

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.

Monday, August 29, 2011

**Tenue à :**

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

le lundi 29 août 2011

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Clifton Prowse, Q.C. Tara Callan	Province of British Columbia ("BCPROV")
No appearance	Pacific Salmon Commission ("PSC")
No appearance	B.C. Public Service Alliance of Canada Union of Environment Workers B.C. ("BCPSAC")
No appearance	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.	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")
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")
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No appearance	Métis Nation British Columbia ("MNBC")

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

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

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14

1 Vancouver, B.C. /Vancouver  
2 (C.-B.)  
3 August 29, 2011/le 29 août  
4 2011  
5

6 THE REGISTRAR: The hearing is now resumed.  
7

8 BRENDAN CONNORS, recalled.  
9

10 LARRY DILL, recalled.  
11

12 JOSH KORMAN, recalled.  
13

14 DON NOAKES, recalled.  
15

16 MR. MARTLAND: Mr. Commissioner, Mr. Blair has 15  
17 minutes remaining on his time. I'd like to advise  
18 the Commission and counsel, as well, that there's  
19 apparently an audio broadcast that is now being  
20 made on a live basis through a website, and I  
21 don't think that changes anything, but just to  
22 make folks aware of that. That was done, I  
23 gather, through arrangements with Commission  
24 staff, Communication staff. Thank you. Mr.  
25 Blair.

26 MR. BLAIR: Good morning, Mr. Commissioner, members of  
27 the panel.  
28

29 CROSS-EXAMINATION BY MR. BLAIR, continuing:  
30

31 Q Mr. Lunn, would you be kind enough to put up  
32 Exhibit 1540, the Dill report PDF page -- PDF 73,  
33 page 70 on the paper copy. And just for the  
34 clarity on the record, I'm referring this question  
35 to Dr. Noakes. I'm making reference to the Dill  
36 report, but this particular passage is part of the  
37 technical review of that report by Dr. Tony  
38 Farrell. And again for the record these papers  
39 are peer reviewed, and so these remarks are those  
40 of Dr. Tony Farrell's at the back of the Dill  
41 report, to be clear that they're not Dr. Dill's  
42 comments. And, Dr. Noakes, I'm looking at the top  
43 of the page on the screen which says:  
44

45 The DR --  
46

47 - which we know to be the abbreviation for the



1 Dill report -

2

3

-- leans far too heavily on the CTR --

4

5

- which we know from the index is the Connors  
6 Technical Report -

7

8

-- without providing a critique of the  
9 analyses contained therein.

10

11

And Dr. Tony Farrell goes on and expresses his  
12 concerns regarding the manipulation by Connors of  
13 some of the data, and specifically, Dr. Noakes,  
14 the removal of the out-groups, which increased the  
15 predicted direct effects of farm production on  
16 mortality. Can you explain that concept a little  
17 bit initially and briefly, and then indicate  
18 whether you agree with Dr. Farrell's observations  
19 found in this page.

20

DR. NOAKES: Yeah, briefly, if I'm reading this  
21 correctly, I think what's happened is that Dr.  
22 Connors included stocks from the Fraser, as well  
23 as these what are referred to as out-group  
24 populations. And then when they removed those and  
25 only looked at the 17 Frasers, then basically it  
26 changed the output from the analysis and predicted  
27 -- increased the directed effect from farm salmon.  
28 That's what that's saying.

29

Is there another -- I'm sorry, I was just --  
30 I was trying to read and listen to your question  
31 at the same time, I apologize.

32

Q Yes. No, that's fine, Dr. Noakes, I wanted you to  
33 be familiar with the passage and I appreciate  
34 there's much for all of you to have read. And so  
35 again my question was Dr. Farrell comments that he  
36 sees and comments here that Dr. Connors had  
37 manipulated the data. And I say "manipulated", I  
38 don't mean in an untoward way. I mean that's a  
39 word he's using. He has looked at the data,  
40 perhaps a more neutral word, to remove -- to  
41 specifically remove some out-groups, which Dr.  
42 Farrell comments, appears to have increased the  
43 predicted direct effects of farm production on  
44 mortality. So my question for you, Dr. Noakes, is  
45 do you agree that the effect of the removal of the  
46 out-groups has that effect? Perhaps we're all  
47 asking to wake you up on statistics too early in

1 the morning.

2 Dr. Connors has his hand in the air, and to  
3 be fair we've always acknowledged when another  
4 panel member wishes to speak to the point. So go  
5 ahead, Dr. Connors.

6 DR. CONNORS: Perhaps I might be able to just provide a  
7 little context, or background context to this. So  
8 my analysis considered --

9 Q I have 15 minutes this morning.

10 DR. CONNORS: Okay. I'll be really quick.

11 Q Thank you.

12 DR. CONNORS: My analysis considered as a baseline both  
13 populations from the Fraser as well as other  
14 populations in British Columbia that have been  
15 shown to previously exhibit spatial synchrony and  
16 survival. And so these are populations that have  
17 been shown in the past to respond very similarly  
18 in a given year to oceanographic conditions. By  
19 including those populations in the analysis makes  
20 a much more powerful test of any association with  
21 aquaculture or sea surface temperature, or pink  
22 salmon.

23 And as a result of some of the comments from  
24 the external reviewers, they asked me to repeat  
25 the analysis without including those out-groups or  
26 reference populations, as well as including  
27 populations that expand even further and refer to  
28 the group of populations that Dr. Peterman  
29 identified as showing some similarity in a  
30 downward trend over the past ten to 20 years. So  
31 that's what I referred -- that's what refers to  
32 those different kinds, basically sensitivity  
33 analyses to the effects.

34 It's not necessarily surprising that the  
35 predicted effect of aquaculture might be stronger  
36 if we just look at Fraser stocks, but it's really  
37 important to also consider these other populations  
38 that are also exposed to very small amounts of  
39 aquaculture, because if they're also declining the  
40 same way the Fraser stocks are, then that provides  
41 a very important reference population or control  
42 or test for that effect.

43 Q Thank you, Dr. Connors. Dr. Noakes.

44 DR. NOAKES: Yeah, I see what you're getting at now.

45 It's true, I mean, that the -- the correlation  
46 with respect to pink salmon and the different  
47 stocks can certainly vary. The other thing that

1 could possibly be going on here, and I touched on  
2 it in mine, is that when you have these multiple  
3 variables in the model and if it happens to be  
4 over-parameterized or you've multicollinearity,  
5 what can happen is you can get erratic behaviour  
6 in the model where you can get the signs changing  
7 for various variables depending on what kind of a  
8 model you have. So this is the -- it could be  
9 either -- either a difference in the correlation  
10 between pink salmon and in the various stocks, or  
11 equally likely it could be an artefact of the  
12 model simply because it's over-parameterized.

13 Q Thank you, Dr. Noakes. Mr. Lunn, Exhibit 1536,  
14 the Noakes report, PDF 43, paper copy 34. While  
15 you're finding it, this is the "Recommendations"  
16 section in Dr. Noakes' report, and specifically  
17 I'm referring to recommendation number 2, and I'll  
18 read it into the record. Dr. Noakes, you suggest  
19 as a recommendation:

20  
21 Develop long-term disease monitoring programs  
22 for wild fish to provide data to the same  
23 level of quality and detail as available from  
24 the aquaculture industry. Monitoring should  
25 include the abundance and prevalence of sea  
26 lice and pathogens of concern for salmon.

27  
28 That's your second recommendation in your report,  
29 Dr. Noakes?

30 DR. NOAKES: It is.

31 Q A bit of a motherhood statement. Looking for some  
32 agreement here, I assumed that the other three  
33 panel members all agree that this is a valid  
34 recommendation and would be worthwhile?

35 DR. KORMAN: Yes.

36 DR. CONNORS: I do. I agree.

37 DR. DILL: And it is a recommendation in my report,  
38 number 11.

39 Q Thanks for adding that comment, as well, Dr. Dill.  
40 Is it fair to say, and we'll go left to right  
41 quickly, if we may, is it probably fair to say  
42 that given the nature and the difficulty of  
43 monitoring wild fish stocks that we're probably  
44 never going to get the high level of data from the  
45 wild stocks that we've found that we can get from  
46 the captive aquaculture stocks, to use Dr.  
47 Korman's word, the "impressive" data that he had

- 1 an opportunity to review. Do you agree with that  
2 principle, Dr. Korman?
- 3 DR. KORMAN: No, I don't think that's an accurate  
4 statement, at all. I mean, if you look at some of  
5 the genetic testing that's done now to  
6 differentiate among stocks, if we look back at  
7 that 15 years ago, we would have thought that was  
8 never possible, so...
- 9 Q So you think it's possible to get the same  
10 information -- the same quality and quantity of  
11 information from wild stocks?
- 12 DR. KORMAN: I think the fish could be sampled when  
13 they're -- during the test fisheries as they are  
14 for genetics that there could be a disease  
15 profiling done on that. I don't know what the  
16 costs are, whether the Department can afford it,  
17 but...
- 18 Q I'll just stick with you on that thought, then.  
19 So you think you can get better information,  
20 perhaps approaching the quality of the aquaculture  
21 industry, but it hasn't been done yet.
- 22 DR. KORMAN: You're not going to be able to sample the  
23 same fraction of fish just due to the magnitude of  
24 the runs and the cost of individual samples, but  
25 that's not to say that you couldn't develop a  
26 statistically representative sample of those  
27 populations.
- 28 Q Dr. Connors, do you agree with that qualification  
29 by Dr. Korman?
- 30 DR. CONNORS: I do.
- 31 Q And, Dr. Noakes, do you agree, as well?
- 32 DR. NOAKES: Yeah. I think it's a little bit more  
33 difficult than that, because when you're looking  
34 at sampling for fish disease, you have to look at  
35 sampling not only in the marine environment, but  
36 you also have to look at it in the freshwater.  
37 Because some of these diseases will kill the small  
38 fish before they -- you know, that they are in the  
39 marine environment very long. So it's a huge  
40 problem, and certainly you can probably get some  
41 idea about diseases in the wild, but not -- it's  
42 going to cost a lot of money.
- 43 Q Dr. Dill?
- 44 DR. DILL: One think that will make it difficult is the  
45 fact that unlike in the net pens where the dead  
46 fish remain and can be sampled, a lot of -- and  
47 Dr. Kent pointed this out the other day, a lot of

1 the wild fish that succumb to a disease will fall  
2 to the bottom and never be seen.

3 Q Thanks, Dr. Dill. This next question, Mr. Lunn,  
4 requires Exhibit 1540. Again this is the Dill  
5 report, PDF 27 and 28, at the bottom of 27 and the  
6 paper copy, bottom of 24 and 25. My question is  
7 firstly to you, Dr. Noakes. This is in Dr. Dill's  
8 report under the heading "Infectious salmon  
9 anaemia" or ISA, and it's a very brief passage  
10 I'll just read in. Dr. Dill speaks to this, he  
11 says:  
12

13 This is an important viral disease of farmed  
14 Atlantic salmon in some parts of the world  
15 (Europe and Chile in particular). No records  
16 of it can be found in the BCMAL or BCSFA  
17 records, and according to M. Sheppard...there  
18 have been "no suspect cases of ISA in BC  
19 since sampling began in 2003".  
20

21 And Dr. Dill, to be fair, goes on to talk about  
22 "classic symptoms of ISA" that Dr. Marty comments  
23 in some of his reports and we're going to hear  
24 from Dr. Marty later this week.

25 Dr. Noakes, we've heard from Drs. Kent and  
26 MacWilliams, who also confirmed that there had  
27 been no ISA or ISAV found in B.C. You also noted  
28 it in your report, as did Dr. Dill in the passage  
29 I've just referred to. Can you explain how from a  
30 statistical perspective testing for ISA and  
31 getting negative results increases confidence that  
32 ISA has not been introduced into British Columbia?  
33 Dr. Noakes.

34 DR. NOAKES: It's a matter of looking at the accuracy  
35 of the test. So if the test is very accurate, if  
36 you're testing many, many samples, then there's a  
37 probability that again, again depending on the  
38 accuracy of the tests, there's a probability that  
39 you could miss diagnosing that particular disease.  
40 But typically if the test is good, I mean, it's a  
41 small percentage. So as you sample more and more  
42 and more fish, then the probability of missing a  
43 diagnosis in say hundreds of fish, becomes very,  
44 very small.

