patients. He credited the unique bond shared among military personnel and their fami-

lies, and the sacrifices made by all.

***“Our patients raise their right hands, but their families do not. It’s often harder on them.”-Brig. Gen. Clinton K. Murray***

To ensure his colleagues and patients receive the best information for quality care, Brig. Gen. Murray underscores the value of sharing experiences and insights through written communication, allowing knowledge to have a lasting impact. “When you put a story on paper, it gains life and legs,” Brig. Gen. Murray explains. “It’s about creating a legacy of knowledge that others can access and learn from.”

He recalls an experience from 2003 to 2004, in Ramadi, Iraq, where he encountered multi-drug-resistant bacterial infections and felt the need to share his experiences with his colleagues. This led him to revisit past literature where he discovered that many lessons he was learning in the combat zone had been documented by other clinicians from previous conflicts. He was struck by the need for medical professionals to have easily accessible research, through searchable databases like PubMed, and other best practices to help facilitate the sharing of that knowledge.

Professional discourse among colleagues supports the sharing of knowledge, best practices, and innovations enabling professionals to stay updated on the field of medicine and contribute to its advancement. It builds and strengthens professional relationships across generations, fostering a sense of belonging and shared purpose while also reinforcing the cultural and organizational norms. Brig. Gen. Murray discussed the challenge of engaging younger generations in medical training. He believes the data for finding the best learning environments for a student already exists through the current systems, and instructors can use the data in new ways to improve outcomes.

“We must adapt to different learning styles and platforms,” Brig. Gen. Murray asserts. “It’s about capturing interest with short, engaging content and providing pathways for deeper exploration.” Short, engaging content is another facet of effective communication, often further enhanced through professional discourse. Effective communication among colleagues and professionals—and in this context, leaders, instructors, and students is essential for collaboration.

One new way he aims to reach that adaptation is through the integration of artificial intelligence (AI) as a sorting hat into different classrooms. He envisions a future where AI analytics personalize learning experiences for each student to match their learning types, and thereby optimizes training for everyone. Brig. Gen. Murray acknowledged the complexity of implementing AI in military training but sees its potential to revolutionize military medical training. “AI could analyze learning styles and emotional intelligence, creating tailored training experiences,” Brig. Gen. Murray suggests. “It’s about using technology to enhance effectiveness.”

Effectiveness is paramount in a future LSCO environment, where a common goal among a joint operational environment is to achieve similar decisive outcomes. Brig. Gen. Murray noted the need to prepare for multi-domain operations and large-scale combat. The challenges of maintaining the same level of medical care seen in past conflicts like Iraq and Afghanistan for smaller scale engagements while transitioning to these new operational demands.

Murray reiterated the importance of innovation, adaptability, and collaboration in military medical training. He also emphasized the need to stay informed about advancements in the civilian sector and apply them to military contexts. “We may not lead innovation, but we must be attentive to civilian advancements,” Brig. Gen. Murray advised. “It’s about finding the right balance between tradition and modernity.”

### **Call to Action**

What are your thoughts on the future of military medical training? How can we best prepare for the challenges ahead? Share your insights and join the conversation as we navigate the way ahead for Army Medicine.