

U.S. General: Sending Military to Fight Ebola is “an Absolute Misuse of the U.S. Military”

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Lt. Gen. Jerry Boykin

NEW YORK - Sending American troops to combat Ebola in Liberia is “an absolute misuse of the U.S. military,” contends retired Lt. Gen. William G. Boykin.

“The health mission in Liberia would be better accomplished by private-sector NGOs (Non-Governmental Organizations), including the French organization Médecins San Frontières, Doctors without Borders, among others, or by some other U.S. government agency such as the Department of Health and Human Services,” he stressed.

Boykin was the deputy under secretary of defense for intelligence under President George W. Bush from 2002 to 2007. His 36-year military career included 13 years in the Delta Force, with two years as its commander.

“I believe it is a total misuse of the U.S. military’s capabilities at a time when the U.S. military is taking drastic budget cuts, it is extraordinarily thin and it is being recommitted to conflict in Iraq. I object to this quite strongly,” he said.

Boykin grasped for reasons to explain why the Obama administration was planning to use the U.S. military in the international health care crisis.

“In the final analysis, the military has organization and leadership, the two key things the Obama administration is probably looking for here,” he speculated.

“The military has a capability to deal with a chemical or biological attack, and some of that may be dual-purposed for dealing with this kind of epidemic.”

But he noted that in his 36 years of military experience, “I never dealt with any thing like this that had to do with a pandemic.”

Boykin expressed concern about the health risk for U.S. troops.

“The U.S. military does not have specific training regarding how to handle a medical emergency like Ebola,” he said.

“It’s rather obvious there is a great risk the U.S. military going into Liberia to fight Ebola will end up getting infected themselves.”

He talked through the steps the U.S. military would have to take to protect troops from contracting the disease.

“One of the first things the U.S. military will have to do is to set up centers where the soldiers can be sterilized and cleaned, to try to reduce the risk to them. But, I think, the U.S. military going into Liberia are going to be clearly at risk of contracting Ebola.”

Even with precautions such as these, Boykin emphasized the risk, not only to the health of the U.S. military deployed to Liberia but also to civilians back in the United States.

“Then, let’s say two or three soldiers in a battalion get Ebola. What are you going to do with them?” he asked. “Obviously, you’re going to have to bring them back to the United States.”

Boykin emphasized the military overburdened.

“This is a terrible misuse of the U.S. military, and it comes at a terrible time when not only is the military really stretched thin, such that the U.S. military can not take on another mission, it comes at a time when we are reducing the military’s funding and the military’s numbers,” he said.

He also questioned why the first line of defense would not be the United Nations peacekeepers.

“If military are required to combat the Ebola outbreak in Liberia, then the first troops that should be involved are the 6,000 United Nations peacekeeping forces that are already in the country,” he said.

“It doesn’t make sense.”

Boykin now teaches at Hampden-Sydney College in Virginia and serves as executive vice president at the Family Research Council.

Separately, [WND reported](#) the Ebola outbreak in Liberia has not been slowed by the peacekeeping forces in Liberia. They include 4,460 troops, 126 military observers and 1,434 police forces, with an approved budget from July 2014 through June 2015 of \$427.3 million.

Last week, [Under-Secretary-General for Peacekeeping Hervé Ladsous told reporters in Monrovia](#), the capital of Liberia, that the U.N. mission there “is not a public health operation” and the peacekeepers stationed there are not trained to combat the Ebola epidemic.

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