45 Q Thank you.

46 DR. NOAKES: It's simple probability.

47 Q Thank you. Mr. Lunn, B.C. Salmon Farmers, Tab 43,

1 and as you're bringing it up it's the B.C. MLA  
2 Annual Report, Fish Health Program for 2009, and  
3 it's PDF 10 as well as page 10. Under the heading  
4 "3.2.4. Sampling and Sample Selection", there we  
5 are. The first two paragraphs in that section.  
6 Gentlemen, I'll take a moment to read this. This  
7 speaks to the issue of the farm audits, and the  
8 question of whether you're sampling from -- in  
9 part from live fish or from dead fish. And at the  
10 beginning it refers to:

11  
12 Farm audits are conducted in conjunction with  
13 the farm's regularly scheduled carcass  
14 removal, facilitating staff access to the  
15 dead fish. The approach of targeted disease  
16 sampling on recently dead fish increases the  
17 likelihood of finding disease (compared with  
18 random sampling of all live fish at the farm  
19 - most of which would be healthy).  
20

21 And then it carries on describing fresh silvers  
22 and the work that was done.

23 And my question for you initially, Dr.  
24 Noakes, is isn't it true that targeting disease  
25 sampling increases the likelihood of finding  
26 diseased fish when comparing it to random sampling  
27 of live fish? You need --

28 DR. NOAKES: I'm sorry. I believe so.

29 Q Anybody else offer a view on that, Korman first,  
30 Dr. Korman?

31 DR. KORMAN: Yes, that's right. And with regards to  
32 this issue of the sort of precision of the  
33 sampling, one thing that might be worth in that  
34 context, there were seven cases of IHN farm-level  
35 diagnoses between 2002 and 2007. Now, if you look  
36 at the random testing in the BCMAL audit files,  
37 there's actually only two cases of documented IHN  
38 for the random testing. So what's going on there  
39 is that the vet is using multiple sources of  
40 information to make a diagnosis, just like a  
41 doctor does, a human doctor. The testing is one,  
42 but so is the histopathology, and so are other  
43 signs shown on the farms. But what that -- so it  
44 shows two things. One they're being conservative.  
45 The vets are actually calling some of these farms,  
46 calling it a disease event, even though the virus  
47 testing doesn't actually document it. But they're

1 using other information to do that, so that's kind  
2 of a good thing, and then being conservative.

3 But it also demonstrates that these virus PCR  
4 tests aren't -- there should have been a seven --  
5 a one-to-one correspondence, right? But there  
6 wasn't, because they're sampling and there's  
7 error. So I guess the point is that it's not as  
8 precise as I think I hear some of the discussion  
9 alluding to and documented in Dr. Dill's report.

10 Q I have a question for Dr. Dill. I wonder if we  
11 could bring up B.C. Salmon Farmers Tab 14. It's  
12 the Hammell et al paper from 2009, PDF page 11,  
13 also page 11. Dr. Dill, the question is for you,  
14 and it's you referred in your report, it was a  
15 draft at the time, a Salmon Aquaculture Dialogue  
16 Report by Dr. Larry Hammell. I understand there's  
17 now a final version available, but I don't believe  
18 it's changed in any significant way as it relates  
19 to this particular question. My question really  
20 referring to page 11, Mr. Lunn, there's a  
21 paragraph commencing:

22  
23 Biosecurity remains a cornerstone of disease  
24 risk reduction.

25  
26 And it's on the screen now. Take a moment if you  
27 would, Dr. Dill, I think you have a moment, or I  
28 do, do you agree with that quote that:

29  
30 Biosecurity remains a cornerstone of disease  
31 risk reduction.

32  
33 DR. DILL: I believe when they're talking about  
34 biosecurity they're referring to what they  
35 describe in the following paragraphs, and it's  
36 mostly related to movement of disease from farm to  
37 farm and there are many steps taken to prevent  
38 that. So I agree with that statement.

39 Q You agree with the principle, and if you can  
40 quickly read through that paragraph, just so we  
41 can all find it later if we wish to refer to it.  
42 It refers to the kinds of things that they mean by  
43 biosecurity on both a local, regional and  
44 international level. They may not be practised  
45 exactly the same at all levels and all  
46 jurisdictions, but that's essentially what  
47 biosecurity means.

1 DR. DILL: Yeah, I agree with that.

2 Q Thank you. I have 30 seconds left. I'm going to  
3 ask the last question to Dr. Noakes. If he can  
4 explain what belief-oriented science is, and if he  
5 could provide an example of that in the context of  
6 the decline of the Fraser River sockeye in 2009.  
7 And if it assists you, I'd like you to have  
8 Exhibit 1536, PDF 41, paper copy, page 32. It's  
9 found in your "Concluding Remarks", Dr. Noakes,  
10 while Mr. Lunn's bringing it up, and it refers to  
11 "Debates over potential impacts" and the effect of  
12 "belief-oriented science". What do you mean in  
13 that paragraph, please?

14 DR. NOAKES: Yeah, what I mean by "belief-oriented  
15 science" and Ray Hilborn calls it something else,  
16 but essentially what it means is that when you're  
17 looking at data and it goes back to a comment or  
18 question that I had from the Province in terms of  
19 setting the bar in terms of the evidence that you  
20 need. And basically what happens is if you -- if  
21 you aren't rigorous in terms of your assessment  
22 and again evaluating the information that you're  
23 getting it from, you let your own personal biases  
24 either come into setting your assumptions, or  
25 interpreting the results so that in fact it's not  
26 as rigorous as it could be, and in fact you  
27 basically have the outcome is more of your belief,  
28 rather than totally based in evidence.

29 MR. BLAIR: Thank you. In my haste, Mr. Commissioner,  
30 I moved past marking two documents I referred to  
31 as exhibits, and if we could go in the order that  
32 I referred to them, B.C. Tab 43, which was the  
33 B.C. MLA Annual Report, Fish Health Program of  
34 2009, been referred to, could it be marked as the  
35 next exhibit.

36 THE REGISTRAR: Exhibit 1561.

37 MR. BLAIR: And my next question referred to the  
38 Hammell report, which Dr. Dill referred to in his  
39 report on the issue of biosecurity. If it could  
40 be marked the next exhibit.

41 THE REGISTRAR: Exhibit 1562.

42 THE COMMISSIONER: Thank you, Mr. Registrar. Thank  
43 you, Mr. Commissioner. Thank you, panel.

44 MR. MARTLAND: Thank you, Mr. Commissioner. I have Mr.  
45 McDade for the Aquaculture Coalition at 75  
46 minutes.

47 THE REGISTRAR: Mr. Commissioner, I need to correct the



1 last two exhibit numbers. We ended on Exhibit  
2 number 1559. So the number just called for Tab 43  
3 should be 1560; for Tab 14 should be 1561. Thank  
4 you.  
5

6 EXHIBIT 1560: B.C. Ministry of Agriculture  
7 and Lands, Annual Report Fish Health Program  
8 2009  
9

10 EXHIBIT 1561: Hammell et al, Salmon  
11 Aquaculture Dialogue Working Group Report on  
12 Salmon Disease, DRAFT March 3, 2009  
13

14 MR. McDADE: Gentlemen, my name is Gregory McDade, and  
15 I appear for Dr. Morton and the Aquaculture  
16 Coalition. It may seem like a lot of time with --  
17 but there's a number of things I want to cover in  
18 this data, so I want to move quickly.  
19

20 CROSS-EXAMINATION BY MR. McDADE:  
21

22 Q Firstly, you've all done a yeoman's job of  
23 crunching a lot of numbers and trying to make  
24 sense out of it, and I'm certainly not going to  
25 criticize the math. I must admit, though, that  
26 the debate between Dr. Noakes and Dr. Connors in  
27 terms of methodology, even though I'm a math  
28 major, eluded me for most of it in terms of the  
29 methodology. Rather than get into that debate, I  
30 thought what I might do, though, is in terms of  
31 methodology ask Dr. Korman. You probably  
32 understand more than I do what this debate is  
33 about, what do you have to say about Dr. Connors'  
34 methodology?

35 DR. KORMAN: Well, for one thing I think that when you  
36 look at the bottom-line conclusions of Dr.  
37 Connors' report, he's not making claims of very  
38 strong effects. So the argument between Noakes  
39 and Connors in the end as far as conclusions is  
40 Noakes saying, you know, no effects shown, Connors  
41 saying weak effects in the case of the longer-term  
42 dataset only. So from a decision point of view,  
43 you know, that the justice may have enough  
44 information right there without getting into all  
45 the minutiae about how they come to that argument.  
46 In terms of what Dr. Connors did, I think a  
47 lot of his rationale is well justified in terms of

1 using variables that other researchers have  
2 suggested in terms of the modelling framework that  
3 he did, and in terms of his interpretation. And  
4 while there is some speculation or assumptions  
5 made in his modelling, that's a totally normal  
6 part of the scientific process to basically begin  
7 with a set of assumptions, evaluate the data.  
8 There are some limitations to that result, which  
9 he I think adequately stated in his report as  
10 being limited. But that's -- it would be  
11 irresponsible of us not to do the analysis that  
12 Dr. Connors did, in my opinion. So I don't have a  
13 problem with it because he was quite cautious in  
14 his interpretation.

15 Q Thank you for that, Dr. Korman. The -- now, in  
16 statistics, as far as I can see, there's two  
17 fundamental limitations to every statistical  
18 analysis, and I think you'd agree, Dr. Korman:  
19 one is it's only as good as the data that  
20 underlies it, and if there's any falseness or bias  
21 or inadequacies in that data, then that would be  
22 carried over into the analysis; the second is, and  
23 the reason why statisticians can sometimes  
24 disagree and you have some of the jokes and quotes  
25 that I'm sure you've heard many times, is that it  
26 also matters what you choose to compare to what,  
27 and that's a choice that one makes. So let me  
28 start there, because there has been some  
29 differences between the various analyses in terms  
30 of what's being compared to what.

31 But in terms of the mortality comparisons,  
32 which is just a simple comparison of mortality  
33 according to the number of fresh silvers that are  
34 reported on the farms, and seeing whether there's  
35 any trends on that basis, I noted that none of you  
36 really did a mortality analysis that broke down  
37 the -- the area that we're most concerned about,  
38 that is, the Fraser River sockeye migration route.  
39 That's correct, isn't it, Dr. Korman?

40 DR. KORMAN: So that would be on the first part of his  
41 analysis, using the shorter time series, and I'm  
42 -- did you -- you'd have to actually refer that to  
43 Dr. Connors. Did you break that out by zone,  
44 or...?

45 DR. CONNORS: I did break it out by zone, but you're  
46 correct, I didn't make any assumptions about  
47 specific migration routes at a finer scale than

1 the fish health zones that fish need to migrate.  
2 And I think that's a limitation of it. I was  
3 concerned that I would be criticized if I made  
4 further assumptions about finer scale migration  
5 routes on one hand than if I didn't, and so you  
6 are correct, though I didn't break it down at a  
7 finer scale level than the inside of Vancouver  
8 Island in that case.  
9 Q Well, where statistics really seems to have helped  
10 in the study of disease, I think, is by looking at  
11 oddities in subpopulations. For instance, the way  
12 in which AIDS was discovered is by looking at  
13 specific populations in San Francisco and certain  
14 age groups and them having an unusual amount of  
15 disease. And what you've done here is you've  
16 aggregated the 120 farms that you were given into  
17 much of the analysis that you've done.  
18 DR. CONNORS: I agree that for that shorter term  
19 analysis there was very much a coarse level of  
20 aggregation.  
21 Q Now, Dr. Korman, you did two spreadsheets, as I  
22 understand it. Can we have Aqua 2 up on the  
23 stand, Mr. -- or up on the screen, Mr. Lunn. This  
24 is spreadsheet CCI001187, I believe. And this is  
25 what I would call stocking data, right?  
26 DR. KORMAN: The sheet we're looking at right here are  
27 the farm-level diagnoses, I believe, from the  
28 audits.  
29 MR. McDADE: Sorry, this is the wrong -- the wrong  
30 document.  
31 MR. LUNN: You want Tab 2 in your Project 5 folder; is  
32 that right?  
33 DR. KORMAN: Yeah, that looks more like what you're  
34 referring to.  
35 MR. McDADE:  
36 Q Right. So what this is, is you have a spreadsheet  
37 of population data and that is what fish went into  
38 what farms when, basically.  
39 DR. KORMAN: Yeah, and what the -- the column K is the  
40 "Balance\_Inventory" is what's in the pens by --  
41 you know, or what's in the farm by time period.  
42 Q So it's actually possible to break out the  
43 specific area if you know which farms you're  
44 looking at and evaluate when they were stocked and  
45 what level of mortality they had.  
46 DR. KORMAN: Yes. You can do it on a farm-by-farm  
47 level somewhere in the spreadsheet, yes.

