

Commission of Inquiry into the Decline of  
Sockeye Salmon in the Fraser River



Commission d'enquête sur le déclin des  
populations de saumon rouge du fleuve Fraser

## Public Hearings

## Audience publique

**Commissioner**

L'Honorable juge /  
The Honourable Justice  
Bruce Cohen

**Commissaire**

**Held at:**

Room 801  
Federal Courthouse  
701 West Georgia Street  
Vancouver, B.C.

Wednesday, August 24, 2011

**Tenue à :**

Salle 801  
Cour fédérale  
701, rue West Georgia  
Vancouver (C.-B.)

le mercredi 24 août 2011

## APPEARANCES / COMPARUTIONS

Brock Martland Jennifer Chan Kathy L. Grant	Associate Commission Counsel Junior Commission Counsel Junior Commission Counsel
Mitchell Taylor, Q.C. Jonah Spiegelman	Government of Canada ("CAN")
Clifton Prowse, Q.C. Tara Callan	Province of British Columbia ("BCPROV")
No appearance	Pacific Salmon Commission ("PSC")
Chris Buchanan	B.C. Public Service Alliance of Canada Union of Environment Workers B.C. ("BCPSAC")
Matt Keen	Rio Tinto Alcan Inc. ("RTAI")
Alan Blair Shane Hopkins-Utter	B.C. Salmon Farmers Association ("BCSFA")
No appearance	Seafood Producers Association of B.C. ("SPABC")
Gregory McDade, Q.C. Lisa Glowacki	Aquaculture Coalition: Alexandra Morton; Raincoast Research Society; Pacific Coast Wild Salmon Society ("AQUA")
Tim Leadem, Q.C.	Conservation Coalition: Coastal Alliance for Aquaculture Reform Fraser Riverkeeper Society; Georgia Strait Alliance; Raincoast Conservation Foundation; Watershed Watch Salmon Society; Mr. Otto Langer; David Suzuki Foundation ("CONSERV")
Don Rosenbloom Katrina Pacey	Area D Salmon Gillnet Association; Area B Harvest Committee (Seine) ("GILLFSC")

**APPEARANCES / COMPARUTIONS, cont'd.**

No appearance	Southern Area E Gillnetters Assn. B.C. Fisheries Survival Coalition ("SGAHC")
No appearance	West Coast Trollers Area G Association; United Fishermen and Allied Workers' Union ("TWCTUFA")
No appearance	B.C. Wildlife Federation; B.C. Federation of Drift Fishers ("WFFDF")
No appearance	Maa-nulth Treaty Society; Tsawwassen First Nation; Musqueam First Nation ("MTM")
No appearance	Western Central Coast Salish First Nations: Cowichan Tribes and Chemainus First Nation Hwlitsum First Nation and Penelakut Tribe Te'mexw Treaty Association ("WCCSFN")
Brenda Gaertner Crystal Reeves	First Nations Coalition; First Nations Fisheries Council; Aboriginal Caucus of the Fraser River; Aboriginal Fisheries Secretariat; Fraser Valley Aboriginal Fisheries Society; Northern Shuswap Tribal Council; Chehalis Indian Band; Secwepemc Fisheries Commission of the Shuswap Nation Tribal Council; Upper Fraser Fisheries Conservation Alliance; Other Douglas Treaty First Nations who applied together (the Snuneymuxw, Tsartlip and Tsawout); Adams Lake Indian Band; Carrier Sekani Tribal Council; Council of Haida Nation ("FNC")
No appearance	Métis Nation British Columbia ("MNBC")

**APPEARANCES / COMPARUTIONS, cont'd.**

Nicole Schabus	Sto:lo Tribal Council Cheam Indian Band ("STCCIB")
No appearance	Laich-kwil-tach Treaty Society Chief Harold Sewid, Aboriginal Aquaculture Association ("LJHAH")
No appearance	Musgamagw Tsawataineuk Tribal Council ("MTTC")
Krista Robertson	Heiltsuk Tribal Council ("HTC")

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1  
PANEL NO. 56  
In chief on qualifications by Ms. Chan

1 Vancouver, B.C./Vancouver  
2 (C.-B.)  
3 August 24, 2011/le 24 août  
4 2011  
5

6 MS. CHAN: Mr. Commissioner, Jennifer Chan appearing  
7 for the Commission, and with me is Brock Martland  
8 and Kathy Grant. Today, we begin our second panel  
9 on the topic of disease. Our witnesses are Dr.  
10 Kristina Miller and Dr. Kyle Garver. If I could  
11 have the witnesses sworn or affirmed, please.  
12

13 KRISTI MILLER, affirmed.  
14

15 KYLE GARVER, affirmed.  
16

17 THE REGISTRAR: Would you state your name, please?

18 DR. MILLER: Kristi Miller.

19 THE REGISTRAR: Thank you.

20 DR. GARVER: Kyle Garver.

21 THE REGISTRAR: Thank you. Counsel?

22 MS. CHAN: Mr. Commissioner, after an introduction,  
23 I'll be seeking to qualify Dr. Miller as an expert  
24 in molecular genetics, immunogenetics and  
25 functional genomics, with a specialty in salmon.  
26 If I could have Tab 16 of the Commission's list  
27 up, please?  
28

29 EXAMINATION IN CHIEF ON QUALIFICATIONS BY MS. CHAN:  
30

31 Q Dr. Miller, do you recognize this document as your  
32 c.v.?

33 DR. MILLER: Yes.

34 MS. CHAN: Could I have that marked as an exhibit,  
35 please?

36 THE REGISTRAR: Exhibit number 1510.  
37

38 EXHIBIT 1510: *Curriculum vitae* of Dr. Kristi  
39 Miller  
40

41 MS. CHAN:

42 Q Dr. Miller, you're the head of the Molecular  
43 Genetics Section of the Salmon and Freshwater  
44 Ecosystems Division of DFO's Pacific Region  
45 Science Branch; is that right?

46 DR. MILLER: That's correct.

47 Q You're also an adjunct professor with the

August 24, 2011



2

PANEL NO. 56

In chief on qualifications by Ms. Chan

Ruling on qualifications

1 Department of Forest Sciences at UBC?

2 DR. MILLER: Correct.

3 Q And you have a Ph.D. in biological sciences from  
4 Stanford University, obtained in 1992, and M.Sc.  
5 in zoology from UBC obtained in 1986, and a B.Sc.  
6 in biology from the University of California Davis  
7 in 1983?

8 DR. MILLER: Correct.

9 Q Your research interests include molecular  
10 population genetics of aquatic organisms,  
11 conservation genomics, salmon migration  
12 physiology, adaptive immunity and host responses  
13 to pathogens?

14 DR. MILLER: Yes.

15 Q And you're also the lead author of an article  
16 published in the *Journal of Science* in January  
17 2011, entitled, "Genomic signatures predict  
18 migration in spawning failure in wild Canadian  
19 salmon," is that right?

20 DR. MILLER: I am.

21 MS. CHAN: And Mr. Commissioner, that paper is an  
22 exhibit at Exhibit 558.

23 Q Dr. Miller, would you consider yourself an expert  
24 in virology?

25 DR. MILLER: No.

26 MS. CHAN: And subject to any further questions, if I  
27 could ask that Dr. Miller be qualified as an  
28 expert in molecular genetics, immunogenetics and  
29 functional genomics, with a specialty in salmon?

30 THE COMMISSIONER: Yes, thank you, Ms. Chan.

31 MS. CHAN: And now to Dr. Garver. I'll be seeking to  
32 qualify Dr. Garver as an expert in molecular  
33 virology with a specialty in viruses affecting  
34 salmon. If we could have Tab 17 up, please?

35 Q Dr. Garver, do you recognize this document as your  
36 CV?

37 DR. GARVER: Yes, I do.

38 MS. CHAN: If I could have that marked as the next  
39 exhibit, please?

40 THE REGISTRAR: Exhibit 1511.

41

42 EXHIBIT 1511: *Curriculum vitae* of Dr. Kyle  
43 Garver

44

45 MS. CHAN:

46 Q Dr. Garver, you lead the Virology Research Program  
47 of the Aquatic Animal Health Section and that's in

3

PANEL NO. 56

In chief on qualifications by Ms. Chan

Ruling on qualifications

In chief by Ms. Chan

1           the Salmon and Freshwater Ecosystems Division of  
2           DFO's Pacific Region Science Branch; is that  
3           right?

4       DR. GARVER: That's correct.

5       Q     You hold a Ph.D. in molecular virology from Purdue  
6           University, obtained in 2000, a B.Sc. in biology  
7           from Pennsylvania State University in 1993; is  
8           that right?

9       DR. GARVER: That's correct.

10      Q     And your research interests include various  
11           aquatic viruses, including viral hemorrhagic  
12           septicaemia virus, infectious hematopoietic  
13           necrosis virus, and koi herpes virus?

14      DR. GARVER: That's correct, I specialize mostly in fin  
15           fish.

16      Q     And among other things, you're currently  
17           conducting research on a virus hypothesized to be  
18           associated with Dr. Miller's mortality related  
19           signature?

20      DR. GARVER: That's correct.

21      MS. CHAN: So subject to any further questions, I'd ask  
22           if Dr. Garver could be qualified as expert in  
23           molecular virology, with a speciality in viruses  
24           affecting salmon.

25      THE COMMISSIONER: Yes, thank you, Ms. Chan.

26      MS. CHAN: If we could start with Tab 18 of the  
27           Commission's documents, please, that's Exhibit  
28           558.

29

30      EXAMINATION IN CHIEF BY MS. CHAN:

31

32      Q     And Dr. Miller, do you recognize this as a science  
33           article that you published in 2011 in the *Journal*  
34           *of Science*?

35      DR. MILLER: Yes, I do.

36      Q     Now, I understand that not all journals are  
37           regarded equally. How does the *Journal of Science*  
38           rank in comparison to others?

39      DR. MILLER: It ranks about the same as *Nature*. It's  
40           one of the top two leading journals in the world.

41      Q     And Dr. Scott Hinch is a co-author, I see, on the  
42           third line, there, in the list of authors. He  
43           testified earlier on some of the biotelemetry  
44           aspects of the paper. And I'll be asking you  
45           about some of the conclusions that you've reached,  
46           but before I do, I just want to, for the purposes  
47           of our discussion today, canvass with you my

1           understanding of some of the technology and  
2           methods used and see if you agree with my  
3           understanding. So first of all, the microarray of  
4           technology that you used, first of all, you used  
5           microarray technology for this paper?  
6       DR. MILLER: Yes, correct.  
7       Q     And this is a tool that allows you to take a  
8           tissue sample, looks at tens of thousands of genes  
9           in that sample all at once to see which genes are  
10          turned on and which genes are turned off; is that  
11          right?  
12       DR. MILLER: Yes.  
13       Q     Now, by looking at these genes and which ones are  
14          turned on and turned off, you may gain information  
15          about the physiological condition of the tissue  
16          being tested?  
17       DR. MILLER: Yes.  
18       Q     And that condition may express as a pattern,  
19          sometimes referred to as genomic profile or a  
20          genomic signature?  
21       DR. MILLER: Yes.  
22       Q     Okay. So that's the microarray technology. If we  
23          could see if you agree with my understanding of  
24          the method here. Now, members of your team, so  
25          there's the authors listed on the front of that  
26          paper, there, captured and tagged fish in the  
27          ocean, in the river, at the spawning grounds, and  
28          then took samples of the gill tissue from that  
29          fish; is that right?  
30       DR. MILLER: Yes, non-destructive samples of the gill  
31          tissue.  
32       Q     So the fish didn't die?  
33       DR. MILLER: No, and there's been quite a few studies  
34          that Scott Hinch and Tony Farrell's group had done  
35          previous to this study to show that there was a  
36          very minimal impact on survivorship of taking  
37          tissue samples, gill tissue samples from these  
38          fish.  
39       Q     And then you took that gill tissue and you tested  
40          it using the genomic microarray that we just  
41          discussed; is that right?  
42       DR. MILLER: Yes.  
43       Q     And you also used biotelemetry, that Dr. Hinch  
44          described to us when he was here, to see which  
45          fish made it to the spawning grounds and which  
46          ones successfully spawned?  
47       DR. MILLER: Yes, and importantly, we also ran genetic

1 stock ID on all of those fish so that we knew  
2 where they were going when they were migrating and  
3 we could look at stock-specific differences.

4 Q So when you compared the migration and spawning  
5 information from the biotelemetry to the  
6 microarray information from the gill tissue, what  
7 did you find?

8 DR. MILLER: Well, we basically were able to contrast  
9 the genomics of the fish that made it to the  
10 spawning ground successfully, or in the case of  
11 the study at the spawning grounds, the fish that  
12 were successfully spawned with those that were  
13 unsuccessful, either in terms of their migration  
14 or their spawning. And in doing so, we found that  
15 in all three of our independent tagging studies,  
16 that the same genomic signature was associated  
17 with poor success no matter whether the fish were  
18 tagged in the marine environment about 200  
19 kilometres before they enter the river, whether  
20 they were tagged in the lower river, or whether  
21 they were tagged at the spawning grounds. The  
22 same signal was emanating from the data.

23 Q So this signal, and I also heard you say the word,  
24 "genomic signature," is this the same as the  
25 mortality-related signature that we've seen?

26 DR. MILLER: Yes. Yes, that is what we have termed the  
27 mortality-related signature. And in the marine  
28 environment, when fish carry that signature, they  
29 had 13.5 times lower probability of making it to  
30 the spawning grounds and that was also seen,  
31 although it was not as high a difference in  
32 probability in the lower river and, again, at the  
33 spawning grounds.

34 Q Now, this paper, if I understand correctly, looked  
35 at 2006 returning adults; is that right?

36 DR. MILLER: Yes, it did.

37 Q Beyond this paper, have you looked at the  
38 mortality-related signature, which I'll call MRS,  
39 in other years of returning fish, or in other  
40 tissues, or --

41 DR. MILLER: We have. It's unusual to be able to have  
42 this tagging program and that only happens when  
43 there's a lot of fish coming back. We are  
44 actually conducting a study that basically is a  
45 mirror of this, only with even more fish from fish  
46 that were tagged in 2010. But we have conducted  
47 quite a large number of studies using

1 destructively sampled tissues. We have profiled  
2 liver tissue, brain tissue, gill tissue in other  
3 studies, as well, and muscle tissue, white muscle  
4 tissue, and we've also looked at hypothalamus, as  
5 well. Our studies date back all the way to 2003  
6 returning adults. Most of these studies don't  
7 have the contrast between successful and  
8 unsuccessful fish because we don't have radio  
9 tracking and with these other tissues, we can't  
10 sample a liver tissue or brain tissue not  
11 destructively so you can't directly relate any  
12 kind of fate with the signatures that you see,  
13 but, yes, we have looked at other tissues and one  
14 of the findings that we made after we had done  
15 this particular study was that we were observing  
16 this same signature, this mortality-related  
17 signature in other tissues, as well.

18 Q So you have this additional information on the  
19 mortality-related signature in other tissues and  
20 you said also for other returning years and other  
21 lifecycles?

22 DR. MILLER: Yes, in 2005, we profiled gill, liver and  
23 brain tissue in all the same fish, and we observed  
24 the mortality-related signature in each of those  
25 tissues, but interestingly, very different  
26 prevalence rates in different tissues and  
27 individuals didn't necessarily contain that  
28 signature in all tissues. In fact, it was more  
29 common for them to contain the signature in only  
30 one or two tissues.

31 Q With this additional information, and we've heard  
32 that the DFO and PSC keeps records of sockeye  
33 migration success and sockeye spawning success,  
34 have you been able to compare your tests looking  
35 at the MRS prevalence to the success of migration  
36 and spawning from those data?

37 DR. MILLER: We have the fish, certainly, to do that,  
38 not to do direct comparisons. We don't have the  
39 fish that are from radio-tracking programs, where  
40 we can compare success versus lack of success, but  
41 we have samples. We have adult fish that have  
42 been collected all the way back to 2003 and,  
43 basically, virtually every year since then. And  
44 so what we have not done, microarrays are very  
45 expensive to run, they are about \$400 an  
46 individual to run so we are moving towards a new  
47 technology that is faster and cheaper and where we

1 can run through thousands of fish and simply score  
2 them, do they carry the MRS signature, or not, and  
3 that's a technology that we're employing now in  
4 our lab. And we will be running through,  
5 basically, our whole archive of about 2,500  
6 samples that have been collected since 2003 and so  
7 we will have a better feel for that because we're  
8 interested now in the prevalence of the signature  
9 across multiple tissues now that we have  
10 discovered that it isn't simply in gill tissue.

11 Q Okay. So it sounds like you're working on the  
12 technology to scan for the MRS prevalence in a  
13 more efficient way, but looking at the MRS  
14 scanning technique that you've used in the past,  
15 the genomic microarray, have you seen a  
16 correlation between the MRS prevalence in the  
17 samples that you've already looked at to returning  
18 fish, for example?

19 DR. MILLER: You mean to pre-spawning or en-route  
20 mortality?

21 Q To en-route mortality or pre-spawn mortality, or  
22 even the numbers returning from the ocean, have  
23 you seen any correlations between MRS prevalence  
24 and sockeye survival?

25 DR. MILLER: Well, we've done a lot of work on 2005,  
26 and that would have been the brood year for the  
27 2009 returns. And those fish carried, if you  
28 added up the prevalence of that signature in each  
29 of the different tissues, or the presence of that  
30 signature in each of the different tissues, that  
31 was gill, liver, brain, that we surveyed, the  
32 overall prevalence would have been 75 percent of  
33 the fish contained that signature in at least one  
34 tissue. And that was really pretty high compared  
35 to other years that we had looked at, but there  
36 wasn't any other years that we had looked at that  
37 same suite of tissues, and that's why this faster  
38 technology's going to be very valuable, because I  
39 really do believe that it isn't simply that it's  
40 present in one tissue, but how many tissues is it  
41 present in?

42 Q So just to check that I heard you correctly, the  
43 brood year of 2005 fish, you found over 75 percent  
44 prevalence of the MRS signature in at least one  
45 tissue?

46 DR. MILLER: Correct, a fairly low prevalence rate in  
47 gill tissue, however, compared to 2006.

1 MS. CHAN: I wonder if we could turn to the  
2 Commission's Tab 22, please?

3 Q Dr. Miller, do you recognize this document? I  
4 understand it's something that you might have  
5 created?

6 DR. MILLER: Yes.

7 Q And can you give us any of the contextual  
8 background for this document? Where was it made,  
9 when was it presented, to whom?

10 DR. MILLER: I believe this is the document that was  
11 prepared for the Pacific Salmon Commission  
12 meeting, which was in 2010, I believe, in June of  
13 2010, and so we were asked, a number of scientists  
14 were asked by the Commission to present their  
15 unique hypotheses and the data that they had in  
16 support of those hypotheses being an impact on the  
17 salmon returns.

18 MS. CHAN: If I could have this marked as the next  
19 exhibit, please?

20 THE REGISTRAR: Exhibit 1512.

21  
22 EXHIBIT 1512: Hypothesis prepared for  
23 Pacific Salmon Commission meeting, June 2010  
24

25 MS. CHAN:

26 Q Now, if we go down to the bottom of the first  
27 page, and it's the second bullet from the top, it  
28 reads:  
29

30 In 2008, 60% of smolts left the Fraser River  
31 with the unhealthy signature in brain, 40% in  
32 liver, with 82% of fish affected in at least  
33 one tissue. There was a 30% reduction in  
34 brain prevalence of unhealthy signature fish  
35 from summer to fall in the ocean, and a 50%  
36 reduction in liver.  
37

38 I'm just going to jump to the last bullet, there,  
39 on the bottom:  
40

41 If these decreases in prevalence were due to  
42 mortality, and if we assumed that 120 million  
43 smolts left the river in 2008 (there may have  
44 been more), we could account for the loss of  
45 more than 27 million salmon in 2008  
46 associated with the unhealthy signature  
47 alone.

1 Now, the smolts that left in 2008, when would they  
2 have returned?

3 DR. MILLER: In 2010.

4 Q So just picking up on your comment earlier about  
5 the 2005 brood year fish coming back in 2009, with  
6 75 percent MRS positives, in these fish --

7 DR. MILLER: That's adults.

8 Q Okay. So that's as adults?

9 DR. MILLER: That's in returning adults.

10 Q Okay. So this one, here, is looking at smolts?

11 DR. MILLER: This is smolts. This is smolts leaving  
12 the river.

13 Q Okay. 82 percent of smolts having the MRS  
14 positive signature, is that a high percentage?

15 DR. MILLER: In 2008 was the first year that we had  
16 done any smolt studies and so we didn't have a  
17 benchmark for smolts. 2008 was really the year  
18 that our program on smolts starts and so we only  
19 had a very small number of 2007 fish, which I'm  
20 sure we'll come into later. What we have observed  
21 with this signature is that the highest prevalence  
22 that we observe in any of the tissues occurs  
23 before fish leave the river. And so we always  
24 see, and we are accumulating more years of data on  
25 this, but we have observed that we can see very  
26 high prevalences of this signature, but very  
27 variable among different years, of fish leaving  
28 the river. The fish that return, we still see the  
29 signature in some portion of the adults that  
30 return. In the two years where we have any data,  
31 the proportion of adults affected is much less  
32 than what we see of smolts leaving the river with.

33 Q Okay. So but 82 percent of smolts leaving the  
34 river with the MRS positive, would that have  
35 predicted mortality, or would that be considered  
36 normal?

37 DR. MILLER: 82 percent of the fish leaving the river  
38 with at least one tissue affected, we don't have a  
39 way to directly assess mortality and this is why  
40 we're just looking at shifts in the prevalence of  
41 this signature. If you contrast what we observed  
42 in 2007, which is really the only other piece of  
43 data we had on this signature at the time, it was  
44 after this study, one thing that is really highly  
45 different between them is that most of these  
46 smolts that carried this signature, only 20  
47 percent of these fish carried the signature in



1 both tissues, okay? And in 2007, virtually all of  
2 the fish carried the signature in both tissues.  
3 So I think it's a difference in the intensity of  
4 the signature, in that it's carried across  
5 multiple tissues. And it was virtually, again,  
6 sample sizes, and we can get into 2007, were very  
7 small, there were very few fish available to us,  
8 but a fish leaving the river, 10 out 10 for both  
9 brain and liver contained the signature.

10 Q In 2007?

11 DR. MILLER: In 2007.

12 Q I think we do have some of your 2007 information.

13 MS. CHAN: If we could turn to, I believe it's Tab 24  
14 of the Commission's list, please?

15 Q Dr. Miller, is this a presentation that you've  
16 given? Here, I'm reading the title, "Genomic  
17 studies suggest that a novel disease is affecting  
18 sockeye and may be an important contributor to the  
19 Fraser River sockeye situation"?

20 DR. MILLER: Yes.

21 Q And who did you give this presentation to?

22 DR. MILLER: This was an inter-departmental meeting,  
23 intra-departmental meeting that was really aimed  
24 to provide more information from whatever was  
25 presented at the Pacific Salmon Commission meeting  
26 so it was an update meeting for the Department.

27 MS. CHAN: Okay. If I could have this marked as the  
28 next exhibit, please?

29 THE REGISTRAR: Exhibit 1513:

30  
31 EXHIBIT 1513: Presentation entitled,  
32 "Genomic studies suggest that a novel disease  
33 is affecting sockeye and may be an important  
34 contributor to the Fraser River sockeye  
35 situation"  
36

37 MS. CHAN:

38 Q And I want to bring you to slide number 6, and I  
39 think we can use that to follow up on the 2007  
40 data that you were just describing. Is this slide  
41 the one that you were referring to, or that you  
42 were discussing the 2007 data?

43 DR. MILLER: This is a slide that refers to the  
44 contrast between 2007 and 2008. These fish were  
45 only fish that were sampled in the marine  
46 environment, in the end of June, around the same  
47 week in both years, yes.

1 Q And what does it mean when it says there that:  
2  
3 90% prevalence of MRS fish late June in the  
4 ocean in 2007  
5

6 And:  
7  
8 40% prevalence of MRS fish late June in the  
9 ocean in 2008  
10

11 DR. MILLER: We work with the bioinformatics group at  
12 the University of British Columbia, led by Paul  
13 Pavlidis, and we've discovered that we can  
14 identify this signature quite readily as using  
15 principled component analysis. And in general, it  
16 comes up as explaining the largest source of  
17 genomic variation among individual fish and so  
18 this shows the ranking for principle component  
19 analysis and here, the MRS signature are the  
20 individuals that rank negatively with principle  
21 component 1. And so what this shows is that of  
22 the 10 2007 fish that were sampled, nine out of 10  
23 of those in the ocean at the end of June contained  
24 this signature. If you compare that with 2008,  
25 with fish that are sampled around the same time,  
26 it's a much lower percentage, it's somewhere  
27 around 40 percent.

28 Q What does that tell us about predicting returns  
29 for 2009 and 2010?

30 DR. MILLER: Well, that's something that we're still  
31 studying, right? So understanding the  
32 predictability with the smolt signature, because  
33 we don't have the ability to directly contrast,  
34 you know, the successful and unsuccessful  
35 individuals, we are, right now, trying to gather  
36 information about prevalence, and that kind of  
37 information needs to be gathered over a number of  
38 years of study where we know what the outcomes  
39 were. And so this highlights the first study  
40 where we show that this signature does exist in  
41 smolts, that it is in quite different levels of  
42 prevalence in these two years, with the caveat  
43 that it's a very small sample size for 2007. And  
44 so I would say I don't know that we understand  
45 completely how predictable this is at this point  
46 in smolts. This is where our research is going.  
47 But I can say that, you know, if we look at Chilko

1 fish, where we have a lot of data about Chilko  
2 because they're a very large stock and it's very  
3 easy to pick those up in the ocean environment, we  
4 do see very dramatic differences in the prevalence  
5 of this signature in the summer in the ocean. And  
6 where we're looking to go is to establish whether  
7 or not it's simply the prevalence of the signature  
8 in the ocean, or whether it's the shift in  
9 prevalence that we observe over time that's more  
10 important in terms of being a predictor.

