



## NATIONAL CITIZENS INQUIRY

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Day 1

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### EVIDENCE

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**Witness 1: Dr. Chris Milburn**

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[00:00:00]

**Chad Horton**

Good morning, everyone. This certainly isn't about me, but just by way of very brief introduction: My name is Chad Horton, and I'm a partner at MacGillivray Injury and Insurance Law. And I'm here today and for the next couple of days to help facilitate this process and help these witnesses tell their stories.

Dr. Milburn?

**Dr. Chris Milburn**

Sitting in front of a lawyer is a place a doctor never wants to be.

**Chad Horton**

Here we go. Before we get into the details of your examination, can you kindly provide the Commission with an overview of your education, training, and experience?

**Dr. Chris Milburn**

Sure. So my name is Dr. Chris Milburn. I'm a native Nova Scotian. I graduated in 1999. I've been a full-time emerge. doc, been involved with family medicine. But also—importantly for the purposes of this—I've been quite involved with public health in several roles, both on several local committees, local initiatives over many years. I was a member and then head of the Canadian Medical Association Committee on Healthcare and Promotion, which is one of their core committees that deal with public health issues. I was a long-time member and then the chairman for the Doctors Nova Scotia Public Health Issues Committee. So I have a foot in public health and a foot in frontline medicine.

**Chad Horton**

Now, you may have somewhat answered this question already. But what are your primary areas of interest and involvement in medicine?

**Dr. Chris Milburn**

Emergency medicine and public health are probably at the very opposite poles. Public health deals with populations and big picture recommendations—what’s best for this population. Emergency medicine is the most focused part of medicine; it’s one patient, one problem, at one instant at a time. So I have a real interest in both of those, which are in a way polar opposites, but they really should connect.

**Chad Horton**

Okay, and what was your specific role in early 2020 at the beginning of the pandemic?

**Dr. Chris Milburn**

So when the pandemic began, from the public health point of view, I was still Chair of the Public Health Issues Committee for Doctors Nova Scotia. But I was also the Chief of Emergency Medicine for eastern Nova Scotia, the Eastern Zone of Nova Scotia Health Authority. So, I had a kind of a high-level oversight role on 13 different emergency rooms and urgent care centers from Antigonish right up to the tip of northern Cape Breton.

**Chad Horton**

Can you explain your professional responsibilities as the Emergency Room Chief of the Eastern Zone?

**Dr. Chris Milburn**

Yeah, so I was responsible for making sure that we had a coherent approach to providing emergency care for that zone. You can imagine that was kind of a broad role. And so when COVID hit, my role was to take all these new policies and procedures and to make sure that our staff at all the different sites was aware of what the approach was going to be—what was the safest and best approach to see a patient who might be infected with COVID. So I was really kind of taking the policies and procedures that were being developed at a high level and trying to get our staff on the front lines up to speed.

**Chad Horton**

Okay. So setting aside your duties as Chief of Emergency, but within your role as an emergency room physician—and I appreciate this number likely varies, but on average—how many patients could you expect to treat in the run of a regular week?

**Dr. Chris Milburn**

Yeah, so to some degree my schedule is flexible but in a full week where I might do, say, five shifts I could see up to 150 patients a week. So I was more or less functioning as a full-time emerge. doc and doing the chief job sort of in my spare time, we’ll say.

**Chad Horton**

That sounds busy.

**Dr. Chris Milburn**

Yeah, never bored.

**Chad Horton**

So, can you confirm for the record, Dr. Milburn, that you've actually provided me with a copy of your CV?

**Dr. Chris Milburn**

Yes, I have given you my CV [Exhibit TR-20].

**Chad Horton**

Okay, we'll make that available to the Commission.

So based on your education, training, experience, and any clinical literature that you had read or were familiar with,

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what was your understanding of the danger posed to public health by COVID-19?

**Dr. Chris Milburn**

I'll try to give you a brief answer. So, when COVID first reared its spiky head in China, there was a lot of fear. I was one of the ones who was afraid because we have a very unstable and fractured emergency system already with a lot of worker shortages. So we were struggling to provide care. And when we kind of looked at, you know, first China and then Italy and then New York City, we were quite afraid of what might come. At first, we thought—we were given the idea that—there's an extremely high mortality rate and that, quote unquote, "everyone was at risk." That was actually a quote from our premier at one point. But very quickly, in the first month or two, the data started to come out. The average age of death was 80 or more than 80 in Italy. It became clear pretty quickly that it was very, what we call "risk-age stratified." And it turns out that for a young, healthy person, the risk is maybe somewhere around one 5,000th to one 10,000th of the risk for an elderly, unwell person. So, by the summer—certainly by June or July of 2020—that age stratification of risk was becoming apparent.