1 MR. McDADE: Can we have that spreadsheet marked as the  
2 next exhibit.

3 THE REGISTRAR: Exhibit 1562.

4  
5 EXHIBIT 1562: Fish farm population data  
6 spreadsheet  
7

8 MR. McDADE:

9 Q And can we have Aqua document 8 up on the screen,  
10 please.

11 MR. MARTLAND: And, Mr. Commissioner, I'm just mindful  
12 that it may or may not be clear to everyone  
13 whether it's not perfectly clear to me, I'll  
14 confess, that last document, how that connects to  
15 the databases versus Dr. Korman's spreadsheet,  
16 which was put in as an exhibit already. Mr.  
17 McDade may just simply clarify what it is that we  
18 were looking at and are looking at just to connect  
19 the dots, please.

20 MR. McDADE:

21 Q Well, Dr. Korman, you took that data and put it  
22 into your other spreadsheet, right?

23 DR. KORMAN: Yeah, I think we could probably even find  
24 this spreadsheet within the other one, exactly.

25 MR. McDADE: Well, we will move to that spreadsheet.  
26 Maybe we can do it when we get there.

27 MR. MARTLAND: And the other spreadsheet, I take it,  
28 we're referring to Exhibit 1544, which is Dr.  
29 Korman's spreadsheet used for his report. Thank  
30 you.

31 MR. McDADE: Okay.

32 Q So the -- now this is a chart --

33 MR. TAYLOR: I have an issue with this document, Mr.  
34 Commissioner. This, I understand to be something  
35 Mr. McDade's client prepared specifically for this  
36 inquiry proceeding. It's in the same camp as a  
37 number of documents that have come up and I don't  
38 think it can be admitted as an exhibit proper.  
39 The most it could be would be an exhibit for ID,  
40 and I raise to make that point.

41 MR. McDADE: Well, when I get there.

42 Q Now, so what we have here, Dr. Korman, have you  
43 seen that document before? Did you get a chance  
44 to look at that earlier?

45 DR. KORMAN: I haven't seen this, no.

46 Q If what I'm suggesting to you is this is just a  
47 spreadsheet done straight off yours that evaluates

14  
PANEL NO. 57  
Cross-exam by Mr. McDade (AQUA)

1 the mortalities for the Area 3, as compared to  
2 Area 2, and then -- now, none of you actually did  
3 that analysis, right?

4 DR. CONNORS: There are fish health zones, is that  
5 right, Area 2 versus Area 3?

6 Q This is just Area 3 data.

7 DR. CONNORS: Okay. And that's correct, I did not  
8 relate just Area 3 data to any of the sockeye  
9 salmon productivity data.

10 MR. McDADE: So if for the sake, we'll just, I'm  
11 content to mark this for identification, Mr.  
12 Commissioner. Can we mark that tab.

13 THE REGISTRAR: That Tab 8 will be marked for  
14 identification XX, double "X".

15  
16 XX FOR IDENTIFICATION: Area 3 mortality data  
17 spreadsheet  
18

19 MR. McDADE:

20 Q So if in fact this document is accurate, and then  
21 it's produced entirely off your records, but  
22 assuming it's accurate, by breaking out just the  
23 Area 3 documents you begin to see a different  
24 pattern than you saw before, and in particular in  
25 the yellow line, you see a big spike of  
26 mortalities in 2003 and a big spike in 2007. Now,  
27 we've heard some evidence that the 2003 spike may  
28 be related to the IHN outbreak. Do any -- did you  
29 have an explanation for what the 2007 spike would  
30 be?

31 DR. KORMAN: No.

32 Q And if one was looking for a disease pattern in  
33 relation to the Fraser River sockeye, this would  
34 be a valuable piece of information, wouldn't it?

35 DR. KORMAN: Potentially. Well, one thing I'd want to  
36 know is are those mortalities, those could include  
37 predation losses, or -- so are these -- first I'd  
38 ask if they're fresh silver mortalities, is that  
39 the case? And then it would be a little more  
40 relevant than if they were total mortalities, I  
41 don't think it would be very relevant.

42 Q All right. I'm informed it's fresh silver  
43 mortalities.

44 DR. KORMAN: Okay.

45 DR. NOAKES: It could also be, I think, Rensel had one  
46 on toxic algae and I seem to recall there was a  
47 bloom in '07, so that may or may not be an

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- 1 explanation, but...
- 2 Q All right. But this would -- this would be a sign  
3 that statistics could give us to start looking for  
4 something?
- 5 DR. KORMAN: Right. Like, you could conclude, well,  
6 something was different about 2007, maybe leading  
7 to the poor 2009 return. I guess that -- that's  
8 the logic here. But although then I would -- it  
9 would be helpful to see a really unusually low  
10 disease pattern in 2008 to explain the really high  
11 2010 returns, which is, you know, maybe a little  
12 bit apparent in this figure, I suppose.
- 13 Q Can we have Aqua 6 up on the screen. Now, this is  
14 a map of the fish farms. It's a Living Oceans  
15 Map, but these are the maps of the farms in the  
16 Discovery Islands, which is called by some people  
17 the "wild salmon narrows". There are in fact nine  
18 farms that are circled here in blue that basically  
19 as the -- the fish have to run the gauntlet  
20 through a very narrow passage and past all of  
21 those farms. Did any of you run those numbers  
22 related to those farms?
- 23 DR. NOAKES: The only thing I did was I actually looked  
24 at the fish health and audit events on a farm-by-  
25 farm basis. And I only included those that  
26 actually had data associated with them. So I  
27 didn't include all of those, but certainly some of  
28 them had some disease outbreaks associated with  
29 them, either in the audit or in the fish health  
30 events that were reported by industry.
- 31 Q And so we don't have a mortality or disease  
32 relationship between these nine farms, and the  
33 Fraser River sockeye. Dr. Connors.
- 34 DR. CONNORS: Yeah, that's correct. I do want to get  
35 it clear. I did not do an analysis that just  
36 considered these farms here.
- 37 MR. McDADE: Can I have that map up as the next  
38 exhibit.
- 39 DR. NOAKES: I should point out that a lot of these  
40 only have a single data point so it's kind of hard  
41 to even imagine what kind of analysis you would do  
42 on a single data point. As I say, a data point  
43 mean a disease, a reported disease.
- 44 MR. McDADE: Yes. Can I have that marked as the next  
45 exhibit, please.
- 46 THE REGISTRAR: Exhibit 1563.
- 47

1 EXHIBIT 1563: Living Oceans Salmon Farm  
2 Migration Map  
3

4 MR. McDADE: Thank you.

5 Q Now, let us turn, Dr. Korman, to the issue of the  
6 fresh silvers, which is, as you've said, was --  
7 you took as a fundamental point in terms of terms  
8 of mortalities. You used fresh silvers as if they  
9 were the maximum amount of disease mortalities  
10 that were occurring in these farms, did you not?

11 DR. KORMAN: Yes.

12 Q And I think, Dr. Noakes, I heard you in your  
13 testimony last week saying that in your view those  
14 were the only fish that could have died of  
15 disease.

16 DR. NOAKES: I said that they were the fish that were  
17 most likely to have -- if you were testing them,  
18 those are the ones that you would want to test for  
19 disease, that the other ones if you weren't seeing  
20 any signs of disease, then -- and you could  
21 randomly test them. But as I think we said just a  
22 few minutes ago, you have a much higher likelihood  
23 of detecting a disease in the fish that have just  
24 died rather than fish that are in the pen. And of  
25 course I think you probably heard Dr. Kent explain  
26 that testing a fish and finding a pathogen doesn't  
27 necessarily mean that the fish is diseased in  
28 terms of pathology.

29 Q Well, I just want to get to the assumptions that  
30 were behind your report, Dr. Korman. So I'll  
31 direct the rest of these questions to you. If we  
32 could go to Tab 8 of Dr. Noakes' report, which is  
33 at page 27 of Dr. Noakes' report. Page 27, yes,  
34 there we go. This table, I understand, Dr.  
35 Korman, came straight out of your spreadsheet.

36 DR. KORMAN: Yes, I believe that's the case.

37 Q And our spreadsheet is 1182. Could we -- we'll  
38 come back to this. We'll look at this table in  
39 your spreadsheet. So could we call up the 1182.

40 MR. MARTLAND: I think this is Exhibit 1544, if it's  
41 Dr. Korman's spreadsheet.

42 MR. McDADE: Yes, that's correct. Sorry. And if we  
43 could go to the "Mortality\_Summary" tab -- the  
44 next one, the "Mortality\_Summary". Yes, that's  
45 the sheet, as I understand it, Dr. Korman, and  
46 those are the numbers up top?

47 DR. KORMAN: Yes, and the percentages down below, some

1 of which, yeah, line up with Noakes' table.  
2 Correct.  
3 Q So the 2 percent number, which is at line 32, it  
4 looks like, is the fresh silvers divided by the  
5 total -- the total population, right?  
6 DR. KORMAN: Yeah, you're taking -- you're taking the  
7 percent mortality from the overall population, all  
8 causes and then determining what fraction of those  
9 is fresh silvers, and that's basically it's .12  
10 times .22 equals .02 there, so that's how that's  
11 calculated in line 32.  
12 Q Well, the biggest -- the biggest total of these  
13 four lines, "Fresh Silvers", "Environmental",  
14 "Predators" and "Other" is "Other". There's  
15 some --  
16 DR. KORMAN: Right, yes, correct.  
17 Q And "Other" included what, Dr. Korman?  
18 DR. KORMAN: Well, I think a big -- I'm not exactly  
19 sure of the breakdown. I never looked at it. A  
20 big factor would be unknown.  
21 Q Well, if we could scroll up, Mr. Lunn -- or can we  
22 -- can we just for a second, see the under "Other"  
23 the number, say, the 2 million number, the fourth  
24 number down. Could you just put the cursor on  
25 there and click it. Up top you'll see. Dr.  
26 Korman, that you added the lines from up above.  
27 DR. KORMAN: Yeah.  
28 Q Okay. So now we can scroll up above and see what  
29 lines you added for the "Other", if we could. I  
30 suggest to you that you added those numbers at the  
31 top other than the "Environmental", "Fresh" and  
32 the "Fresh 'Silvers'".  
33 DR. KORMAN: Yeah.  
34 Q And so the other, the largest portion of "Other",  
35 as I could see it, in my analysis was under the  
36 "Old" category.  
37 DR. KORMAN: Yes, it looks that way.  
38 Q Now, old, the "Old" category, what was your  
39 understanding of it? Because fish farm fish don't  
40 die of old age.  
41 DR. KORMAN: Yeah, I'm not -- I'm not super familiar  
42 with the exact detail of how they classify it as  
43 "Old" versus something else.  
44 Q Well, let me suggest this to you, Dr. Korman. The  
45 term "Fresh Silver" is used for a fish that's  
46 recently died and is floating belly up.  
47 DR. KORMAN: Correct.



1 Q The term "Old" is for a fish that's been dead a  
2 little longer and is no longer of diagnostic  
3 value. So it's floated to the bottom or it's  
4 starting to rot and it's not of -- it's not of  
5 histological use.  
6 DR. KORMAN: Right. So you're arguing that the "Old"  
7 column should be -- would be in some functional  
8 sort of -- it would increase the maximum number of  
9 fish by some amount.  
10 Q The only difference --  
11 DR. KORMAN: Yes.  
12 Q The only difference between old and fresh silver  
13 is when you collect them; isn't that right?  
14 DR. KORMAN: Well, as I said, I'm not -- I'd have to go  
15 back and look at the details to see -- that makes  
16 sense to me, but I would like to see the  
17 documentation on that. I can't confirm that. But  
18 I take your word for it, if you've looked up the  
19 definition.  
20 Q Yes. And so the old would die of exactly the same  
21 proportion of disease as the fresh silvers.  
22 There's no distinction in terms of their cause of  
23 death, is there?  
24 DR. KORMAN: No, so what's the percentage difference  
25 here, if you add in -- you've likely done this, if  
26 you add in the old, does it change the numbers a  
27 lot?  
28 Q It does.  
29 DR. KORMAN: The percentagewise?  
30 Q Yes. There's over five million fish in the "Old"  
31 category.  
32 DR. KORMAN: Per year.  
33 Q Oh, no, your total of that column is 5.2 million,  
34 I suggest to you.  
35 DR. KORMAN: Right. But I think the numbers you're --  
36 the numbers you're talking about in terms of the  
37 percent -- if you scroll to the left and look at  
38 the total number of fish on salmon farms.  
39 Q Yeah, the total number of fresh silvers are 9  
40 million. The total number of all, they're 5.-  
41 something million.  
42 DR. KORMAN: So it would change that 2 percent number  
43 to --  
44 Q Three and something.  
45 DR. KORMAN: Yeah.  
46 Q Okay.  
47 DR. KORMAN: Okay.