11 Q And in terms of the fish going out into the ocean  
12 and the shifting of prevalence, have you done any  
13 investigations about the ocean environmental, or  
14 other environmental conditions and looked to see  
15 whether or not those affect the MRS prevalence?

16 DR. MILLER: I'm working with colleagues at DFO, with  
17 Mark Trudel and Dick Beamish, and more recently,  
18 with the PARR program, getting samples earlier in  
19 the year, and we do collect data on these  
20 individual fish on other parameters, like whether  
21 they were feeding, or not, and what the ocean  
22 conditions were like when they were captured, but  
23 we need to get enough years of data to start to  
24 pull those together, and I have a post-doc who  
25 will be modelling these relationships because I do  
26 feel that there's a very high probability, if this  
27 is important in the early marine environment, that  
28 it probably has to be seen in the context of the  
29 overall environmental conditions that are present  
30 there.

31 Q And understanding that your work is ongoing in  
32 this area, have you had any indication to tell you  
33 whether or not the MRS prevalence is more of a  
34 determinant factor relative to ocean conditions or  
35 whether or not environmental factors play a  
36 greater or larger role?

37 DR. MILLER: My speculation is that what will be the  
38 best predictor will be the shift in prevalence  
39 that we observe between fish that leave the  
40 freshwater environment and fish sampled in the  
41 ocean, and that that shift may reflect the  
42 differences in the ocean environment in different  
43 years and how survivable it is for fish. If fish  
44 enter the river in poor condition and then -- or  
45 into the ocean, I'm sorry, into the ocean in poor  
46 condition, and then into an ocean that is  
47 additionally stressed, like my colleague suggests

1 was the case in 2007, that that may have a more  
2 profound effect on their survivorship than if they  
3 enter the ocean in good condition, and the ocean  
4 is in good conditions, like we observed in 2008.  
5 Q Now, we've discussed that you've looked for this  
6 MRS in other fish and other tissues. Have you  
7 looked for the MRS in farm fish or in hatcheries?  
8 DR. MILLER: We have begun working on -- we have coho  
9 and chinook salmon, as well, collected within our  
10 program, and we are working on coho salmon and we  
11 have quite an extensive hatchery collection from  
12 them.  
13 Q Sorry, so that's the hatchery, do you have fish  
14 farm fish to test for the MRS, as well?  
15 DR. MILLER: We have some chinook salmon from Creative  
16 Salmon for another project and we are working with  
17 the industry and will be getting samples very  
18 shortly.  
19 Q Just to clarify, you said you have chinook salmon  
20 from Creative Salmon --  
21 DR. MILLER: Creative Salmon, yes.  
22 Q -- for another project. Is that looking for the  
23 MRS prevalence?  
24 DR. MILLER: No, that project is about a jaundice  
25 syndrome that has created problems with mortality  
26 over winter in cultured chinook salmon, and we are  
27 using genomics to try to determine whether or not  
28 that syndrome is more likely to be environmentally  
29 induced or due to a pathogen.  
30 Q Okay. Focussing on the MRS prevalence, have any  
31 Atlantic fish farms provided you with samples to  
32 test for the prevalence of this MRS?  
33 A Not at this time.  
34 Q Have you asked for samples from fish farms, from  
35 Atlantic salmon fish farms?  
36 A When the paper came out in Science, I was  
37 approached by Mary Ellen Walling about what this  
38 meant and the potential of testing their fish, and  
39 we had a discussion about that and she was going  
40 to follow up and talked to the vets about it, and  
41 I believe, at the time, the vets weren't  
42 comfortable with testing for a signature. And  
43 more recently, we have been in conversation  
44 because we have identified now a candidate virus  
45 associated with this signature and we have  
46 approached the industry again about testing now  
47 for this virus and they've agreed to do so.

1 Q Just so that the record is clear, could you tell  
2 us who Mary Ellen Walling is, please?

3 DR. MILLER: She's the head of the B.C. Salmon Growers  
4 Association.

5 Q Have you asked anyone at DFO to assist you in  
6 obtaining samples from Atlantic salmon farms for  
7 the purpose of testing for the MRS?

8 DR. MILLER: Yes, I brought this up within our  
9 department, with our fish health group, I guess it  
10 was in July of this year, once we had obtained the  
11 virus sequence for the parvovirus, and we've done  
12 a fair amount of screening of wild fish to know  
13 that this is a virus that is highly prevalent in  
14 sockeye salmon that we observe in the same tissues  
15 that we observe this signature in, and we are  
16 doing some large-scale surveys, both of sockeye  
17 salmon and of hatchery and wild chinook and coho  
18 salmon and so I felt that it was time that we also  
19 look at a broader range and look at the  
20 aquaculture and, specifically, Atlantic salmon, as  
21 well. We do know that this signature and the  
22 virus are found in chinook salmon, but I have not  
23 had any samples of Atlantic salmon. There was  
24 some discussion about this and whether or not this  
25 was the time to test because we haven't  
26 demonstrated in a laboratory that this virus can  
27 cause disease, that it can cause mortality, and  
28 that is work that is ongoing that Kyle and I are  
29 working on now. And so there were questions as to  
30 whether or not we should be testing now or wait  
31 till we had all of that information, and I know  
32 that there were some emails that came out because  
33 of that meeting.

34 Since that meeting, I met again with Mark  
35 Saunders and Andy Thompson, as well as, I believe,  
36 Stewart Johnson was there, as well, and Andy  
37 suggested that he simply approach the industry  
38 about this, you know, and see if they would be  
39 willing to collaborate with us to test their fish,  
40 and they've agreed to do so.

41 Q So as it stands, though, and just to clarify, you  
42 have asked for Atlantic salmon samples from fish  
43 farms to test for the MRS signature, and you have  
44 not received them and you have not tested Atlantic  
45 salmon fish farms for the presence of the MRS?  
46 Leaving aside the tests for parvovirus, you have  
47 not looked at these fish for MRS?

1 DR. MILLER: No, we haven't.

2 Q Okay. Now, going back to your Science paper, when  
3 you find a genomic profile like MRS, does that  
4 tell you with certainty what caused that profile?

5 DR. MILLER: No.

6 Q Looking at which genes are turned on and which  
7 genes are turned off, does that give you an  
8 inference or lead to a hypothesis as to the cause?

9 DR. MILLER: It absolutely does. I mean, the whole  
10 point of this program of using genomics is a way  
11 of assessing whole organismal physiology, and  
12 there are a plethora of controlled laboratory  
13 studies that have shown a genomic response to a  
14 variety of different environmental stressors,  
15 toxicants, diseases, et cetera. And so we use  
16 that information as a backdrop so that when we  
17 obtain a genomic signature, we can then look to  
18 see what are the similarities between the  
19 signature that we are observing with other  
20 controlled studies. And it is from that kind of  
21 analysis, which we call a functional analysis,  
22 that we proposed that this signature, the most  
23 likely explanation for this signature is that it  
24 is virally mediated, that it's a response to a  
25 viral infection. And in the particular case of  
26 this signature, the more data that we obtain, the  
27 more validation we get for that hypothesis. In  
28 the beginning, it was based on what we observed in  
29 the paper, in the Science paper, based on the  
30 genes that were being stimulated, the biological  
31 processes that those genes were involved in, which  
32 involved a number of immune system processes that  
33 were specific to fighting viruses or intracellular  
34 pathogens. 65 percent of the processes that were  
35 affected were processes that were known to be  
36 affected by viruses.

37 In addition to that, when we started seeing  
38 this signature in other tissues, again, the fact  
39 that this signature was present in other tissues,  
40 but was not necessarily present in all tissues  
41 within an organism at once really fits well with a  
42 pathogen kind of model. It doesn't fit very well  
43 with a general stressor or other kinds of things  
44 that one could evoke to explain a signature of  
45 this nature, and it does not fit well with a  
46 toxicant kind of exposure where toxicants would  
47 exert an effect primarily on the liver tissue

1 because that's a detoxification tissue, and then  
2 it might, you know, have weaker effects on other  
3 tissues. In this particular case, we could see  
4 strong effects in a liver tissue and no effect on  
5 a brain, we could see strong effects on a brain  
6 tissue and a gill tissue and no effect on a liver.  
7 This is much more a pattern that is associated  
8 oftentimes with pathogenic agents.

9 Q Okay. And I believe we do have your hypothesis  
10 about the virus in the Science paper, it's on page  
11 216 of the document we have on screen, and I'll  
12 read it to you. I'm sure you're very familiar  
13 with it. The last sentence, there, says:

14  
15 Our hypothesis is that the genomic signal  
16 associated with elevated mortality is in  
17 response to a virus affecting fish before  
18 river entry and that persists to the spawning  
19 areas.  
20

21 And you've described, as I understand it, some of  
22 the gene signalling that you observed and that led  
23 you to that hypothesis, but I just want to  
24 understand, when you say "hypothesis," does your  
25 Science article conclude that a virus is causing  
26 the fish to die en route, or at the spawning  
27 grounds?

28 DR. MILLER: No, it does not. And I think that I  
29 should clarify that in my view, the most important  
30 finding in this Science paper is that the fish are  
31 already conditionally challenged before they're  
32 entering the river. A lot of the work that my  
33 colleagues have done, Scott Hinch and Tony  
34 Farrell, has also seen this using what I would  
35 call directed physiological indicators for stress,  
36 for osmo-regulation, for maturation, and for  
37 energy, and they have seen, in other years that  
38 involved radio tracking, that there was a  
39 correlation oftentimes with stress and with osmo-  
40 regulation in terms of successful migration. But  
41 from those studies, they could never really  
42 propose a mechanism for why some of the fish were  
43 sometimes much more ready for freshwater, why  
44 there was a portion of fish that were so ready for  
45 freshwater that they probably would be  
46 uncomfortable in the marine environment, and why  
47 there were so many stress indicators in those

1 fish. We understood genomics to try to provide a  
2 much deeper level of understanding of the  
3 mechanisms that might create the kinds of patterns  
4 that they were observing. This study absolutely  
5 was a really good follow-up to what they found  
6 and, in fact, we found that these same fish had  
7 the same difficulties with osmo-regulation in that  
8 they showed a pattern of osmo-regulatory  
9 preparedness when they were 200 kilometres in the  
10 river that looked like a freshwater fish. They  
11 were probably very uncomfortable in the marine  
12 environment.

13 All that is to say that what we have seen  
14 here provides a deeper mechanistic understanding  
15 to what I believe that they have observed in  
16 previous years using other kinds of markers that  
17 only allow them to know that fish were stressed  
18 and had differences in osmo-regulatory  
19 preparation, but didn't provide any kind of  
20 mechanistic explanation.

21 At the time of this paper, that this was  
22 caused by a virus was a hypothesis, we did not  
23 have a specific virus.

24 Q So at the time of this paper, for example, if  
25 someone were to cite this Science paper as proof  
26 that a virus was killing sockeye salmon, would  
27 that be correct?

28 DR. MILLER: That would not have been the way I would  
29 have cited this paper. To me, this paper was  
30 proof that river conditions alone are not probably  
31 the only indicators or only exacerbating factors  
32 in terms of salmon mortalities. I mean, we have  
33 had mortalities of salmon in the river. Up to 99  
34 percent of some stocks in some years have died  
35 before they spawned and, really, there is very  
36 little understanding for why that occurs. A lot  
37 of the research is focussed on the river  
38 environment, around the temperatures in the river,  
39 around the pathogens that they pick up when they  
40 enter the river. This is the first study that  
41 says, "Look, this could be a pathogen that they  
42 carry in with them into the river, not simply  
43 something that's picked up in the river, that  
44 might also be undermining their performance."  
45 It's probably not the only thing undermining their  
46 performance, but what this study showed was that  
47 fish were already compromised before they enter



1 the river, and I believe that that is what we are  
2 going to find, as well, with smolts.

3 Q Okay. So moving along with the viral hypothesis,  
4 I understand -- Dr. Garver, this is where you fit  
5 in -- now, have you done work on trying to  
6 identify this virus that's related to the MRS?  
7 And, in particular, I'm interested in your work  
8 with Dr. Tang of the BCCDC, if you could tell us  
9 about that, please?

10 DR. GARVER: Yes, when Kristi first approached me  
11 regarding a hypothesis about a virus potentially  
12 being associated with the MRS, I suggested several  
13 different diagnostic methods that we could try to  
14 get at the answer of if there is indeed a virus in  
15 these tissues that she's characterizing as  
16 unhealthy or having the MRS. And so to do that,  
17 one approach was a traditional virological  
18 approach, and this is kind of a broad method in  
19 which you put the sample onto cell culture. And  
20 so this is in vitro, you grow fish cells, you put  
21 the sample on the tissue and you observe for virus  
22 infectivity in those tissues. So we tried various  
23 different cell lines. We weren't fortunate enough  
24 to culture any virus, but, again, it's a broad  
25 technique and a lot of viruses are unculturable.

26 Another method that we're trying, and my  
27 research program is quite interested in developing  
28 novel detection methods for viruses, and so one  
29 area we're pursuing is a technology similar to the  
30 microarray technology that Kristi is using for  
31 gene expression, but we're looking at a microarray  
32 that is able to survey for thousands of viruses at  
33 one time. So basically, it's a slide that has  
34 thousands of viral sequences on that slide, and  
35 you basically apply your sample to that slide and  
36 if there's a virus in your sample that is  
37 complementary to one of those on the slide, you  
38 will get a fluorescent and, hence, an indication  
39 that you have a particular type of virus. And so  
40 this is called -- the person that developed it was  
41 Joe DeRisi, down in the University of San  
42 Francisco. It's called the ViroChip. We're into  
43 several generations of it now. As new sequences  
44 come in, it's updated. And so what we did is when  
45 Kristi approached me, we took the MRS tissues  
46 versus tissues that were not exhibiting an MRS  
47 sequence and we applied these to the slide. And

1 at the time we did the analysis, I should also  
2 point out that we're also validating this chip to  
3 work on fish viruses. It's mostly used in human  
4 virus. So predominantly on the slide, the  
5 sequences that are there are human viruses.  
6 That's not to say that they don't have fish  
7 viruses.

8 Q I just want to check that I understood you  
9 correctly there. So you're working with Dr. Tang  
10 from the BCCDC; is that correct?

11 DR. GARVER: That is correct, he has the slide.

12 Q And you've referred to this slide, is this also  
13 called the ViroChip?

14 DR. GARVER: The ViroChip.

15 Q And how did Dr. Tang learn how to use the  
16 ViroChip?

17 DR. GARVER: Dr. Tang did a post-doctoral fellow  
18 research position with Joe DeRisi, the developer  
19 of the chip.

20 Q So that means he's worked with the inventor of  
21 this chip; is that right?

22 DR. GARVER: That's correct.

23 Q Would you say he's fairly experienced in using it?

24 DR. GARVER: Yes.

25 Q And just so I understand the technology that you  
26 just explained, this ViroChip is a tool to test  
27 for the presence of viruses?

28 DR. GARVER: That's correct.

29 Q And it's a microarray, as you said, and it  
30 contains bits of genetic material representing all  
31 known viruses; is that right?

32 DR. GARVER: That is correct.

33 Q And the idea is you take a sample, for example,  
34 from a fish, process it, put it on the ViroChip  
35 and if I understand you correctly, if your sample  
36 contains a bit of viral genetic sequence matching  
37 what's on the microarray, the ViroChip, you will  
38 see a positive signal; is that right?

39 DR. GARVER: That is exactly right.

40 Q Okay. So has this ViroChip been used to discover  
41 new viruses before?

42 DR. GARVER: It has. Actually, it first really made  
43 its highlight and its use with the SARS virus.

44 Q Okay.

45 MS. CHAN: If I could have Canada's Tab number 7  
46 brought up, please? This is Canada's Tab  
47 number 7? Is this the correct one, for diseases?

1 I believe they have a separate list for today.

2 Thank you, Mr. Lunn.

3 Q Do you recognize this paper on the screen?

4 DR. GARVER: Yes, I do.

5 Q It's titled, "Using a Pan-Viral Microarray Assay  
6 (Virochip) to Screen Clinical Samples for Viral  
7 Pathogens." And I see there that Joseph DeRisi is  
8 one of the authors, and you just told us that he  
9 was an inventor of this ViroChip?

10 DR. GARVER: Yes, he was.

11 Q Does this paper set out the protocol to be  
12 followed when using the ViroChip?

13 DR. GARVER: I believe so. Yes, it does.

14 Q Would it be the protocol that you would have  
15 followed?

16 DR. GARVER: Yes, we would use something very similar  
17 in Patrick's lab.

18 Q Okay. And when you then used this chip and this  
19 protocol, what did you find when you compared the  
20 MRS positive fish and MRS negative fish?

21 DR. GARVER: At the time when we did the analysis, we  
22 didn't see any conclusive viral signal coming from  
23 -- in other words, there was no significant  
24 difference between the MRS sample and the non-MRS  
25 sample so we were unable to differentiate  
26 conclusively if there was a specific virus between  
27 the difference between the two samples.

28 Q So there was no difference?

29 DR. GARVER: There was no difference.

30 Q Did it indicate the presence of any novel viruses?

31 DR. GARVER: No, we weren't able to find any viral  
32 signals that cropped up in the MRS, however, I  
33 should note, this technology, there are some  
34 limitations to it, one being it is a hybridization  
35 so you need a lot of sample and if you suspect  
36 there's a virus in your sample, you need a lot of  
37 virus to be able to bind to produce a signal. So  
38 if you don't have ample quantities in your sample  
39 of that virus, you will not detect it. Another  
40 significant feature of this is it's based on all  
41 the known viral sequences in a public database.  
42 And the problem with that is if there's new  
43 viruses that are significantly different than  
44 those that are appearing on the chip, you won't  
45 get hybridization. So there's two limitations,  
46 you need a lot of virus to find binding, but you  
47 also need something that's at least genetically

1 similar to what's on the viruses. So if it's  
2 quite a bit different than what's on the viruses,  
3 it won't bind and give you a fluorescent signal.  
4 Q Okay. So a negative signal, does that necessarily  
5 mean that the virus isn't there?

6 DR. GARVER: No.

7 Q Okay. If I could --

8 DR. MILLER: Can I just add something?

9 Q Oh, yes. Oh, your microphone, please.

10 DR. MILLER: In general, this chip has been used with  
11 cultured viruses and one way to get a lot of viral  
12 concentration is through culturing viruses on  
13 cells. It's application for use using a tissue  
14 sample where you're trying to get enough virus out  
15 of a tissue sample, it hasn't been used anywhere  
16 near as much. There's other issues associated  
17 with using a tissue sample in that when you have a  
18 tissue sample, you also have the background of the  
19 genome of whatever animal you obtained that tissue  
20 sample from. And so there were some questions  
21 about how one might deal with that in terms of the  
22 way that the data are treated and the data are  
23 normalized, et cetera, and so really, we were  
24 exploring not only, you know, could we pick up any  
25 kind of signal from this from a tissue sample,  
26 because that's what we had, but also, you know,  
27 are there methods that could be used to better  
28 tease out, you know, the background that the  
29 salmon genome would have on the slide.

30 DR. GARVER: And I can add one other point. We have  
31 been validating this chip since and we have  
32 conducted it on tissues, as well as amplified  
33 isolates, as Kristi's alluding to, and it does  
34 work with both, particularly for fish that have  
35 exhibited disease signs due to a viral signal.  
36 And so particularly, the main diseases that I work  
37 on, IHN, VHS, it's worked considerably well for  
38 those.

39 MS. CHAN: Okay. If we could return to Tab 22, please.  
40 I think that is now -- oh, and first, perhaps, if  
41 I could mark this paper as the next exhibit?

42 THE REGISTRAR: Exhibit number 1514.

43  
44 EXHIBIT 1514: Video article entitled, "Using  
45 a Pan-Viral Microarray Assay (Virochip) to  
46 Screen Clinical Samples for Viral Pathogens"  
47

1 MS. CHAN: And returning to Tab 22 of the Commission's  
2 list, please? I believe this is now Exhibit 1512.  
3 If we could go to the second page, please, near  
4 the bottom?

5 Q I'm just going to read to you the second bullet  
6 from the bottom, there. It says, under the  
7 heading, "Additional Evidence of Potential  
8 Pathogen Involvement," and this is returning to  
9 you -- Dr. Miller, your presentation at the PSC in  
10 June of 2010:

11  
12 A VIRAL PATHOGEN?: In collaboration with  
13 B.C. Centre for Disease Control, we ran both  
14 healthy and unhealthy RNA on a Viral Array  
15 (used to identify viral strains in humans and  
16 agricultural animals), and found the  
17 unhealthy tissue gave 6x higher intensity  
18 binding to the array than healthy tissue.  
19 There was a 3-fold over-representation of  
20 Retroviral family DNA.

21  
22 So when I read that, it seems to me to differ from  
23 the conclusion that Dr. Garver just described,  
24 saying that there was no difference between the  
25 MRS positive and the MRS negative fish. Can you  
26 explain that?

27 DR. MILLER: Okay. Yes, sure. In the methods that Dr.  
28 Tang uses on these arrays, again, they usually are  
29 using cell culture. And one of the issues with  
30 dealing with a tissue culture is that you have a  
31 much higher background binding because you have a  
32 lot of other DNA in the mixture. And I spent  
33 considerable time with post-doc there and  
34 discussed. They don't normally -- anytime anyone  
35 runs a microarray, you always have to background  
36 correct for what's the background fluorescent  
37 signal on the array because you only really want  
38 to demarcate what's the signal on each of the  
39 spots on the array. And in every slide, you're  
40 going to have a different level of background, and  
41 so unless you correct for that, you really don't  
42 know which of those spots are binding  
43 significantly above background. And so I took the  
44 slide results into my lab and treated it like we  
45 would treat any of our other microarray slides and  
46 background corrected it. And when I did that,  
47 another typical measure used in microarrays is to

1           only count spots that have at least two standard  
2           deviations greater binding from the background  
3           intensity. Okay, so you're trying to  
4           differentiate what's nothing in terms of binding  
5           and what's actually truly binding to something.  
6           And we found when we did that analysis that we had  
7           three different tissues that we ran for what we  
8           called at the time, unhealthy, which is the same  
9           thing as MRS and samples that we classified as  
10          being healthy or non-MRS samples. And we found  
11          that over all three tissues, the level of binding  
12          to the specific probes on the array was six times  
13          greater for the MRS positive or unhealthy positive  
14          than the negatives.

15          Now, this is not a kind of measure that Dr.  
16          Tang generally uses and but this was our own  
17          observation. The other observation was if you  
18          look -- there's a very different representation of  
19          the different families of viruses on these arrays,  
20          depending on how common those viruses are. There  
21          is, you know, a plethora of herpes viruses and  
22          retroviruses on those arrays. There's very few of  
23          some of the smaller viral families. And so one of  
24          the caveats of doing what I did in terms of  
25          looking at higher-intensity binding is if you had  
26          two samples and one of them was a herpes virus and  
27          another one was a very uncommon or, you know, a  
28          family that's not well represented on the array,  
29          you know, you might incorrectly assume that the  
30          one with the herpes virus is the one with the  
31          virus and the other one isn't, which is a caveat  
32          of using just this higher-intensity binding. But  
33          what we found when we looked within family, so  
34          when you took into account how many different  
35          spots were present represented in each family, the  
36          only family that had a higher representation in  
37          the unhealthy or MRS tissue, compared to the other  
38          tissue, was the retro-viral family DNA.

39          Now, I have to say one caveat to this is that  
40          retroviruses can insert their DNA into the host  
41          genome. Salmon carry all kinds of endogenous  
42          retroviruses. Those are called endogenous, which  
43          means that at some point that might have been, you  
44          know, hundreds of years ago, even, retroviruses  
45          have inserted their sequence into the DNA of the  
46          host and it remains there. And so you do get a  
47          background binding of endogenous retroviruses on

1 this array and we do find with the MRS signature  
2 that we get a spike in the production of the RNA  
3 that comes from those endogenous retroviruses,  
4 which is one potential signal that there is a  
5 retroviral infection because, in general,  
6 endogenous retroviruses can be stimulated by  
7 exogenous retroviruses so those are self-  
8 replicating retroviruses. So that, I believe, is  
9 what led to this over-representation of the  
10 retroviral family.

11 Q At this point in time, when you wrote this  
12 presentation, was it your hypothesis that a  
13 retrovirus was the cause of the MRS?

14 DR. MILLER: That was a sub. I mean, our key  
15 hypothesis was that it was viral and after that,  
16 that it was possible that it was retroviral, and  
17 there were a lot of elements within the genes that  
18 were being stimulated that were known to be  
19 stimulated and co-opted by retroviruses and so we  
20 were quite interested in the potential for  
21 retroviruses, recognizing that they are one of the  
22 hardest families to try to work with.

23 I should also say that -- and I know you  
24 don't want to get too far into the virus that we  
25 did eventually identify in this tissue --

26 Q We will get there.

27 DR. MILLER: -- but the one comment about that when it  
28 comes to this array is it only has about 30  
29 percent homology and in order to get binding of a  
30 virus, a good binding to this array, you need at  
31 least 50 percent homology at a nucleotide level.  
32 So the virus that we have identified is highly  
33 divergent and would not have bound very  
34 effectively to this array.

