

CHASING CHAOS

THE STORY OF DR IAN NORTON

Amidst the post pandemic shambles of global public health, one doctor seeks a fresh start for equality in global emergency care and a new world order for sustainable medical care for all.

1 X 90' & 4 X 60' HD



 ESCAPADEMEDIA


EXPOSURE
PRODUCTIONS

CHAOS, THE ANCIENT EGYPTIANS BELIEVED, WAS THE MOST NECESSARY INGREDIENT IN THE UNIVERSE...FROM WHICH ALL THINGS START ANEW.

SOCIAL ENTERPRISE— an innovative business that exists to create a fairer and more sustainable world.

HUMANITARIAN COLONIALISM - Colonialism in aid refers to the idea that Western organisations impose themselves on countries with low resources, without involving people from those places and while controlling key resources and responses.



SYNOPSIS

What does the future of responding to international medical emergencies look like? Time and again lumbering bureaucracy and conflicted NGO's have responded inadequately to humanitarian disasters and public health crisis, often imposing themselves on developing countries with serious consequences

Dr. Ian Norton has been on the frontline of this situation for two decades. He has had enough of failed bureaucracy. He has decided to go it alone.

Backed by mystery donors with enormous resources, Dr Norton hopes to set new global standards via his radical new social enterprise Respond Global. But can he avoid the pitfalls of those that have gone before him?

Chasing Chaos begins with Dr Norton preparing to board his newly acquired ship HELPR 1, which, with the help of significant and largely anonymous philanthropic funding, is being donated to the tiny Pacific Island nation of Vanuatu. HELPR 1 has been transformed from a rusted reef ferry into a fully equipped mobile emergency response vessel. It has been over two years since the people of Vanuatu have received any form of vaccination. Measles and malaria are on the rise and the Covid vaccination rate is amongst the poorest in the region. Tiny villages wedged between coral reefs and towering volcanoes are impossible to reach by any means other than boat. The local government has minimal capacity. Dr Norton knows the risk of appearing colonialist, yet the key for a long-term sustainable health system is local empowerment.

It has been three years since Dr Norton left the lofty heights of power at the WHO in Geneva. Now, once again, he finds himself at the helm of a team of dedicated professionals and once again he finds his greatest battle is with the various bureaucracies standing before him. As he prepares to set off into the Pacific, Dr Norton reflects on an incredible decadelong journey and his commitment to challenge old school thinking and to find a new way to bring medical preparedness to the world.

"The humanitarian imperative has to trump politics".

From the boardrooms of Geneva to the frontline battles against war and natural disaster, Dr Ian Norton leads us on a journey of local empowerment, writing the guidebook that sets the world standard for emergency medical care, while challenging old world systems. Dr Norton imagines a world where emergency responses are led from the ground up, with locals at the helm, receiving support from the international community rather than vice versa.

But how does a social enterprise avoid the pitfalls of humanitarian colonialism?

Dr Ian Norton has designed a new business model for emergency medical response; preparing and empowering nations in advance of disaster, so that when the time comes, they can lead their own responses.

His business is called Respond Global, and it is part of a growing global niche of health focused social enterprises. The model doesn't require government funds or public donor drives...it's financed quietly from the shadows, by a group of anonymous backers - global philanthropists with staggering financial resources. One of the key questions asked in Chasing Chaos is what drives these donors? Why must they stay in the shadows? And do they drive an agenda of their own? The Indo Pacific is on the frontline of the global push for dominance amongst the world's biggest powers. How does Dr Norton avoid being sucked into the vortex of international affairs?

Ep 1 - THE ART OF PREDICTING DISASTER

In 2020 everything we knew about the fabric of global health care, pandemic risk management and disaster recovery was unravelled by a rogue virus, killing nearly 1 million people to date. The speed of events and global disruption was breathtaking but did not come without extensive authoritative warnings. There was a catalogue of near misses; SARS in 2003 claimed 850,000 lives; the Haiti earthquake 2010 which killed over 330,000 people, Ebola in 2013; and MERS in 2015 amongst many others. Disturbingly, the realisation that many response efforts caused more damage by inexperience and ill-equipped resourcing.