- 1 Q What about poor performers? Do you know what that  
2 heading "Poor Performers" means?
- 3 DR. KORMAN: Yeah, I imagine fish that weren't  
4 thriving, that weren't growing well.
- 5 Q So presumably fish that were diseased, or possibly  
6 fish that were diseased.
- 7 DR. KORMAN: Or not, or their makeup is such that  
8 they're not feeding well on pellets. I mean,  
9 you'd actually have to -- would be another  
10 alternative. You'd have to really talk to the --  
11 someone with real expertise in growing fish to  
12 determine why those poor performers are poor  
13 performers. But that's a possibility that they  
14 had disease, but...
- 15 Q Well, it's reasonably likely to expect the sick  
16 would be poor performers, isn't it.
- 17 DR. KORMAN: No, I could also assume that some fish,  
18 you know, don't jump for pellets, and therefore  
19 don't thrive in high-density conditions and it  
20 could have nothing to do with disease, actually.  
21 But that would be a -- it may be a combination of  
22 the two. Again, you'd have to ask a vet or  
23 someone who farms fish for a living to answer  
24 that.
- 25 Q So what I'm suggesting to you is that is -- that  
26 this assumption that you and Dr. Noakes made, the  
27 fresh silvers are the only fish that are dying  
28 from disease, it's a mistaken assumption, isn't  
29 it.
- 30 DR. KORMAN: Well, I think, like any assumption, it  
31 should be looked at and questioned and that's  
32 legitimate that you're doing that. I don't think  
33 it's fair to say that all old fish or all poor  
34 performers died of disease at all. But I do agree  
35 with your argument that the percentage could be  
36 larger than what's in the report. That's a  
37 possibility. There's also some of those fresh  
38 silvers that could have died due to other reasons  
39 due to disease, though, right?
- 40 Q Fair enough.
- 41 DR. KORMAN: So they're all estimates.
- 42 Q Yes. But you've -- your assumption and, Dr.  
43 Noakes, I believe, you said as much to an answer  
44 to Mr. Taylor on last week, that fresh silvers  
45 were the maximum theoretical number of fish to die  
46 from disease. That's wrong, isn't it.
- 47 DR. NOAKES: I don't recall saying it's the maximum.

1 He may have -- I remember counsel for Canada  
2 saying that, but I...  
3 Q So if we add in those poor performers, or some  
4 percentage of them, and the old and the matures,  
5 the number of -- and add them to the fresh  
6 silvers, the number that are dead or possibly dead  
7 of disease doubles from 2 percent to 4 percent.  
8 DR. KORMAN: Just glancing at this spreadsheet I could  
9 see that being possible. And then you'd have a  
10 set of assumptions in there with the caveat that  
11 all old fish and all poor performers are assumed  
12 to have died from disease, as are fresh silvers.  
13 So you'd have a number, 4 percent that was bigger  
14 with a set of -- one set of assumptions. We have  
15 a lower number with another set of assumptions.  
16 You know, is your number better than the number --  
17 you know, it's higher, but I'm not actually sure  
18 it's more accurate.  
19 Q Well, let's come back -- let's come to  
20 "Environmental", because that's the next major  
21 category. These -- and I should point out, these  
22 are all self-reported headings from the fish  
23 farms, right?  
24 DR. KORMAN: Yes.  
25 Q And so some veterinarian or manager at a fish --  
26 at each fish farm files a report that he puts the  
27 mortalities in one or another of these categories.  
28 DR. KORMAN: Correct.  
29 Q And that may vary from farm to farm in terms of  
30 what category you put something in.  
31 DR. KORMAN: Yeah, I mean, if you're -- yeah, there  
32 could be some biases potentially going in there,  
33 although they do have to answer to the audit to  
34 some extent in terms of -- in terms of their farm-  
35 level disease. If they have a lot of fish dying  
36 of really blatant disease and they are misleading  
37 in terms of how they're classifying their  
38 mortalities, then that may show up in terms of a  
39 discrepancy with an audit they're likely to get  
40 that year, or in --  
41 Q Well, I'm not suggesting anybody's misleading.  
42 DR. KORMAN: Okay.  
43 Q What I'm suggesting is if you have a bunch of  
44 people putting something in a number of  
45 categories, there's a lot of subjectivity as to  
46 which category it gets put into.  
47 DR. KORMAN: That, yes, that seems that way.

1 Q And on environmental causes, if you have, say,  
2 5,000 fish that die on a farm with 500,000 fish of  
3 some sort of oxygen event or algae event, that  
4 would be something that would go into the  
5 "Environmental" category.

6 DR. KORMAN: That's right.

7 Q But what we've heard is that fish that are  
8 diseased are the most likely to succumb to that  
9 kind of matter, isn't it -- aren't they.

10 DR. KORMAN: Yes, in some -- in the wild, certainly,  
11 that situation occurs, so...

12 Q So when you have a -- when fish who are diseased  
13 die of an environmental cause, that's the category  
14 that it would be put under.

15 DR. KORMAN: That's -- a fraction of those fish could  
16 have been diseased, right, which would further  
17 increase your number.

18 Q And it could possibly increase it to 6 percent.

19 DR. KORMAN: Sure.

20 Q All right.

21 DR. KORMAN: I guess the value of this information to  
22 me it seems is in the temporal trend. So it's all  
23 -- so if you have this increased percent of  
24 mortality due to diseases, with your set of  
25 assumptions you're tripling the number. The issue  
26 isn't the absolute number, it seems to me,  
27 although that's certainly of interest, it's the  
28 temporal trend in that number compared to some of  
29 the trends in the survival rates of wild stocks.  
30 And so I guess I'd be more interested in how that  
31 changes, for example, if when you do this  
32 analysis, does it change the trend? And if it  
33 does, then that's -- that would, you know, be of  
34 more interest to me than a 2 percent versus a 6  
35 percent number, I guess.

36 Q Yes. And you haven't done that trend using these  
37 other numbers because you only used fresh silvers.

38 DR. KORMAN: Yes.

39 Q Okay.

40 DR. KORMAN: And just so you understand the role of my  
41 reporting, my reporting was to provide a really --  
42 to get the data together and provide -- not to  
43 totally get myself off the hook here, but just so  
44 you're clear on how we just set these reports up.  
45 Mine was to just summarize the data in a fairly  
46 coarse way, mainly provide the database, then let  
47 the main PIs, you know, Dill and Noakes, basically

1           come up with their particular analyses where they  
2           could use the same data in any way. So just so  
3           you may want to broaden -- I'm happy to answer  
4           your questions, but you may want to broaden that.  
5        Q     Oh, no, and I'm sorry if the tone suggests  
6           otherwise --  
7        DR. KORMAN: No, no, not at all. But I'm just saying  
8           that --  
9        Q     -- I'm not being critical.  
10       DR. KORMAN: -- that's how we sort of split this thing  
11           up, so...  
12       Q     Right. But people draw subjective judgments from  
13           these numbers.  
14       DR. KORMAN: Yes.  
15       Q     That's why I'm -- it's important to me to be clear  
16           what you did and didn't do. So that if there's a  
17           subjective judgment that 2 percent is low or high,  
18           that number turns out to be inaccurate.  
19       DR. KORMAN: Yeah, I wouldn't say -- like, it's a  
20           number based on a certain set of assumptions.  
21           Frankly, if I had a discussion with your client,  
22           and she was able to review this report, I would  
23           have been happy to put in sort of a range of  
24           numbers with the different assumptions associated  
25           with it. Unfortunately we didn't have that review  
26           process in place, but I'm not disagreeing, I  
27           guess, with your statement, there can be a low  
28           number or a number with one set of assumptions, a  
29           different number with another, set, and it would  
30           have been nice to have both of those in the  
31           report. So I agree with you. But I don't think  
32           the number you're providing is the only number.  
33       Q     No, but --  
34       DR. KORMAN: It's a different number.  
35       Q     "Fresh Silvers" are the only category that's  
36           actually audited by the Ministry, isn't it.  
37       DR. KORMAN: Yes.  
38       Q     Those are the only fish that are actually  
39           evaluated for disease.  
40       DR. KORMAN: Yes, that's -- yes.  
41       Q     So these other fish in these other categories may  
42           or may not have disease and we just don't know.  
43       DR. KORMAN: Right. But it just seems to -- yeah, and  
44           that's -- that's true what you've said. The issue  
45           is in their some odd, let's just say, 500 fish  
46           that they randomly sample a year, the incidence of  
47           disease in those is so low, I mean, as I cite it,

1 and so it brings into -- I guess you can argue  
2 that two ways, is as I suspect you will in a  
3 second, but the thing is if it's so low they're  
4 going to fish that would seem to have a lower  
5 likelihood of disease would only dilute that  
6 statistic, if you had a limited sample size.  
7 Q Okay. Well, we'll come to the question of what  
8 diseases these fish had later, but the point is --  
9 DR. KORMAN: Yeah.  
10 Q -- you only dealt with fresh silvers, and in fact  
11 all those other, that "Other" category,  
12 potentially has as much disease in it as the  
13 fresh silvers did.  
14 DR. KORMAN: Yeah. Sure.  
15 Q And --  
16 DR. KORMAN: Under some assumptions.  
17 MR. McDADE: Now, Mr. Lunn, are you able to get  
18 Province document 16 from the regulatory panel 2,  
19 it's the supplement to the document that Mr. Blair  
20 put in a few minutes ago. It's a supplement to  
21 the Fish Health Report 2009.  
22 MR. LUNN: Is this the same as your Tab 41?  
23 MR. McDADE: No.  
24 MR. LUNN: I don't believe I have documents for  
25 Province's regulatory panel 3 yet.  
26 MR. McDADE: Well, let me come back to that, and  
27 perhaps if I have a minute or two after the break,  
28 I'll put the exhibit in then, because it describes  
29 how the fish are chosen by these categories, and I  
30 thought it would be useful.  
31 Q But let me do this. This absolute number 2  
32 percent, Dr. Noakes, in your report you seem to  
33 suggest that 2 percent was low. And that's a  
34 subject opinion, isn't it.  
35 DR. NOAKES: Yes, 2 percent generally that would seem  
36 pretty low.  
37 Q Well, 2 percent a year of disease or death, and  
38 we're not talking about disease, we're talking  
39 about death from disease potentially, if in a  
40 population that is regularly fed, that's protected  
41 from predators, that seems quite high to me. So 2  
42 percent compared to what? Maybe that's the right  
43 question.  
44 DR. NOAKES: Well, 2 percent compared to, say, a 3  
45 percent mortality of wild fish per day.  
46 Q Well, the 3 -- aren't we comparing apples and  
47 oranges there, because the wild fish die from

- 1 predation and looking for food, not from disease.  
2 DR. NOAKES: Well, I mean, you just wanted to -- you  
3 just wanted a comparison, so...  
4 Q Well, you're a respected scientist, and you're  
5 saying 2 percent is low. Do you have any basis  
6 for studies to suggest that that's the norm, or  
7 less than the norm or more than the norm?  
8 DR. NOAKES: I haven't looked at other aquaculture or  
9 agriculture in terms of mortality. So, for  
10 instance, I don't know what the average mortality  
11 is on a chicken farm, for instance. Again,  
12 completely different system, but 2 percent to me  
13 seems to be low in terms of an annual mortality  
14 rate.  
15 Q Well, let me suggest this to you. I looked up the  
16 Spanish flu on Wikipedia last night. Spanish flu  
17 killed 80 million people and that was 2.-something  
18 percent of the population. And that's considered  
19 one of the greatest epidemics in our history.  
20 That's a very extraordinary amount of death, isn't  
21 it, for a disease.  
22 DR. NOAKES: That's true in terms of human populations.  
23 But I guess, I can't recall, did the Spanish flu  
24 run over -- was that a one-year event, or...  
25 Q Well, the temporal aspect is also something to  
26 talk about. This is 2 percent mortality per year,  
27 right? So if you're talking about a fish that  
28 lives for four years, it's four times as much as  
29 that. It might be 8 percent over the course of  
30 their lifetime. Right?  
31 DR. NOAKES: The 2 percent applies to, it's my  
32 understanding, this applies to fish that are --  
33 that go into marine pens. So I don't think it's  
34 -- I think it's less than four years. I think  
35 it's about 18 months that the fish spend in their  
36 net pens, rather than four years.  
37 Q Okay. Well, if it's -- if it's two years, let's  
38 call it 4 percent over two years. Right? That's  
39 what -- that's what you said was low.  
40 DR. NOAKES: I said 2 percent was low.  
41 Q Right. And if it's -- now that we've added up the  
42 numbers in a different way, and it may be 4 or 6  
43 percent, you'd have to double that, wouldn't you.  
44 DR. NOAKES: I mean, that's an upper limit. And as  
45 Josh is pointing out, I mean, the whole thing has  
46 to be ground-truthed in terms of your fish -- your  
47 fish disease checks. I mean there's independent