**Chad Horton**

Okay. Now, would you have been in a position in your role as an emergency doctor and Chief to personally observe the impact of both the COVID-19 illness and also the impact of COVID policy measures on Nova Scotians in your area of responsibility, being the Eastern Zone?

**Dr. Chris Milburn**

Yeah, for sure. So, we had sick COVID patients, mostly, almost entirely elderly or what we call comorbid, and that was an issue. But I believe, in my experience, it pales in comparison to the issues that I saw both as Chief, you know, second hand, but also just personally working as a frontline doc: the impact that things like hospital shutdowns had. For instance, I can rhyme off several patients who died of cancers that I believe they didn't need to die of because their care was delayed. I had patients who were scheduled for joint replacements who were living in chronic pain and suddenly saw the wait list stretch out over the horizon for them. I saw—I look after a nursing home for the last few years—and I saw those patients locked down. I saw patients in nursing homes give up, stop eating and

die because they were essentially prisoners and couldn't see family. You know, I watched family outside windows crying, looking at patients inside. So I saw these terrible impacts of COVID policy, and they were much more prevalent. They were a much bigger issue than the impacts of actual COVID.

**Chad Horton**

Can you just repeat your conclusion again, what you just said at the end?

**Dr. Chris Milburn**

Yeah, I think there's a lot of talk on the impacts of COVID. When we hear this in the mainstream news, or we hear politicians or bureaucrats talking about it, they talk about how COVID impacted us in the last few years. But although I did see some very, very elderly, very unwell people die after they got COVID, I didn't really see it shortening lifespans. But I saw major impacts on the population from COVID policy. So, I'd like to distinguish those. There's impacts of COVID policy, which I think were huge. There's impacts of COVID, which I think were relatively small if you parse them out.

**Chad Horton**

So you're talking about impacts of COVID policy, or you spoke about that partially. I want to explore that a little bit. Now, you described numerous observations you made over a period of time. During the relevant time that you were just discussing, did you look for answers regarding either the reasoning or the data supporting the policy decisions behind the scenarios that you've just described to us?

**Dr. Chris Milburn**

I did. So, as Chief of Emerge., nurses I work with and a handful of physicians

[00:10:00]

were concerned with policies. For instance, universal masking policy: Was that really necessary, was it justified? It was extremely uncomfortable for nurses, and these policies were made by somebody who sat behind their own desk in Halifax and never had to wear a mask. So, it was easy for them to make policy. When I asked for the justification, what I ended up getting back was either nothing in most cases, or when I did get back answers, the answer was, "Well, our committee met, and we decided." I was never provided with justification: "Here are the papers. Here are the minutes from the meetings." The committee that decided these things was in camera. We were not privy to what was happening. They'd never ask for our feedback on policies. They'd never ask for what we saw as the impact of those policies, how do you see this playing out, is this good or bad?

So, we did— And I say "we" because, as a group of doctors, behind the scenes, we sent several emails to Dr. Strang to ask for things like, for instance: What's the justification behind recommending vaccinating children? The recommendations in Nova Scotia seemed to actually go against the recommendations of NACI [National Advisory Committee on Immunization]. And we sent formal letters. I sent informal emails, and the best I ever got back was, "because our committee decided."

**Chad Horton**

So just one little point for the people watching at home or for members of the audience: When you say most of the meetings were in camera, what does that mean?

**Dr. Chris Milburn**

It means they were private; they involved politicians, the Health Minister, the Premier; they involved some hand-picked bureaucrats; but physicians like me were not asked to be part of it. We were not privy to the notes, we were not privy to the data that was used. Those were private, confidential meetings.

**Chad Horton**

And did you specifically ask for the notes or the minutes coming out of those meetings?

**Dr. Chris Milburn**

I specifically asked how those decisions were made. Could they please give me the justification? And again, I either got nothing or, “our committee decided, and that’s why.”

**Chad Horton**

Do you have any more specific recollection of what sort of responses you got to those inquiries?