35 Q So that's just to say the negative result is not  
36 definitive in your words; is that accurate, then?

37 DR. MILLER: Well, neither Kyle or I assumed that this  
38 test would -- if you didn't get a positive result,  
39 it didn't say there wasn't a virus, but we hoped  
40 that it would be helpful.

41 Q Okay. So with the retrovirus as a sub-hypothesis  
42 of the viral hypothesis, as you were saying, are  
43 there some retroviruses that are known to cause  
44 cancer?

45 DR. MILLER: Well, many retroviruses are oncogenic and  
46 associated with cancer. I mean, the well known  
47 ones are leukemia, but there's a swim bladder

1 virus that Atlantic salmon carry that is also  
2 oncogenic so yes, they tend to be associated with  
3 cancers.

4 MS. CHAN: If we could go to Tab 20, please, of the  
5 Commission's documents? This is Exhibit 613G.

6 Q Dr. Miller, this is already an exhibit. Do you  
7 recognize this as a presentation that you gave?

8 DR. MILLER: Yes, this was a presentation at the first  
9 DFO meeting that we had, an intra-departmental  
10 meeting where we were asked to look at each of our  
11 research programs and that we wanted to start a  
12 discussion in DFO about what various hypotheses  
13 people had that might pertain to the salmon  
14 declines, and this was a presentation that I gave  
15 at that time.

16 Q When you say intra-departmental, who was in  
17 attendance and --

18 DR. MILLER: It was only DFO staff, DFO scientists,  
19 largely, but there were some managers in  
20 attendance, as well.

21 Q Did you create this presentation based on that,  
22 with the expectation that it would be broadly  
23 distributed?

24 DR. MILLER: Actually, at the time, I was presenting it  
25 as a presentation to stimulate discussion within  
26 DFO about some of this work. I should say that at  
27 this time, we had begun to suspect that our  
28 signature could relate to a retrovirus. We had  
29 also been looking closely about what we knew about  
30 retroviruses in salmon and had found the  
31 literature that Mike Kent and others had put  
32 forward on the plasmacytoid leukemia or the salmon  
33 leukemia virus, and so we had a considerable  
34 amount of interest in that particular disease.  
35 And we were hoping that through giving this talk  
36 and putting forth to the Department the various  
37 pieces of evidence that we had, that there would  
38 be some expertise in the Department to move  
39 forward with how do we determine whether or not  
40 that particular disease is important.

41 Q Okay. Reading the title here, it says:

42  
43 Epidemic of a novel, cancer-causing viral  
44 disease may be associated with wild salmon  
45 declines in B.C.

46  
47 And I just want to move to page 7 of the



1 presentation, please, and here we have some  
2 pictures. It says:

3  
4 Large dark attached tumour mass  
5

6 And I believe if we go to the next page, page 8,  
7 just reading the top:

8  
9 Optic lob is has large tumour mass and is  
10 hemorrhagic (tumours are attached, blood is a  
11 different consistency)  
12

13 And I wanted to follow up with you, have you done  
14 any additional work, or obtained any additional  
15 information on these tumours?

16 DR. MILLER: I would like to provide the backdrop in  
17 that one of the observations associated with  
18 plasmacytoid leukemia was that they observed optic  
19 tumours and so when we were talking to various  
20 colleagues and trying to figure out what other  
21 kinds of information could we glean from our fish  
22 to try to match, to determine whether or not this  
23 particular disease might be causative of the  
24 signatures that we have, one obvious place to look  
25 was to look for these optic tumours. And the  
26 unfortunate thing when we started delving into  
27 this was that nobody had tissue samples associated  
28 with this particular disease. There were no  
29 tissue samples left within DFO and nobody was  
30 collecting them, and nobody was studying them in  
31 British Columbia. And so we had gone and looked,  
32 we had archives of hundreds or thousands,  
33 actually, of brains in both smolts and adults, and  
34 we went and looked at the optic lobes of those  
35 brains to see if we saw any indications of  
36 potential tumours. And lo and behold, we actually  
37 did see that quite a large proportion of those  
38 brains, on the outside of the optic lobe carried  
39 very heavy vascularization, so blood vessels, and  
40 in some brains, it would be very white-looking and  
41 you wouldn't see this heavy vascularization, and  
42 in other brains, you would see this heavy  
43 vascularization. When you opened up the optic  
44 lobe, in a good portion of those brains, you would  
45 see what looked like these pink mass growths, and  
46 you could see them connected to the blood vessels  
47 inside. Blood, loose blood is quite a different

1 consistency, it's quite dark, it's not attached,  
2 you can just pick it up. Some of this was just,  
3 you know, a few cell layers deep of heavily  
4 vascularized, very pink tissue, compared to a very  
5 white background. And so we talked at the time,  
6 we brought the Fish Health staff up to see if  
7 anyone had observed the tumours associated with  
8 plasmacytoid leukemia and no one knew what they  
9 looked like. And I asked if anyone had seen  
10 anything like this. So we consulted the staff and  
11 they suggested we do histology to determine  
12 whether or not these are tumours.

13 Q Okay. And with that background, are these  
14 tumours?

15 DR. MILLER: The time I gave this talk was right in the  
16 middle, when we were doing all of this, and about  
17 a month-and-a-half after I gave this talk, we had  
18 the results from histology and the histology  
19 results, which were read by Gary Marty, suggested  
20 that these were haemorrhages.

21 Q Not tumours?

22 DR. MILLER: Not tumours.

23 Q So we're looking at this one exhibit that refers  
24 to tumours and with this same clarification that  
25 you've just given, that these are not tumours,  
26 would that apply equally to other documents  
27 regarding your research that referred to tumours?

28 DR. MILLER: Yes. This is the main document, and we  
29 probably should have used the term "lesion," not  
30 "tumours" here because we hadn't established that  
31 they were tumours at this time. I think the  
32 reason that that jump was made was because they  
33 were tumours in association with plasmacytoid  
34 leukemia. The other thing that wasn't revealed to  
35 me until a much later time was that Mike Kent  
36 never actually looked at brains in his studies of  
37 plasmacytoid leukemia. The tumours that they  
38 found were observed in the back of the eye and not  
39 in the optic lobe. That was not clear from the  
40 literature, they simply called them "optic  
41 tumours." And if you listened to Dr. Kent's  
42 testimony just a couple of days ago, he backed up  
43 a little bit about that even being tumours. He  
44 suggested that the lesions that he saw on the back  
45 of those eyes might have actually been  
46 inflammation and not tumours. We were going by  
47 the information that we had associated with this

1 disease. Now it seems that there's a lot of  
2 backtracking on that information by the experts on  
3 that disease.

4 Q Okay. If we turn to page 11 of this presentation,  
5 just reading the title at the top, it says:

6  
7 Strong Linkages of Genomic and Brain Tumour  
8 Data With Plasmacytoid Leukemia caused by the  
9 Salmon Leukemia Virus.

10  
11 Now, you've just clarified that these weren't  
12 brain tumours. Did you find any linkages between  
13 these what you thought were tumours and the  
14 mortality-related signature?

15 DR. MILLER: Okay. The answer is no, but you have to  
16 understand that at the time that we were  
17 dissecting these brains for looking in the optic  
18 lobes, in order to do microarrays, we have to take  
19 RNA from an entire brain and so all of our studies  
20 that delineate this signature would have used up  
21 all of the brains. And so when we went to look  
22 for evidence of plasmacytoid leukemia in these  
23 brains, we had to sample brand new brains. So we  
24 followed this up with a study that where we had  
25 scored individual brains for whether or not they  
26 contained these lesions, which turned out to be,  
27 according to Gary Marty, according to a sample  
28 size of about 12 fish, that turned out to be  
29 haemorrhages and from that, we determined that our  
30 signature was not correlated with the presence of  
31 these lesions.

32 Q Are you still looking to plasmacytoid leukemia or  
33 salmon leukemia virus as a possible cause of the  
34 MRS?

35 DR. MILLER: I have not discounted it, but it is not  
36 something that's going to be easy to get to  
37 because there are not people who are studying it  
38 and there are no samples available of fish that  
39 are positive for plasmacytoid leukemia. And now,  
40 if you look at what the experts had to say in the  
41 last couple of days, they're even kind of  
42 backtracking on whether or not it is a single  
43 disease or whether the histological signature  
44 might be associated with a variety of different  
45 pathogens. So it's still of interest to me,  
46 mostly because of the history in terms of when it  
47 was first observed, that sockeye salmon was shown

1 to be highly susceptible to it. I have not  
2 discounted it, but I am at a bit of a loss as to  
3 where to move forward with it.

4 MS. CHAN: If we could have Tab 26 of the Commission's  
5 documents, please?

6 Q There are two documents that are at Tab 26, one is  
7 an email and one is what looks like a memorandum  
8 to the Minister, or at least a draft with some  
9 comment bubbles on the side, and Dr. Garver, we  
10 have this document from you. Do you recognize  
11 this as a memorandum with your comments on the  
12 side?

13 MS. CHAN: Perhaps if we bring up the email that  
14 attaches this document.

15 Q Do you recognize this as an email from yourself to  
16 Dr. Miller?

17 DR. GARVER: I do, yes.

18 MS. CHAN: And if we could have this marked as the next  
19 exhibit, please?

20 THE REGISTRAR: Exhibit 1515.

21  
22 EXHIBIT 1515: Email dated 2009-Oct-08 from  
23 Kyle Garver to Kristi Miller-Saunders  
24 entitled, Re: Ministers memo - DRAFT  
25

26 MS. CHAN: And if we could go to the document that's  
27 attaching it, or that's attached to it. I'll just  
28 read some of these thought bubbles. If we could  
29 have this document marked as the next exhibit  
30 after, so it would be 1516, please?

31 THE REGISTRAR: That's correct, 1516.

32  
33 EXHIBIT 1516: Memorandum for the Minister,  
34 "Epidemic of a Novel, Cancer-causing Viral  
35 Disease may be Associated with Wild Salmon  
36 Declines in B.C."  
37

38 MS. CHAN:

39 Q So the title, "Epidemic of a Novel, Cancer-causing  
40 Viral Disease may be Associated with Wild Salmon  
41 Declines in B.C.," that seems to be the same title  
42 as the previous presentation we just saw. And  
43 just looking at some of the thought bubbles, Dr.  
44 Garver, you're saying an alternative title  
45 suggestion, and the second one down:  
46

47 Decline in tumour prevalence does not

1 necessarily mean fish with tumours died, it  
2 could simply tumours regressed.

3  
4 And the third thought bubble:

5  
6 Is there strong evidence to directly link  
7 tumour decline and mortality?  
8

9 What was the context of this and what was the  
10 message that you were trying to convey in your  
11 email in this attached comments to Dr. Miller?

12 DR. GARVER: My main concern with this document at the  
13 time, and Kristi alluded to this, the genomic  
14 profiling is not a definitive diagnostic. So in  
15 other words, to be able to link it to a specific  
16 virus, in other words, differentiate between  
17 Virus A versus B, you really need to know what  
18 those signatures of those viruses are to  
19 differentiate. And in fish health, as far as  
20 genomic profiles, as far as obtaining those  
21 signatures of different viruses, say we have  
22 Virus A and Virus B, we need to determine that  
23 signature. And in fish health, that just hasn't  
24 been done. So there is no biomarker or signatures  
25 for specific viruses. There is a few, but to say  
26 that it's a retroviral agent, I just was not  
27 comfortable in that the data suggested that so I  
28 tried to rephrase it to "viral disease."

29 Q Now, I'm looking at the time, and just to move on  
30 to the current hypothesis, which, Dr. Miller,  
31 you've mentioned a parvovirus, so when did you  
32 find this parvovirus and how did you find it?

33 DR. MILLER: With Dr. Garver's help, we attempted to  
34 isolate viral particles from tissues that contain  
35 the MRS. We did this through using sucrose  
36 gradients, which is a technique that's often used  
37 to isolate viruses and then we extracted DNA and  
38 RNA from those and we sent them off to a genome  
39 centre in Quebec to be sequenced. And we used 454  
40 sequencing, which is a very rapid sequencing  
41 technology that allows you to get hundreds of  
42 thousands of reads very cheaply and quite quickly.  
43 We obtained the results from that in early  
44 2011 and we identified the parvovirus using  
45 bioinformatic approaches in late February of 2011.  
46 Parvoviruses are a small DNA virus and so we did  
47 about 260,000 reads from DNA that was isolated

1 from MRS-positive livers of smolts and adults. We  
2 found the parvovirus sequence in both the positive  
3 smolts and adults and we found it 76 times. And  
4 we obtained a sequence that was about half the  
5 size of the genome so we have about 2,200 bases of  
6 the sequence. And it's probability value of being  
7 a parvovirus sequence is E to the minus 63. It's  
8 a very, very powerful positive for a parvovirus.  
9 We have since aligned it with the conserved  
10 regions of a number of parvoviruses and shown that  
11 it contains all of the -- all of the conserved  
12 regions are conserved in this virus, as well.  
13 Q You mentioned you have part of the DNA sequence.  
14 If it's a DNA sequence, is it a retrovirus, then?  
15 DR. MILLER: No, it's a parvovirus. It's in the  
16 parvovirus.  
17 Q Not in the retrovirus?  
18 DR. MILLER: Not in a retrovirus.  
19 Q You mentioned finding it in MRS positive samples.  
20 Have you found it in MRS negative samples?  
21 DR. MILLER: Well, so we didn't run the sequencing on  
22 MRS negative samples, but we developed molecular  
23 markers for this virus and have screened  
24 individuals that we have run on microarrays in the  
25 past, and it is associated with the presence of  
26 the MRS in liver tissue. That's the one tissue we  
27 validated so far. That's the tissue we observed  
28 this in originally.  
29 Q Have you ever found the parvovirus in tissues that  
30 were MRS negative?  
31 DR. MILLER: We did not find it in any of the livers  
32 that were MRS negative.  
33 Q Any of the other tissues that were MRS negative?  
34 DR. MILLER: We are in the throes of doing that. One  
35 of the difficulties that we had was that if you  
36 look at the Science paper, we used non-  
37 destructively sampled gill tissues and all of the  
38 genomic work is based on RNA, which is different  
39 from DNA, and in order to get enough RNA to run on  
40 microarrays, you have to use an entire sample.  
41 And so we did not have tissue remaining to extract  
42 DNA to look for the virus in those particular  
43 samples. So that is something that we're doing  
44 over samples from other studies that we have  
45 identified the MRS in.  
46 Q And Dr. Garver, I understand that you're involved  
47 in this work, as well. Now, for a parvovirus,

- 1 parvovirus, is that seen in other animals?  
2 DR. GARVER: It has been observed.  
3 Q Microphone, please.  
4 DR. GARVER: Yes, the parvovirus has been observed in  
5 other animals.  
6 Q When it's observed in other animals, is it of a  
7 size that if you have the right kind of  
8 microscope, say, a scanning electronic microscope,  
9 is it visible?  
10 DR. GARVER: It is visible, yes.  
11 Q Have you looked for parvovirus particles in these  
12 MRS positive tissues?  
13 DR. GARVER: We have not done that yet, no.  
14 Q Do you intend to?  
15 DR. GARVER: That is one of the diagnostics that we  
16 plan to do.  
17 Q Are you working on testing infectivity of the  
18 parvovirus?  
19 DR. GARVER: Yes, so when you have a disease agent or a  
20 etiological agent that might be causing a disease,  
21 one of the first things you need to do is identify  
22 if it is transmissible, if it's infectious. And  
23 so when Kristi came up with this sequence,  
24 identified this sequence, we then proposed to take  
25 those infected tissues and see if they are  
26 infectious to naive hosts. And so what that means  
27 is you take the infected tissue and inject it or  
28 subject it to a naive host, in this case, sockeye  
29 salmon that are thought to be free of the  
30 parvovirus, and then we look for transmission of  
31 that agent to see if it is indeed infectious. And  
32 more in particular, then you follow that infection  
33 study and look for disease signs and you do that  
34 using pathology and histology.  
35 Q And have you found that it's infectious?  
36 DR. GARVER: That's a good question. We just started  
37 that challenge yesterday, actually.  
38 Q Okay. So still in progress. Now, if there's a  
39 parvovirus in these fish, does it necessarily mean  
40 that there's going to be a disease?  
41 DR. GARVER: No, not necessarily. As in probably the  
42 past two days, I'm sure you've heard, not all  
43 pathogens equate to disease. It's a complex,  
44 multi-factoral interaction among the host/pathogen  
45 environment to actually get what we call the sweet  
46 spot of disease.  
47 Q Is it possible that the parvovirus is not

1 associated with any disease in these fish?  
2 DR. GARVER: It's possible, yes.  
3 Q That's something under investigation?  
4 DR. GARVER: Yeah, that's exactly what we're looking  
5 for, to see if there is disease that is associated  
6 with the parvovirus.  
7 Q And Dr. Miller, you alluded to this earlier, are  
8 you looking for the parvovirus in Atlantic salmon  
9 fish farms?  
10 DR. MILLER: Yes, we will be as soon as we get the  
11 samples, yes.  
12 Q And are those on their way to you?  
13 DR. MILLER: This all came about about a week before I  
14 was due to testify, and that was when we had the  
15 agreement that the four major salmon farming  
16 companies would work with us on a sampling  
17 program, and I believe after the aquaculture  
18 hearings, I will be getting together with the vets  
19 and Kyle and we will be designing a sample program  
20 for the industry because I want to make sure that  
21 we cover the life history stages where we've seen  
22 this virus in wild fish.  
23 Q All right. Now, I see that I'm nearing the end of  
24 my time. As my last issue to put to you, it's  
25 something that's been raised as an issue recently,  
26 and that is whether or not anyone at DFO, any of  
27 your superiors, have ever told you not to speak to  
28 the public, not to speak to other scientists, or  
29 not to share your research? Has that ever  
30 happened?  
31 DR. MILLER: Well, yes, I'm not to speak to the public  
32 because of the ongoing inquiry. I am free to  
33 speak with colleagues and other scientists, and I  
34 have been able to attend some scientific meetings.  
35 Q Have you ever been told not to attend a scientific  
36 meeting?  
37 DR. MILLER: Yes.  
38 Q And when was that?  
39 DR. MILLER: Well, it was really a think tank, an SFU  
40 think tank, but it wasn't me exclusively. DFO  
41 decided that nobody, no scientist from DFO was to  
42 attend that meeting.  
43 Q Have you ever been told not to publish your  
44 research?  
45 DR. MILLER: No, absolutely not. You know, this is one  
46 of my worries with this whole process and the way  
47 that this has played out in the media, you know,



1 the integrity of science in DFO is absolutely  
2 withheld. As scientists, you know, we do our  
3 research, we come up with our conclusions, we  
4 write our papers and there's nothing to stop us  
5 from publishing our research anywhere that we  
6 would like to publish our research. We do provide  
7 a reprint of what we are going to be submitting  
8 for publication, but there has never, to my  
9 knowledge, been anyone who's been prevented from  
10 publishing their research.

11 Q And you said that at DFO, science integrity has  
12 been withheld, and what did you mean by that?

13 DR. MILLER: I mean the integrity of the science is  
14 strong, that there's nobody telling anybody what  
15 they can and can't publish or what they can or  
16 can't say in a publication.

17 Q Have you ever been told not to research a  
18 particular issue?

19 DR. MILLER: Probably, the answer would be yes, and not  
20 pertaining to this, but you know, we, as employees  
21 of the federal government, need to make sure that  
22 our programs fall within the mandate of DFO and  
23 that we are doing research that fulfills that  
24 mandate. I can't think of a specific example, but  
25 there certainly could be examples of areas of  
26 research that DFO did not deem to be within their  
27 mandate. So that's certainly a possibility. I  
28 can't think of a specific example.

29 MS. CHAN: Mr. Commissioner, those are my questions and  
30 perhaps this would be a good time for the break.

31 THE COMMISSIONER: Yes, thank you very much, Ms. Chan.  
32 It's 11:20.

33 THE REGISTRAR: The hearing will now recess for 15  
34 minutes.

35  
36 (PROCEEDINGS ADJOURNED FOR MORNING RECESS)  
37 (PROCEEDINGS RECONVENED)  
38

39 THE REGISTRAR: The hearing is now resumed.

40 MR. MARTLAND: Mr. Taylor is looking over so maybe I  
41 will rise just to say Canada is the next  
42 participant examining this panel. It's 65  
43 minutes.

44 MR. TAYLOR: Mitchell Taylor for the participant,  
45 Government of Canada. Mr. Commissioner, with me  
46 is Jonah Spiegelman. And as I mentioned the other  
47 day, a law student, Jeff Miller, is with us as

1 well.  
2

3 CROSS-EXAMINATION BY MR. TAYLOR:  
4

5 Q I'm going to start by asking both of you some  
6 questions that are picking up on some things that  
7 Ms. Chan asked you and then I'll proceed to ask  
8 some questions of Dr. Miller and then Dr. Garver.  
9 Now, Dr. Miller, you said at one point in  
10 answering a question from Ms. Chan that the  
11 signature was found in at least one tissue of a  
12 lot of fish but it's important to see it in more  
13 than one tissue. Do you recall that? And can you  
14 expand on your point about more than one -- seeing  
15 it in more than one tissue?

16 DR. MILLER: Sure. Yes, I did make that statement and  
17 it is my view, if this is validated to be a viral  
18 infection, which is something we now have a  
19 candidate virus and it's something that we are  
20 working on, it's probably the intensity of  
21 infection that really matters here, not that a  
22 salmon is simply a carrier in a single tissue.  
23 And Kyle may be able to comment further on this.  
24 When there is an active infection, that infection  
25 can spread through a large number of tissues. But  
26 you can have, in a less active infection, a  
27 positive for a virus that, in a single tissue or  
28 maybe even in one or two tissues, that's not  
29 highly active at the time.

30 And so in my view, if we do validate that  
31 this is caused by a virus and is caused by the  
32 parvovirus, in particular. Probably the level of  
33 infection and the level of infection in multiple  
34 different tissues and the copy number of the virus  
35 in multiple different tissues would probably be  
36 the best indicator of potential negative impacts  
37 on those fish. That is certainly something that  
38 came from our comparison of 2007 and 2008, out-  
39 migrating smolts. The really big difference  
40 between them was at the time that those smolts  
41 were leaving the river in the brain and the liver,  
42 virtually all of the fish in 2007, very small  
43 sample size, but they all had the signature in  
44 both tissues. And in 2008, very few of the fish  
45 carried it in both of those tissues.

46 Q All right. Now, you were also asked about getting  
47 fish from fish farms to do testing for your work

1 and you explained to Ms. Chan that that has  
2 recently been set about to happen. As I  
3 understand it, there's a process now where you and  
4 veterinarians for the fish farms are developing a  
5 protocol for getting the fish and then screening  
6 and testing the fish; is that right?

7 DR. MILLER: Yes, I haven't actually spoken  
8 specifically to any of the veterinarians yet. I  
9 have had email contact with Mary Ellen Walling and  
10 she has spoken to various vets but that is the  
11 procedure that we will work with the vets and  
12 design a sampling program.

13 Q And as you explained earlier, but just to remind  
14 us all, Mary Ellen Walling is the executive  
15 director or similar title for the Salmon Farmers  
16 Association, is she?

17 DR. MILLER: Yes, that's my understanding.

18 Q And why is it important as a scientist to get a  
19 protocol for your screening and testing in place,  
20 as opposed to just doing it?

21 DR. MILLER: Well, it's important if we want to know  
22 -- you know, ideally, one would do this over  
23 multiple years and determine whether or not  
24 Atlantic salmon and other species can carry this  
25 virus over multiple years. I think in the  
26 beginning we're really just going to look at a  
27 single year of samples but we need to get a broad  
28 range of samples from similar life history stages,  
29 as what we've seen in wild fish. We see in wild  
30 fish a lot of fish coming out of the rivers with  
31 this virus and it's the virus that we're looking  
32 for in the industry in the beginning, not the  
33 signature. And we see, you know, that there are  
34 shifts in prevalence during their time of ocean  
35 residence. So I would like to be able to get  
36 samples of Atlantic salmon coming out of the  
37 rivers before they're put on the open net pen  
38 farms and also at various different stages of  
39 development of those Atlantic salmon on the net  
40 pens. And specifically getting samples of salmon  
41 during times when wild salmon might be migrating  
42 by salmon farms.

43 Q Okay. So as I hear you, and trying to sum up, so  
44 tell me if I've got it right or wrong, I think  
45 you're saying that as a scientist you want to be  
46 clear what it is you're getting and you want to  
47 ensure that what's done is going to be

1           scientifically sound and consistent year-to-year?  
2 DR. MILLER: Correct. I mean simply taking 20 fish  
3           from a single salmon farm would not be adequate to  
4           say whether or not that virus could be carried by  
5           Atlantic salmon.

6 Q       You can't just ad hoc it, so to speak?

7 DR. MILLER: I don't believe you can. And I think that  
8           right now, this is a research question. I have to  
9           be clear that we are interested in whether or not  
10          this viral sequence is present in Atlantic salmon.  
11          That doesn't necessarily equate to saying that  
12          this viral -- this virus causes disease in  
13          Atlantic salmon. That would be step two after we  
14          determined if it was actually present.

15 Q       All right. Is it your opinion as a scientist that  
16          it is not scientifically sound to ad hoc it or do  
17          one-offs or otherwise just go at it without a  
18          clear protocol and plan in place?

19 DR. MILLER: I'm a very broad thinker and so when I  
20          design a program, it usually ends up being very  
21          broad and, yes, I do think that we have to go at  
22          it with a protocol to make sure that we can  
23          definitely say at least in the one year that we'll  
24          start this work that there is or is not presence  
25          of this parvovirus sequence in Atlantic salmon.