The world has been fundamentally re-shaped by crisis and disaster, both environmental and man-made. But one man, Dr. Ian Norton, has been at the epicentre of all these crisis points and battling to raise the standards of global disaster response to save lives.



The series starts with Australia's Victorian Aged Care facilities and the Ruby Princess, where Dr. Norton is called upon to manage both disasters, but his COVID work commenced months before.

Dr. Norton outlines the initial response to COVID -19, the deployment of 45 Emergency Response Teams within China and the swift mobilisation of China's EMT response to assist in Italy and Iran and the ongoing responses across the world. He overviews the global medical emergency collaboration that needed to take place on an unprecedented scale. Dr. Norton's "Blue Book" platform is adapted for COVID deployment across the US, SE Asia, Aus., NZ and Pacific. He also consults to Pacific countries, West Africa and the Middle east to assist setting up their standards for COVID response.

The COVID pandemic placed international health care institutions at a crossroad. WHO and its funding implications are called into question and new organisations and social enterprise models are emerging to provide care in ways that institutions have failed to and backed by philanthropists, experienced medical and tech leaders.

But where did this all begin? When did Dr. Norton recognise change was so desperately needed?

Flashpoint: Bali bombings of 2002 killing over 200 people. This was personal for Dr. Norton, as he spent most of his childhood in Jakarta, born to an Irish born, emergency nurse mother and an oil engineer British dad from Manchester. The travelling ex-pats met and married during the Gaddafi revolution in Libya and brought up their family in exotic locations.

Indonesia called upon its' neighbours for relief for Bali. Australia being one. This event was crucial as it showed how critical Darwin was in terms of its'

geographical location allowing critical response times. The location also patients to be flow to Darwin for crucial medical treatment, saving about 80 lives, as opposed to sending patients to Perth which took longer and cost lives.

Flashpoint: This was closely followed in 2004 by the Indian Ocean Earthquake & Tsunami which killed approx. 230,000 people from 14 countries. Dr. Norton witnessed how the relief effort was hampered by a lack of standards and resources.

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Interviews: Australian Health Minister Greg Hunt, Sarah Porter, American Computer Scientist and co-founder of Google: Sergey Brin, co-founder of the Microsoft Corporation: Bill Gates, business magnate and founder of the Virgin Group: Sir Richard Branson



Ep 2 - THE EVOLUTION OF THE SPECIES

Dr Norton takes us to the humble beginnings of his global career in Darwin where he plotted his vision as Director of Disaster Preparedness and Response at the National Critical Care and Trauma Response Centre in the Northern Territory, Australia. We discover what makes Darwin the “extraordinary” place where one can practice emergency medicine and use it as a training ground for work in global health.

Working with indigenous communities, dealing with third world type conditions with

first world facilities has also informed his approaches on doctor-patient communication and given him insight into cultural sensitivities and preparedness for training in foreign missions. Communication and sensitive patient dialogue are a key area of training for doctors on the emergency frontline and these skills also comprise part of the core package that he looks for in selecting medical teams for emergency deployment.

Flashpoint: This episode explores Indigenous health issues, the post Bali establishment of NCCTRC and the heroic feats in dealing with Ashmore Reef disaster, leading Australia's response and the Pakistan floods of 2010, where over 200 people died from a lack of medicine, Taliban terrorism and the lack of medical standards.

His team from AUSMAT treat 11,500 patients in two months in a politically complex area of Pakistan. Officially 1.9 million homes were destroyed and approximately 21 million people were affected. Dr Norton sees the overall global Emergency Medical Response community as ill-prepared, ill-equipped and unco-ordinated and engaged in some startlingly poor practices.

We learn how to build an extraordinary league of international medics and why volunteer organisations fail at sustaining these teams. He also discusses the highlights of training over 700 volunteers who now make up the Australian Government Emergency Medical Team (AusMAT).