- 1 of what fish health events are mandatorily  
2 reported by the industry, there is an independent  
3 audit that's done by the Province. Now, again,  
4 they're only looking at fresh silvers, but the  
5 incidence of disease in there was quite low.
- 6 Q You're putting a lot in there on that, that the  
7 fresh silvers had no disease, in your view, but  
8 they're all dead fish, aren't they.
- 9 DR. NOAKES: I'm putting a lot of confidence in the  
10 people who are actually doing that monitoring in  
11 terms of being able to make the proper diagnosis,  
12 because they're the experts.
- 13 Q Well, I just wanted though, I want to get the  
14 grounding for your comment in your report that 2  
15 percent mortality per year was low. And let me  
16 suggest this to you. If in fact the expected  
17 mortality on a healthy fish farm is less than 1  
18 percent, would that change your opinion about  
19 whether 2 percent was low?
- 20 DR. NOAKES: Well, I need to know where the expected  
21 mortality of 1 percent came from, how that  
22 calculation was done.
- 23 Q Well, that's just a hypothetical.
- 24 DR. NOAKES: Well, I mean --
- 25 Q You were the one who said 2 percent was low.
- 26 DR. NOAKES: Yeah, and that's -- I mean, that's my  
27 opinion, 2 percent is low, and again it's based on  
28 looking at, say -- and again most of my experience  
29 has been with wild salmon and other marine  
30 populations. And when you look at the natural  
31 mortality there, it's about 3 percent per day. So  
32 relative terms, 2 percent per year is a pretty low  
33 mortality rate.
- 34 MR. McDADE: Well, I'm going to have to find this  
35 document. Mr. Lunn, the Ringtail number I have  
36 for it is BCP000334. Will that help you?
- 37 MR. LUNN: Can you tell me the tab number one more  
38 time, please, from the --
- 39 MR. McDADE: 16, the Province's documents. It's  
40 entitled "Supplement to the Fish Health Report  
41 2009".
- 42 MR. MARTLAND: And is that the, just by assistance,  
43 Province's list of documents for the second  
44 regulatory panel; is that right?
- 45 MR. McDADE: I think so. That's the note I have.
- 46 MR. MARTLAND: Thank you.
- 47 MR. McDADE: So let me move on and we'll come back to



1           that when the document is available.

2       Q     Now, Dr. Korman, you didn't measure how many fish  
3           were sick in fish farms, no way to do that.

4       DR. KORMAN: Right. Correct.

5       Q     But it would be a -- Dr. Noakes, I take it you'd  
6           agree, that when for most fish diseases there's  
7           fewer fish that die than fish that get infected  
8           and fish that get sick.

9       DR. NOAKES: Certainly there are fish that have disease  
10          that die of other causes.

11      Q     Well, in the Spanish flu example that I gave you,  
12          2 percent died, 28 percent were infected. That's  
13          a fairly standard split in disease, wouldn't it  
14          be?

15      DR. NOAKES: I don't know what the standard is, but  
16          there are certainly fish that contract a disease  
17          and survive it, and there is a fraction that dies,  
18          as well. And that probably varies by disease.  
19          I'm not an expert in fish health, and I would  
20          defer to Dr. Marty or some of the other  
21          veterinarians.

22      Q     Well, Dr. Dill, can you add anything to that?  
23          When you have a disease, more fish are sick than  
24          die?

25      DR. DILL: That would be correct.

26      Q     And does that 28 percent and 2 percent number  
27          resonate at all?

28      DR. DILL: No, I don't know of those details.

29      Q     Okay. But for some diseases, chronic fish  
30          diseases, very few die when a lot of fish have  
31          that sickness, don't they, Dr. Noakes?

32      DR. NOAKES: There are a number of diseases in terms of  
33          looking at mortality and what I relied on, and I  
34          think the others relied on, in all four reports,  
35          was the evaluation by Dr. Kent in terms of what he  
36          went through a number of diseases and listed what  
37          the likelihood was of mortality. And he listed  
38          four as high risk, and then he had some medium  
39          risk and some low risk, and he went through the  
40          various categories whether it was a viral,  
41          bacterial or parasitic type. So, yeah, there's  
42          all sorts, there's a whole range there, and as I  
43          said, I relied on the reports from those experts.

44      Q     But if when you said 2 percent was low, if in fact  
45          30 percent of the fish were sick or had the  
46          pathogen and were shedding pathogens, that would  
47          be high, wouldn't it.

1 DR. NOAKES: All I can go on is in terms of what the  
2 data tells me, and the data, as I say, that we had  
3 available was the fish health diagnostics from the  
4 reports from the B.C. Salmon Farmers and from the  
5 provincial audits, and that's all I have to go on.

6 Q So will you at least admit to me that your  
7 statement in your report that 2 percent is low is  
8 a completely subjective opinion without  
9 substantiation?

10 DR. NOAKES: It's certainly my opinion, and I wouldn't  
11 say it was without substantiation, in the sense  
12 that I'm relaying that 2 percent on my own  
13 experience in terms of dealing with other kinds of  
14 fish populations, and in particular in terms of  
15 what the natural mortality would be on say wild  
16 salmon in the ocean, which is about 3 percent per  
17 day when they're in juveniles.

18 Q And would you say 4 percent was low?

19 DR. NOAKES: I mean, I'm not going to set an upper  
20 limit. All I'm going to say is that these are the  
21 data that I had, and based on the information that  
22 I had, I had 2 percent and my judgment on that is  
23 again based on my experience, was that 2 percent  
24 in my opinion was a low number. And I admit that  
25 that's my opinion and others may have their  
26 opinion. You might ask the other panel members,  
27 for instance, if they think 2 percent is low.

28 Q No, what I'm asking you, Dr. Noakes, is whether  
29 you changed your opinion in any way now that the  
30 evidence has come out that it might have been as  
31 high as 4 percent.

32 DR. NOAKES: No, I haven't changed my opinion, and  
33 again --

34 Q No, of course not.

35 DR. NOAKES: -- it's based on the data and based on my  
36 own experience.

37 DR. KORMAN: So just to comment, I mean, I agree with  
38 your -- one of your premises of your argument is  
39 that the level of disease as far as risk to wild  
40 fish could be higher than what these percentage  
41 are because there could be a bunch of fish, for  
42 one thing, that didn't die that have the -- that  
43 have the pathogen, right, and therefore the risk  
44 to wild fish is greater than what these numbers  
45 suggest. So that that argument is sound, but it's  
46 -- it's based on a series of assumptions that are  
47 no better than the assumptions in here, but it's a

1 possible argument and it shouldn't be discounted.  
2 And I think Dr. Dill does a good job in his report  
3 of describing that, so no argument there.  
4 The only caveat I'd say is that we have these  
5 farm-level diagnoses that are done during the  
6 audit and by the salmon farmers, okay, and they  
7 actually include fish that aren't dead, right?  
8 They're just fish that are diseased and showing  
9 signs of a pathogen. They show signs of disease  
10 and they're treated. And so if there was a whole  
11 bunch of disease that wasn't resulting in  
12 mortality, then it would show up as many farm-  
13 level disease events, which, you know, in Dr.  
14 Noakes' reports, once he splits those out by area,  
15 we don't see a lot of those farm-level disease  
16 events, you know, in the Inside Passage. So  
17 that's -- that's the only caveat to indicate on  
18 your remarks.  
19 Q But we don't audit for sickness, we audit for  
20 death.  
21 DR. KORMAN: Yeah, that's a limitation.  
22 Q And that's not true in chicken farms, that's not  
23 true in cattle farms, is it.  
24 DR. KORMAN: Yea, I don't know, but --  
25 Q Okay.  
26 DR. KORMAN: -- I'll take your word for it.  
27 Q All right. Let's go to then the next point that  
28 I'd like to make. And that is the way in which  
29 you organized your database, Dr. Korman, and the  
30 assumptions you made around the cause of death.  
31 In order to determine -- let me just as a follow-  
32 up to the last point, though, say in order to  
33 determine how many fish were sick, when you were  
34 looking at dead fish, the fresh silvers, one would  
35 want to look at what symptoms they had, wouldn't  
36 you.  
37 DR. KORMAN: Yes.  
38 Q And so you might see a fish dying of one cause,  
39 but had a disease or symptom of another disease,  
40 as well, right?  
41 DR. KORMAN: Well, if, again, there's no data, right?  
42 You know that. So it's all pretty theoretical,  
43 isn't it?  
44 Q Okay.  
45 DR. KORMAN: And in a perfect world, if we had  
46 information on every individual fish, then we  
47 could do that analysis. But, of course, this is

1 the real world and we don't have that kind of  
2 information.

3 Q All right. Well, can we go to 2864, that's the  
4 large disease database, Mr. Lunn, 1549, I think it  
5 is. And the Excel spreadsheet, which is 2864.  
6 No, that's not the one.

7 MR. LUNN: I understand, I thought you were asking for  
8 Exhibit 1549.

9 MR. McDADE:

10 Q Yes. All right. Now, if I can just understand --  
11 I'll tell you what I think this document is, and  
12 you tell me if I'm wrong. I think this document  
13 is a list of all the fish that were audited by  
14 BCMAL, lumped together by farm, and then in this  
15 tab is the Atlantics are put together and then  
16 there's another tab for the Pacifics, and another  
17 for the sablefish. And if you scroll across, Mr.  
18 Lunn, and if we can scroll to the right and just a  
19 little further. If we stop there. This is all of  
20 these columns in this heading are -- in this  
21 particular selection for the liver, and then the  
22 various -- and they're all lumped by various  
23 symptoms.

24 DR. KORMAN: Correct. My understanding is this is Dr.  
25 Marty's results from his histopathological  
26 analysis of those randomly selected fresh silvers.

27 Q And so --

28 DR. KORMAN: And they may include other fish, as well.

29 Q And then if we kept scrolling, we'd find another  
30 group for kidney and another group for heart and  
31 that sort of stuff. So if there's an entry in  
32 these columns, that's a sign that Dr. Marty's  
33 found one of these symptoms, as shown in that  
34 column?

35 DR. KORMAN: Yes.

36 Q Now, you didn't do -- you didn't count up the  
37 symptoms you found, you just counted up the final  
38 diagnosis, right?

39 DR. KORMAN: Yes. And would you like the rationale for  
40 that, or...

41 Q Well, let's -- no, let's just --

42 DR. KORMAN: Keep going?

43 Q Let's just keep going, and perhaps I'll ask you  
44 about that. I think what I want to do is just  
45 understand what this sheet shows. So if we could  
46 go to the "Abbreviations" tab, Mr. Lunn. Now,  
47 this is a longer list of symptoms as shown in

1           those sheets, and a description of what they are,  
2           right?

3       DR. KORMAN:  Yeah, I believe this is Dr. Marty's -- we  
4           discussed this.  This is kind of his unique  
5           classification system that he's in the process of  
6           publishing or has published.

7       Q       All right.  So let's go back to Tab 1 and let's  
8           scroll down.  If we can go back to the left-hand  
9           side.  So first of all, let's take the first six  
10          fish, and there's a line underneath that.  My  
11          understanding is that would be the six fish that  
12          were taken from that particular audit, right?  
13          Those would all be from the same farm.

14       DR. KORMAN:  You know, if you -- you see, those are six  
15          different -- yeah, those are six different slides.  
16          I'm not sure if they're -- I'm not sure if they're  
17          from the same fish, but it probably doesn't matter  
18          if we're --

19       Q       Well, I think we heard that there was 496 audits,  
20          and on this sheet I think there's 2,259 fish, and  
21          on the Pacific sheet there's another 400 and  
22          something.

23       DR. KORMAN:  Right.  So that would include -- of  
24          course, this is a multi-year sheet.

25       Q       Right.

26       DR. KORMAN:  Right.  Okay.  So you're saying, yeah,  
27          it's about -- it's about 600 a year, or 500 a  
28          year, right.

29       Q       Right.

30       DR. KORMAN:  Yes.

31       Q       So there's about 500 over a five-year period, and  
32          in your other spreadsheet you show about 800 --  
33          794 over an eight-year period.  So that's about  
34          100 a year of actual audits.

35       DR. KORMAN:  There's 100 to 120 farms audited a year.

36       Q       Right.

37       DR. KORMAN:  At each one of those audits there are, you  
38          know, what is it, five to eight fresh silvers  
39          taken and analyzed.

40       Q       Well, if I divided the number of fish that were  
41          analyzed, from the audits by the number of audits.

42       DR. KORMAN:  Right.

43       Q       If we took 2,600 fish divided by 500 audits, we  
44          get an average of about 5.5 fish per audit.