26 Q       All right. Dr. Garver --

27 DR. GARVER: Mitch, I'd just like to add something on  
28          top of this topic, as I also run up the diagnostic  
29          portion of Virology Lab for the Aquatic Animal  
30          Health program. And there is a clear protocol to  
31          establish freedom from disease at sites. And I  
32          believe Dr. Stephen has alluded to that in the  
33          past two days. There's a strict regimen of how to  
34          follow number of fish. As Kristi alluded to, you  
35          want to look at your life stage, where the disease  
36          is most prevalent, you need to know the prevalence  
37          of the disease, you need to know what tissues that  
38          disease is most prevalent in, you also need to  
39          approach it with a validated diagnostic test. So  
40          you have to be sure that the disease you're  
41          looking for is going to be detected with your  
42          method of detection that you're using.

43 Q       All right. Thank you. And speaking even more  
44          broadly than that, and as a scientist, do you  
45          agree with what Dr. Miller was just saying about  
46          having protocols and scientifically sound  
47          methodology in place, as opposed to one-offs and

1           ad hoc and just getting whatever you get without  
2           consistency and a clear plan?

3       DR. GARVER: Yes, most definitely.

4       MR. TAYLOR: Now, if I could ask Mr. Lunn to bring up  
5           Exhibit 613G or Tab 20 of the Commission,  
6           whichever is easiest? Yes, thank you.

7       Q     Dr. Miller, you earlier identified that as a paper  
8           that you presented to an internal DFO Science  
9           meeting. And I'm not sure if you said when but do  
10          you recall when that meeting was and this  
11          presentation was made?

12      DR. MILLER: September 2009. The date on this document  
13          says 2008 and that's a bad habit of mine that I  
14          take previous slides from previous talks and I  
15          overwrite them and I did not change the date on  
16          this slide, which should have been 2009.

17      Q     All right. And do I take it also that the 27, the  
18          actual day, that's not necessarily correct?

19      DR. MILLER: The date on this, I simply missed changing  
20          that date when I wrote this talk.

21      Q     Now, you see the title at the top there, and this  
22          is 2009 you wrote this, but knowing now what you  
23          have in mind, would you use a different title on  
24          that paper with the knowledge you have now?

25      DR. MILLER: Sure. You know, in science, it's  
26          important to understand the scientific process.  
27          As scientists, what we do is we gather information  
28          either from published studies from other people or  
29          from our own data and we develop hypotheses about  
30          those and then we develop methods in which to test  
31          those hypotheses to either support or refute the  
32          hypotheses that we generate. At the time that  
33          this talk was given, we were asked to put forward  
34          hypotheses based on the data that we had at the  
35          time.

36                 At the time I gave this talk, the data that  
37                 was first and foremost on my mind because we had  
38                 just been doing all these brain dissections in  
39                 August and then trying to elicit interest in  
40                 people who had been working on plasmacytoid  
41                 leukemia to work with us on this, this was the  
42                 topic that was utmost in my mind. We were seeing  
43                 these what we thought were growths in the optic  
44                 lobe that were decreasing in prevalence in smolts  
45                 during their time in the ocean. So the highest  
46                 prevalence that we saw in smolts was coming out of  
47                 the river.

1           We saw a decrease in prevalence in the first  
2           few months in the ocean. We also saw a decrease  
3           in prevalence in adults of these brain lesions or  
4           what were later determined to be aneurysms in  
5           adult salmon returning to the river to spawn.  
6           This was utmost in my mind, as was the MRS  
7           signature, and this was the hypothesis that I put  
8           together to elicit discussion about these findings  
9           and this particular disease at our  
10          intradepartmental meeting. But yes, knowing what  
11          I know now, of course, I might call use a  
12          different title.

13       MR. TAYLOR: Okay. Thank you. Now, if we might have,  
14          if possible together, Exhibits 1515 and 1516 on  
15          the screen.

16       Q       And this is a question for you, Dr. Garver. While  
17          it's coming up, this is the draft briefing note  
18          from back in that same period of time, which has  
19          in front of it the email you now see from you and  
20          then the briefing note. And you're familiar with  
21          this. It was up a few moments ago and you're  
22          generally familiar with it, as I understand it,  
23          Dr. Garver. This is the 2009 period of time that  
24          you're writing the email and writing on the  
25          briefing note. In what you were doing here and  
26          the balloons that you can only see a part of to  
27          the right. There we go. Is this you as a  
28          virologist injecting a pound of caution and  
29          suggesting some words that would avoid overstating  
30          what the available information would support?

31       DR. GARVER: Yes, both as a virologist and a scientist,  
32          I weigh the amount of evidence that's there and  
33          make a conclusion based on that.

34       Q       Okay. Thank you. Next, and this is still picking  
35          up on a couple of points that Ms. Chan was asking  
36          you about. There was reference in a question and  
37          answer earlier to a think tank from sometime ago  
38          and DFO scientists not going. And you recall that  
39          evidence, I'm sure. Do you recall when that was  
40          and when the rationale for DFO scientists not  
41          going to that think tank was, Dr. Miller?

42       DR. MILLER: I believe that that was late in 2009 but I  
43          don't know the exact date. At the time, DFO was  
44          trying to get their mind around what the  
45          Commission would want the scientists within the  
46          Department to do in terms of how much we should  
47          speak publicly about our work versus leave those

1 discussions to be something that we'll present in  
2 the Inquiry. And I believe that they were  
3 thinking that there might be some sort of ruling  
4 from the Commission about that but that is  
5 something that you'd have to ask the upper  
6 managers. And I think that to be precautionary,  
7 they decided that they would limit the exposure of  
8 scientists to any meetings that were likely to  
9 attract public attention and media. And that SFU  
10 think tank was a meeting that they felt could have  
11 some public interest and some media in attendance.  
12 So they made the decision that no scientists in  
13 DFO was to attend that meeting.

14 Q All right. Thank you. In terms of speaking with  
15 the public now and of recent times, and this is a  
16 question of both of you, Dr. Miller said earlier  
17 that that's not to happen. Do you have an  
18 understanding of why that's so, why the DFO  
19 scientists right now are not to speak with the  
20 public or give public interviews?

21 DR. MILLER: Well, I mean what we have been told is  
22 that we're not to speak about our findings until  
23 we testify here in the Cohen Inquiry. I don't  
24 know at what point that ban in speaking to the  
25 public will be lifted. I don't believe it is  
26 lifted yet.

27 Q Do you have an understanding of the rationale for  
28 that?

29 DR. MILLER: It's only the rationale I've been told.  
30 As scientists, we're not very privy to the  
31 conversation that goes on in Ottawa about these  
32 sorts of things. We're sort of only told the  
33 result.

34 Q Yeah. Perhaps a better question on my part,  
35 what's your understanding of the rationale then?

36 DR. MILLER: Again, the understanding is that the  
37 evidence supporting or refuting various hypotheses  
38 should be heard first in the Cohen Inquiry before  
39 it becomes something of public debate.

40 Q All right. Thank you. Dr. Garver, do you have  
41 anything to add to that?

42 DR. GARVER: Yes, I basically was under the  
43 understanding that we were respecting the Cohen  
44 Commission process and presenting evidence here  
45 first.

46 Q All right. Thank you. Just a couple of more  
47 questions, Dr. Miller. Dr. Garver, you may have

1 something to add on this as well. When did you  
2 identify the parvovirus and how did you find it?  
3 DR. MILLER: We identified it from the sequences that  
4 we obtained in late February. And what was the  
5 second part of your question?

6 Q How was it found? I think you've spoken to some  
7 of that before.

8 DR. MILLER: In late February of 2011, it was found by  
9 basically we had about 260,000 reads for each of  
10 DNA and RNA. You put those together in what's  
11 called "contigs". Each of the individual reads  
12 can be quite small. They can be anywhere from 200  
13 to 500 bases so not a lot of sequence information.  
14 Those are developed in looking for sequences that  
15 overlap, that basically multiple sequences that  
16 contain portions of the same sequence. And  
17 they're built into something called "contigs",  
18 which are basically a contiguous sequence of  
19 representing basically a larger portion of a  
20 general sequence.

21 Those were what we call "blasted", or sent to  
22 various sequencing databases. There's viral  
23 databases. There are sequencing databases for all  
24 protein sequences that have been sequenced in all  
25 organisms, et cetera. So we basically did  
26 alignments using these public databases and  
27 identified in every single one of those databases  
28 that the parvovirus was the only significant hit  
29 to that particular sequence.

30 Q Okay. It's sometimes called a novel virus and I  
31 think novel virus has been used with the  
32 retrovirus that was earlier talked about as well.  
33 What is meant by "novel virus"?

34 DR. MILLER: Novel does not necessarily mean new.  
35 Novel means that it is previously un-  
36 described/unknown.

37 Q All right. Sort of like a planet that we don't  
38 know about. It's always been there but it takes  
39 someone to find it; is that the idea?

40 DR. MILLER: Yes, we certainly don't have any data at  
41 the present time on whether this is something that  
42 is new in terms of that salmon have only recently  
43 picked it up or it's something that's been there  
44 for a long period of time. That will require some  
45 epidemiological work.

46 Q And do you have any understanding so far as to  
47 whether this is native or something that's been



1 introduced?

2 DR. MILLER: That kind of understanding will come once  
3 we start looking more broadly at where else this  
4 viral sequence exists. At the present time, we  
5 cannot say.

6 Q Okay. Now, I'm going to ask you questions to let  
7 you flush out what you've been saying so far on  
8 some points. Firstly, am I correct that your 2011  
9 paper was dealing with or addressing 2006 adult  
10 returners?

11 DR. MILLER: Yes. I mean in our genomic program, when  
12 we first started this program, the real interest  
13 in terms of sockeye salmon, and this came from the  
14 Pacific Salmon Commission, was the fact that these  
15 salmon were dying premature in the river and there  
16 was no way to predict what level of mortality  
17 different stocks would experience in the river.  
18 And the problem with this when it comes to  
19 management is that they open fisheries on these  
20 fish based on what they assume will be the returns  
21 to each of the different river systems.

22 Historically, there was only about 15 to 20  
23 percent of fish that would go missing en route to  
24 spawning grounds and in the last 15 years or so,  
25 it's fluctuated somewhere between 40 percent to 95  
26 percent. And it's fluctuated even between  
27 different stocks. And so our program was really  
28 built on top of Scott Hinch's program and Tony  
29 Farrell's programs that were already looking at  
30 physiology and radio-tracking to try to understand  
31 what might be going on as a way to help provide  
32 both a mechanistic understanding for why there are  
33 these very high levels of premature mortality but  
34 also to hopefully help to provide a tool that  
35 managers could use to predict what kind of levels  
36 of mortality to expect in those fish.

37 Q Okay. And then it was after you got the 2006 data  
38 that you then started looking at smolts about  
39 2008, as I understand it, and they're not part of  
40 that paper, of course. Can you flush out the work  
41 that you're doing with smolts and any conclusions  
42 that you've reached with regard to smolts and/or  
43 how those conclusions are the same or differ from  
44 what you've put in your paper as to the adult  
45 returners?

46 DR. MILLER: Yeah, so there's basically two points in  
47 the life cycle of salmon that have begun to be of

1 a lot of interest in the scientific community.  
2 And these are the times when salmon are  
3 transitioning between freshwater to saltwater as  
4 smolts and back to saltwater as adults. During  
5 these periods of time, we know that there are very  
6 high levels of variation in the level of mortality  
7 that are experienced and we know that our ability  
8 to predict how much mortality will be experienced  
9 during those times is quite limited.

10 So there's a lot of focus on early marine  
11 ecology by my colleagues, Dick Beamish, Marc  
12 Trudel, as well as individuals in the U.S. I  
13 developed the program on smolts basically to  
14 emulate what we were already doing in adult salmon  
15 and obtained a grant from Genome British Columbia,  
16 funding from them, as well as Pacific Salmon  
17 Commission, DFO and NSERC, along with my  
18 colleagues at UBC and other colleagues at DFO.

19 To begin to use genomics as a way to flush  
20 out what can the physiology of the fish tell us  
21 about what types of things might be undermining  
22 their performance? As you've heard previously by  
23 other speakers talking about fish health, and I  
24 should be clear that my program is not simply  
25 about disease. The kind of approach that we're  
26 using can flush out things like do the genomics  
27 suggest that fish are feeding or not? What is  
28 their nutritional status? What is their growth  
29 status? Are they prepared for freshwater or  
30 saltwater transitions? There's a wide variety of  
31 kinds of information that we can get using  
32 genomics approaches.

33 And so the idea of this program really was to  
34 go out into the ocean with smolts and track their  
35 migration in the ocean and ask the question,  
36 what's the range of physiological variance in  
37 those smolts as they're leaving the rivers in  
38 various years? And which physiological signatures  
39 might be associated with poor performance? We're  
40 very lucky in working with adults that we are able  
41 to use approaches like radio-tracking where we can  
42 say something about what the fate is of the fish  
43 that we're actually studying. In smolts, radio-  
44 tracking technology has not yet been developed  
45 well enough to be able to do that. And so our  
46 questions really are, what's the range in  
47 physiology of those smolts? Which of those

1 physiological signatures that we uncover do we  
2 expect may be indicative of environmental stress  
3 or disease or something of that nature? What do  
4 we hypothesize might be the mechanism associated  
5 with those signatures?

6 And then the idea of it was this is really a  
7 discovery program and we really don't know what's  
8 happening to the salmon, why so many of them are  
9 dying in some years. And so the thought was that  
10 if we could start to use their own physiology to  
11 give us indications of what kind of stresses they  
12 might be under. This particular signature came  
13 out again in the adult study and it could have  
14 meant anything. In terms of when we were studying  
15 adults, we weren't looking for disease in  
16 particular; we were looking for anything that  
17 associated with success or lack of success to make  
18 it to the spawning grounds.

19 This signature, however, has come out in this  
20 program as being the single most powerful genomic  
21 signature in everything that we have looked at.  
22 This signature is stronger than the genes that are  
23 differentiated along the migration route back to  
24 the spawning grounds. We see more genes that are  
25 affected by this particular signature than are  
26 affected when a salmon moves from Queen Charlotte  
27 Islands all the way back to the spawning grounds.  
28 The number of genes that have to change, and you  
29 have to understand salmon are changing  
30 physiologically as they migrate, they're  
31 senescing, they're maturing and they're  
32 encountering all kinds of different environments,  
33 et cetera. This signature is more powerful than  
34 even that. And this is what has caused us to  
35 really focus on this. And it is my view that if  
36 we do find that there is a viral pathogen that is  
37 causative of this signature, the strength of this  
38 signature alone suggests that it is potentially  
39 causing disease.

40 Q All right. And has your work and test results  
41 that you've obtained with respect to smolts  
42 changed your hypotheses in any way from what is  
43 set out in the 2011 paper?

44 DR. MILLER: I think it's really strengthened it. The  
45 fact that we're observing the same kind of tissue  
46 distribution in the presence of this signature, as  
47 we observed in adults. When we look at the

1 signature and we look at the genes that overlap  
2 between different tissues and between smolts and  
3 adults, if you only looked at those overlapping  
4 genes, and we have a paper in Paul Pavlidis' lab  
5 is sending out on this for adults. But we find  
6 that the linkages with viruses become even that  
7 much stronger, if you consider only the genes that  
8 are overlapping between these tissues and if you  
9 consider the same thing for smolts and adults.  
10 Basically, we're seeing very similar patterns in  
11 both of those life history stages but we're seeing  
12 that this is even much more prevalent in smolts  
13 than it is in adults and that the signature when  
14 smolts enter the ocean becomes even stronger in  
15 those fish.

16 And now we're working with this parvovirus.  
17 We are doing the work to determine whether or not  
18 that is associated or causative of this signature.  
19 We also observe the highest intensity, so the  
20 highest copy number of the parvovirus in smolts as  
21 they're entering the ocean, which is another piece  
22 of evidence to suggest that that is an important  
23 point in their life history where infectivity and  
24 an activity of this virus might be important.

25 Q Okay. Can you just clarify for the Commissioner,  
26 you said "ocean" a moment ago and "ocean" appears  
27 in various of your writings. What are you meaning  
28 by "ocean"? Where is the ocean starting in terms  
29 of your writings?

30 DR. MILLER: In the Strait of Georgia. We don't do a  
31 lot of work in the estuary but in the Strait of  
32 Georgia.

33 Q All right. So leaving the freshwater and going  
34 into the salt or vice-versa, Georgia Strait is  
35 captured by the word "ocean" in your writings, is  
36 it?

37 DR. MILLER: Correct.

38 Q Okay. Can you take a moment and just say,  
39 speaking as a scientist, how a hypothesis is  
40 developed?

41 DR. MILLER: I touched on that a little bit just a few  
42 comments back. Basically, the scientific approach  
43 is to take in information, whether that be from  
44 your own lab or from publications, and synthesize  
45 that information and develop hypotheses to explain  
46 that information and then to develop ways of  
47 testing those hypotheses. And you might have a

1 number of different hypotheses that one develops.  
2 And develop a way, a scientific approach, that  
3 would enable you to either validate that  
4 hypothesis as being correct or refute that  
5 hypothesis as most likely being incorrect.

6 And this is the process that we work with  
7 everyday. It can be little things that are new  
8 hypotheses or it could be very large things. And  
9 in the process, I think you can see I've provided  
10 a timeline in association with this inquiry, to  
11 provide information about how we were thinking  
12 about our various discoveries over time and why we  
13 generated specific hypotheses, on what basis of  
14 what data that we obtained made us take some  
15 different turns in the research that we were  
16 doing. I have to say that the hypothesis that  
17 this particular signature is associated with viral  
18 activity has never changed.

19 MR. TAYLOR: All right. Thank you. I'm going to cover  
20 off a couple of documents and mark them as  
21 exhibits before we proceed into questions. Could  
22 you please go to Tab 25 of Canada's documents, Mr.  
23 Lunn? Or Commission's documents, I'm sorry.

24 Q I think what you're going to see is a document you  
25 prepared come up, Dr. Miller. Do you recognize  
26 that?

27 DR. MILLER: Yes, I do.

28 MR. TAYLOR: Can you just scroll to the very end, Mr.  
29 Lunn, for a moment? I just want Dr. Miller to see  
30 what's at the end. Little before that end, I  
31 guess. Somewhere there's a date near the end.  
32 Just keep going up, I think. No, no.

33 DR. MILLER: Down.

34 MR. LUNN: DD.

35 MR. TAYLOR: DD is fine. It says in July 2011 and then  
36 if you go back to the beginning, Mr. Lunn.

37 Q You'll see that it says there "last revised May  
38 19, 2011". What's the true date of this document?

39 DR. MILLER: I've been caught again on my dating issue.  
40 I take documents and I modify them and sometimes I  
41 forget to change the date at the top. So I  
42 prepared this, I believe, at the end of July/early  
43 August.

44 Q Of this year?

45 DR. MILLER: Of this year.

46 Q And it is what it says.

47 DR. MILLER: Or I revised it. I did prepare it

1 originally in May.

2 Q All right. I see. And then you updated it. And  
3 it is what the title says, a timeline of genomic  
4 research, is it?

5 DR. MILLER: Yes, this was suggested to me by Laura  
6 Richards, that it would be much easier to sort of  
7 understand our thinking and the changes in our  
8 thinking if I put together a timeline which showed  
9 when we discovered various things and how that  
10 resulted in some of the hypotheses that we put  
11 forward.

12 MR. TAYLOR: All right. May that be the next exhibit,  
13 please?

14 THE REGISTRAR: It's Exhibit 1517.

15  
16 EXHIBIT 1517: Timeline of Genomic Research  
17 relating to the Mortality-related Genomic  
18 Signature Hypothesized to be associated with  
19 a potentially Novel Virus  
20

21 MR. TAYLOR: And if you'd go to Tab 10 in Canada's list  
22 of documents, that is already an exhibit already,  
23 I think, although I don't know the number.

24 MR. LUNN: 1513.

25 MR. TAYLOR: Pardon me?

26 MR. LUNN: 1513.

27 MR. TAYLOR: Okay. This is Exhibit 1513.

28 Q If we go to page 13 of Exhibit 1513, you deal  
29 there with parvovirus but also retrovirus.  
30 Retrovirus is what?

31 DR. MILLER: Retrovirus is an RNA virus. Kyle might be  
32 better describing the actual viral families but  
33 they tend to be oncogenic viruses, which means  
34 that they tend to be associated with cancer. They  
35 have an ability to insert themselves in the host  
36 genome and become endogenous, which is a special  
37 feature of retroviruses but it's not the only  
38 viral family that does it but it certainly is the  
39 one that's most well-known for that.

40 Q Okay. And I probably should have asked, Dr.  
41 Garver, because you're the virologist, but do you  
42 want to add to that or describe retrovirus?

43 DR. GARVER: No, that's quite sufficient. It is an RNA  
44 virus and one of the key features and Dr. Kent  
45 alluded to this is so they transcribe their RNA  
46 into DNA and they use a special enzyme called  
47 "reverse transcriptase" so one of the common

1 things to look at for retrovirus is known as an  
2 "RT, reverse transcriptase activity". And so  
3 that's the only other addition.  
4 Q Okay. There's two terms that we see in some of  
5 the writings and I'll ask this of whichever one of  
6 you is the right person to answer the question.  
7 The two terms are "molecular genomics" and  
8 "functional genomic studies". Is one of you able  
9 to give a sort of one or two-sentence answer or  
10 definition of what each of those is?  
11 DR. MILLER: Functional genomics pertains to gene  
12 expression. And molecular genomics can pertain to  
13 a lot of different areas of genomics but I think  
14 the context, if I have use that terms, has been  
15 more sequencing level genomics.  
16 Q All right. If we turn to Tab 22 of Commission's  
17 documents, which is also Exhibit 1512 now, you  
18 will see the document entitled "Hypothesis". This  
19 is something that you prepared, Dr. Miller. I'm  
20 not sure if you said when. You might have said  
21 this is for the June 2010 PSC symposium, is it?  
22 DR. MILLER: Correct.  
23 Q Okay. You begin this document by pointing out  
24 that in 2006 you first raised up what we're now  
25 talking about at a meeting in Oregon. You've  
26 spoken to some of this before but was there an  
27 instigating event or reason why you started into  
28 this line of work or this area?  
29 MR. MARTLAND: I'm just going to clarify our  
30 understanding is it may be Nanaimo as opposed to  
31 Oregon, if that assists.  
32 MR. TAYLOR: It's in the document, I think, but...  
33 DR. MILLER: Oregon? Definitely Nanaimo.  
34 MR. TAYLOR:  
35 Q Okay, that's fine. In any event, in 2006, you  
36 first talked about the work that you've now been  
37 giving evidence about, as I understand it?  
38 DR. MILLER: Correct. Our program really started in  
39 around 2005. We started purchasing equipment in  
40 about 2004 but our genomics program got up and  
41 going in 2005. And as I've said, the program was  
42 developed in response to the lack of  
43 predictability on salmon that in the return  
44 migration salmon that will successfully make it to  
45 the spawning grounds and salmon that would  
46 successfully spawn. It grew from that to working  
47 on smolts because there was a lot of interest in

1 that early marine mortality and what might be  
2 undermining performance of salmon in that early  
3 marine period. Now, that does not just extend to  
4 sockeye salmon. Early marine mortality has been  
5 increasing in chinook and coho salmon as well and  
6 I know that Dr. Beamish has already spoken to the  
7 Commission about that.

8 And so I developed a collaboration with Dr.  
9 Beamish and Dr. Trudel whereby we were able to  
10 obtain samples from their very extensive ocean  
11 cruises that are conducted every year in the  
12 Strait of Georgia and also into the high seas and  
13 with David Patterson, who is an absolute  
14 instrumental biologist here in DFO, who runs the  
15 Environmental Watch program and has from the very  
16 beginning of our program done all of the  
17 collections in the Fraser River and also put  
18 people in to do the collections on the smolts. So  
19 the program was developed in response to a lack of  
20 predictability.

21 The fact that the escapement models that are  
22 used in salmon management are not very accurate  
23 and so there's a lot of interest in (a) can we  
24 find ways of modifying those models with new  
25 information that might increase their accuracy?  
26 My program has been working in the area of salmon  
27 genetics for a lot of years and when I came into  
28 that program about 19 years ago, we were trying to  
29 develop a program to do genetic stock ID. And  
30 many of you might have heard of that. We have  
31 developed an incredible program that is used all  
32 the time now by managers for genetic stock ID.  
33 And the management of sockeye salmon is based on  
34 information that we provide on a real-time basis  
35 on what stocks are present in a given fishery.

36 The idea behind this program is managers can  
37 now know if they go out and catch fish in the  
38 marine environment what stocks of fish are present  
39 and they can make management decisions so that  
40 they can minimize impacts on stocks in need of  
41 conservation and maximize their targeted  
42 exploitation on stocks that can handle  
43 exploitation. The problem was that they still  
44 didn't know how many fish were going to make it  
45 back to spawning grounds.

46 And so the idea was if we could develop using  
47 genomics a program that piggybacks with that, that



1 looks at the health and condition of the fish, and  
2 adds that as another piece of information that  
3 managers can have, that might add greater  
4 predictability to their escapement models that  
5 they could not only know when they're out if  
6 they're looking at returning adults, they could  
7 not only know what stocks are present but what's  
8 the probability that those fish are actually going  
9 to survive to spawn?

10 That was what spurred the development of this  
11 program and it further developed into the smolt  
12 program in discussing this program with colleagues  
13 and the need for more information about health and  
14 condition of smolts in the early marine  
15 environment.