Interviews: Executive Director of the National Critical Care and Trauma Centre: Professor Len Notaras, Australia's Northern Territory current Health Minister-Natasha Fyles, Former Australian Minister of Foreign Affairs: Julie Bishop, Former Australian Prime Minister: John Howard, Former Australian Prime Minister: Kevin Rudd



Ep 3 - WHAT DOES NOT KILL ME, MAKES ME STRONGER

Flashpoint: Haiti Jan 12, 2010. The magnitude 7 earthquake that hits the island of Haiti kills over 300,000 people, leaves several hundred thousand injured and traumatized and creates a homeless community of 1.5 million. Stark and shocking malpractice issues emerge including up to 50% of amputations deemed unnecessary. The disaster proves to be a definitive low point in international humanitarian rescue.

Shattered and heartbroken amid global outrage, the world's emergency medical community has its reputation destroyed. What went so wrong? How did global organisational systems fail?

Meanwhile in Pakistan, floods kill over 2000 people and these events prove to be a turning point in Dr Norton's personal journey. His team from AUSMAT treat 11,500 patients in two months in a politically complex area of Pakistan. Officially 1.9

million homes were destroyed and approximately 21 million people were affected.

While it was a successful mission in terms of the Australian response and collaboration with local authority's, Dr. Norton sees the overall global Emergency Medical Response community as ill-prepared, ill-equipped and unco-ordinated and engaged in some startlingly poor practices. Simple preventable diseases like malaria flourish without access to basic medication in Pakistan.

These horrific events and their barbaric mismanagement could not be ignored and served as a clear warning to the humanitarian community.

The disasters and mismanagement of Haiti and Pakistan propel Dr. Norton to crystalize his vision of what an optimum disaster response team and system should look and function like.

From the ashes of failure and public condemnation of international disaster health response, Dr. Norton and his team formulate the blueprint for the gold standard in disaster response management. The 'Blue Book', is born and launched quickly becomes the standard guidebook for emergency medical responses. It empowers local teams to handle and builds emergency responses from the ground up, giving local governments and communities control over their destiny.

Using this new response platform, in 2013 Dr. Norton leads Australia's largest ever emergency response in the Philippines following Super Typhoon Haiyan, one of the strongest storms ever recorded and deploys the new system. The response featured 150 international teams and the 'Blue Book' classification procedures were deployed for the first time, three months after its publication. In a triumph the Blue Book manual exemplified how multi-levelled local and global co-operation and co-ordination streamline effectiveness and supports a local public health infrastructure that can sustainably support the patients and those in need after the initial devastation.

Interviews: Public Health Expert: Dr David Nabarro, Former Director General for the World Health Organisation: Dr Margaret Chan, Former Australian Minister of Foreign Affairs: Julie Bishop, Philippines Dept of Health Director Gloria Balboa, Red Cross Middle East Regional Director -Dr Hossam Elsharkawi, OCHA (Secretary of INSARAG)-Sebastian Rhodes Stampa



Ep 4 - ALL OR NOTHING

Dr Norton heads to Geneva to set-up a new program within the World Health Organization' called the Emergency Medical Team (EMT) Initiative, a tenure that lasts from 2014 until January 2020.

Hampered by bureaucracy within the WHO, Dr. Norton travels to West Africa as the 2014 Ebola outbreak takes hold in Liberia, Sierra Leone and Guinea and finds himself in the middle of one of the most dangerous situations in the world.

Faced with immense cultural and social complexity, the diplomacy required by health care workers in the midst of a potential pandemic informs Dr. Norton of the importance of empowering locals to be able to respond to these medical events on their own terms. He explores ways to cut through the layers of bureaucracy and inefficiencies that dominate international responses, especially in these poorer parts of the world with little resources and fewer medical staff. Working with local Government and with UK, US and France he helps manage the mobilization of 58 international EMTs and a massive build-up of Ebola treatment capacity.