45       DR. KORMAN:  Okay.

46       Q       Right.  And so that's -- as you go out to a farm  
47          which has half a million fish, and you take five.

1 DR. KORMAN: That's right.

2 Q And then these are the results from Dr. Marty's  
3 analysis of those five.

4 DR. KORMAN: Right.

5 Q And if we can look at the column "I", that's "Most  
6 significant Lesion" and there Dr. Marty has listed  
7 the abbreviation that relates to each of these  
8 lesions, right?

9 DR. KORMAN: Yes.

10 Q And then in column "J", he lists his diagnosis as  
11 terms of "Cause of Death". Right? So let's just  
12 scroll down a bit and look at the fact of the  
13 lesions and the cause of death. Let's take -- go  
14 to line 53. So if we just highlight line 53, what  
15 we see there is that's a 2006 audit of an Atlantic  
16 salmon farm in Area 2.3, and so -- and there's a  
17 lesion that's identified as VHSV, that would be a  
18 disease, right?

19 DR. KORMAN: Probably referring to VHS, we could  
20 probably go -- and RTN would be -- we should  
21 actually look at those, because those might be two  
22 different diseases. So what he might be  
23 identifying here is two potential -- two potential  
24 causes, I'm not...

25 Q And do you know what -- and how did you determine  
26 what diagnosis you were going to apply to your  
27 spreadsheet?

28 DR. KORMAN: Right, exactly, that's a great question.  
29 So what you've got is a vet who is determining the  
30 farm-level diagnoses, just like your doctor does.  
31 You're going to send in a biopsy sample, and the  
32 pathologist is going to look at those results.  
33 But you may also get a CT-scan, you may also get  
34 some blood work done, and then the doctor's going  
35 to look at those three bits of data and he's going  
36 to make a diagnosis. So that's what a doctor of  
37 veterinary medicine does, which I am certainly  
38 not.

39 So what I did was I relied on the vet's  
40 diagnosis for the farm, and not on these  
41 individual histopathological results, because  
42 those are only one element of his diagnosis. And  
43 I think it would be equivalent to, let's say,  
44 going into an elementary school, seeing a bunch of  
45 kids with runny noses, and that symptom may be  
46 consistent with swine flu, but they don't all have  
47 swine flu. And I'm not in a position to judge

1           that. So I just went on what the doctor said.  
2       Q     Fair enough. I understand that, and that's what I  
3           thought you were doing. But can we scroll up a  
4           little, Mr. Lunn. Let's look at line 53, fish 34.  
5           Now, there the most significant lesion is KRS, and  
6           we'll -- but the diagnosis is "none". Now --  
7       DR. KORMAN: What does KRS stand for, sorry?  
8       Q     KRS, if we --  
9       DR. KORMAN: On the other sheet.  
10      Q     Can we go to the abbreviation sheet.  
11      DR. KORMAN: Not that I'll be able to help you much  
12           with this, because it's just -- I'll have to --  
13      Q     I think what that is is kidney with -- I can't  
14           pronounce.  
15      DR. KORMAN: *Renibacterium*, so is that --  
16      Q     Yeah, it's BKD.  
17      DR. KORMAN: -- BKD.  
18      Q     BKD. So what we have -- we can go back to that  
19           fish. What we have is a lesion related to BKD,  
20           but no diagnosis. Right?  
21      DR. KORMAN: Okay. So you're -- well, we have to go  
22           back and trace that audit sample back to the farm-  
23           level diagnosis for -- of that was made by the vet  
24           and there's a -- to see that if he classified that  
25           as a farm-level disease event.  
26      Q     Sorry. These, I understand are the audits. These  
27           are not the ones that the farm sent in.  
28      DR. KORMAN: Right. But the audit consists of multiple  
29           bits of information. Histopathology, PCR,  
30           bacteria, as well as an examination of conditions  
31           of the fish during the audit, and all those go the  
32           vet to make a diagnosis. I summarized the  
33           diagnosis. And so the fact that you've got  
34           *Renibacterium* there, I mean, if that's the case,  
35           we should go to the diagnosis sheet and confirm  
36           that it's a -- that that farm was given a BKD  
37           classification. It may not have been. That's --  
38           I haven't, basically I've trusted the vets in my  
39           analysis and assume that they've interpreted all  
40           these bits of information correctly and not, you  
41           know, so that's my assumption. I haven't gone,  
42           like, one-to-one records like we're doing now to  
43           see if it's lined up.  
44      Q     So your analysis, your numbers are only as good as  
45           the vet's diagnosis.  
46      DR. KORMAN: That work for the Province. So Mark  
47           Sheppard, and there's another vet there, and --

- 1 Q So if a fish had symptoms of a disease --  
2 DR. KORMAN: Right.  
3 Q But in the vet's opinion it isn't sufficient to  
4 diagnose it as a particular disease, you've  
5 counted it as nothing.  
6 DR. KORMAN: That's correct.  
7 Q Even though it's quite clear that fish had the  
8 symptoms of at least some symptoms of a potential  
9 disease.  
10 DR. KORMAN: Yes. But I can't -- what I can't speak to  
11 is what fraction of cases - what you would really  
12 like to know and it's a legitimate question - is  
13 what fraction of cases do we see disease in a fish  
14 but the farm wasn't diagnosed as having that  
15 disease. The only cases, you know, and I haven't  
16 gone on a case-by-case basis, I'm not -- you would  
17 probably want a vet to do this type of, you know,  
18 re-analysis to see if their diagnosis is fair.  
19 The cases that I have seen are cases where the  
20 tests like these have shown negative results, at  
21 least on the PCR testing, and yet they've given  
22 the farm a disease event. So I've seen it go the  
23 other way, but I can't really speak to the  
24 histopathological results that we're looking at  
25 here.  
26 Q Well, let's -- we are running short of time, but  
27 let's just scroll across on line 53, just to see  
28 how many symptoms of disease this has. So keep  
29 scrolling, Mr. Lunn. So if we go to column "AF",  
30 there's a "2" there. That's a more severe lesion,  
31 as I understand it.  
32 DR. KORMAN: Okay.  
33 Q Can we scroll up to see what column "AF" is?  
34 Column "AF" --  
35 DR. KORMAN: SSC.  
36 Q -- is SSC, sinusoidal congestion, I believe that  
37 is. Can we go to the abbreviation and see what  
38 that is. Can we go to the abbreviations. So if  
39 we scroll down on "SSC" on the right, and then  
40 click on the description there, if you double  
41 click that, we'll be able to read it, I think.  
42 DR. KORMAN: Yes, just keep scrolling along so we can  
43 see.  
44 Q I think you have to double-click it, Mr. Lunn.  
45 MR. LUNN: I tried.  
46 MR. McDADE: Okay.  
47 MR. LUNN: I'm sorry, I'm not sure what's going on with



1 the spreadsheet, but I'm doing the best I can.

2 MR. McDADE:

3 Q All right. It's a potential, according to this,  
4 it's a potential -- it says indicator, a potential  
5 indicator for VHS, or if one goes further --

6 DR. KORMAN: Just move your -- oh.

7 Q Oh, can we -- it says [as read]:

8

9

Potentially classic lesions of ISA.

10

11 Right? Now, I accept that doesn't mean it has  
12 ISA, but it has a symptom of ISA. And there's  
13 sufficient symptom that the vet would send this  
14 for a PCR test.

15 DR. KORMAN: Right. Of which it would have tested  
16 negative.

17 Q Right. But it wasn't a healthy fish. It had  
18 sinusoidal congestion.

19 DR. KORMAN: Yeah, and --

20 Q And it was dead.

21 DR. KORMAN: Yeah.

22 Q So that isn't a fish that you would say was a  
23 healthy fish.

24 DR. KORMAN: No, that individual fish was not healthy.  
25 But we weren't summarizing the status of  
26 individual fish. We were looking at farm-level  
27 disease events.

28 Q All right.

29 DR. KORMAN: But, you know, this fish was not healthy.  
30 What disease it has, ask a vet (indiscernible -  
31 overlapping speakers).

32 Q So can we go back to Tab 1, and again back to line  
33 53 and scroll over some more. Let's see what else  
34 this fish had. There's under "AM" could we scroll  
35 up and see what "AM" is. "AM" is [as read]:

36

37

LRS - Liver *Renibacterium salmoninarum*.

38

39 All right. Can we go further down and scroll  
40 again some more over into the kidney. Under "AT"  
41 we see -- "AS" and "AT", let's scroll up and see  
42 what they are.

43 Oh. I'll pass on the "AS", that's a -- I  
44 don't think that's an indication of a disease.

45 But ISH is [as read]:

46

47

Interstitial (hematopoietic) cell

1 hyperplasia.

2

3 That's a sign of marine anaemia, that's one of the  
4 first diagnostics that Dr. Kent told us about,  
5 right? So that's a sign it could be marine  
6 anaemia.

7 DR. KORMAN: So let's just get the list straight. So  
8 BKD, ISA and IHS (sic), is that...

9 Q Right. And so if we could go further down -- we  
10 have to go back and see where we're at. Under  
11 "AY" and "AZ" there are indications. Let's go up.  
12 And "AY" is [as read]:

13

14 HEM - Interstitial haemorrhage/congestion.

15

16 That's a sign of disease, as well, isn't it.

17 DR. KORMAN: I guess so, which it says --

18 Q It's not a healthy fish.

19 DR. KORMAN: No, you convinced me of that a long time  
20 ago.

21 MR. MARTLAND: Mr. Commissioner, this isn't an  
22 objection, necessarily, to the questions. I just  
23 do want to highlight, I think that sort of an  
24 answer reveals the fact that these may be  
25 questions that perhaps above and beyond what this  
26 witness is in a position to say. I think some of  
27 his answers are deferential to veterinarians,  
28 generally speaking. In some cases he's not in a  
29 position to, I'd suggest to you, to give you  
30 evidence with respect to whether something is or  
31 is not a disease.

32 MR. McDADE: Well, fair enough. But I'll get to my  
33 question about what he did with this information.  
34 I recognize this is long, but I think this is  
35 important to understand.

36 Q Can we go to the abbreviations for HEM. Can you  
37 read that one. Sorry, I can't read it when the  
38 cursor's on it, Mr. Lunn, although we lose it when  
39 the cursor's off [as read]:

40

41 HEM is probably an endothelial damage. HEM  
42 is often associated with VHSV and bacterial  
43 infections, and renal congestion and  
44 haemorrhage is one of the classic signs of  
45 infectious salmon anaemia, but ISA have never  
46 been diagnosed from fish in B.C.

47

1           So can we at least agree on this. It's a sign of  
2           disease, even though it doesn't prove it.

3   DR. KORMAN: Oh, yeah, no disagreement.

4   Q       So let's go back to Tab 1. So that fish, if we  
5           can scroll back to the left again, that fish has  
6           what Dr. Marty says, the most significant lesion  
7           is the kidneys, *Renibacterium salmoninarum*, but he  
8           makes no diagnosis of a particular disease. Now,  
9           I suggest to you that's because either it could be  
10          one or more diseases, or he's not sure which one  
11          it is. It isn't an indication that the fish is  
12          fine.

13   DR. KORMAN: Absolutely. The fish is not fine.

14   Q       Right.

15   DR. KORMAN: The fish was actually dead, so we knew  
16          that by just the fact that it's in the spreadsheet  
17          it wasn't fine, it was dead in the first place,  
18          right, and obviously this shows that the fish has  
19          disease. But just like your doctor would not say,  
20          oh, I've got the pathology results, you know, he  
21          would look at all the information before he made a  
22          diagnosis. And that's why these are just  
23          suggested diagnoses by the pathologist, and it's  
24          waiting for the vet to look at all the rest of the  
25          information to make a...

26                I think the real heart of the debate is farm-  
27          level diagnoses, which is what we focused our  
28          analyses on, or my summary, and the health of  
29          individual fish, which is kind of where your  
30          question is lying. And they're just different  
31          things. So I don't think we're really -- I don't  
32          really see the argument, you know. It's an  
33          apples-to-oranges type of argument.

34   Q       Well, okay. I'm not disagreeing with you at this  
35          point. Can we scroll over and just look, though,  
36          scroll over a bit back to, say, line "AT" or so,  
37          Mr. Lunn. Just scroll to the right, please, just  
38          randomly, really. All right. So just stop there.  
39          When I look at every line of this spreadsheet of  
40          2,259 fish, almost every fish has one or more  
41          lesions, in most case two or three, and it's a  
42          question of which is the most significant. There  
43          are no healthy fish in this spreadsheet; isn't  
44          that fair to say?