16 Q And that remains the driver for the work you're  
17 doing, I take it?

18 DR. MILLER: That is absolutely the driver. And this  
19 is a discovery program. We're using genomics to  
20 discover what kind of factors might be  
21 exacerbating their performance.

22 Q And as I understand it, it's fundamental to  
23 understand that this is a work-in-progress with  
24 much more to be done and learned?

25 DR. MILLER: Yes, I think it's a fairly unusual process  
26 to have this level of scrutiny on a program that  
27 is just in complete active research mode. And  
28 it's interesting but yes, this is absolutely  
29 research-in-progress. And we are taking many  
30 different angles to this research as we make new  
31 discoveries and as what we're doing with Kyle in  
32 terms of the disease challenge work.

33 Q All right. In the document that's up on the  
34 screen, Exhibit 1512 I think it is, if you turn to  
35 page 3, about halfway down there's a heading that  
36 starts with "Signature" and there's a bullet under  
37 that to do with affected tissue and under that it  
38 says "no muscle involvement". I understand that's  
39 significant and allowed you to rule out something.  
40 And I'm not sure if I should be asking you, Dr.  
41 Miller. This is your document. Or whether Dr.  
42 Garver is the one on this. But one or both of  
43 you, what's the significance about not seeing this  
44 in muscle?

45 DR. MILLER: Well, it isn't highly significant. It's  
46 significant that we don't see it in absolutely  
47 every tissue that we look at. And you know, where

1 that comes into play is that most viruses and most  
2 pathogens have specific tissues that they affect  
3 and Kyle should be the better one to speak to this  
4 but many viruses have a specific target tissue  
5 that they're generally seen in first and then they  
6 may move into other tissues at various stages of  
7 infection. The fact that we haven't picked up  
8 this signature in muscle tissue, I mean there are  
9 viruses that affect muscle tissue. That doesn't  
10 mean anything one way or the other about this  
11 being a pathogen or not being a pathogen but we  
12 also don't see it in hypothalamus tissue either.  
13 It just means it's not in absolutely every tissue  
14 in every individual.

15 Q And Dr. Garver, in terms of significance attached  
16 to it not being in muscle, do you have anything to  
17 say on that?

18 DR. GARVER: No, I think Kristi covered that pretty  
19 well. As far as viruses, they do have kind of a  
20 life cycle or an infectious cycle of how they  
21 progress through a host. And it ranges from the  
22 initial infection, which could be epithelial cells  
23 primarily with fish, but it could be different.  
24 And then it could go through a viremic state which  
25 then, as a viremic host, it's pretty much  
26 throughout the fish.

27 It's in the blood and then multiple tissues  
28 attach to the circulatory system and then either  
29 results in death of the host or may regress if the  
30 host is able to fight it off. And sometimes it's  
31 cleared and sometimes it actually even remains in  
32 tissues in a latent state or a carrier state. So  
33 yeah, from determining whether it's in the muscle  
34 or not, I don't think we can really conclusively  
35 say that this is linked to a pathogen or not.

36 DR. MILLER: Okay. Can I just add to that? I'm  
37 actually looking at what's in front of me. I  
38 didn't actually look at it carefully. The point  
39 in this particular part of the document was, if  
40 you read the top, that this signature is not  
41 consistent with the general stress response, sea  
42 lice infection or parvicapsula infection because  
43 this is a question that I was often asked when I  
44 would talk about this work and about this  
45 signature, could this simply be a signature  
46 associated with parvicapsula? So now I see the  
47 significance of that in this particular document

1 is that sea lice affects muscle tissue.

2 Sea lice will bind to the skin and will cause  
3 a reaction in muscle tissue. And so what this was  
4 basically saying was there's no muscle  
5 involvement. We don't see the signature in muscle  
6 tissue. Really, the strongest part of what this  
7 argument shows is where the fish are affected. If  
8 this signature were something that was a response  
9 to sea lice then it shouldn't be emanating from  
10 the freshwater environment because salmon don't  
11 pick up sea lice until they enter the marine  
12 environment. So it is highly inconsistent with  
13 this being a response to sea lice. It's also not  
14 consistent with a parvicapsula infection because  
15 we see the signature as far as the Haida Gwaii in  
16 returning adult salmon. And returning adult  
17 salmon pick up parvicapsula when they enter the  
18 Fraser Estuary. And so where the tissues were  
19 affected, it has something to play. We don't  
20 expect there to be a strong involvement of the  
21 brain, for instance, for sea lice and we do see  
22 very strong involvement of the brain associated  
23 with this signature. But I think that the most  
24 important point here was where we see the fish  
25 affected.

26 Q All right. Did one or both of you put your mind  
27 to whether the signature had any relationship to  
28 well-known pathogens such as IHN or ISA and take  
29 steps to rule them in or out?

30 DR. MILLER: We conducted screening for all of the  
31 viruses that were in B.C. that had molecular  
32 markers for them so that we already had sequence  
33 information for. We applied the molecular markers  
34 that other labs had already developed to our  
35 samples and we found that none of those known  
36 characterized viruses were (a) present in any kind  
37 of prevalence like we have observed this  
38 signature, or (b) associated with fish that  
39 carried and didn't carry the signature. So in the  
40 early days, in fact, before we wrote the Science  
41 paper, had already discounted that. We couldn't  
42 find a virus or intercellular pathogen because we  
43 also tested a variety of intercellular pathogens  
44 that was correlated with the presence of this  
45 signature.

46 Q And is the viruses that were considered the ones  
47 that Dr. Kent reviews in his paper?

1 DR. MILLER: Yes.

2 Q All right.

3 DR. GARVER: I can add one thing to that as well. And  
4 I alluded to it earlier.

5 Q Add as many as you wish, Dr. Garver.

6 DR. GARVER: So again, this genomics profiling is not a  
7 definitive diagnostic and to be able to rule out  
8 other signatures of viruses, you need to know  
9 those signatures. And there has been some genomic  
10 work done. Kristi, in particular, has worked on  
11 IHN and has established a possible signature for  
12 IHN. However, there hasn't been much work outside  
13 of that to the other pathogens. So definitive  
14 signatures for ISA, VHS, all these other pathogens  
15 are not really well-known for fish. So to apply a  
16 signature in this case may not necessarily be  
17 appropriate without that information.

18 DR. MILLER: I don't believe that's actually what we  
19 were trying to do. What we identified from this  
20 signature was that it contained numerous elements  
21 that were consistent with known processes that  
22 were affected by viruses. The specifics about  
23 what virus it was really was when we took the  
24 molecular approach to look at the presence of  
25 known viruses and known viral sequences. I don't  
26 believe that I ever went and looked at this  
27 signature and asked, is this an IPN virus based on  
28 the signature? All we did with the signature was  
29 suggest that this was virally mediated and that  
30 there were components of the signature that were  
31 really highly similar to the types of things that  
32 could be affected by retroviruses but that was as  
33 far as that went.

34 Q Were MRS-positive tissues tested for ISA or other  
35 viruses?

36 DR. MILLER: We did test for ISA but we did not have a  
37 positive control for ISA. Those are tightly held  
38 because of the worry about infection. But we did  
39 test with ISA primers.

40 Q All right. Now, Dr. Garver, you have already  
41 testified to some of your work and involvement in  
42 the work of Dr. Miller. Is there anything more  
43 that you want to add to that in terms of your role  
44 and the role of your lab in Dr. Miller's work?

45 DR. GARVER: I think the main point is, in establishing  
46 now once we have a molecular diagnostic for the  
47 parvovirus and so now the real question is, is it

- 1 infectious and does it cause disease? And if so,  
2 what is the pathology associated with that  
3 disease? And then there's many other questions in  
4 relation to that. If we do prove it's infectious  
5 then what are the predisposing factors for  
6 disease? In other words, if you change the  
7 temperature of the water, does that predispose a  
8 fish to subsequent infections, if infection does  
9 occur to the parvovirus, or does smolting of the  
10 fish increase infection, or does multiple  
11 pathogens infecting that fish, does that make it  
12 more susceptible? So there's a whole line of  
13 questions to go down now but we really need to  
14 establish, is this sequence that we have right  
15 now, is it an actual agent and is it infectious to  
16 fish?
- 17 Q So with those questions, what is the current state  
18 and what are the next steps in timing for that  
19 work?
- 20 DR. GARVER: As I alluded to earlier, we just started a  
21 challenge yesterday. This is to determine the  
22 infectious nature of this sequence that we have  
23 right now.
- 24 Q And do you have a timeline for this work?
- 25 DR. GARVER: It typically takes up to several months.  
26 So we hope to have some answers maybe within two  
27 months or so.
- 28 Q And you don't know what the answers are, of  
29 course, but what sort of answer? What's the topic  
30 the answer would be on? What will you know then  
31 one way or the other?
- 32 DR. GARVER: Well, we'll have an idea under the  
33 challenge conditions that we're using whether it's  
34 infectious. If we don't see transmissibility  
35 through this challenge that we're doing then we  
36 might not just have what could be possibly  
37 happening in nature. So we need to then explore  
38 different challenge scenarios. But ultimately, we  
39 hope to have after two months a good idea of  
40 whether this is a transmissible agent or not.
- 41 Q So it sounds from what you're saying that as we  
42 move into the year 2012, you're going to have  
43 advanced some distance in the work you're doing as  
44 part of this genomic signature?
- 45 DR. GARVER: Yeah, once you have a challenge model to  
46 work with for this virus and take it down into the  
47 lab and actually start manipulating different

1 variables, then you really progress your science  
2 as far as disease progression and whether this is  
3 linked to disease.

4 Q Let me just -- sorry. Dr. Miller?

5 DR. MILLER: At some point, I'd just like to add a few  
6 comments about parvoviruses.

7 Q All right. Go ahead.

8 THE COMMISSIONER: Mr. Taylor, I wonder if we could  
9 take the lunch break and get into parvovirus after  
10 lunch.

11 MR. TAYLOR: Sure.

12 THE REGISTRAR: The hearing is now adjourned until 2:00  
13 p.m.

14

15 (PROCEEDINGS ADJOURNED FOR NOON RECESS)

16 (PROCEEDINGS RECONVENED)

17

18 THE REGISTRAR: The hearing is now resumed.

19 MR. TAYLOR: Thank you, Mr. Commissioner.

20

21 CROSS-EXAMINATION BY MR. TAYLOR, continuing:

22

23 Q We're going to come to parvovirus in a second  
24 here. I just want to take a few minutes to put  
25 some documents in as exhibits. I'm mindful of the  
26 time. So I'm going to ask you, witnesses on the  
27 panel, if you can identify a document, whether you  
28 prepared it, what it is, and the approximate date,  
29 and then put it in as an exhibit. And I think in  
30 the interests of time, have to leave it there.

31 Canada's Tab 1, this is a question of Dr.

32 Garver. Do you recognize that, Dr. Garver?

33 DR. GARVER: I do, yes.

34 Q Your mike's not on, I think.

35 DR. GARVER: I do recognize that document.

36 Q What is that?

37 DR. GARVER: This is a presentation that I gave at the  
38 April DFO workshop to give updates on hypotheses  
39 presented at the Pacific Salmon Commission  
40 workshop.

41 Q Okay. The April 2011, DFO meeting.

42 DR. GARVER: That's correct.

43 MR. TAYLOR: All right. May this be the next exhibit,  
44 please.

45 THE REGISTRAR: Exhibit number 1518.

46

47

1 EXHIBIT 1518: Garver, Hypothesis: Diseases  
2 in freshwater and marine systems are an  
3 important contributor to the Fraser sockeye  
4 situation, April 2011  
5

6 MR. TAYLOR:

7 Q Then if we go to Canada's Tab 8, Mr. Lunn, please.  
8 Do you recognize that, Dr. Garver?

9 DR. GARVER: I do, yes. This is again a presentation  
10 that I gave at a Western Fisheries Research  
11 conference, Fish Health Disease conference. I  
12 believe that was in Utah.

13 Q All right.

14 DR. GARVER: I can't recall the date.

15 Q Is this just what it says there, some of the  
16 technician methodology that was used by you in  
17 some of the work you've been doing?

18 DR. GARVER: Yeah, it's some of the research that I've  
19 been doing with Dr. Tang and the technicians in my  
20 laboratory to validate the microarray detection  
21 method I spoke of for fish viruses.

22 MR. TAYLOR: Thank you. Then if we go to Canada's Tab  
23 11, please.

24 THE REGISTRAR: Did you wish to mark Tab 8 first?

25 MR. TAYLOR: Oh, I'm sorry. I'm moving too fast,  
26 aren't I. Next exhibit, please.

27 THE REGISTRAR: Tab 8 will be marked as Exhibit 1519.

28  
29 EXHIBIT 1519: Garver et al, Microarray-based  
30 Detection of Fish Viruses  
31

32 MR. TAYLOR: Thank you. Tab 11, Mr. Lunn.

33 Q Dr. Miller, do you recognize that, and what is it?

34 DR. MILLER: This is a presentation, a private  
35 presentation I gave at the internal DFO workshop  
36 in April of 2011.

37 Q Thank you. And that's contrasting with the 2007  
38 and 2008 results that you spoke about earlier, is  
39 it?

40 DR. MILLER: Correct.

41 MR. TAYLOR: Thank you. And then if we move to Tab 12,  
42 please, of Canada's documents. Oh, I'm sorry, I  
43 forgot to mark it again. May that be an exhibit,  
44 please.

45 THE REGISTRAR: That will be marked as Exhibit 1520.  
46  
47

1 EXHIBIT 1520: Miller, 2007 versus 2008  
2 Genomics Contrast Study, April 2011  
3

4 MR. TAYLOR:

5 Q And Tab 12, please. Do you recognize that, Dr.  
6 Miller? Do you need to see more of it?

7 DR. MILLER: Yes, I do. This is the talk I gave at the  
8 Pacific Salmon Commission in June of 2010.

9 MR. TAYLOR: All right. And may that be an exhibit,  
10 please.

11 THE REGISTRAR: Exhibit 1521.  
12

13 EXHIBIT 1521: Miller, Hypothesis: Genomic  
14 studies suggest that some disease has  
15 infected sockeye and has become an important  
16 contributor to the Fraser River sockeye  
17 situation, June 2010  
18

19 MR. TAYLOR:

20 Q Now, just before lunch, Dr. Miller, you were going  
21 to explain or elaborate on parvovirus. Could you  
22 take a couple of moments to do that right now, and  
23 in regard to that, may we have, please, Exhibit  
24 1513, which is also Canada's Tab 10, page 12.

25 DR. MILLER: Can we move to page 11 first. Oh, okay,  
26 sorry, it was page 10. Okay, go back to 12,  
27 sorry. I'm sorry about that.

28 Q Do you want to have the -- do you want to have the  
29 full document in front of you?

30 DR. MILLER: The one on the contrast between -- between  
31 retroviruses and --

32 Q Oh, 13.

33 DR. MILLER: Oh, it was 13, I'm sorry.

34 Q Page 13.

35 DR. MILLER: Okay. I know I was asked about  
36 retroviruses and what retroviruses are, and in --  
37 certainly one of the stages in my hypotheses about  
38 this MRS signature was that it could be elicited  
39 from a retroviral-like infection. We didn't end  
40 up identifying a retrovirus in association with  
41 that signature, but we did identify a parvovirus.  
42 And I just wanted to point out that there are some  
43 very interesting similarities between the two,  
44 despite the fact that one is a DNA virus and  
45 another is an RNA virus.

46 And one of which is parvoviruses can insert  
47 their genetic material into the host genome. This



1 is not something that is as well-known. We have  
2 done the work to establish that this is not the  
3 case for the sequence that we have. If they've  
4 inserted their genome into their host, every cell  
5 would have the same complement of DNA and we would  
6 see this virus in every cell within an individual,  
7 and we do not see that.

8 Interestingly, one of the most powerful  
9 aspects of the signature is in terms of a stress  
10 response, is a host DNA damage response. And both  
11 of these viral families require the elicitation of  
12 a DNA damage response in order to complete  
13 replication. And so that's something they have in  
14 common.

15 They both are associated with very strong  
16 immunosuppression of the host.

17 They both actually can cause leukemia-like  
18 disease.

19 Retroviruses obviously contain the leukemia  
20 viruses, which we know to be causative of  
21 leukemia, but there is a plethora of studies over  
22 the last 20 years about the role of parvovirus B19  
23 in humans, in leukemia-like disease, and its role  
24 in exacerbating the outcome for people with  
25 leukemia. But there are some papers out that show  
26 that you can actually get a leukemia-like response  
27 from a parvovirus, which is something we also  
28 found in our data.

29 Both have been linked with cancer, but while  
30 retroviruses can cause cancer, parvoviruses are  
31 actually anti-cancer activities. So they target  
32 rapidly dividing cells to facilitate their  
33 reproduction, and so they have been used -- one  
34 kind of human one has been used to fight brain  
35 tumours, actually.

36 And they can both be involved in latent  
37 infections. And both viral families are known for  
38 remaining inactive for years to wait until the  
39 right conditions to begin to replicate and cause  
40 disease.

41 If you can just go to the previous slide. I  
42 won't spend a lot of time on this.

43 But in terms of parvoviruses, some of the  
44 best known parvoviruses are parvoviruses in dogs,  
45 and they can have decimating effect on young -- on  
46 puppies and young dogs.

47 And there's a parvovirus that is quite

1 virulent in humans called B19. It's associated  
2 with fifth disease in children, but it requires  
3 hematopoietic cells to divide, and it's associated  
4 with severe anaemia. Again, this is -- anaemia is  
5 something that comes up over and over again in  
6 some of the observations that we have in salmon,  
7 not me personally, but people have been observing  
8 anaemia in salmon. And parvoviruses can actually  
9 cause anaemia in a variety of different organisms.

10 I think one of the most interesting things  
11 about this family of viruses is not only that they  
12 require rapid -- rapidly dividing cells to  
13 facilitate their own reproduction, but they can be  
14 oftentimes stimulated by stress. And there's a  
15 number of studies that have shown that one can  
16 induce, if you have cells that are not rapidly  
17 dividing, one can induce the proliferation of  
18 parvoviruses by simply stressing the cells.

19 And so I think this is interesting in the  
20 context of whether or not a virus like this could  
21 become more active and elicit more disease in a  
22 situation where salmon are known to be highly  
23 stressed, when they go between freshwater and  
24 saltwater and return back into the freshwater  
25 environment. That at this point I would say is  
26 speculation, but it is -- it is something that I  
27 am quite interested in terms of this particular  
28 viral family.

29 Q Okay, thank you. Dr. Garver, before lunch you  
30 gave some evidence about the lab studies that you  
31 have done, and then moving on, lab studies that  
32 you're currently embarking upon. Laboratory  
33 studies are in a controlled setting, of course.  
34 Can you clarify what next steps you see beyond  
35 those laboratory studies that you're about to take  
36 on right now?

37 DR. GARVER: Yeah, sure. I guess to back up just a  
38 little bit, I'll give you some thinking, rationale  
39 for our thinking on why we're progressing to  
40 laboratory studies. This is not a typical disease  
41 investigation. Typically when we approach a  
42 disease investigation, it's usually because we  
43 have some -- we actually have a disease or a  
44 pathology or even more specifically, mortality  
45 associated in a population.

46 So if there's mortality, if there's a die-off  
47 event in fish, we'll go out and then run a disease

1 diagnostic on those fish to identify the  
2 etiological agent that might be responsible. And  
3 to do that, that involves traditional methods of  
4 culturing, culturing the pathogens, and doing  
5 histology to identify the pathology associated.  
6 And that's important, because once you have the  
7 histological marker or signature of that disease,  
8 then you can actually see what damage is being  
9 done and get an idea of the impact of that  
10 pathogen and consequently the disease on the  
11 population. And so in this case, it's quite a bit  
12 of a reverse scenario.

13 And we first -- Dr. Miller first identified a  
14 genomic signature that might be linked to a  
15 negative impact on the fish. And so inferring  
16 upon that genomic signature, it was found that  
17 there could be a possible virus associated with  
18 it. I grant there was no mortality associated  
19 with that, or a disease associated with it, it's  
20 now a sequence of a virus. And so we have to  
21 identify is that an infectious agent and does it  
22 cause disease. And so to do that, you then take  
23 it back into the laboratory and do the  
24 transmission studies. So that's really the key on  
25 where we're going.

26 But it's nice to take into a laboratory  
27 study, because then you can obviously control the  
28 setting, control the parameters. And it has to be  
29 repeated, it has to be at least confirmed that you  
30 can do that over and over again. And so in that  
31 regard, once you establish the fact that it is  
32 infectious, it's all under the context that it's  
33 in the laboratory.

34 And then you, then once you have histological  
35 markers, then you can go out in the wild and start  
36 looking at it, using histological markers, using  
37 the molecular techniques that Dr. Miller is  
38 establishing, getting viral loads in these and  
39 really assessing is there an impact due to the  
40 infection of this pathogen on a population.

41 Q All right. And my final question, then, is of  
42 you, Dr. Miller, and Dr. Garver has just spoken to  
43 some of this, but -- a lot of this. Do you have  
44 anything to add to what's been said there about  
45 the approach you're embarking on and doing versus  
46 the traditional approach to studying a disease.

47 DR. MILLER: Yes. First of all, I would correct one

1 thing that Kyle said, that we -- that it's correct  
2 that we didn't have observable mass mortality  
3 events, and we don't have observable mass  
4 mortality events in the ocean. And we do have  
5 mortality in fish when they come back in the  
6 river, but we don't generally observe that  
7 mortality unless they're dying at the spawning  
8 grounds. When we originally identified this  
9 signature, it was associated with mortality in  
10 that initial study that's in the *Science* paper.

11 But, no, I think it's an important point.  
12 And you just have had heard two days of talks or  
13 of a panel of disease experts who have basically  
14 suggested that it is nearly impossible to study  
15 disease in wild salmon because we can't observe  
16 their mortality. And if we use the classical  
17 approaches of only -- only studying disease where  
18 we can observe massive mortality events, and  
19 assuming that we're going to pick up all diseases  
20 by only looking at massive mortality events in  
21 hatcheries, in one environment, in the freshwater  
22 environment where we can see these sorts of  
23 things, I think it's clear, given the lack of data  
24 that exists in terms of diseases in sockeye  
25 salmon, that that approach simply hasn't worked.  
26 And that the approach that we're taking is a  
27 different approach to -- and again we didn't set  
28 out to look for disease, but it is almost  
29 backwards of what -- of what a normal approach to  
30 studying disease would be.

31 In normal, microarrays are actually used in  
32 the human medical world all the time. They're  
33 used to study disease and host response to a wide  
34 variety of pathogens and as well as drug  
35 therapies. And that's the last thing one does in  
36 order to figure out what's the best, what's the  
37 best prophylactic treatment, what's the best  
38 vaccine treatment, how do we get an effective  
39 response so that animals are less prone to disease  
40 from specific pathogens.

41 You know, we flipped that on the head and  
42 said, let's just look at what the animals are  
43 telling us. Let's look at what the physiology of  
44 the animals can tell us about what's affecting  
45 them, and then we'll go back and hypothesize as to  
46 what could be causing that, and then we'll go back  
47 and do the laboratory studies to validate those

1 hypotheses, and to validate whether or not one  
2 can, at any stage in the development of salmon,  
3 elicit disease and mortality associated with what  
4 we now have as a candidate virus.

5 MR. TAYLOR: All right, thank you. Thank you, Dr.  
6 Garver, Dr. Miller. Those are my questions, Mr.  
7 Commissioner.

8 MR. MARTLAND: Thank you. Mr. Commissioner, next I  
9 have counsel for the Province at 55 minutes.

10 MS. CALLAN: Mr. Commissioner, Callan, C-a-l-l-a-n,  
11 initials T.E., appearing on behalf of Her Majesty  
12 the Queen in Right of the Province of British  
13 Columbia.

14  
15 CROSS-EXAMINATION BY MS. CALLAN:

16  
17 Q Dr. Miller, how was the common genomic profile  
18 defined, and specifically the MRS?

19 DR. MILLER: I'm not sure what your question is.

20 Q Specifically is it a specific cluster of genes?

21 DR. MILLER: Oh, okay, I'm sorry. Yes. The signature,  
22 actually, when we first uncovered the signature we  
23 had simply run a *t* test between 12 fish sampled in  
24 a marine environment but made it to the spawning  
25 grounds, and 12 fish that went missing. That was  
26 the very first time we uncovered that signature.  
27 However, we added more fish to our study. We did  
28 a study in the freshwater environment, as well,  
29 and when we added those additional fish, a simple  
30 *t* test didn't pull it out very well.

31 One of the reasons for that, and something  
32 that has to be recognized is that in return  
33 migrating salmon, there is not likely a single  
34 cause of all mortality that occurs in the river.  
35 And so we recognize at a very -- at the very  
36 outset that it may be difficult to simply assume  
37 that all fish that die in the river die of the  
38 same thing, and that really wasn't our assumption.  
39 We were looking for genomic signatures that were  
40 associated with poor performance, not necessarily  
41 causative of all mortality in the river.

42 We found that we were able to identify this  
43 signature with principal component analysis, and  
44 we've used principal component analysis as a  
45 method to identify the major physiological  
46 trajectories in the data. And then we looked at  
47 correlations between success and lack of success

1 in terms of migration along each of the principal  
2 components in principal component analysis.

3 I know that's very technical, but you asked.  
4 Q And I get what I asked. I understand from your  
5 earlier evidence this morning that you stated that  
6 the power of the test strength of the signature  
7 alone might be evidence of disease. You would  
8 agree, however, that the signature alone will not  
9 cause disease, although it may be a marker?