**Dr. Chris Milburn**

No, not much recollection because the usual reply was none. Emails would go off and they would disappear into a black hole and I would never hear back; they were mostly ignored. And that includes recently too. I’ve still been asking, and they’re still ignored and sucked into the black hole.

**Chad Horton**

The black hole. So, no response whatsoever?

**Dr. Chris Milburn**

No response was the most common response.

**Chad Horton**

And what was your perception about what was going on there?

**Dr. Chris Milburn**

Well, I think my perception is very much like most people who attempted to get answers. And the perception is that these decisions are— There’s a saying, “when you mix politics with science you end up with politics.” And these committees did have people like Dr. Strang and some upper-level doctor bureaucrats on them. But the decisions, I do not believe, were scientifically-based. I think they were politically-based and that’s why we couldn’t get an answer back. Because it was a political decision made for a certain appearance rather than, you know, following the science, so to speak.

**Chad Horton**

So myself as a Nova Scotian, who occasionally listens to the radio, I do have some first-hand awareness of the fact that you had been in the media and had some involvement. But can you briefly describe your media involvement over the years?

**Dr. Chris Milburn**

Yeah, I've always been an outspoken guy. I'm willing to say my views in public and to try to back them up. And so, for many years. I've done interviews on CBC Radio, including— I was asked to be part of this thing called the "Issue Panel" [Exhibit TR-20a], which is a regular feature of CBC *Information Morning* in Cape Breton, where they get three people on, they throw out an issue that's topical in the news. The three people debate it and argue it. It's kind of off-the-cuff. I had been on this for a number of years. I can't tell you exactly how many times, but every few months I get asked to be on. And the typical way that would happen was they'd ask me, could I be on next Thursday? And then a few days before—or just the day before—I get an email saying, "here's going to be the topics." Because of my schedule, I would typically look at that— This particular time that we're about to discuss, I looked at the email at midnight and I was to be on at 7:30. And I noticed that the topic was COVID policy.

And I kind of thought, "Well, this is bound to be controversial." But I felt—

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By that time, I had tried to get answers from within the system. And I just felt that the public needed to know that there were physicians, nurses, other people out there who had an inside view on the system but didn't agree with the policies. Because there was, I believe, a real attempt to make it look like all the doctors were onside. And I decided to go ahead and speak my views. I made it clear that I was not speaking for NSH [Nova Scotia Health]. I was speaking as my own self, but I felt people needed to know there was another side to this and some doctors felt differently.

**Chad Horton**

I understand from your evidence that you were on the "Issue Panel" by invitation a number of times over a period of time. When is the last time you appeared on the issue panel?

**Dr. Chris Milburn**

So, yeah, this would be in June of 2021. The move to vaccinate every human being in Canada was well in full swing. And I was asked to be on. Like I say: I looked at the email the night before. The issues that came up that day were: Number one, the schools had just been put back in. They had been out for quite some time; they had just been put back in. I was asked what I thought of them going back in. And what I said was, I don't think they should ever have been out. I think there was clear evidence that was bad for kids to be out of school. Kids were not at risk from COVID, nor were they vectors. So I don't think they ever should have been out. So I kind of contradicted public health statements in that way.

Number two, I was asked what I thought of potential vaccine passports, because they were just kind of on the horizon at that point. I said, number one, I think they're unconstitutional. And I also made the point that these vaccines were brand new. And by definition, we did not know long-term side effects. That's not an opinion, that was just truth.

And the third thing I said that turned out to be controversial was that I thought the public health role should be advisory, not a rulemaking body, because they were unaccountable. And that when we gave them this much power, that some people enjoyed that amount of power. And history shows us that people who are given power only give it up reluctantly. I made those points. And that was the last time I was ever asked to be on the “Issue Panel.”

**Chad Horton**

And more specifically, when was that? What was the date?

**Dr. Chris Milburn**

Yeah, so I can kind of tell you how things played out. So, that was on a Thursday morning. I got numerous—

**Chad Horton**

What month was that?

**Dr. Chris Milburn**

I’m sorry, early June 2021.

I can’t tell you exactly, but it was a Thursday morning. I got tons, actually tons, of supportive emails through the next couple of days. And then on Saturday, I got an email from friends saying, “Did you hear that Strang got ambushed at a press conference?” And I looked it up and saw the clip. And Tim Bousquet of the *Halifax Examiner* had ambushed Dr. Strang with questions. He said, “Did you hear that Milburn told people not to get vaccinated and basically said you were power hungry?” So it was a mischaracterization of what I said.

