

From: Jeffrey Epstein <jeevacation@gmail.com>
To: Boris Nikolic <[REDACTED]>
Subject: Re: Peace Institute in Vienna
Date: Mon, 03 Sep 2012 23:58:51 +0000

I only sent one piece,, there is a ton,, will get it to you tomorrow

On Mon, Sep 3, 2012 at 7:20 PM, Boris Nikolic <[REDACTED]> wrote:

It is not necessary that it is focused on health!

It sounds as too much tailoring.

Anything re food security will do it as well. Also there are several other issues that IPI is trying to deal with that will resonate well with Bill – such as bioterrorism, rule of law, climate change etc.

The main issue is to demonstrate that they are not yet another institute that just exists (to publish reports and hold meetings). Is there anything re a track record what was accomplished?

I see that your close friend Terje is a Chairman. Is Thorbjørn planning to take it over? Is the HQ moving to Vienna?

I have a number of documents including the most recent financials – but please send me anything else you think would be useful.

Also it seems to me that David Rubenstein would be a perfect donor for this. I think he is also talking a chairman position at CFR soon.

B

From: Jeffrey Epstein [mailto:jeevacation@gmail.com]
Sent: Sunday, September 02, 2012 4:57 PM
To: Boris Nikolic
Subject: Re: Peace Institute in Vienna

Health

The planet is facing challenges to biological security, including pandemic diseases (like malaria, tuberculosis and HIV/AIDS), resurgent diseases (like SARS), or accidental or deliberately perpetrated outbreaks. Several regions suffer from hunger caused by food insecurity or conflict. Some of the world's most vulnerable people face double jeopardy by falling victim to counterfeit medicines.

To improve health it is essential to reduce violence and promote peace. As stated in the World Health Organization's Ottawa Charter for Health Promotion (1986), peace is the primary condition for health.

Armed conflict, instability, and state fragility claim lives, disrupt livelihoods, and halt delivery of essential services, such as health and education. The relationship among these factors is established, but remains complex. First of all, armed conflict and public health interact in many different ways. Besides the obvious, but important fact that people are killed, injured, disabled, abused or traumatized due to armed conflict, it can be said that in most countries the greatest impacts on civilian mortality are indirect, and nonviolent deaths far outnumber violent ones. In Darfur, 87 percent of civilian deaths between 2003 and 2008 were nonviolent.^[1]

Some **indirect effects of armed conflict on global health** include:

- 1) impeding access of health professionals and humanitarian agencies to populations in need (conflict-affected countries have on average less than one health professional per 10,000 people);
- 2) "flight" of health professionals from conflict zones for safety issues (health workers are often targeted by government security forces as well);
- 3) lack of supplies and basic equipments in hospitals and clinics in conflict zones, as well as uneasy access to health facilities for population in needs, also due to deterioration of infrastructure and transportation;
- 4) decrease in government expenditure on healthcare;
- 5) food shortages due to damaged agricultural structures, collapse of the economy, aid deliberately withheld, and disruption of the family unit.
- 6) three to four times higher under-age five mortality rates in conflict zones than the rest of the world;
- 7) sharp decline in basic childhood immunization in conflict zones;
- 8) highest rates of maternal deaths due to childbirth complications and other debilitating conditions in conflict-ridden or post-conflict states;
- 9) increased incidents of sexual violence towards women and children, with greater numbers of sexually transmitted diseases, as well physical and psychological trauma;
- 10) increased incidence of infectious diseases (malaria, cholera, measles) during conflict due to malnutrition, unsanitary conditions, lack of clean water, etc.

Not only can these diseases travel across borders, but they can also claim such a high number of victims in conflict-affected countries to lead to further political and military instability, and state failure.

In fact, states characterized as **fragile or failed** tend to have far worse population health indicators than states at comparable levels of development.^[2] As of today, for example, no low-income fragile or conflict-affected country has yet achieved a single Millennium Development Goal (MDGs).^[3] Poor health indicators are a product of inadequate governance and service development. Moreover, fragile states tend to be affected by humanitarian crises that extend for years. In other words, a context of continuing crises and emergencies, combined with weak or non-existent local and national institutions, can undermine health improvements or nullify health investments and programs in the long-term.

While armed conflict and instability undermine health goals, the opposite is also true. Investments in health, conflict resolution and statebuilding can be **mutually reinforcing**. Conflict resolution and peacebuilding measures can help prevent or lessen the impact of the above negative outcomes of armed conflict on public

health. At the same time, the position of medical professionals in society, given their neutrality, credibility, and equality, can be a precious resource during negotiations, as are health-related cease-fires. The fact that health issues are of interest to all warring parties can contribute to this advantage.

Moreover, health investment can contribute to statebuilding and legitimacy of the institutions. In the long term, stronger health systems can improve the health of the population, leading to greater productivity, stronger economies, less violence, and state stability. Evidence also indicates that improved health services can increase trust in state institutions, thus contributing to the authority and legitimacy of the government.^[4]

The Nexus Centre for Conflict Resolution

[1] Olivier Degomme and Debarati Guha-Sapir, "Patterns of Mortality Rates in Darfur Conflict," *The Lancet* 375, No. 9711 (2010), pp. 294-300.

[2] Rohini Jonnalagadda Haar and Leonard S. Rubenstein, *Health in Postconflict and Fragile States* (US Institute of Peace, January 2012), p. 2.

[3] World Bank, *World Development Report*, 2011, p. 2

[4] Margaret Kruk, Lynn Freedman, Grace Anglin, and Ronald Waldman, "Rebuilding Health Systems to Improve Health and Promote Statebuilding in Postconflict Countries: A Theoretical Framework and Research Agenda," *Social Science Medicine* 70 (2010), pp. 89-97.

On Sun, Sep 2, 2012 at 7:13 PM, Boris Nikolic <[REDACTED]> wrote:

Great!

Thank you!

More details you can send me – better it is!

Boris

From: Jeffrey Epstein [mailto:jeevacation@gmail.com]

Sent: Sunday, September 02, 2012 4:13 PM

To: Boris Nikolic

Subject: Re: Peace Institute in Vienna

International Peace institute , currently in NY. IPI Terje Roed-larsen will do tuesday

On Sun, Sep 2, 2012 at 7:06 PM, Boris Nikolic <[REDACTED]> wrote:

Can you please send me some more info re this?

Preferably before Wednesday as it is likely to come out during my long catch up meeting with Bill.

Thanks

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