45   DR. KORMAN: I'm not a vet. But I would suggest that  
46          you could take -- however you define healthy fish,  
47          you open one of us up, you may see a little

- 1 cirrhosis in our liver, right? But we're still  
2 kicking around, doing, you know -- so for all I  
3 know, and I'm not a vet, if you open up a  
4 perfectly healthy fish, you're going to get some  
5 scores like this. I mean again, ask a vet, but  
6 I'm not sure these fish are unhealthy. In other  
7 words, they may not show any signs of disease, if  
8 that's how we're defining health, but yet they may  
9 have some histopathological conditions.
- 10 Q Now, the trouble I had with what I thought your  
11 testimony and Dr. Noakes's testimony was on Friday  
12 and Thursday was I think you said the vast  
13 majority of these fish that are audited are  
14 healthy. I think you said that. That's wrong,  
15 isn't it.
- 16 DR. KORMAN: What is the vast -- the vast majority of  
17 audits have no diagnoses of disease at a farm  
18 level, nor do the individual fish that are sampled  
19 score positive in any of the PCR or  
20 bacteriological testing. I can't define -- this,  
21 to me, the fact that there's some scores there  
22 doesn't tell me these fish are unhealthy. It's  
23 showing me that they've got some lesions on some  
24 of their organs, and I can't determine whether or  
25 not that means they're unhealthy. I mean, the  
26 vets certainly didn't call them that.
- 27 Q Well, no, no, the vet just wasn't able to come to  
28 a diagnosis. The vet found many, many signs of  
29 disease.
- 30 DR. KORMAN: Okay. Well, I would have to defer you to  
31 Sheppard and Marty this week.
- 32 Q All right. But for your purposes, you treated a  
33 "none" diagnosis as if it was a healthy fish  
34 didn't you.
- 35 DR. KORMAN: Yes.
- 36 Q And Dr. Noakes, did you do --
- 37 DR. KORMAN: A healthy farm -- healthy farm. I never  
38 even dealt with fish, but, okay.
- 39 Q Dr. Noakes, did you do the same thing?
- 40 DR. NOAKES: No I didn't treat it as a -- I didn't  
41 treat it as a healthy fish. I mean, what I looked  
42 at was the diseases, that the diagnostics that  
43 came out of that. I mean, Dr. Korman's right in  
44 the sense that there are many bacteria that you're  
45 going to -- I mean, if you checked one of our  
46 bodies, I'm sure you'd find lots of things. So  
47 there are many pathogens you're going to find in

1           these fish, but again if you go back to probably,  
2           I'm sure you heard Dr. Kent and others say the  
3           presence of a pathogen doesn't necessarily mean  
4           that there's a disease.

5           So I treated these fish, I mean, I looked at  
6           the data, and when I was looking at it was what  
7           fish died and what did they have in terms of  
8           diagnostics. And again I have to defer to the  
9           fish health professionals and the veterinarians  
10          for those diagnostics. As I say, there's -- as  
11          Josh was saying, there's lots of these pieces of  
12          information that come together in making that  
13          diagnostic.

14         Q       So let's just go to the left again and look at  
15                 that fish at line 53. So this fish had  
16                 haemorrhaging, it had interstitial hyperplasia,  
17                 which is a sign of leukemia, and the diagnosis was  
18                 "none", and simply because the veterinarian was  
19                 not able to come to a firm diagnosis, you wouldn't  
20                 -- you wouldn't say that fish was healthy, would  
21                 you, Dr. Noakes?

22         DR. NOAKES: Well, as Dr. Korman pointed out, all of  
23                 these fish are dead, so I mean it could be an  
24                 infection that came after the fish died. We have  
25                 no idea. As I say, the column there just says  
26                 "Cause of death". And as I say, I have to defer  
27                 to the fish health professionals in saying what  
28                 caused that fish to die, and not rely on just what  
29                 pathogens are there. Because, as I say, the  
30                 presence of a pathogen, my understanding from a  
31                 fish health professional does not necessarily mean  
32                 that fish is diseased.

33         Q       Can we go down to line 131. There in column "I",  
34                 I suggest to you is the first "none" that we see,  
35                 in other words, this fish has no signs of disease,  
36                 right? And so there's no diagnosis. Dr. Korman,  
37                 I've sorted that column "I", and I'll suggest to  
38                 you that there are six fish that have "none". And  
39                 all the rest have a significant lesion of some  
40                 type, and in most cases more than two or three; is  
41                 that right?

42         DR. KORMAN: I haven't done that, but I'll take your  
43                 word for it. And as I said, you're asking the  
44                 wrong guy. Whether that means that any of these  
45                 fish are showing any signs of external disease is  
46                 a vet's call, and they're coming in a couple of  
47                 days, so...

1 Q Fair enough. Fair enough. But let me point out  
2 that if one sorts column "J", the "none" diagnosis  
3 is there 1,304 times out of 2,259 fish, 58 percent  
4 of the time.  
5 DR. KORMAN: Right. But what you're not looking at is  
6 the PCR results and the bacterial results so  
7 they'll take that material and they'll say, okay,  
8 well, it's got lesions and such that are  
9 consistent. Now, so let's send this off to  
10 culture to see if we get BKD out of this thing,  
11 and let's send it off for some PCR to look for VHS  
12 through the --  
13 Q Fair enough.  
14 DR. KORMAN: -- and then they take that information and  
15 then on a different spreadsheet the diagnosis is  
16 made. So it's just that you're -- it's just that  
17 his job is not to make a diagnosis because the  
18 pathologist doesn't have all that information.  
19 That's my understanding, so, you know.  
20 Q So we will, we'll ask the veterinarian. But if  
21 you have an unknown disease, Dr. Korman, a new  
22 disease, then you're not going to have an entry  
23 for it on that sheet, are you?  
24 DR. KORMAN: Yeah, I don't know how Dr. Marty handles  
25 that.  
26 Q All right. Well --  
27 DR. KORMAN: But he -- but I --  
28 Q If 58 percent of the fish that are audited have  
29 signs of disease but don't have a diagnosis, that  
30 doesn't mean they're healthy, does it?  
31 DR. KORMAN: Well, your statement that they don't have  
32 a diagnosis is just plain inaccurate, so I can't  
33 agree with it, because the diagnosis will be done  
34 with the vet when he gets the other information.  
35 They don't have a diagnosis in this histopathology  
36 sheet, that does not mean they won't be diagnosed.  
37 MR. McDADE: Well, in -- can we go to spreadsheet 2850.  
38 MR. MARTLAND: Mr. Commissioner, I just note that we  
39 would often break at about this juncture. I have  
40 about five minutes remaining in Mr. McDade's time,  
41 although he may be seeking contributions, if you  
42 will, over the break. I wonder if I could suggest  
43 we take perhaps a ten-minute break, if that's  
44 agreeable, or a 15-minute break.  
45 THE COMMISSIONER: Thank you.  
46 MR. MARTLAND: Thank you.  
47 THE REGISTRAR: The hearing will now recess for 15

1 minutes.

2

3

(PROCEEDINGS ADJOURNED FOR MORNING RECESS)

4

(PROCEEDINGS RECONVENED)

5

6

THE REGISTRAR: The hearing is now resumed.

7

MR. MARTLAND: Mr. Commissioner, Mr. McDade has up to  
45 minutes. He's received contributions from  
colleagues for which I thank them.

8

9

MR. McDADE: Up on the screen, Mr. Commissioner, is the  
document that I was searching for earlier in the  
examination.

10

11

12

13

CROSS-EXAMINATION BY MR. McDADE, continuing:

14

15

Q You see that, Dr. Korman? That's a supplement to  
the fish health report from the province.

16

17

MR. McDADE: Can we have that marked as the next  
exhibit?

18

19

MR. REGISTRAR: Exhibit 1564.

20

21

EXHIBIT 1564: Supplemental Appendices to the  
Annual Report - Fish Health Program

22

23

24

MR. McDADE:

25

Q And if you would look, Dr. Noakes, down to the  
bottom of the page, under "Silvers", you see the  
statement from the Province that:

26

27

28

29

In a healthy robust population, silvers  
should generally represent less than 1  
percent of the dead group.

30

31

32

33

Do you see that?

34

DR. NOAKES: Yes, I do see that.

35

Q All right. So there's some benchmark for you that  
you'd agree with me that the diseases that you saw  
in the global population that you looked at, which  
averaged 2 percent of fresh silvers and perhaps 4  
percent in total was double or quadruple what  
should be present in a normal population?

36

37

38

39

40

41

DR. NOAKES: I think the 2 percent referred to the  
fresh silvers. And what I was looking at was the  
disease which were either from the reported fish  
events or the audits.

42

43

44

45

Q Okay. Let's move back into 2850, Dr. Korman.

46

MR. McDADE: This is one of the documents on Exhibit

47

1           1549, Mr. Commissioner. And we'll figure out its  
2           number later. Can we have BCP2850 on the screen?  
3           It's another Excel spreadsheet with numerous tabs  
4           at the bottom.  
5           Q     Dr. Korman you recognize this, right?  
6           DR. KORMAN: Yes.  
7           Q     And this was part of the material that you put  
8           into your spreadsheet, which is Exhibit 1544?  
9           DR. KORMAN: Yes.  
10          Q     What's your understanding of this spreadsheet?  
11          What's it include?  
12          DR. KORMAN: That tab we were looking at before was the  
13          farm level diagnoses. Yeah, this is the BCMAL  
14          audit and information and this is the farm level  
15          diagnoses sheet that I've been talking to just  
16          before the break.  
17          Q     So the distinction between the two is that the  
18          last spreadsheet we looked at was the individual  
19          fish. This is farm level diagnosis based on the  
20          audit?  
21          DR. KORMAN: Correct. So this is where we would go.  
22          And once we saw that BKD and IHN and they didn't  
23          make a diagnosis because they couldn't sort out,  
24          for example, in one of your examples, which of the  
25          three it was so it said "diagnosis none", you  
26          should be able to cross-reference that here and  
27          see what the actual vet finally decided. That's  
28          my understanding of how that would work.  
29          Q     And so as I understand it, there might be six fish  
30          that were audited. Two would show one disease,  
31          one would show another and so this is where we'd  
32          look to, to find whether the vet was diagnosing  
33          one global disease or not?  
34          DR. KORMAN: That's my understanding, yes.  
35          Q     And that would be in Column F?  
36          DR. KORMAN: Yes.  
37          MR. McDADE: And if we could just highlight that a bit,  
38          Mr. Lunn?  
39          Q     So as we go down that sheet, we see BKD, IHN,  
40          rickettsiosis, BDK, IHN, IHN. Then we see "open".  
41          And now what I understand "open" means is that the  
42          diagnosis is undetermined yet.  
43          DR. KORMAN: Right. I assumed it was like the file is  
44          still opened.  
45          Q     Right. Those of who watch detective shows on TV  
46          would understand that this is a cold case.  
47          DR. KORMAN: If it's 2002 and it's still open, yeah.



1 Q So to use the criminal law analogy, we might have  
2 somebody lying on the floor with bullet holes  
3 through his chest but because we haven't  
4 identified who their murderer is, we have an open  
5 case?  
6 DR. KORMAN: Correct.  
7 Q Right. So this is not a diagnosis of no disease;  
8 it's a diagnosis of that it's open and uncertain  
9 yet, right?  
10 DR. KORMAN: Correct.  
11 Q And now, as I scroll through there, if we could  
12 scroll a little further, we see cardiomyopathy,  
13 IHN, BKD, Loma, septicaemia. We see quite a bit  
14 of opens.  
15 DR. KORMAN: Yes. In Figure 6 of my report on page 20,  
16 it'll actually plot the percentage of opens. But  
17 just ball-parking that figure, you know, it's at  
18 least 50 percent.  
19 Q Well, let me tell you, I've counted them and  
20 there's 347 out of 485 and that would be 60  
21 percent.  
22 DR. KORMAN: Okay. I was just ball-parking it off the  
23 graph.  
24 MR. McDADE: There are, though, if we could keep  
25 strolling down, Mr. Lunn. Further. Just go back  
26 a bit. There is one that's an algal bloom. And  
27 then keep scrolling down. I'm not sure if that  
28 appears again. There's a marine anemia at line  
29 155. Scroll down some more. I don't see any  
30 diagnoses of no significant finding. I thought  
31 there were a couple. Let's go to your  
32 spreadsheet, Exhibit 1544. And if we could go to  
33 under the "BCMAL Audit Data Summary" which is --  
34 DR. KORMAN: Yes, scroll to the right.  
35 MR. McDADE: -- a few more tabs to the right. No,  
36 sorry, on the bottom there, yes. Second-last tab,  
37 I think there. Yes.  
38 DR. KORMAN: Yes.  
39 MR. McDADE:  
40 Q All right. So there you've summarized I think  
41 there's 795. No, just a second.  
42 MR. McDADE: Oh, sorry, if we could go back to the  
43 BCMAL Audit DX tab? Yes.  
44 Q So under Column G, you've summarized all of these.  
45 It includes what we saw at 2850 plus some other  
46 audits, right?  
47 DR. KORMAN: Yeah, a couple other years. It was in two

1 separate files. I've just combined them into this  
2 one sheet here.