I’ve had, what would you say, very reasonable communication with Dr. Strang in the past. So I sent him an email basically saying, “Look, I saw that you were ambushed.” I didn’t say it that way, “I’d love to talk to you, here’s my cell number.” So I reached out. Later that day, saw his reply, which was: “Milburn should stick to emergency medicine, and I’ll take care of public health.” And basically, accused me of not being qualified to speak because I wasn’t an expert like him. So I didn’t get a reply back from the email. So as I described it, I felt the icy winds blowing.

On the Tuesday morning, I got a call while I was at work from Dr. Don Bryan, head of the Eastern Zone: we had a long conversation. He explained to me that I had created vaccine hesitancy, that—as Head of Emerge.—it wasn’t appropriate for me to ever criticize public health. That, you know, I had sort of undermined the NSHA [Nova Scotia Health Authority]. And I was told that I was no longer Head of Emerge. as of that point. I asked Dr. Bryan—the one thing I asked him, he and I have been colleagues for years— “I’m fine with all that. If that’s your decision, I obviously can’t argue it. But please put this all in a memo. What you’ve told me, please be public with it. I am going to be asked why I was fired. I would like you guys to state why I was fired, because you’re the ones firing me.”

More than a week went by.

[00:20:00]

I think he probably went to the lawyers of the NSHA. And the statement that came out said, “Dr. Milburn is no longer head of Emerge., thanks very much for your service.” So, they never publicly said all of the things that Dr. Bryan told me in a 25-to-30-minute conversation, creating vaccine hesitancy, et cetera, et cetera. All the reasons I was fired, they would not put in writing.

**Chad Horton**

Do you have any awareness of any record of that conversation?

**Dr. Chris Milburn**

No. Like I say, I actually worked in the same office as Dr. Bryan. And part of my work— We had a great relationship for many years, so I trusted him. You know, looking back at it, I guess you should always record these things. Trust no one. But I kind of, really innocently thought that he would actually be honest and open and actually say what he’s told me publicly. And I was very wrong.

**Chad Horton**

I just want to unpack a little bit of what you said there. And what I’m hearing is that one of their concerns was that you were promoting vaccine hesitancy. Was anything communicated to you with respect to what specific statement you made that could be construed as promoting vaccine hesitancy?

**Dr. Chris Milburn**

Yes. One of the things people should note and might be surprised: I’m vaccinated myself. I got two: I got the first two vaccines because we were told at that time. As a frontline staff, I work with the most critically ill and comorbid and elderly people there are in our community there; I’m face-to-face with them on a regular basis. I was told that by being vaccinated, I would prevent or at least greatly lower my odds of passing it on. So I was vaccinated myself. So I’m a vaccinated anti-vaxxer. But in terms of promoting vaccine hesitancy, my great sin was in saying that this was a new vaccine and the side effects— especially the long-term side effects—were not well spelled out. So by definition, we couldn’t develop a risk-benefit ratio.

Because whenever I speak to a patient about getting any treatment, be it a vaccine or something else, I always talk about, “Here’s the benefits to you, here’s the risks to you.” The patient always makes the final decision. But I could say, based on this, I would recommend it or I wouldn’t. I didn’t have that information at that point. I couldn’t advise somebody this vaccine is more benefit than risk to you. I only got it myself. I didn’t know the risk-benefit ratio, but I was willing to take the chance because I thought it would prevent me from passing on to my patients. I did it as a safety thing for my patients.

I wouldn’t have recommended it to anyone else at that point with the dearth of evidence. But that was what I did. From Dr. Bryan’s point of view, I created vaccine hesitancy by daring to say that the vaccine might have side effects that we don’t know about.

**Chad Horton**

Now, I understand from the commencement of your testimony that you’ve been a practicing physician for more than 20 years. I understand from your testimony that you



have significant emergency room experience, and you also advise that you had involvement in public health—or at least a strong interest in public health.

**Dr. Chris Milburn**

Great interest for over 20 years, and involvement.

**Chad Horton**

Within the scope of your education, training, and experience, do you have any knowledge—or is there any perspective that you're aware of within the medical realm—that that statement that we do not have long-term safety data was incorrect?

**Dr. Chris Milburn**

It turns out it was very correct. The first data on myocarditis was coming out at that time, but it wasn't public. It turns out we've had—I believe it's over 80 cases in Nova Scotia alone. That's the government data, not mine. And if you look at the Nova Scotia government website, they've admitted to a host of other side effects, which were not apparent at that time and certainly not told to the patients at that time when they were choosing to be vaccinated or not. They were not told about these potential side effects. So I stand by my statement. It's just become more and more true over time.