10 DR. MILLER: The signature alone will not cause disease  
11 in and of itself. The signature indicates a lot  
12 of activities at a cellular level when salmon  
13 reach the freshwater environment. The signature  
14 does not cause the disease. Whatever's causing  
15 the signature could cause disease.

16 Q Now, I understand earlier you were talking about  
17 principled and unprincipled. Is that the same as  
18 supervised and unsupervised analysis?

19 DR. MILLER: No. Principal component analysis is an  
20 unsupervised analysis. So it's a way to simply  
21 let the data speak for itself and tell you what  
22 are the major trajectories in the data.

23 A supervised analysis is if we were to run a  
24 *t* test or an ANOVA, and say I want to contrast  
25 what genes are being turned on and off in this set  
26 of individuals, compared to this other set of  
27 individuals. So that is one of the analyses that  
28 we did try, which was to simply run a *t* test,  
29 comparing fish that made it to the spawning  
30 grounds and fish that didn't.

31 But in order for a *t* test to be -- to resolve  
32 anything very powerfully, you have to have -- it  
33 depends on your sample sizes, but you have to  
34 basically have, you know, a single signature  
35 that's associated with whatever you're looking  
36 for.

37 Q So to summarize it, in your ocean-tagging study,  
38 the supervised analysis was not statistically  
39 significant.

40 DR. MILLER: In our first -- in our first analysis of  
41 the ocean-tagging study, the first fish we ran we  
42 did actually get a significant *t* test. However,  
43 when we added more fish to that analysis, because  
44 we were just -- we were just looking -- we were  
45 looking, actually, at muscle tissue and gill  
46 tissue at the time. And we found that we didn't  
47 really get any signal associated with survivorship

1 in muscle tissue, and but when we did our first  
2 analysis of the gill tissue, we actually did.  
3 When we added more samples, it became more  
4 obscure. And but we did then pull it out with PCA  
5 analysis.  
6 Q Now, in the principal component, or the  
7 unsupervised analysis, you did find gene  
8 expression patterns, and this was the basis for  
9 your statement in Exhibit 558, your paper that 60  
10 percent of the fish contained a gene expression  
11 signature in seawater greater than 200 kilometres  
12 from the river that was predictive of an in-river  
13 fate.  
14 DR. MILLER: That was -- it was associated with poor  
15 performance in the river.  
16 Q Okay. So, Mr. Lunn, if we could turn to the top  
17 part of Figure 1A of Exhibit 555 -- 558. It's  
18 page 214, which would be the second page. How  
19 many fish are in the group with the mortality-  
20 related signature in Figure 5A?  
21 DR. MILLER: You're not showing 5A.  
22 Q Oh, sorry, 1A.  
23 DR. MILLER: Well, I'd have to read through the paper  
24 again. Okay. So over all of those fish, there's  
25 somewhere around 40 fish in A -- is A what you're  
26 talking? I'd have to actually look at the paper  
27 to remember the exact numbers. Do you want me to  
28 look at the paper? Which tab is this?  
29 Q This is --  
30 DR. MILLER: It's outlined in the paper. Which tab is  
31 this?  
32 MR. TAYLOR: It's 18 in the Commission's binder.  
33 MS. CALLAN:  
34 Q I can suggest to you that it was 10, but if you  
35 could --  
36 DR. MILLER: Oh, I'm sorry. I misunderstood. I  
37 thought you meant in the whole study.  
38 Q No, just speaking about the fish with the  
39 mortality signature in figure 1A.  
40 DR. MILLER: Okay, where we've demarcated it. Yes, I  
41 believe there's ten.  
42 Q Now, when I count the two groups, it looks like  
43 there's samples of five and five, and I understand  
44 from speaking with others that that's actually  
45 mistake, and it was six and four.  
46 DR. MILLER: Yes. There was -- we've had a discussion  
47 about this with Gary Marty. The top bar that

1 demarcates survivors and upper river morts, there  
2 was a glitch in the way that that was put on, and  
3 there's one -- there's one fish that died that's  
4 missing on the -- on the left-hand side.

5 Q But certainly for the purposes of your analysis,  
6 you didn't use five and five, you used six and  
7 four, so it's just a glitch.

8 DR. MILLER: No, no. I know. Gary Marty has had all  
9 of the data and redone all of the analyses, and we  
10 noticed that we had a glitch on the top bar.

11 Q Okay. So for this purpose of my next set of  
12 questions, it's going to be about determining  
13 whether or not a diagnostic test can be derived  
14 from this, because I'm anticipating my friends  
15 might recommend that we could try to test for  
16 these fish using the genomic signature. So that's  
17 going to kind of form where I'm going.

18 So essentially 40 percent of the time you  
19 would be -- you would be incorrect if you tried to  
20 predict based on this test?

21 DR. MILLER: "Forty percent of the time you would be  
22 incorrect", I think there's something that is in  
23 the *Science* paper that I need to explain. And  
24 that is that what we found with this signature,  
25 and it makes obvious sense when you think about  
26 it, is that the individuals on the extremes of  
27 this signature, the individuals that are most  
28 highly affected, which are those on this -- on  
29 this figure that would be way to the left-hand  
30 side, as you go on this, on this almost continuous  
31 gradient, you have individuals that are highly  
32 affected, individuals that are something in the  
33 middle that don't really have any effect and, you  
34 know, have -- and then you have individuals on the  
35 other side.

36 If you envision this as individuals having  
37 exposure to a flu bug, and having the flu, and  
38 having pneumonia, right. So you have a very  
39 different probability of survival if you have  
40 pneumonia than if you simply were exposed to the  
41 flu bug. And this could be, it doesn't even have  
42 to be a disease scenario. If you had individuals  
43 that were starving and you were nutritionally  
44 deprived, and some that were well fed, you would  
45 only expect that there would be an effect on  
46 survivorship on the ones that are starving, not  
47 the ones that are just nutritionally deprived.



1                   And so this is the way that we have looked at  
2                   this data, and others have, as well, in other  
3                   kinds of studies. What we're looking for are the  
4                   physiological extremes. And so you're absolutely  
5                   right, there is no predictive power for fish that  
6                   are intermediate in this signature.  
7                   Q     Now, Dr. Garver, you have experience in developing  
8                   diagnostic tests for developing viruses.  
9                   DR. GARVER: That's correct.  
10                  Q     Would you use or recommend a diagnostic test from  
11                  this data.  
12                  DR. GARVER: To determine a virus?  
13                  Q     Correct.  
14                  DR. GARVER: A specific virus from a genomic signature?  
15                  Q     That's right.  
16                  DR. GARVER: I think if you had a biomarker for that  
17                  virus and you had validated it in a lab, then,  
18                  yes, you could use genomics to identify that  
19                  virus.  
20                  Q     Okay. Now, in this case where the ocean-tagging  
21                  studies only predicted 60 percent of the time, is  
22                  this data that you would find suitable to create a  
23                  diagnostic test from?  
24                  DR. GARVER: Well, like I said, you have to identify  
25                  that signature to ensure that it is definitively  
26                  just to that virus. For a diagnostic answer, you  
27                  have ensure specificity and sensitivity. So in  
28                  other words you want to ensure that you have no  
29                  false positives, and to do that, you need a  
30                  specific biomarker for that virus.  
31                  So if you're able to identify a specific  
32                  signature for virus A, then, yes, you could use a  
33                  genomic profile to diagnose that. But typically,  
34                  if you know what the agent is, you're going to  
35                  seek the agent, you're going to look for the  
36                  agent. You're not going to use genomics as a  
37                  diagnostic. You potentially could, but why would  
38                  you if you know what virus you're looking for,  
39                  you're going to look for the virus.  
40                  Q     Okay.  
41                  DR. MILLER: And I'd like to add to that, and I think  
42                  I've iterated this a couple of times. The  
43                  genomics approach that we use is for discovery,  
44                  and that's its sole purpose. It wasn't that we  
45                  were going to run microarrays on every fish and  
46                  predict their survivability. The point was we  
47                  don't understand, or we didn't understand what was

1           undermining performance in the river. We used  
2           genomics to try to understand more about potential  
3           mechanisms that may be involved.

4           And in this paper it's very clear that we're  
5           not expecting to find a single physiological  
6           component that can predict all mortality. It  
7           would be completely unrealistic. Fish are hit  
8           with all kinds of other things in the river.

9           The important point of this work was that for  
10          a segment of the population that was coming back  
11          into the river they were so ill-affected that  
12          there was an effect, even before they hit the  
13          river, on their subsequent survival.

14        Q       Now, the genomic signature affects different  
15        sockeye stocks differently in freshwater, I  
16        understand?

17        DR. MILLER: What we found was that we, in this  
18        freshwater one, we actually had more -- we had a  
19        larger sample size, we had more fish that were  
20        tagged. So we were able to derive a study that  
21        contrasted three different stocks, and the reason  
22        we were interested in that was that there's a lot  
23        of work that shows, you know, that stocks are  
24        differentially affected by different kinds of  
25        physiological components; disease being one of  
26        them, but we didn't actually set out to do disease  
27        here. We were interested in if we found something  
28        that was predictive of survivorship or premature  
29        mortality, how well did -- how predictive was that  
30        across different stocks.

31          What you need to understand about the three  
32          stocks that we looked at, was that they have  
33          difference in their susceptibility to high water  
34          temperature stress. And so I think the backdrop  
35          to everything that we have here is that the  
36          signature alone or the -- even a virus alone, in  
37          certain environments, may not have a negative  
38          impact. But when you put something that might  
39          compromise fish on top of stressful conditions in  
40          a river, like high water temperature stress - and  
41          my colleagues have done a lot of work on high  
42          water temperature stress - you have a greater  
43          potential of having a negative impact.

44          And so the stocks that would be most  
45          susceptible to high water temperature stress were  
46          the Lower Adams, which is a late run stock that's  
47          been entering the river early, and the Scotch

1 Creek. Chilko, and there's a publication out of  
2 Tony Farrell's lab, is a superfish. It can take  
3 high water temperature stress and it can have no  
4 ill effects that are measureable.

5 And so the stock that really showed the least  
6 proclivity to responding in a negative way to this  
7 signature was the Chilko fish, which -- which  
8 didn't have the double whammy of carrying the  
9 signature and being stressed by high water  
10 temperature. And that was one of our hypotheses  
11 for why that stock was much less affected. I have  
12 others, but we don't need to go into them.

13 Q So to summarize, for the freshwater study the  
14 survival of Scotch Creek fish correlated with the  
15 genomic signature, and Chilko, and I'm getting  
16 from your paper, Late Shuswap, as well, didn't  
17 correlate?

18 DR. MILLER: In the freshwater environment there was  
19 not a correlation between survivorship of those  
20 two stocks.

21 Q So you'd agree, then, that the freshwater tagging  
22 study is not consistent?

23 DR. MILLER: You know what's interesting about this  
24 signature is that -- is that the signature in the  
25 marine environment is suggestive of a very early  
26 stage recognition of a pathogen. It's an  
27 immunosuppressive signature.

28 The signature that we have in freshwater,  
29 although there are enough elements to find a good  
30 correlation between those signatures, is something  
31 of a change, in that -- in that you move from a  
32 very early stage recognition signature to a full-  
33 blown apoptotic, which means cell death, and  
34 stimulation of inflammatory response. And so it's  
35 more likely that it's at that point that if there  
36 is disease, that that's when disease is starting  
37 to come about.

38 And so one of the things that we hypothesize,  
39 and I think we might say something about that in  
40 this paper, is that at the point when fish are  
41 entering freshwater and swimming through  
42 freshwater, we hypothesize that it's possible that  
43 if there is a virus, that that virus might be  
44 being transmitted at that point. So when we're  
45 picking up fish at that stage, you know, there's  
46 fish that are already affected, but there may be  
47 more fish affected as they migrate.

1                   And so if -- the point is that if we sample  
2                   them as early as in the marine environment, if  
3                   they already have that signature in the marine  
4                   environment, they're more doomed. They would have  
5                   had it for a longer period of time.

6           Q       Have you done any follow-up studies on freshwater  
7                   environments and similar to your *Science* paper in  
8                   subsequent years?

9           DR. MILLER: we're doing that right now in 2010, and we  
10                   have a 300-fish study, the same three stocks, so  
11                   we'll be able to look at this relationship again  
12                   in those same three stocks. The difference is we  
13                   tagged all of the fish in the marine environment.

14                   So, you know, for -- again bringing this back  
15                   to practicalities, one of the points in doing this  
16                   was to provide something that might be useful to  
17                   managers. Managers want to know if there is  
18                   predictability on -- on what the effects on salmon  
19                   returns might be, they would like to know that  
20                   before they hit the river. They would like to  
21                   know that in the marine environment. This study  
22                   was encouraging, that we could identify a  
23                   signature associated with poor performance in the  
24                   river before they made it to the river. So that's  
25                   before they opened the major fisheries in  
26                   Johnstone Strait and Juan de Fuca Strait.

27                   And so we decided this year to focus, or in  
28                   2010 to focus our efforts on the marine  
29                   environment, but still looking at mortality in the  
30                   freshwater environment. Because if we were to  
31                   develop tools from this, that's where the --  
32                   that's the point where managers want that ability  
33                   to predict.

34           Q       And do you know when those studies will be  
35                   published or be available?

36           DR. MILLER: We just ran the microarray study. We  
37                   actually got some -- and it's a -- the unfortunate  
38                   thing is it's a new array, it's not the same array  
39                   that we used. The array that we used here is no  
40                   longer available, so we're using a different array  
41                   which has a different complement of genes. But  
42                   the results I've seen so far are very encouraging  
43                   that we do have some important signatures  
44                   associated with survivorship.

45           Q       Now, I also understand you did a spawning ground  
46                   study, as well?

47           DR. MILLER: The spawning ground study was -- it was a

- 1 bit of an add-on. There was a graduate student in  
2 Scott Hinch's group who was looking at factors  
3 associated with pre-spawning mortality at the  
4 spawning grounds. And so, yes, there was a  
5 tagging study and we were able to get her fish and  
6 use them in our study, as well. This came quite a  
7 bit later than the other studies, and this is what  
8 held up publishing this, because we wanted to wait  
9 for it to look at that third environment.
- 10 Q And I understand that 3.7 was the odds ratio for  
11 that study, and that as a result they were not  
12 statistically significant?
- 13 DR. MILLER: It was a very -- it really was we were  
14 looking to see whether or not it was consistent,  
15 but the sample sizes for that study were  
16 significantly smaller, and because that's all the  
17 fish we could get. So recognizing that we were  
18 really on the limits of being able to find  
19 something that was truly significant, the trend  
20 was still the same.
- 21 Q So then for the three studies, again, the genomic  
22 signature isn't predictive for a diagnostic test  
23 for predicting mortality. You'd agree with that?
- 24 DR. MILLER: I would say that the point, the first and  
25 foremost point of this study was to uncover  
26 potential mechanisms associated with poor  
27 performance in the river, and also to have a  
28 better understanding of whether or not salmon were  
29 already physically compromised, physiologically  
30 compromised before they reached the river. I  
31 would say we have absolutely done that.
- 32 I would say in terms of the predictive nature  
33 of this, this is a one-year study, and clearly one  
34 needs to do this in more years and with more fish  
35 in order to really develop something that's truly  
36 predictive. So I wouldn't want to go out tomorrow  
37 and say I have a test, you know, to predict  
38 mortality in any year in any stock.
- 39 Q Have you done any analysis on whether or not the  
40 differences in gene expression are a result of  
41 chance, or not a result of chance?
- 42 DR. MILLER: I don't know what kind of studies you're  
43 imagining. But randomizing samples, are you  
44 thinking technical, or I don't -- I don't  
45 understand the question.
- 46 Q Oh, I'm trying to find out the confidence level.
- 47 DR. MILLER: That there is a signature?

1 Q Right.

2 DR. MILLER: Well, I mean, we've demonstrated this same  
3 signature in gill tissue in multiple years. We've  
4 demonstrated a highly correlated signature in  
5 other -- in other tissues that do not correlate  
6 with any kind of technical effects of running  
7 microarrays. Those can, I mean, we can get  
8 correlations of over .95 between different studies  
9 for this signature. So I do think that we have  
10 validated that this is something biological as  
11 opposed to technical.

12 Q If we could turn to Figure 3 of Exhibit 558. As I  
13 see it there is -- maybe if you could explain this  
14 figure for the Commissioner.

15 DR. MILLER: Okay. This figure shows biological  
16 processes and the biological processes are shown  
17 on the left. Pro-virus integration is a  
18 biological process. These kinds of biological  
19 processes are called gene ontologies, and for  
20 every -- for every gene it is involved -- each  
21 gene is involved in a number of different  
22 biological processes. And so when we do an  
23 analysis that is called a functional analysis,  
24 we're looking at all of the genes that are present  
25 on the array, and what are all of the biological  
26 processes or GO terms, as what -- as people call  
27 them, that they are involved in. And then we're  
28 looking if we have a list of genes that defines a  
29 signature, what among those biological processes  
30 are statistically over-represented in that list of  
31 genes. And so that's what this figure shows are  
32 the biological processes that are found  
33 statistically associated with this particular  
34 signature.

35 So on the bars on the graph, the ones that go  
36 to 0 to -3, those are processes that are down-  
37 regulated, so that are -- that think of as  
38 pathways that are being turned off in fish with  
39 the MRS signature, and the ones that go from 0 to  
40 3 are pathways or GO terms that turned on in the  
41 fish with the signature relating to higher  
42 mortality.

43 Q Now, I understand you had some complex results and  
44 in seven of the 40 biological processes some were  
45 at the same down-regulated and up-regulated?

46 DR. MILLER: That means you really can't describe, you  
47 really can't prescribe which direction the pathway

1 goes. That is quite common in microarray studies  
2 that, you know, sometimes it's very clear what  
3 your directional. But what you have to understand  
4 about -- about the technique is there are genes  
5 that can be negative effectors and genes that can  
6 be positive effectors of a pathway. So you can  
7 have a gene that actually when it's turned on,  
8 it's turning the pathway off. Right? And then  
9 you can have other genes that when it's turned on,  
10 it's turning the pathway on. So it is quite  
11 complex.

12 So when you get this -- when you get this  
13 mixed pattern where it's not really clear that  
14 most of the genes are being stimulated, then you  
15 have to go and say, okay, what's the effector of  
16 each of these genes? What do they do, and is it  
17 that you have ones that are being, you know,  
18 turned off are actually the repressor. So it can  
19 be quite complicated.

20 We didn't go into that detail here and most  
21 people don't. Most people simply show which ones  
22 are obviously being activated and deactivated, and  
23 that's what we've done.

24 Q I understand for the purposes of your *Science*  
25 paper the samples were taken from the gills, and  
26 that's not the ideal sample, and specifically the  
27 ideal sample are heart, kidney or brain. And I  
28 understand you've done that subsequently?

29 DR. MILLER: Yes. The reason we have to take samples  
30 from a gill when we're doing radio tracking is  
31 because it is a non-destructive tissue. You can't  
32 take the brain of a fish and have it swim to the  
33 spawning ground. So it really is, it really is  
34 our only choice. We can use gill, we can use  
35 skin, we can use muscle, but you really -- it's  
36 absolutely true that you are limited into what, if  
37 you're going to combine with radio tracking,  
38 you're limited in what kinds of physiological  
39 processes you can look for. And we have followed  
40 this up using destructive samples from other  
41 tissues.

42 Q Okay. So my question is I understand that you  
43 were only getting inconsistent results on an  
44 individual level where some would have brain  
45 tissue that showed the MRS and others would show  
46 heart tissue only that had the MRS?

47 DR. MILLER: I don't understand the term "only". But,

1           yes, we do find, and this really was highlighted  
2           in our 2005 studies, where we looked at the same  
3           fish over three different tissues and showed that  
4           the signature, the highly correlated signature was  
5           present in each of those, but the prevalence in  
6           each of those was really quite different. And the  
7           prevalence in that study, I believe was highest in  
8           the brain and lowest in the liver.

9           Q     And I'm assuming there will be more research on  
10           that in the future, that you'll narrow that down  
11           and...

12          DR. MILLER: Absolutely. I mean, right now we're doing  
13           a lot of work on adults, other than the work that  
14           combines the radio tracking with the genomics.  
15           But we are doing a lot of work on smolts. So we  
16           will have a lot of information about -- most of --  
17           we're running smolt studies using multiple tissues  
18           where we'll be able to say at an individual level  
19           what proportion of individuals carry this  
20           signature in one, two and three tissues.

21                 I should add that with the virus, the  
22           parvovirus that we've identified in tissue that  
23           contains this signature, kidney is actually  
24           probably the best tissue we could have been using.

25          Q     Now, just moving on to the histology samples that  
26           Dr. Marty analyzed for yourself.

27          DR. MILLER: Yes.

28          Q     I understand that his conclusion was that they --  
29           the lesions were related to blunt force trauma.

30          DR. MILLER: You're talking about the brains.

31          Q     That's right.

32          DR. MILLER: So we sent in 2009 when we first observed  
33           what we thought were abnormalities in the brain,  
34           we had histological slides made of those. Those  
35           were from -- the slides were made in our Fish  
36           Health group. They took one -- they took two  
37           slices from the middle of the brain, and made  
38           slides into them -- or made them into slides.  
39           They took 12 brains total. All of those brains  
40           came from the spawning grounds.

41                 You know, one of the issues is that when  
42           we're doing our genomics, as I said before, we're  
43           doing the genomics and we use the whole brain. So  
44           and the other thing is that when we're doing --  
45           when we're doing the dissections or even the  
46           collections, we don't collect histology-grade  
47           brains. We collect this -- these samples for



1 doing RNA work, and the kinds of the chemicals one  
2 uses for that are different from the kinds of  
3 chemicals you would use for histology.

4 So the only reason I'm bringing that up is  
5 that those were the only brains that we had that  
6 were collected in -- that were either collected in  
7 a chemical and never frozen, which you can't  
8 freeze if you're going to do histology, or they  
9 were collected in histology chemicals. So  
10 although we'd seen these what we thought was  
11 anomalous in smolts and in other -- in other  
12 points along the migration, the only samples we  
13 had available to run histology on were spawning  
14 ground samples.

15 And so Dr. Marty got 12 brains that we had  
16 classified according to whether or not they  
17 contained these what we thought again were  
18 lesions. And when he read those slides, he  
19 concluded that they were likely arising from  
20 haemorrhages and they were likely arising from  
21 haemorrhages from as a sampling artefact, as an  
22 artefact of the handling of the fish.

23 Q I just want to make clear, I mean no criticism by  
24 that question at all.

25 DR. MILLER: No, I'm just being clear.

26 Q Yes.

27 DR. MILLER: I'm just trying to be clear.

28 Q Exactly. And I just wanted to clarify that point  
29 so we could nail down the brain tumour issue.

30 DR. MILLER: That's fine. Yeah.

31 Q Now, at this point you're not in a position to  
32 definitively identify the cause of the MRS as a  
33 novel virus.

34 DR. MILLER: The cause of the MRS as it -- are we --  
35 okay, yes. We have not definitively established  
36 that the parvovirus causes the MRS. That is  
37 something that is the topic for our disease  
38 challenge work.

39 Q And at this point parvovirus in fish, this will be  
40 the first time it's ever been identified, if it is  
41 ultimately identified by yourself?

42 DR. MILLER: That is correct. This is the first time a  
43 parvovirus has been identified in a fish. They  
44 have been identified increasingly in lower  
45 vertebrates in the last decade. generally  
46 associated with mortality events.

47 Q And other parvoviruses have been identified in

1 humans, dogs and sea lions?

2 DR. MILLER: Oh, and shrimp and insects and ducks and  
3 geese, and a variety of other lower vertebrates,  
4 as well, and snakes.

5 Q And Dr. Garver, what are your thoughts on whether  
6 parvovirus is linked with the MRS?

7 DR. GARVER: I agree with what Kristi says. At this  
8 time we don't have the actual link to the fact  
9 that it is the cause of the MRS and that's what  
10 we're working towards.

11 Q Now, I understand that you have identified a  
12 2,214-base pairing sequence?

13 DR. MILLER: That's correct.

14 Q And that's about 50 percent of the parvovirus  
15 genome?

16 DR. MILLER: Yes.

17 Q Does a partial signature necessarily mean the full  
18 sequence is there, or is it a possibility that it  
19 could be chance?

20 DR. MILLER: I don't -- I guess I don't see how it can  
21 be chance, given the kinds of data that we're  
22 seeing. Chances of exactly what? It's certainly  
23 not endogenous in the salmon genome. It's not  
24 something that is -- that is there in the DNA of  
25 the salmon. So I don't know where you'd pick up a  
26 partial viral sequence by chance.

27 Q And at this point have you done any histopathology  
28 to determine if the genomic signature or  
29 parvovirus is associated with disease?

30 DR. MILLER: That again is something that we're going  
31 to concentrate on with the disease challenge work.  
32 We have done a little bit of histology, taking  
33 some fish that were parvovirus positive from --  
34 that were sampled from smolts sampled in the  
35 marine environment. The thing to recognize is  
36 that when we sample fish in the marine  
37 environment, at the time that we're sampling them,  
38 we're sampling live fish. We're not sampling at  
39 the time of death.

40 And I am not a histologist, but from what I  
41 understand of histology, the histology will become  
42 a lot stronger and more powerful and easier to  
43 detect if you're sampling fish at a later state of  
44 -- at the latest state of disease. And most -- a  
45 lot of histology that's done in concert with  
46 disease, but not all - Gary Marty has a study on  
47 herring that looked at wild herring - has

1 concentrated on fish that -- moribund fish, or  
2 fish that are sampled close to death.