One year after the initial outbreak, there was a dramatic decrease in numbers and need for medical capacity. For Dr. Norton, his innovation and foresight in training local teams was rewarded with the Liberian, Sierra Leonean and Guinean teams managing their treatment units on their own. Culturally, a massive education had taken place with traditional customs altered through education, citizens changed the way they interacted with each other and implemented rigid hygiene measures at home, in markets, in streets.

The outcomes achieved during the Ebola outbreak, particularly the potential of local empowerment and training spoke volumes to WHO and international governments. Dr. Norton is publicly validated by the WHO.

In the aftermath of the Ebola outbreak the WHO launches another significant milestone in Dr. Norton's blueprint for global change in emergency response management, the Global Foreign Medical Team Registry. Its function is to build a global roster of foreign medical response teams ready to deploy for emergencies and sets minimum standards for international health workers and allows teams to clearly outline their services and skills. The Registry is another game changer in global emergency care and results.

Flashpoint: Nepal. an earthquake measuring 7.8. kills over 9,000 people and two million were made homeless. The co-ordinated response to the crisis was a celebration of cohesive global collaboration with the Blue Book as its glue.

Within days, a global contingent of aid and rescue support arrived. On the medical frontline, Dr Norton co-ordinated a truly global effort in close co-ordination with local authorities. The teams learnt their lessons from Haiti with Dr Norton using the mantra Blue Book mantra of 'co-ordination saves lives.'

Interviews: Secretary of Nepal's Health Research Council: Dr Khem Karki, Former Director General for the World Health Organisation: Dr Margaret Chan, WHO Senior Advisor to the Director-General, Organizational Change: Dr Bruce Aylward, The former US ambassador to the United Nations, and foreign policy and human rights adviser to Barack Obama: Samantha Power, Former US President: Barack Obama, Former Liberian President: Ellen Johnson Sirleaf, Public Health Expert: Dave Nabarro



Ep 5 - THE GLOBAL SOLUTION

The bold work of the Blue Book initiative was validated in the EMT responses for Typhoon Haiyan in the Philippines, West African Ebola, Earthquakes in Nepal and Ecuador and Cyclones in Vanuatu and Fiji. This radical new EMT approach has been adopted by over 130 countries approach, each developing their own national medical team response system, and offering bilaterally and through their regional bodies to support to affected countries in their region.

By 2017, New Zealand Medical Assistant Team (NZMAT) joins the global classification list reflecting years of training and capacity in local teams. Fiji's FEMAT also achieves accreditation and becomes the first Pacific island country to have a WHO classified emergency medical team, a milestone in regional health care.

The wisdom of building of local, regional capacity is highlighted again during the Dengue fever outbreak in the Solomon Islands across 2016-2017 where 20,000 out of a population of 50,000 had contracted the illness, putting the hospital and all medical resources under huge strain on what was already a vulnerable health system. A series of measles outbreaks across the Pacific Islands demand resourcing and allow for the principles of the Blue Book to be implemented for longer term sustainable local response.

Flashpoint: Hurricane Dorian, in the Caribbean. Dr. Norton leads the EMT efforts from the WHO. The devastating storm creates millions of dollars of devastation and leaves thousands missing and homeless, but the death toll is low. The mission is successful collaboration between the Pan American Health Organization/World Health Organization (PAHO/WHO) and local authorities who have been trained in EMT and empowered to improve disaster relief operations.



The European effect of the Blue Book's charter is strengthened as it is rolled out across the European medical corps working across the Italian earthquakes. Training across Europe for EMT accreditation is significantly underway. In Indonesia, the Sulawesi, earthquake strikes with EMT displaying global best practice and only requires minimal international support due to pre-built capacity and resourcing.

The narrative returns to where the story begins in the Northern Territory and where the whole concept of co-ordinated global EMT training was originally germinated by Dr. Norton. HRH Prince Charles visits the NCCTRC, bringing a very global spotlight to the hospital responsible for training international teams about The Blue Book and significantly training practitioners on how to manage working in tropical climates and dealing with indigenous and other specific local issues.