**Chad Horton**

So was it your understanding at that time, to put it directly, that you were stating an objective fact?

**Dr. Chris Milburn**

Yeah, what I said—"we don't know long-term side effects"—was just a fact because that's just true with a new vaccine. It's not an opinion, it's not, "That's Milburn's take on it." That is just a fact, like the sky is blue.

**Chad Horton**

At any point during your career as an emergency physician or chief in Nova Scotia, did you ever sign any agreement or contract—or were you ever told—that there were restrictions

[00:25:00]

on the opinions you could express, either as a private citizen or within your capacity as a doctor?

**Dr. Chris Milburn**

No, absolutely not. I always labored under the impression that I had the same rights to free speech as anyone else in Canada. I was always extremely careful because I not only was on the "Issue Panel" but I got interviewed about other things on the radio or in the newspaper. I always made it—I always took great pains to say, "This is my personal opinion. I'm not speaking for the Health Authority." I made that very clear. So I never signed anything to say that I would agree to agree with all of my colleagues or agree to agree with Dr. Strang or not criticize my profession.

Matter of fact, I think it's essential that we physicians do. I was very critical of my profession during our complicity in the opioid crisis and thank God we were allowed to speak out and we've somewhat turned that around. It's just essential for docs to be able to speak out and we have— No, absolutely I never signed anything and was never told that I wasn't allowed to speak out.

**Chad Horton**

Okay. And from your earlier testimony, I understand that you had issued correspondence. Or I think, as you described it, you were seeking answers to the reasoning behind various policy decisions, correct?

**Dr. Chris Milburn**

Correct.

**Chad Horton**

Okay, and when you did that, did you express any of your personal concerns, whether in your capacity as a private citizen or as a medical professional? Did you express any concerns about the policies that were being implemented in Nova Scotia?

**Dr. Chris Milburn**

Yeah, absolutely. I had concerns like, say, that the masking policy really decreases job satisfaction. It makes retention difficult. The school closure policies were very destructive for children. I expressed these both to some degree publicly. But behind the scenes, I expressed these over and over—numerous concerns I had

**Chad Horton**

Okay, and was it your understanding that your termination was specifically related to the comments you made on the CBC program?

**Dr. Chris Milburn**

It absolutely was. Dr. Bryan made that very clear to me on the call. Matter of fact, I had had a very good performance review just several weeks before with Dr. Bryan and then I appeared on the radio. And I was told that because of what I said on the radio, I was being terminated.

**Chad Horton**

Okay, so prior to your termination: After you had expressed concerns internally and asked questions about policies, did anyone professionally ever approach you and suggest that those views were unacceptable, that you had unacceptable views?

**Dr. Chris Milburn**

Sorry, after I spoke out or before?

**Chad Horton**

Prior to your termination.

**Dr. Chris Milburn**

No, I was never, definitely. I understood that some doctors disagree with me, and some agree with me, but I was never told that I wasn't allowed to have those views or not allowed to express them, no.

**Chad Horton**

So was your first awareness that your expressions were problematic at that termination meeting?

**Dr. Chris Milburn**

Yes. But I will say that I'm far from innocent to these things. I knew the lay of the land. I had watched other doctors be dragged through the mud and walked over the hot coals because of speaking out with their views. So when I said those views, I knew they were potentially controversial and would potentially make some people angry at me.

Did I expect to be fired as Chief of ER? I did not. I didn't think it would go that far, even though I knew that it would ruffle some feathers.

**Chad Horton**

Now, you indicated previously—and we didn't explore this, but you indicated—that after your appearance on that particular CBC program in June of 2021, you had said that you had received supportive emails. Can you explain what you mean by that? Can you elaborate please?

**Dr. Chris Milburn**

Yeah. I was on the radio at 7:30 am and I started to get texts. And then by the time I first checked my email a couple hours later I had a couple of dozen emails in my inbox. Within a week I had, I would say, at least a couple of hundred emails of people supporting me. After I got fired and that came out, I know for a fact that the NSHA and Dr. Bryan specifically received a lot of angry emails sort of supporting me and supporting my right for free speech. So I know there was a lot of support on my side.