3 So when he -- he processed these, we only  
4 looked at about ten or 12 samples and he didn't  
5 see anything that -- that through histopathology  
6 was really conclusively suggested that there was a  
7 histological feature that would be associated with  
8 mortality.

9 Q Now, while I understand you're getting closer to  
10 identifying parvovirus as the cause and studies  
11 are ongoing, there still are alternative  
12 hypotheses or differentials that it could be  
13 related to.

14 MR. TAYLOR: I just rise because the way the question's  
15 framed doesn't seem to accord with the evidence,  
16 and says "getting closer to finding that 'X' is  
17 the cause", as I heard you.

18 MS. CALLAN:

19 Q Well, what I meant by the question was studies are  
20 starting to -- there's different possibilities  
21 still. They're looking at one hypothesis, but at  
22 the other time considering alternative hypothesis.

23 DR. MILLER: I would say that's correct. I mean, at  
24 the moment we have enough to keep going with the  
25 parvovirus and keep going with the research to  
26 establish whether or not the parvovirus is (a)  
27 associated with the signature, (b) causative of  
28 the signature. If we find that it is not, then  
29 obviously we have a couple of things to do, one of  
30 which is to go back and say, well, okay, what else  
31 might be there that we're missing, that might be  
32 associated with this signature. And maybe  
33 there's, you know, another -- another infective  
34 agent that we have missed.

35 But I think we will still continue on with  
36 our work on this parvovirus, because we've  
37 identified a virus in sockeye salmon that is at a  
38 very high prevalence, and at a very high  
39 prevalence at the time point when sockeye salmon  
40 are entering the marine environment and undergoing  
41 some of the highest mortality that they do in  
42 their life history. And so I think that in and of  
43 itself makes -- warrants further study into this  
44 virus, even if in the end it doesn't happen to  
45 correlate with the MRS.

46 Q And, Dr. Garver, do you have anything to add?

47 DR. GARVER: No, just to the fact that we're following

1 the scientific methodology and approach. You take  
2 one step at a time. You need to confirm route "A"  
3 before you can go to "B" a lot of times. So  
4 that's the project that we're -- that's the track  
5 that we're on right now.

6 Q Now, I understand in your timeline document, and  
7 I'm specifically referring to provincial Tab 20,  
8 which is the earlier one from May, as opposed to  
9 the later one, that you identified a declining  
10 prevalence of the signature in the ocean, but  
11 could point to a potential impact of the signature  
12 or -- and then goes on a little bit to -- or early  
13 marine mortality, and then goes on, but cannot  
14 discount the possibility that some individuals  
15 recovered from the signature.

16 DR. MILLER: That's absolutely correct. What we're  
17 doing at this point in addition to doing the  
18 challenge work is to start -- starting to  
19 accumulate the information about how prevalent is  
20 this, and do we see shifts in prevalence and over  
21 space and time, or in years where we have strong  
22 year class strength and weak year class strength.  
23 When you're working with wild fish, looking at  
24 shifts in prevalence is one of the indicators that  
25 people use to try to pinpoint what factors might  
26 be involved in declines.

27 I should point out that there's studies on  
28 disease that have taken place in Oregon on wild --  
29 on wild chinook and coho salmon from the Columbia  
30 system. And one of the things that they found,  
31 they look at BKD, and they look at -- they look at  
32 various parasites. And I believe Mike Kent was  
33 even involved in some of these studies. It's out  
34 of Kym Jacobson's lab. And what they have found  
35 over ten years, so they've been at this longer  
36 than we have, is that -- and they only sample --  
37 and they only, I should caveat, they only sample  
38 fish in June in the ocean. What they have found  
39 over ten years is that they can't -- in years  
40 where ocean conditions are poor, they can't find a  
41 fish with BKD in the ocean when they go out and  
42 sample in June. Now, recognizing that when they  
43 go out and sample in June, the fish have been in  
44 the ocean for a month and a half or two months, if  
45 they go out into the ocean when the conditions are  
46 good, and good for growth of smolts, they can find  
47 up to 70 percent of the smolts that contain very

1 mild infections with BKD.

2 And they found a very similar result when it  
3 came to -- when it came to parasites. They can't  
4 find fish that have a heavy parasite load when the  
5 ocean conditions are poor. They can find fish  
6 with three or more parasites when the ocean  
7 conditions are good.

8 And what they have concluded is that fish  
9 disease is not tolerated when the ocean conditions  
10 are poor. Those fish that carry disease, simply  
11 don't survive. What they've missed in their  
12 studies, however, is that they don't link it to  
13 the freshwater, so they don't really know on an  
14 annual basis how many diseased fish might have  
15 gone out into that environment. And I would say,  
16 you know, that's something that we're interested  
17 in, as well.

18 So right now, with the declining prevalence,  
19 we're looking for patterns, and the signature in  
20 2008 and in 2007 - mind you, small sample size -  
21 showed a declining pattern in the prevalence of  
22 the signature.

23 We have since now also focused on this  
24 parvovirus and we see the same thing. We see when  
25 we see the parvovirus that the highest prevalence  
26 is in the river. We see a declining prevalence in  
27 the early ocean environment. But hints to that  
28 decline may vary in different years, so the degree  
29 of decline that we observe may not be the same in  
30 every year. And that is what I'm focused on, is  
31 how much does it decline.

32 But you're absolutely right in that we do  
33 need to establish whether or not fish could  
34 recover, and/or or whether a decline is always  
35 going to be associated with mortality, and we have  
36 not established that.

37 The other thing that I would just like to say  
38 is that we, with the parvovirus, we have been  
39 sampling a broad range of stocks and we've sampled  
40 a broad range of stocks in the Fraser River. In  
41 last year, in 2008, there were over 400 fish  
42 collected in the marine environment in May and  
43 June in the ocean, and we looked at the presence  
44 of this parvovirus sequence in those fish, and the  
45 only stock that we could not find the parvovirus  
46 in that we had a sample size of over 15 fish for  
47 was Harrison. And we had 51 Harrison fish.

1                   Harrison is the one stock in the Fraser River  
2                   that is increasing in productivity. Why that's  
3                   important is that we're looking for patterns.  
4                   Okay? We don't have all of the data to show  
5                   disease and to show mortality yet. We're working  
6                   towards this. We are working with wild organisms.  
7                   But everywhere we turn we see indications that  
8                   indicate that what we're looking at could have a  
9                   negative impact at this life history stage.

10                  MS. CALLAN: Thank you, those are all my questions.

11                  MR. MARTLAND: Mr. Commissioner, next on the list of  
12                   counsel, I have counsel for the B.C. Salmon  
13                   Farmers Association at 30 minutes.

14                   Indeed, maybe just to clarify the record,  
15                   then. I think there was a document on screen that  
16                   may not have been marked. And perhaps I can just,  
17                   by way of a interjecting question without taking  
18                   anyone's time, I hope, confirm, Dr. Miller, is  
19                   that an earlier draft of the timeline document  
20                   that had been provided and put into evidence as  
21                   1517, Exhibit 1517?

22                  DR. MILLER: I can't tell if it's early till you see  
23                   the end.

24                  MR. MARTLAND: All right. Maybe we can. Is the best  
25                   way to do that to go to the very end, and perhaps  
26                   the equivalent of "DD".

27                  DR. MILLER: Yes, if it says July, that's the most  
28                   recent one.

29                  MR. MARTLAND: Okay.

30                  DR. MILLER: That's the old one, because I see it ends  
31                   in May.

32                  MR. MARTLAND: Thank you. If this might be marked,  
33                   then, as the next exhibit.

34                  THE REGISTRAR: It will be marked as 1522.

35  
36                   EXHIBIT 1522: Miller, Timeline of Genomic  
37                   Research relating to the Mortality-related  
38                   Genomic Signature Hypothesized to be  
39                   associated with a potentially Novel Virus,  
40                   May 2011

41  
42                  MR. BLAIR: Mr. Commissioner, for the record, Alan  
43                   Blair appearing for the B.C. Salmon Farmers  
44                   Association. I note the hour. It's three  
45                   o'clock, and I'm in the Commissioner's hands  
46                   whether we take a break now or later.

47                  THE COMMISSIONER: You can carry on, Mr. Blair.

1 MR. BLAIR: Very well, thank you, then.

2

3

CROSS-EXAMINATION BY MR. BLAIR:

4

5

Q Drs. Garver and Miller, I'll start firstly with you, if I may, Dr. Miller. We've been speaking of course in this Commission about the effect on Fraser River sockeye. But I believe that the studies you've done and the reports that you've been discussing today indicate that you found this signature in a variety of salmon stocks, not only in sockeye; is that correct?

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DR. MILLER: That is correct. We have observed it in chinook and much less powerfully so in coho.

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Q And in any of the other species, or have you looked?

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DR. MILLER: We haven't looked, but we have -- we now have some sample collections of pink and chum, so we will be looking at them.

20

21

Q And what about the distribution, where were these fish from that you found the signature?

22

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DR. MILLER: Most of our work has been about the Fraser River, but some of our coho and chinook have extended to East Coast of Vancouver Island and Burrard Inlet stocks. We have in our chinook salmon work extended as far as the Columbia River system, and we do see this signature in the Columbia in chinook.

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Q I have a note here, and perhaps you can just confirm whether this is correct or not. But have you also found the signature in some of the rivers to the north? I'm thinking the Skeena, the Nass, Stikine.

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DR. MILLER: We have not. I believe we might have looked at a fish or two, but we really haven't got -- we haven't looked at a lot of samples to the north. We have some. Dr. Trudel conducts high seas surveys every year, multiple times a year, that go up to southeast Alaska. So we do collect and we run stock ID, so we know where the fish from those collections come from. And so we do have some fish that are from more northerly stocks and we will be running them, but we haven't really done a lot of work on them yet.

45

46

47

Q So are you able to say whether you found the signature in any of these northern stocks, or that work is yet to be done?

1 DR. MILLER: I am not able to say that right now.

2 Q And I think earlier in the day we heard reference  
3 to Haida Gwaii, that's of course a jurisdiction,  
4 and it's also an area that people often refer to  
5 in terms of where the stocks migrate past. Have  
6 you received information in terms of a signature  
7 in the Haida Gwaii area?

8 DR. MILLER: In returning adult salmon, we do see the  
9 signature in fish in the Haida Gwaii, yes.

10 Q And what about the Strait of Juan de Fuca?

11 DR. MILLER: Yes, we see the signature there, as well.

12 Q Now, of course everyone's been very curious about  
13 your work, and that includes my client, the B.C.  
14 Salmon Farmers Association. And is it true to  
15 characterize the discussions you've had with the  
16 B.C. Salmon Farmers generally, and maybe more  
17 specifically with Mary Ellen Walling, the  
18 Executive Director of the Salmon Farmers  
19 Association, that you've indicated to the  
20 association that the data you have to date doesn't  
21 point to a strong involvement of salmon net pens  
22 in the transmission of the virus to migrating  
23 salmon?

24 DR. MILLER: We have no direct data on aquaculture  
25 fish. However, the finding that fish are leaving  
26 the river with the highest prevalences of this  
27 would stand to suggest that a lot of the  
28 transmission of this virus - and I'm talking the  
29 virus right now, but one could say the signature,  
30 as well - because the highest prevalence of the  
31 signature is also in freshwater, seems to emanate  
32 out of the freshwater environment. That doesn't  
33 mean that there couldn't be transfer in a marine  
34 environment, but it does mean that we don't have  
35 data pointing to that.

36 Q And also in your discussions with the people at  
37 the BC Centre for Aquatic Health Sciences,  
38 sometimes referred to by its acronym, CAHS, you've  
39 also had discussions noting that the signature  
40 present in the returning adult salmon migrating  
41 through Haida Gwaii, the signature has shown up  
42 before they would have encountered the salmon  
43 farms closer down, further south?

44 DR. MILLER: That is correct.

45 Q Now, there was a reference just a few moments ago  
46 about the Harrison stock, and I think I understand  
47 that in the samples you've done of the Harrison



1 stock, you've not found the signature in that  
2 stock?

3 DR. MILLER: We've looked at 156 samples now. I only  
4 talked about one, what we looked at last year at  
5 kidney tissue, but we've also looked at liver  
6 tissue and brain tissue, and we've looked at 156  
7 different fish, and we haven't found a single  
8 positive smolt from the Harrison.

9 Q Now, the Harrison sockeye have some of the  
10 shortest residence time in freshwater in the  
11 Fraser system?

12 DR. MILLER: Yes, they do.

13 Q And is it true to say that in terms of the  
14 relative prevalence rates, your studies have shown  
15 the highest -- amongst the highest prevalence  
16 rates in those sockeye salmon from the upper  
17 reaches of the Fraser, in other words, those with  
18 the longest residence time in the freshwater  
19 environment?

20 DR. MILLER: In 2010, certainly that did appear to be  
21 the trend, that the higher prevalence was in --  
22 was in stocks that were further up the river.

23 Q And so are you able to draw any conclusions, or  
24 have you drawn any conclusions in terms of the  
25 relationship to the relative prevalence and the  
26 residence time in the freshwater systems?

27 DR. MILLER: Well, the unfortunate thing is, and maybe  
28 this will be easier in chinook where we have more  
29 stocks within the Fraser River that have those  
30 alternative life histories. I mean, Harrison fish  
31 are the only Fraser River stock with a life  
32 history that puts them in the river for less than  
33 a year. And so that chinook salmon, they, you  
34 know, we have ocean type and stream type chinook  
35 salmon stocks and we are interested in that  
36 question, whether or not that relates to the  
37 difference in the life history strategy, or  
38 something unique about Harrison.

39 I should say that we did find positives in  
40 the Birkenhead system, which Birkenhead fish  
41 actually swim by Harrison, by Harrison Lake in  
42 order to get to Birkenhead, and we do see  
43 positives in Birkenhead.

44 Q And is that an anomaly at present you're not able  
45 to explain, or just not sufficient evidence?

46 DR. MILLER: We need -- we need more data to try and  
47 understand it. But I think, you know, we're doing

1 a study right now, which is -- which is  
2 contrasting Harrison and Chilko in sockeye, and a  
3 variety of chinook salmon, stream type and ocean  
4 type stocks. And we're not only looking for this  
5 signature, we're looking for other physiological  
6 factors that may differentiate them. Because just  
7 like in Harrison and the other stocks in the  
8 Fraser River, in the chinook salmon, the stocks  
9 that are in the worst decline tend to be those  
10 that have a life history more like the bulk of the  
11 sockeye salmon. So the fish that spend less time  
12 in freshwater tend to be doing better than those  
13 that spend more.

14 Q Now, you made reference to the phrase "lifecycle",  
15 and you also referred earlier today to the recent  
16 communication, and I believe also communication  
17 with the salmon farmers that was not so recent,  
18 you've been endeavouring to coordinate the  
19 sampling with the assistance of the salmon  
20 farmers, and you now understand that fish will be  
21 coming from the various companies that make up the  
22 B.C. Salmon Farmers Association?

23 DR. MILLER: Yes. That's absolutely correct.

24 Q And I think it was Dr. Garver who spoke about the  
25 protocols necessary for doing work, it's your  
26 intention and your understanding that the B.C.  
27 Salmon Farmers will cooperate and provide a whole  
28 series of lifecycle stages of fish from a variety  
29 of different farms across the spectrum of the  
30 industrial salmon farms. Is that your  
31 understanding? I see you looking to Dr. Garver.

32 DR. MILLER: Oh, I thought you were asking him.

33 Q No, no, I was asking you.

34 DR. MILLER: I don't think he knows, because he wasn't  
35 involved in those initial discussions.

36 Q All right.

37 DR. MILLER: So I was looking at him, wondering if he  
38 was going to answer that.

39 Q Well, he might be, he could try.

40 DR. MILLER: No, that is my understanding. Again, you  
41 know, I've really only emailed back and forth with  
42 Mary Ellen Walling. I haven't spoken with the  
43 different vets. But I am told that that they are  
44 on board with providing those samples, yes.

45 Q So within the lifecycle and also from multiple  
46 farms.

47 DR. MILLER: And I did make a mistake, I called them

1           the samples from the river, and I meant from the  
2           hatcheries, from freshwater and in the marine  
3           environment --  
4        Q     Yes.  
5        DR. MILLER:  -- previously.  
6        Q     I wonder if we could just, Mr. Lunn, pull up  
7           Exhibit 1521, and go to page 13, please.  This  
8           document, before he flashes past the front page,  
9           is you've told us when this was written, Dr.  
10          Miller.  I don't have a note of it.  Do you  
11          recall?  
12       DR. MILLER:  This was provided to the Pacific Salmon  
13          Commission in June of 2010.  
14       Q     All right.  And at the bottom of page 13, please,  
15          Mr. Lunn.  
16       DR. MILLER:  Hopefully I don't have a date problem here  
17          again, but...  
18       Q     Yes, the last sentence, you've written:  
19  
20                    Given the high prevalence before fish leave  
21                    the river, salmon aquaculture is not likely a  
22                    main route of transmission to wild salmon.  
23  
24                    We've covered that point already.  I just wanted  
25                    to -- firstly, these are your words, this is your  
26                    report, correct?  
27       DR. MILLER:  Yes.  
28       Q     Nods don't always transcribe quite as well.  
29       DR. MILLER:  Sorry.  Yes, it is.  
30       Q     Quite all right.  Lawyers are usually guilty of  
31           that.  So this is -- this was your opinion back in  
32           June of 2010.  
33       DR. MILLER:  Yes.  
34       Q     And it really accords with your current view, as  
35           well, as a result of the recent discussions you've  
36           had with the salmon farmers, you've repeated this,  
37           you've not changed your point of view in this  
38           regard, have you?  
39       DR. MILLER:  Not particularly.  It doesn't dismiss the  
40          potential of transfer back and forth between wild  
41          and aquaculture fish when they're passing salmon  
42          farms, but again, I would say that the main time  
43          point of transmission appears to be occurring in  
44          freshwater.  
45       Q     And the last comment about not removing that  
46           possibility, you say that, but it's purely  
47           speculative because to date you --

1 DR. MILLER: Absolutely. We have no information about  
2 Atlantic salmon aquaculture fish.

3 Q Even whether they possess the signature.

4 DR. MILLER: Even whether they possess the signature,  
5 or the virus. That is what we're hoping to gain  
6 by working with the industry.

7 MR. BLAIR: Thank you. Mr. Commissioner, did you want  
8 to take a short break now?

9 THE COMMISSIONER: Yes, thank you.

10 MR. BLAIR: Thank you.

11 THE REGISTRAR: The hearing will now recess for 15  
12 minutes.

13

14 (PROCEEDINGS ADJOURNED FOR AFTERNOON RECESS)

15 (PROCEEDINGS RECONVENED)

16

17 THE REGISTRAR: Order. The hearing is now resumed.

18 MR. BLAIR: Thank you, Mr. Commissioner.

19

20 CROSS-EXAMINATION BY MR. BLAIR, continuing:

21

22 Q Dr. Garver, these questions are for you, and they  
23 relate to IHN. My question, in a general sense,  
24 is there any evidence that the prevalence of IHN  
25 stocks in B.C. sockeye salmon have changed since  
26 the 1990s?

27 DR. GARVER: So a predecessor of mine, Garth Traxler,  
28 began a surveillance program for IHN in various  
29 sockeye salmon stocks, and so we have -- it's  
30 actually one of the few diseases or pathogens that  
31 we have a very long-term monitoring program for,  
32 and he started this back in 1986. And what we  
33 found is that the prevalence values vary  
34 considerably from year to year and between stocks,  
35 and since that monitoring period there were a few  
36 outbreaks in salmon farms. And when we compare  
37 those times during the outbreaks to the stocks  
38 that we are looking at for IHN prevalence, it  
39 didn't appear to change the prevalence in the wild  
40 stocks. In other words, it wasn't a driving  
41 factor for the occurrence IHN in the wild stocks.

42 Q And in that work, sir, did you find whether there  
43 was any correlation in the IHN prevalence as  
44 between adults and its occurrence in fry?

45 DR. GARVER: No. And that was the big motivation  
46 behind beginning the monitoring program, is to  
47 establish something where we could predict the

1 occurrence of IHN disease in our wild stocks, and  
2 so Garth Traxler had looked at the adult -- the  
3 prevalence in adults, and in the subsequent year  
4 the fry from those adults, looked at the  
5 prevalence in there. And when we run the  
6 correlations, there is no correlations between the  
7 prevalence in adults and those that occur in its  
8 offspring the following year.

9 Q And I think another part of your work in your  
10 summary could be summarized as this; that is, that  
11 your work suggests -- has suggested that IHNV is  
12 not a major contributor to the long-term decline  
13 of these two stocks, and by the two I'm referring  
14 to the Weaver Creek and Nadina River?

15 DR. GARVER: That's correct. There has been episodic  
16 events which have caused catastrophic mortality,  
17 particularly in the Weaver Creek. Garth Traxler  
18 documented this in, I believe it was, a 1987  
19 publication that the outbreak occurred in 1986,  
20 and it killed that Weaver Creek, it killed about  
21 50 percent of the fry, so there was a dramatic  
22 impact at that, but it was epizootic in that it  
23 wasn't reoccurring every year. And so from what  
24 we have to date is dated to suggest that, yeah, if  
25 we're looking at a long-term trend where IHN or  
26 reduced productivity in the Fraser stocks, the  
27 sole factor wouldn't be IHN.

28 Q So noting the outbreaks as you've just done, it is  
29 correct to characterize that IHNV was not a major  
30 contributor to the long-term decline of the  
31 stocks, but you had spikes when it went through  
32 those two systems?

33 DR. GARVER: There are spikes, that's correct. And the  
34 problem is, it's very difficult with diseases.  
35 There could be compounding factors. So if you  
36 have other diseases or other environmental factors  
37 that increases the susceptibility to that disease,  
38 a lot of those we don't have determined and IHN  
39 would fall into one of those categories we don't  
40 know all the predisposing factors to disease.

41 MR. BLAIR: Thank you, Dr. Garver. Thank you, Dr.  
42 Miller. Thank you, Mr. Commissioner.

43 MR. MARTLAND: Mr. Commissioner, counsel for the  
44 Aquaculture Coalition is next, with 65 minutes.  
45 That'll run us till 4:00 and then continue  
46 tomorrow, I expect.

47 MR. McDADE: Dr. Miller, Dr. Garver, my name is Gregory

1           McDade, and I am counsel for Dr. Alex Morton and  
2           for the Aquaculture Coalition.  
3

4           CROSS-EXAMINATION BY MR. McDADE:  
5

6           Q     Just in starting, Dr. Miller, my client has  
7           instructed me to say that we want to thank you for  
8           your courage and for the fascinating work that  
9           you've done on these studies. It's obviously very  
10          important.

11          It's a bit of a detective story, as I hear  
12          it, unwinding some of this, and clearly we're in  
13          the middle of a scientific process. So as I  
14          understand it, you weren't looking for a disease  
15          or a virus when you started this work, you were  
16          looking for the explanation for early entry?

17          DR. MILLER: Early entry and for survivorship in the  
18          river, yes.

19          Q     And what you found is what is likely but not  
20          proven to scientific certainty yet, some sort of  
21          new virus?

22          DR. MILLER: That is correct. We have identified a  
23          novel virus, meaning it hasn't been described  
24          before. The sequence of a novel virus in salmon  
25          that contained the signature that we identified in  
26          the *Science* paper.

27          Q     And your current leading, if I can put it, suspect  
28          in this matter is the parvovirus?

29          DR. MILLER: At the moment, that is our candidate  
30          virus.

31          Q     And you haven't confirmed it's parvovirus, that's  
32          what you're working on?

33          DR. MILLER: If the question is, we haven't confirmed  
34          it's parvovirus that causes the MRS --

35          Q     Yes.

36          DR. MILLER: -- that is correct. That is what we hope  
37          the disease challenge work will do.

38          Q     And for a couple of years, or certainly in a lot  
39          of your early material, your leading suspect was  
40          salmon leukemia virus?

41          DR. MILLER: Yes, it was.

42          Q     And as I understand it, you haven't ruled out  
43          salmon leukemia virus, at this point?

44          DR. MILLER: No, I have not. It has to be clear that  
45          the salmon leukemia virus, itself, has never been  
46          isolated. There's no sequence information for it.  
47          So there is a postulated virus associated with

1           plasmacytoid leukemia, and the work,  
2           unfortunately, of the investigators of  
3           plasmacytoid leukemia never identified a specific  
4           viral agent associated with that disease. It is  
5           still possible that this parvovirus could somehow  
6           relate to that.

7           Q     Right. Because SLV was never actually -- what was  
8           your term?

9           DR. MILLER: It's never been isolated in sequence, so  
10          there is no cell culture of it, there is no  
11          sequence of a virus, there's no confirmation that  
12          a virus actually existed, direct confirmation.

13          Q     And similarly, you haven't successfully cultured  
14          parvovirus?

15          DR. MILLER: We have had equally difficult and lack of  
16          success in terms of culturing the parvovirus yes.

17          Q     So we're really in the same place with those two  
18          viruses, at this point?

19          DR. MILLER: At this point, we certainly don't have  
20          evidence that it's not that, but we don't have any  
21          evidence that it is, directly.

22          Q     And the symptoms, what led you to first suspect  
23          salmon leukemia virus is that the symptoms you  
24          were finding were quite a bit similar?