Interviews: Chairman of Hospital Emergency Operations Centre, Solomon Islands: Dr Aaron Oritaimae, Executive Director of the National Critical Care and Trauma Centre: Professor Len Notaras, New Zealand Ministry of Health Emergency Management Director: Charles Blanch, Director of Disaster Preparedness AUSMAT: Abigail Trewin

Ep 6 - BORDER TRAUMA - Where doctors fear to tread

Every humanitarian disaster is a battle, against the enemy of time, depleting resources, disease and the elements but add a literal warzone to the mix and the survival stakes for all players are perched on a knife's edge.

Flashpoint: The battle of Mosul in 2016 , placed Dr. Norton in a new context that of geo-political crisis. In a race to save lives, Dr. Norton sets out to achieve a collaboration that was unprecedented and usually unthinkable. As medical responses units from the Iraqi state and the armed forces were non-existent, he looked to traditional NGOs to assist in caring for the 1.5 million civilians caught up in the conflict, the biggest urban conflict since World War 2.

In a rare show of fear, many of the usual NGOs declined to participate or help, driven by principle and/ or security concerns. WHO was forced to approach a range of private and volunteer-based groups. The frontline EMT trauma pathway saved thousands of lives as it served to treat them with life-saving emergency care within the “golden hour”.

The profound casualty of war has been the creation of a floating population of millions of displaced people, mostly from the developing world.

Dr. Norton reveals the palpable effect of this with the outbreak of Diphtheria that hits the Rohingya people in Bangladesh in 2017. The WHO teams set up in a camp of one million people with the need for world class rapid medical assistance with a practical approach.

In the background, the public policy and humanitarian dilemma of how to deal with the migration of millions and implement some form of standardisation is being debated and fought in Geneva with the UNHCR / UN vs NGO's. The rapid development of the Syrian refugee crisis creates a massive need for standards to be implemented, where the care should be delivered by Syrian doctors. This also raises the risks of pandemic breakout in migrant camps

Dr. Norton returns to the Ebola front line to scale-up clinical care in a new Ebola outbreak in the DRC again hampered by a war zone and military intervention as a treatment centre is stormed by rebels and emergency care workers need to be evacuated.

Dr. Norton's war zone experiences and the evolving humanitarian disasters looming for refugees and camps leads him to work on a new platform of standardisation for care in a conflict scenario. It also gives rise to the new humanitarian response models and philanthropic



approaches to disaster management that are evolving today. These experiences form the genesis of disaster care models in the post -COVID world.

The 'Red Book' is developed, a new blueprint for excellence in trauma care specifically for conflict zones. Contribution and collaborations were sought from NGOs, private groups, militaries and countries involved or emerging from war as well as from major donor countries and UN agencies. It sets new standards for medical teams working in conflict zones and as a result ICRC and MSF are in alignment collaborating with new actors will also work in this space.

Interviews: Red Cross Head of Middle East: Hassam ElSakhawi, Head of Health for the International Committee for the Red Cross: Esperanza Martinez, The former US ambassador to the United Nations, and foreign policy and human rights adviser to Barack Obama: Samantha Power, Former Director General for the World Health Organisation: Dr Margaret Chan, United Nations High Commission for Refugees: Larry Hollingworth, Former Chairman of Joint Chiefs of Staff and Secretary of State: Colin Powell, Professor Tony Redmond, Former chief surgeon at the International Committee of the Red Cross: Christos Giannou



EPISODE BUDGET: AUD \$ 120,000 per episode

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For more information:
Natalie Lawley
natalie@escapademediamedia.com.au
www.escapademediamedia.com.au

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CONTRIBUTORS

- Australian Health Minister Greg Hunt
- Sarah Porter
- American Computer Scientist and co-founder of Google: Sergey Brin
- Co-founder of the Microsoft Corporation: Bill Gates
- Businessmagnate and founder of the VirginGroup: Sir Richard Branson
- Executive Director of the National Critical Care and Trauma Centre: Professor Len Notaras
- Australia 's Northern Territory current Health Minister -Natasha Fyles
- Former Australian Minister of Foreign Affairs: Julie Bishop
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