[00:30:00]

There were detractors too. A Twitter mob came after me and organized to launch a formal complaint about me. That was all very public on Twitter. So there were both sides but there was a lot of support.

**Chad Horton**

A formal complaint on the basis of what?

**Dr. Chris Milburn**

That's all— You can read about that on Twitter. For various reasons, I'm not allowed to talk about that, but you can see that playing out on Twitter.

**Chad Horton**

So after you were terminated as Chief of Emergency, do you know if and when that position has been filled?

**Dr. Chris Milburn**

Yeah, my understanding— It was a very busy job. Theoretically, I was paid as a 0.2 position, but it wasn't much more than that. So there's two people filling that role now, one for one part of the zone, one for the other.

**Chad Horton**

So am I understanding correctly that your responsibilities were delegated to two of your colleagues?

**Dr. Chris Milburn**

Correct.

**Chad Horton**

Not a new hire?

**Dr. Chris Milburn**

Not a new hire.

**Chad Horton**

And I believe you testified earlier this morning that in your capacity as an emergency room physician, you would treat—or you could expect to treat—approximately 150 patients per week?

**Dr. Chris Milburn**

That would be a big week. That would be sort of the maximum I'd see in a week. But yeah, the average week would be definitely over a hundred.

**Chad Horton**

Okay, average over a hundred. And where are you practising now, and in what capacity?

**Dr. Chris Milburn**

I am an old-fashioned rural family doctor now. I work in the small village of Canso in a tiny hospital there. And I do everything from palliative care, house calls, to I mind the ER and whatever comes in. I do family practice, and I take a mole off if you need it. So I'm an old-fashioned country doctor.

**Chad Horton**

I expect that the community appreciates you. So after leaving your previous role as an emergency room physician, wherein you would see between 100 and 150 patients per week, do you know if and when the vacancy that would have created has since been filled?

**Dr. Chris Milburn**

Well, Nova Scotia Health is constantly recruiting. Since I left that position, I have had colleagues retire; there's been new hires there. So the answer is they don't specifically advertise my one position and try to fill that one position. It doesn't work that way. We have sort of a stable of doctors. And when I stopped working in at the regional site as an Emerge. doc, it just meant that 12, 14 shifts per month were unfilled and the other docs had to step up and take more shifts on. So it made things busier for everyone else. That does affect the overall picture, because these are doctors who might have picked up shifts that would have been empty in a rural Emerge., but now they are doing more shifts in Sydney. So it does have an impact on the overall lay of the land in terms of staffing.

**Chad Horton**

Dr. Milburn, broadly speaking, what motivated you to come in and speak with us today as part of this process?

**Dr. Chris Milburn**

Yeah. There's a whole other side to COVID out there that has not been well-represented in the mainstream media, in discussions, in statements from our chief medical officers of health or our premiers. There's many, many Canadians who feel that these policies were overreach, probably unconstitutional in many ways, and that they were destructive and harmful. That side of the debate has not been well represented, and I just want to be a part of getting that message out there: that there is another side. I don't think I'm always right, maybe I'm wrong on some things, but we have to have the debate. You know, science is about debate and arguing. Einstein said science can only flourish in an atmosphere of free speech. So that's why I'm here.

[00:35:00]

**Chad Horton**

Final question. Based on what you just said, as you've gone through this process, are you aware of any like-minded physicians practicing in Nova Scotia who share the concerns that you expressed today?

**Dr. Chris Milburn**

There are many. There's a saying: punish one, silence a thousand. And there are a lot of doctors behind the scenes, a lot of doctors and nurses who would love to speak out. I know there's some doctors who wanted to testify here but are still uncomfortable to do so. Doctors and nurses were kind of held hostage because, if we lose our position, it impacts— We can't care for our patients. And when it comes right down to it, doctors and nurses want to care for their patients. So the threat of job loss or losing our licenses or whatnot is used basically. Our love of our patients and our desire to care is actually used against us here. And it works well.

I can tell you there are many, many doctors who'd like to speak out; many, many nurses who'd like to speak out; many other health care workers. And they still don't feel comfortable, even though we're in 2023.

**Chad Horton**

Dr. Milburn, thank you for coming in and answering these questions today.

**Dr. Chris Milburn**

Thanks for having me.

**Chad Horton**

Don't leave.

**Ches Crosbie**

I apologize Dr. Milburn; I should have sworn you in before, but we can fix that.

**Dr. Chris Milburn**

Okay. I can assure you my wife swears at me enough!