25          DR. MILLER: Yes. You know, some of the symptoms that  
26          I talk about are things that I hear from the  
27          field. People who are on the ground sampling  
28          sockeye salmon, David Patterson is my collaborator  
29          that's on the ground, and his team, and oftentimes  
30          they have noted, you know, associated with these  
31          mortalities in the river, you know, the fish look  
32          really healthy, they look really good externally,  
33          sometimes they have pale gills, sometimes they see  
34          to have bleeding disorders, but not looking  
35          through histology but just simply looking at the  
36          condition of the fish from an external standpoint,  
37          they look really good and healthy, and those are  
38          sometimes the kinds of things that people would  
39          say when fish were, at least that I had heard,  
40          when fish were dying of marine anemia, that they  
41          were fish that actually looked good, externally,  
42          not necessarily through histology, that had pale  
43          gills and they were simply dying.

44                 And so I thought that that was an interesting  
45          parallel. And the other interesting parallel was  
46          that, you know, the pale gills is an indicator of  
47          anemia and the marine anemia, or plasmacytoid

1 leukemia, you know, is an anemia-related disease.  
2 We've seen anemia-like symptoms in sockeye salmon  
3 as well.

4 Q And really, the primary similarity is  
5 immunosuppression, if I've pronounced that  
6 correctly. They're both diseases of  
7 immunosuppression.

8 DR. MILLER: A large number of viruses, and Kyle can  
9 speak to this probably better than I can, but, I  
10 mean, many viruses can induce immunosuppression  
11 but, you know, yes, that is potentially another  
12 comment feature.

13 Q And I understand that the suspect salmon leukemia  
14 virus was a retro virus, which -- and the  
15 parvovirus is a DNA-based virus?

16 DR. MILLER: As far as I understand it, and you had the  
17 two experts sitting here the last two days, and  
18 you will have another expert, Sonja Saksida from  
19 CAHS, here in another week, week and a half, who  
20 will be testifying. She did a masters degree on  
21 plasmacytoid leukemia as well. And as I  
22 understand it, the evidence that it was a retro  
23 virus and not some other kind of virus was two-  
24 fold. One, that they had positive RT assays; and,  
25 two, that they thought that they observed tumours  
26 behind the eyes of the fish that carry  
27 plasmacytoid leukemia. Now, I'm sure you were  
28 listening when Mike Kent was testifying in the  
29 last couple of days, and he seems to have  
30 backtracked on whether or not those lesions behind  
31 the eyes were, in fact, tumorous, or whether they  
32 could have been inflammatory cells, and I was  
33 quite -- that was the first time I'd ever heard  
34 that mentioned.

35 So I guess I'm not -- he's not, now -- he  
36 doesn't appear to be strongly convinced that it is  
37 a retro virus anymore, and so I'm a little bit  
38 less convinced that it has to be a retro virus  
39 associated with that and not something -- some  
40 other kind of virus.

41 Q So is it fair to say that at this point you  
42 haven't ruled out a retro virus or a DNA virus, it  
43 could be either?

44 DR. MILLER: We, in sequencing about 250,000 different  
45 reads of RNA, we did not uncover any retro viral  
46 sequences that were not already endogenous in the  
47 salmon genome. But that's not, you know, that's



- 1 the most intensive sequencing one can do. When  
2 heart and skeletal muscle inflammatory disease,  
3 when they identified a real virus in association  
4 with that, out of a couple hundred thousand reads,  
5 they only got one 240-base sequence one time out  
6 of that, that turned out to be important and they  
7 went back and they did another 500,000 reads to  
8 actually get more of the virus. So it's not  
9 impossible that there could be other viruses, you  
10 know, contained in fish that carry that signature,  
11 but right now my feeling is we need to follow  
12 through the parvovirus, see whether that could be  
13 causative. If it's not, we'll go back and see  
14 what else there might be.
- 15 Q And HSMI, or heart and skeletal muscular, is  
16 currently a disease causing significant problems  
17 in Norway's fish farms?
- 18 DR. MILLER: Yes, it is, and it's a disease that has  
19 been under study for over a decade and caused a  
20 lot of problems for over a decade, and it is only  
21 -- and they have been trying to isolate and trying  
22 to identify a pathogen associated with it, and  
23 they finally came up with a sequence. There's  
24 some, still, question as to whether this  
25 particular virus is absolutely causative as well.  
26 This stuff takes time. But it's only because they  
27 used a, really, a genomics approach that they were  
28 able to obtain a sequence, finally, after 10 years  
29 of studying this.
- 30 Q So is it possible it could take us a number of  
31 years to actually nail this virus down?
- 32 DR. MILLER: I'm sure hoping not. And, you know, we've  
33 cut a lot of corners and I think we've come really  
34 far and really fast, but there are some  
35 experimental studies that have to be done before  
36 we can move too far forward.
- 37 Q Dr. Garver, is it possible it could take a year or  
38 longer to identify this virus, if ever?
- 39 DR. GARVER: Have you had a science class, because that  
40 is science. That is pretty much the definition of  
41 science. It will take a considerable amount of  
42 time, yes.
- 43 Q Well, it's been a considerable amount of time  
44 since I've had a science class.
- 45 DR. MILLER: Well, I should just mention, we do have a  
46 candidate virus, so if you're saying, "Identifying  
47 a virus," we have identified a candidate virus at

1           this time.  
2       Q     So it's possible that, as I understood your  
3           earlier answers, it's also possible that the  
4           disease that was being identified, or the virus  
5           that was being researched by Dr. Kent back in the  
6           nineties might, in fact, have been parvovirus?  
7       DR. MILLER: That is definitely possible. The  
8           difficulty with trying to relate that disease or  
9           that syndrome with the parvovirus is that there  
10          don't appear to be tissue samples of fish that  
11          carry marine anemia available to compare to the  
12          samples that we have. And because there is no one  
13          studying that particular syndrome or disease -  
14          usually they're called a syndrome unless you have  
15          an etiological agent, and then they can be called  
16          a disease; I think we learned that in the last  
17          couple days - but, you know, it makes it  
18          difficult. And I guess if I -- if we can't find  
19          someone who's actually studying that and  
20          diagnosing marine anemia, it will be very  
21          difficult to determine whether or not they are the  
22          same thing. Perhaps with histology, if we can do  
23          the challenge work and find disease and mortality,  
24          perhaps one can look at the histological  
25          signatures from the parvovirus and determine if  
26          they're anything like what's been observed in  
27          marine anemia. That, at the moment, is the only  
28          sort of indirect way we've got.  
29       Q     Okay. So whether this is parvovirus or SLV --  
30           well, let me ask it this way: If this is  
31           parvovirus, it's never been seen in fish in B.C.  
32           prior to this time?  
33       DR. MILLER: We did not know if its existence prior to  
34           this.  
35       Q     In fact, I think you're probably on the cutting  
36           edge here. It's really the first time it's been  
37           identified in fish?  
38       DR. MILLER: Parvovirus, yes, it has never been  
39           identified in fish.  
40       Q     So when you get to the point, if you do, of  
41           sequencing this, it will be a new virus?  
42       DR. MILLER: When we have the full sequence and -- yes.  
43       Q     So you'll get to give it a name, I suppose? If  
44           it's like astronomy, it gets to be called Miller  
45           Virus?  
46       DR. MILLER: It will get a name when we have a full  
47           sequence.

- 1 Q All right. Because parvovirus is just a generic  
2 type of virus, right? It'll be called  
3 something --
- 4 DR. MILLER: It'll have something to do with salmon,  
5 probably.
- 6 Q Right. All right. So whatever its name, whether  
7 we call it Miller Virus or something else, it is  
8 quite -- what we do know, from your work in  
9 science and the last four years of research, is  
10 what we do know is that it is associated with a  
11 whole early entry phenomenon and the en route  
12 mortality?
- 13 DR. MILLER: There is an association in the 2006 study  
14 of the MRS signature with more rapid entry into  
15 the river and actually faster migration to the  
16 spawning grounds. That study needs to be repeated  
17 in other years to ensure that that signature is  
18 related to rapid entry into the river in other  
19 years, and that's something that we will have from  
20 our 2010 data. We have not shown that the  
21 parvovirus, itself, is associated with that but we  
22 certainly have the samples to do that.
- 23 MR. McDADE: Mr. Lunn, if I might just put two or three  
24 documents up on the screen. They're all related,  
25 I think. Let's start with Exhibit 1516, which we  
26 looked at earlier today. Now, this document has  
27 been identified, and I understand the comments in  
28 it were Dr. Garver's, so this is a draft of a  
29 document that was later finalized. Can we have  
30 Commission document 21 up on the screen.
- 31 MR. TAYLOR: Just on 1516, I'm not sure if it's ever  
32 been finalized or if there's evidence of that.
- 33 MR. McDADE: Well, that's what I'm about to ask about,  
34 I think.
- 35 MR. TAYLOR: Well, you just started by saying it was  
36 later finalized.
- 37 MR. McDADE:
- 38 Q Well, I think this is the final version, is it  
39 not, Dr. Miller? This is a version dated October  
40 7th, 2009. It seems to be a very close  
41 correlation with the document we just looked at.  
42 I think this is the latest version that I've seen,  
43 but I stand to be corrected.
- 44 DR. MILLER: This was not the final version of a  
45 briefing note, if that's what you're asking.
- 46 Q All right. In any event, this document was  
47 prepared by you on October 7th, 2009?

1 DR. MILLER: It was. It was prepared in conjunction  
2 with the talk that I gave, the intradepartmental  
3 talk that I gave associated with the same title.

4 MR. McDADE: Mr. Lunn, could we put up DFO 59898.  
5 That's one of the later documents that have --  
6 were produced this week by the Conservation  
7 Coalition.

8 MR. LUNN: 598, I think it's a six-digit code. There's  
9 a digit missing.

10 MR. McDADE: Sorry, I'll get it for you. 598981.

11 MR. LUNN: There are three files associated with that.  
12 I'll bring up the first one to start.

13 MR. McDADE: Yes, that's the one I'm looking for.

14 Q That's also prepared by you, Dr. Miller?

15 DR. MILLER: Yes, that looks to be a slightly earlier  
16 version.

17 MR. McDADE: So could we have those two versions marked  
18 as exhibits.

19 THE REGISTRAR: Tab 21 will be marked as 1523. DFO  
20 598981 will be marked as 1524.

21  
22 EXHIBIT 1523: Epidemic of a Novel, Cancer-  
23 causing Viral Disease may be Associated with  
24 Wild Salmon Declines in BC, by Kristi Miller,  
25 dated October 7, 2009

26  
27 EXHIBIT 1524: Epidemic of a Novel, Cancer-  
28 causing Viral Disease may be Associated with  
29 Wild Salmon Declines in BC, by Kristi Miller,  
30 dated September 27, 2009

31  
32 MR. McDADE: Let's just stick with that particular  
33 document for a few minutes.

34 Q So in the first -- in the bullet in the middle of  
35 the page, the first open bullet, you note that the  
36 salmon starting from 300 kilometres seaward had a  
37 16 times lower probability of arriving to spawning  
38 grounds in terms of the healthy signature. And in  
39 the second bullet, that there is -- it may be  
40 associated with losses of up to 90 percent, if you  
41 count river entry timing losses.

42 Have you made a calculation of how many fish  
43 that might actually involve in the -- we're  
44 talking about many, many millions of fish, aren't  
45 we?

46 DR. MILLER: Yes. This was based on the prevalence of  
47 fish containing the signature and I'm trying to --

1           it's the second bullet you're talking about,  
2           right?

3           Q     Yes, thank you.

4           DR. MILLER: Oh, yeah, well, and it's also to the  
5           additional physiological information, so Scott  
6           Hinch and his group have also found physiological  
7           indicators associated with advance entry timing  
8           and losses in the river, so it was including sort  
9           of his estimates as well.

10          Q     And can we go to document 15 -- Exhibit 1512. And  
11          if we could scroll down to the final bullet there.  
12          We looked at this document this morning as well.  
13          I see there that you've done a calculation saying  
14          if the decreases were really from the causes of  
15          mortality, in 2008 there may have been as many as  
16          27 million salmon --

17          DR. MILLER: In order to see the decrease in prevalence  
18          that we observed, if that decrease in prevalence  
19          were to be due to mortality, and that was  
20          something that still needs to be demonstrated,  
21          that that were how many fish basically that were  
22          missing that we didn't see in our second -- in the  
23          second sample period.

24          Q     And can we go to Exhibit 1513 and go to page 6.  
25          We also looked at this, this morning. I just want  
26          to try to understand this. And this is a  
27          comparison between 2007 and 2008. So in 2007, you  
28          found a much heavier prevalence of the MRS in the  
29          smolts than you did in the 2008 smolts.

30          DR. MILLER: That's correct. It was a small sample  
31          size, because that's all that was available to us,  
32          but most of the fish that we sampled in the ocean  
33          at the end of June contained this signature in  
34          2007, whereas it was less than 40 percent in 2008.  
35          We have actually, since, amplified parvovirus out  
36          of these same fish and we see the same phenomena.

37          Q     The same phenomena was --

38          DR. MILLER: We see a much higher prevalence in 2007  
39          than we do in 2008.

40          Q     And if, in fact, the mortality is related as we  
41          just discussed, that would seem to indicate to me  
42          that the impacts in the 2007 smolts or the 2009  
43          fish, would be much heavier than that of the 2008  
44          smolts, 2010 fish?

45          DR. MILLER: Yes, potentially.

46          Q     So we could be talking about many, many millions  
47          of fish here?

1 DR. MILLER: I did a calculation somewhere in one of  
2 these talks, but yes, we're talking in the order  
3 of, I can't remember what it was, three or four  
4 times more fish, in the least, between those  
5 different years. We're talking millions of fish,  
6 yes.

7 Q And so is it fair to suggest that this particular  
8 MRS, if it turned out to be the virus and if it  
9 turns out to have the mortality that you've  
10 speculated about, really could be a very, very  
11 significant explanation for the 2009 decline?

12 DR. MILLER: If we can demonstrate that this virus  
13 causes disease and has -- and mortality of fish in  
14 the early marine environment under certain  
15 circumstances, it doesn't necessarily have to be  
16 every year, I certainly expect that the role of  
17 the environment will be a strong one, but if we  
18 demonstrate that when fish are entering the ocean  
19 and they become stressed in the ocean and they  
20 carry a high load of this virus, that we see  
21 significantly enhanced mortality, they're  
22 certainly given the prevalence rates of fish that  
23 we see in certain years with this parvovirus there  
24 is certainly the potential that this virus could  
25 have a major impact on salmon declines.

26 Q And if, in fact, that's the case, using the  
27 terminology that we heard yesterday, this, in  
28 fact, may be the smoking gun for the 2009  
29 declines?

30 DR. MILLER: It could be the smoking gun.

31 Q And we have heard you, I think, say, although this  
32 matter is not proven, yet, to be a virus that  
33 causes disease, you're prepared to say that's your  
34 strong speculation that, in fact, that will be  
35 proven?

36 DR. MILLER: I have some level of confidence that we  
37 will find disease with this virus, but we do have  
38 to do the work.

39 Q Now, if I could go back to 1524, and if I could go  
40 to page 3 of that document, and if I just look at  
41 the last bullet on the page, which is, I think,  
42 the end of the document -- oh no, sorry, the end  
43 of that section:

44  
45 There are several elements of the history and  
46 timing of descriptions of PL/SLV that  
47 potentially implicate this virus in the

1                   large-scale declines of coho and Chinook  
2                   salmon in BC, and may be suggestive of a role  
3                   in hatcheries and aquaculture in this  
4                   decline.  
5

6                   You wrote that at the time, didn't you?

7       DR. MILLER: I think I should be clear. I was a  
8                   reviewing a literature that mostly came from Mike  
9                   Kent and Bill Eaton and others who had done this  
10                  -- who studied this disease. I wouldn't -- I'm  
11                  not an expert on plasmacytoid leukemia, but in my  
12                  purviewing, and I think you've seen the document  
13                  that I made when I was originally interested in  
14                  this disease, looking at the timing of various  
15                  events and looking at the timing of when this was  
16                  discovered, et cetera, it was my view, at the  
17                  time, that it was a very interesting disease and  
18                  it was largely overlooked, and I was interested in  
19                  whether or not, (a) it could be related to what we  
20                  were observing in sockeye, and if it was related  
21                  to what we were observing in sockeye, whether or  
22                  not it could be a factor in declines of multiple  
23                  species.

24       Q       So could I turn over the page. And you prepared a  
25                  chart on the next page.

26       DR. MILLER: That's the one I'm talking about.

27       Q       Yes. And when you went -- when you were speaking  
28                  at this time and to the PSC, I've seen on a number  
29                  of documents that you refer to it as the timing  
30                  issues. This is one of the arguments at the time  
31                  you considered in favour of the SLV hypothesis is  
32                  the correlations in timing between these various  
33                  matters happening at the same time, isn't it?

34       DR. MILLER: Yeah, the one thing that, given what we  
35                  know, now, that would need to be removed from  
36                  this, however, is that we didn't have ocular  
37                  tumours, and so all references to that, since we  
38                  saw haemorrhaging in the ocular lobe as opposed to  
39                  tumours, that that data would not relate, or would  
40                  not be validated at this point, or would not be  
41                  accurate.

42       Q       All right. That seems quite reasonable. But the  
43                  key issue about the timing here, as I understand  
44                  it, is that the connection that was present in  
45                  your mind then, and is still in your mind today,  
46                  with early entry, that's a behaviour that goes  
47                  back to the early nineties?

- 1 DR. MILLER: Yes. 1996, really. The early entry  
2 behaviour in sockeye salmon started in 1996.
- 3 Q Right. And so that would have been the generation  
4 of the brood stock from 1992?
- 5 DR. MILLER: That's correct.
- 6 Q And the declines in productivity that we've seen  
7 in the sockeye salmon that is behind this  
8 Commission's mandate really dates back to about  
9 1992 as well, doesn't it?
- 10 DR. MILLER: In the focus on sockeye salmon and early  
11 entry and for --
- 12 Q The decline --
- 13 DR. MILLER: The decline --
- 14 Q The decline of productivity.
- 15 DR. MILLER: I think it goes about that far. Now, one  
16 thing I would also like to correct here, is that -  
17 and Mike Kent is the one that corrected this -  
18 that they actually did not observe positive  
19 sockeye salmon in 1991 in their surveys. That was  
20 unclear to me; I thought that they had.
- 21 Q Because they never looked for it; is that right?
- 22 DR. MILLER: They did a very cursory look.
- 23 Q But there's no question that marine anemia or  
24 plasmacytoid leukemia, or whatever that disease  
25 was, if it was parvovirus at the time, it was  
26 killing huge amounts of Chinook fish in fish farms  
27 from 1988 to 1991; that was an important fact to  
28 you at the time, wasn't it?
- 29 DR. MILLER: That was of some import to me, but I'm not  
30 the one who observed that, so I'm probably not the  
31 one who should report on it. But yes, that it had  
32 been killing fish, Chinook salmon, during those  
33 periods of time, yes, it was something that I  
34 thought was important.
- 35 Q Now, today I heard you say that you'd tend to  
36 suggest that aquaculture might not be directly  
37 implicated because of the fact that the smolts  
38 coming out of the river have this MRS. And I can  
39 see the logic behind that. But that doesn't  
40 answer the question of where this disease came  
41 from in the first place, does it?
- 42 DR. MILLER: It absolutely doesn't, no.
- 43 Q And it's quite possible that the -- because you  
44 find the adults who have come past the fish farms,  
45 or sorry, let's just say the adults coming back to  
46 the river show this MRS in a group to a great deal  
47 and they're the parents of the smolts, right?



- 1 DR. MILLER: That's correct. They show the signature  
2 regardless of which route they take around  
3 Vancouver Island, but yes, they show the signature  
4 coming back.
- 5 Q So that suggests two possibilities to me. One, is  
6 the possibility you refer to in this document,  
7 which is the disease is vertically transmitted;  
8 that is, it's transmitted from the adult fish,  
9 through the eggs to the young fish. That's a  
10 possibility, isn't it?
- 11 DR. MILLER: It certainly is not unusual for  
12 parvoviruses to be transmitted vertically.  
13 However, there was a -- it was an interesting  
14 review, I think, that the B.C. Salmon Farmers  
15 Association put in by Dr. Lewis, who's a  
16 virologist, who suggested that he felt that the  
17 probability for vertical transmission was low,  
18 because in other species where vertical  
19 transmission with parvoviruses was a common route  
20 of transmission, you saw loss of the fetus, and he  
21 concluded that you would have losses of eggs.  
22 Kyle could really respond to this better than I  
23 could. We have discussed this. I would say we  
24 really don't have any data on this, and it would  
25 be pure speculation.
- 26 Q It is pure speculation. It could be vertically  
27 transmitted; it may not be. But that would be one  
28 mechanism which would explain why the adults had  
29 it and the babies had it?
- 30 DR. MILLER: Yes, and that is something that we are  
31 looking at, earlier life history stages, to find  
32 out how early we can identify this parvovirus out  
33 of fry.
- 34 Q And right now the earliest you've identified is in  
35 smolts; isn't that right?
- 36 DR. MILLER: In terms of the signature, the earliest  
37 we've identified it is in November before a fish  
38 is going to smolt, in their natal rearing areas.  
39 So before they leave their natal lakes.
- 40 Q So that would tend to suggest it's vertically  
41 transmitted, wouldn't it?
- 42 DR. MILLER: It doesn't, necessarily. It can still be  
43 horizontally transmitted in the natal lakes.
- 44 Q From adults?
- 45 DR. MILLER: Want to jump in, Kyle?
- 46 Q Yes, go ahead, Dr. Garver.
- 47 DR. GARVER: I'll just step back here a little bit. As

1 a scientist, I'm really concerned with all the  
2 speculation that's going on here. We have a  
3 parvovirus sequence. We don't have it linked to a  
4 disease. We don't have it linked to mortality.  
5 We don't know how it's transmitted. We don't know  
6 if it causes disease. We don't have any pathology  
7 associated with it. So if we're sitting around  
8 discussing scientifically hypothesis, this is  
9 fine, but if we're actually trying to get to some  
10 answers, it's pure speculation.

11 DR. MILLER: Yes.

12 DR. GARVER: Now, in addition to the other questions  
13 that are being asked, yes, there could be multiple  
14 reservoirs. Just because we're finding it in  
15 salmonids doesn't mean it's not in other fin fish  
16 that reside in a lake. So yes, it could  
17 potentially be in other species in a lake and  
18 could, therefore, be transmitted horizontally.  
19 But again, this is pure speculation since we don't  
20 even know if it's transmitted, nor do we know if  
21 it's infectious.

22 Q All right. Well, I apologize, Dr. Garver, if  
23 we're not yet meeting the scientific standards  
24 that you have for proof, but it's equally pure  
25 speculation that it's not coming from aquaculture,  
26 then, isn't it?

27 DR. GARVER: We don't know.

28 Q That's right.

29 DR. GARVER: We don't know where it is --

30 Q No.

31 DR. GARVER: -- and what species it's in. Right now,  
32 we don't even know if it's a true virus, other  
33 than the fact that we have a sequence.

34 Q Dr. Miller, it must have caused great  
35 consternation in the DFO when you put that  
36 paragraph in connecting it to aquaculture, in  
37 2009, didn't it? You got some blowback on that,  
38 didn't you?

39 DR. MILLER: What paragraph are you talking -- I'm not  
40 sure --

41 Q Can we go back to Exhibit 1524, then. Just back  
42 to that page, just the previous page. That last  
43 paragraph there. The first sentence.

44 DR. MILLER: I would say there was concern, but I don't  
45 think there was a large pushback.

46 Q Well, if we can go to 1523, which is -- could we  
47 go to the same place in that document, just above

1 number 4, which would be page 3. Now, what I see  
2 here is that particular -- when I compare these  
3 two documents -- Mr. Lunn, can we put this up,  
4 both documents up on the screen at the same place?  
5 So that should be enough. What we have there is  
6 document one, on September 27th, we have the same  
7 five bullets and then a paragraph, and in document  
8 two we have the same five bullets and no  
9 paragraph. It seems to have miraculously  
10 disappeared. Was that because of pressure you  
11 received inside the Department?

12 DR. MILLER: I think there was some concern over the  
13 speculative nature of that comment in the first  
14 one. I honestly don't remember the dialogue that  
15 occurred associated with that but I think that  
16 many felt that to be highly speculative and not  
17 really well supported.

18 MR. McDADE: This would be an appropriate time to  
19 break, Mr. Commissioner.

20 MR. MARTLAND: Mr. Commissioner, with respect to our  
21 timing, I've been canvassing and continually  
22 looking at our schedule. I'd suggest that we  
23 convene at the regular time of 10:00 a.m.  
24 tomorrow, please. Thank you.

25 THE REGISTRAR: The hearing is now adjourned for the  
26 day and will resume at ten o'clock tomorrow  
27 morning.

28  
29 (PROCEEDINGS ADJOURNED TO AUGUST 25, 2011, AT  
30 10:00 A.M.)  
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I HEREBY CERTIFY the foregoing to be a true and accurate transcript of the evidence recorded on a sound recording apparatus, transcribed to the best of my skill and ability, and in accordance with applicable standards.

\_\_\_\_\_  
Irene Lim

I HEREBY CERTIFY the foregoing to be a true and accurate transcript of the evidence recorded on a sound recording apparatus, transcribed to the best of my skill and ability, and in accordance with applicable standards.

\_\_\_\_\_  
Karen Acaster

I HEREBY CERTIFY the foregoing to be a true and accurate transcript of the evidence recorded on a sound recording apparatus, transcribed to the best of my skill and ability, and in accordance with applicable standards.

\_\_\_\_\_  
Pat Neumann

I HEREBY CERTIFY the foregoing to be a true and accurate transcript of the evidence recorded on a sound recording apparatus, transcribed to the best of my skill and ability, and in accordance with applicable standards.

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Karen Hefferland