**Ches Crosbie**

Dr. Milburn, do you affirm that what you have told the Commission of Inquiry is the truth, the whole truth, and nothing but the truth?

**Dr. Chris Milburn**

Absolutely.

**Chad Horton**

Thank you. And one final point. For the Commission's consideration, as Dr. Milburn indicated, he's provided me with a copy of a CV. We will forward that to you for your consideration. And also, two news articles: a CTV article, "Cape Breton doctor removed as head of emergency medicine for Eastern zone" [Exhibit TR-20a] and another article by *SaltWire*: "Dr. Chris Milburn wants health authority to tell public reason for firing" [Exhibit TR-20c]. We will put those in for the Commission's consideration. But they are a matter of public record.

Thank you, Dr. Milburn.

**Commissioner Massie**

Dr. Milburn, I want to ask you two clarifying questions. The first one is about the first impression or reading that you had about the potential risk associated with the vaccine. And yet you decided to take the vaccine, considering that this could be the right thing to do, given that you were facing vulnerable people and you didn't want to put them in danger.

So my question is: you've been working in public health, so you probably have a notion about epidemiology and all of these things that would actually support that kind of decision based on anything you had available. So, my question is: What was your assessment at the time in terms of the potential for these vaccines to actually benefit in stopping or reducing transmission?

**Dr. Chris Milburn**

I'm not a vaccinologist, but I know enough about vaccines to know there's certain things like smallpox and measles, which don't mutate, so the vaccines against them work very well. We don't have smallpox now because we have a smallpox vaccine and we eliminated smallpox. There's other things like the flu. We've had flu shots for 25 years and we still have the flu. I knew that COVID fell more into the realm of the flu.

But I think at the time when the vaccines first came out, we were still learning a lot about COVID. So I wasn't sure: Is this going to be more like measles or more like the flu?

[00:40:00]

The initial data—which I now look at in a very different way, let's say I don't trust it much—seemed to say that it did decrease your odds of contracting COVID and therefore passing COVID on by a lot. So again, I had assessed my own risk by January or February of 2021 when I got vaccinated. I had assessed my own risk as being low, so I didn't get vaccinated for me. I didn't think I needed it. I thought I would do fine with COVID, being skinny and relatively healthy. But I got it because I thought it would reduce the odds of passing it on. Obviously, the data was in its infancy at that point, so I knew that that wasn't a sure thing. But I went into it knowing that. And I was fine with taking that risk on myself, but I was not fine with pushing that risk on anyone else.

**Commissioner Massie**

Okay. The other question is more of— I'm asking about your opinion. You mentioned that even today, in 2023, a lot of people in the medical field practicing in hospital and nurses and so on are still reluctant to raise any issue they might have about past or even current policies. Based on your experience in this area, what would be your best guess of why is it that people are still locked, and what would it take to unlock and speak?

**Dr. Chris Milburn**

I'm going to go by memory, but I believe it was in 2021: every physician in Nova Scotia got an email from the College saying, "Your duty is to support all public health policies. So far, we have not had any problem with anti-maskers or anti-vaxxers." They actually used those words in the email to us, "and we appreciate your compliance." And they talked about the need for unanimity. The College is the body that gives us our license or can take it away.

So it's not just physicians feeling like they might get in trouble. It's the College saying: "You will agree with public health, you will be unanimous, you will not speak out against masks, you will not speak out against vaccines." So there's a very good and logical reason. It's not just a feeling, but it's actually a dictum from colleges. And that's happened across Canada, it's not just in Nova Scotia. So there's still a lot of fear out there. And, as I say, we're three years into this. And there's many doctors who may share my opinions—either completely or at least some of them—and would not be willing to go on the record with it. I would say the great majority are not willing to be on the record.

**Commissioner Massie**

So if I understand, what you're saying is that, until such a time where the College of Physicians would actually remove that kind of directive, people will maintain their silence.

**Dr. Chris Milburn**

Correct. And I'm actually in the process of kind of speaking with the College behind the scenes to say I think they should walk back some of that now. For instance, the Cochrane collaboration has said that masks do not work: mask policies do not work. Are we now allowed to criticize them given that the Cochrane collaboration has said they don't work? Are we allowed to state that? And so, I'm pushing back but I do think we need to keep working on this because physicians are still in fear of speaking their opinion.

**Commissioner Massie**

Thank you.

[00:43:58]



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