3 Q Because you have some 805, I think, that you've  
4 shown there?

5 DR. KORMAN: Yeah, there was two groups of years in  
6 individual files.

7 Q And again, the open diagnoses are still 60 percent  
8 or higher.

9 MR. McDADE: And if we could go back to the BCMAL Audit  
10 tab and scroll to the left. Yes. Now, Mr. Lunn,  
11 I understand there's a chart in the middle of that  
12 table. The chart will move if you click on it or  
13 drag it so that we can read the underlying table.  
14 Yes, thank you.

15 Q So under that table, you list all the findings  
16 that were made and there's 794 of them.

17 DR. KORMAN: Correct.

18 Q And 495 are open?

19 DR. KORMAN: Yes.

20 Q And just above the open are no significant  
21 findings. That was an available diagnosis. And  
22 there were how many?

23 DR. KORMAN: Two.

24 Q Two. The others were, therefore, presumably  
25 significant.

26 DR. KORMAN: Okay. Again, you know, this is all vet  
27 questions.

28 Q Yes, all right.

29 DR. KORMAN: But that makes sense, logic-wise.

30 Q So measuring just the four diseases that were  
31 actually diagnosed that were identified by Dr.  
32 Kent doesn't tell us an awful lot about how much  
33 disease there was in the farms, does it?

34 DR. KORMAN: If you're referring to my report, I  
35 reported on more than just four high-level, high-  
36 risk diseases. For example, in Figure 6 on page  
37 20, go into all the others, including VHS, Loma,  
38 ricketts, so it would be inaccurate to say that I  
39 only reported on high-risk diseases.

40 Q Now, Dr. Korman, you've heard that this Commission  
41 has heard about a potentially new or unknown  
42 disease being present in the sockeye?

43 DR. KORMAN: Yes.

44 Q You didn't measure for that?

45 DR. KORMAN: No, the difficulty, and I think Dr. Dill  
46 does a nice job in his report in pointing out is  
47 there's a whole bunch of things that could be that

- 1 we don't have diagnostics for yet. And therefore,  
2 of course, the salmon farmers or the Province  
3 wouldn't be able to measure things that they don't  
4 even know exist yet or certainly don't have the  
5 techniques to measure them yet. So it would be  
6 unreasonable to expect them to be able to do that.  
7 But I do concede the point, or not concede it, but  
8 I do agree with the point that there could be all  
9 sorts of diseases these fish have that we haven't  
10 identified yet.
- 11 Q So wouldn't it make sense, or isn't it a  
12 reasonable proposition that one could look at  
13 charting the symptoms of a particular disease?
- 14 DR. KORMAN: I'm not qualified to say how reasonable it  
15 is because like I say when we were looking at all  
16 those histopathological results, I don't know how  
17 many of those a normal fish with no disease would  
18 have presence so I just can't say whether that's  
19 reasonable or not.
- 20 Q And because you didn't know, you didn't do it?
- 21 DR. KORMAN: No. Yeah, I relied completely on the  
22 vet's analysis and I think what you're asking, and  
23 it's a fair question is, should we be auditing the  
24 BCMAL system? Do we trust those vets and their  
25 diagnoses? Or you know, if the Commission wanted  
26 to check that, then they would have needed to hire  
27 an independent vet to go through and see what  
28 they've done is reasonable. That's not what I was  
29 hired to do so I'm not qualified to do that so,  
30 therefore, I just trusted the vets and took their  
31 diagnosis and took it at face value. But I'm not  
32 saying that there's no merit any of your arguments  
33 or anything like that.
- 34 Q No, and you may be missing my point. This is not  
35 a question about the competence of the vet or not.  
36 This is the fact that 60 percent of the diagnoses  
37 are open. And we have an unknown disease or  
38 potentially an unknown disease. And if there was  
39 a rise in one or more symptoms over time, that  
40 would be something that would be statistically  
41 valuable to know?
- 42 DR. KORMAN: Sure, yeah.
- 43 MR. McDADE: And so if we could go back to 2864? So  
44 Mr. Lunn, if you could scroll across a bit to the  
45 ISH tab, Column AT?
- 46 Q So let me say, as I understand this, Dr. Korman,  
47 if you scroll down that column, you see a lot of

1 zeros and some ones. You see? And I suggest to  
2 you that there are about 180 fish that have an  
3 indication of a one or a two or a three in that  
4 column. And on the left side you have dates,  
5 years, when those appear. So it would be a  
6 reasonable arithmetical exercise simply to count  
7 the number of ISH symptoms by year, isn't it?  
8 DR. KORMAN: One could do that.  
9 MR. McDADE: Yes. And similarly, one could go to the  
10 SSC column and count those. Let's just go, for  
11 interest sake, to the Pacific tab, and go over to  
12 Column AT. Now, can you scroll down there? Thank  
13 you, Mr. Lunn. Just scroll down there slowly.  
14 Now, let's just stop for a second.  
15 Q Do you see the difference in those two columns?  
16 Let me suggest to you there's a lot more entries  
17 and a lot more threes and twos under this Pacific  
18 tab. And even on a visual to a layperson, it  
19 looks like it would be highly statistically  
20 significant, right?  
21 DR. KORMAN: Yes. I don't know what exactly we're  
22 measuring here but let's just say for argument's  
23 sake that there's a difference between Pacific and  
24 Atlantics with respect to that column. The issue  
25 is what does that column represent, right?  
26 Because it could be a --  
27 Q Well, right. But if one was just doing  
28 statistics, one sees there's a very distinct  
29 difference between the Atlantics and the Pacifics  
30 on ISH.  
31 DR. KORMAN: Okay.  
32 MR. McDADE: All right. Now, if we could have Exhibit  
33 QQ up on the screen? Now, if we could focus in on  
34 the numbers at the bottom?  
35 Q Again, if one took that Column ISH (sic) and  
36 excluded all of the Area 2 salmon from it, one  
37 could count just the number of times these appear  
38 by year in salmon that were along the Fraser  
39 salmon migration route, right?  
40 DR. KORMAN: Yes.  
41 Q And if I suggest to you that that's what this  
42 table does and that it takes it straight off of  
43 your spreadsheet, that's a reasonable exercise,  
44 isn't it?  
45 DR. KORMAN: Well, I guess it depends how you're -- if  
46 you're just simply reporting on what was in the  
47 spreadsheet, it's reasonable. If you're making

1           some inference about a diagnosis then I don't know  
2           if it's reasonable anymore because I would feel  
3           more comfortable that a vet was looking at all the  
4           information. But certainly you can add the  
5           numbers up but how you interpret that is another  
6           story.  
7        Q     And I agree with you on that. But if we don't  
8           call these particular diseases but we call them  
9           symptoms or we call them by the name of the  
10          columns, that would be a relevant exercise?  
11       DR. KORMAN: Yeah.  
12       MR. McDADE: Could we just scroll up to the actual  
13          chart itself?  
14       Q     Now, that's a graph prepared straight from those  
15          numbers that come straight out of your sheet. Do  
16          any of you see anything of significance here?  
17       DR. KORMAN: Well, it looks a little higher in 2007, I  
18          suppose, for the ISA-like lesions and whatever  
19          that is, marine anemia symptoms. Is that what  
20          you're wanting me to say?  
21       Q     Well, you're the expert on stats.  
22       DR. KORMAN: Well, I'm just reading the graph that you  
23          prepared. As I said, I mean I hate to keep  
24          repeating myself but I've got to defer to the  
25          vet's diagnosis.  
26       Q     All right.  
27       MR. TAYLOR: Mr. Commissioner --  
28       DR. KORMAN: I think this is a great line of  
29          questioning but I just wish you could direct it at  
30          the vets and not me and not -- I just think it's  
31          just not productive because I just can't give you  
32          the answers you're looking for because I don't  
33          have the qualifications.  
34       MR. TAYLOR: Mr. Commissioner, I've risen. Mr. McDade  
35          put to the witness just now, "You're the expert."  
36          The witness has repeatedly said he's not the  
37          expert on this and said that just again. And I  
38          think it's unfair to the witness for Mr. McDade to  
39          keep putting to him matters that call for  
40          veterinary expertise and the witness to keep  
41          having to say, "I'm not a veterinarian."  
42       MR. McDADE: I'm sorry, Mr. Commissioner, I understand  
43          that these gentlemen are not veterinarians but  
44          they are statisticians and they're the ones who  
45          interpret charts and graphs and rises in numbers.  
46          If there's nothing they can say, then that's fine.  
47          Can we go to the next page of that document, QQ?

- 1 Q Now, these are just the ISH columns charted  
2 against the SSC and HEM columns. And what it  
3 appears to me to show is that the two sets of  
4 symptoms are spiking in concert together. Is that  
5 a reasonable interpretation?
- 6 DR. KORMAN: They look pretty well correlated.
- 7 Q And does that suggest any further inquiry to you?
- 8 DR. KORMAN: Well, I do like your general line of  
9 questioning about making sure that the farm level  
10 diagnoses is lining up with the histopathology and  
11 I think it's a great line of questioning to ask  
12 the vets in a couple of days. Why those things  
13 are going up and down together, again, there could  
14 be an underlying condition in diseased fish that  
15 causes a series of symptoms to appear or it could  
16 just be that when you die, there's a certain  
17 fraction of fish that will have that regardless of  
18 whether you caught -- like I just don't know.
- 19 Q Well, this is the sort of thing that statistics  
20 can help to identify for us.
- 21 DR. KORMAN: No, no, it's not a statistical issue; it's  
22 an interpretation of what the variables going into  
23 the statistics. That's where you need the real  
24 skill of the vet. All we can do is say, yeah,  
25 it's correlated. I mean we do other things with  
26 fish but as far as statistics go, we can only tell  
27 you about the correlation between two variables,  
28 not what those variables are supposed to  
29 represent. And I don't know what the fact that  
30 marine anemia symptoms, ISA symptoms, why they  
31 correlate. I can't help you interpret at that at  
32 all.
- 33 Q No, no, and I understand that.
- 34 DR. KORMAN: Just simply that these do appear to be  
35 correlated.
- 36 Q Yes, and that would suggest further inquiry.
- 37 DR. KORMAN: Yeah, that would, sure.
- 38 MR. McDADE: All right. Can I have document 41?  
39 That's the new document, Mr. Lunn.
- 40 Q Now, this, I understand, Dr. Korman, is an email  
41 from Gary Marty.
- 42 MS. CALLAN: I'm just rising at this time. The  
43 Province has provided a clean copy without the  
44 initial redactions earlier this morning and I'd  
45 ask that the clean version, if it ultimately gets  
46 marked as an exhibit, be put in rather than this  
47 one with my comments on it.

1 MR. McDADE: I have no problem with that, Mr.  
2 Commissioner, but can I ask my questions from this  
3 document and then we'll arrange for the right  
4 document to get in as an exhibit? So just scroll  
5 down so we get rid of the black lines.

6 Q And now, Gary Marty is the veterinarian that was  
7 preparing these sheets, Dr. Korman. And what I'm  
8 going to suggest is, if you could read with me in  
9 the middle of the second paragraph there -- well,  
10 first of all, the first paragraph identifies that  
11 the audits only identify an infectious disease in  
12 about 20 percent of the farms.

13 DR. KORMAN: Yes.

14 Q Now, I think the numbers we saw were closer to 40  
15 percent but in any event there's a recognition  
16 here that it's not every farm. And he then says,  
17 in the next paragraph:

18  
19 In B.C., VHSV is the most common identified  
20 cause of hepatic sinusoidal congestion.  
21 Often the cause is unknown and I am confident  
22 that some and perhaps many of the unknown  
23 causes are infectious diseases.

24  
25 So there is the vet himself, Dr. Korman,  
26 suggesting that some of these cold cases, or some  
27 of these open diagnoses may, in fact, be  
28 infectious diseases that haven't been identified  
29 yet.

30 DR. KORMAN: Right. And that's why they're  
31 representatives sort of other or no diagnosis in  
32 -- I mean it's not like we haven't reported on  
33 that.

34 Q No, no, absolutely you have.

35 DR. KORMAN: Right.

36 Q But you have, I thought, today made what I thought  
37 were relatively subjective statements that there  
38 was lots that the fresh silvers that were audited,  
39 except for a very small percentage, were all  
40 relatively healthy.

41 DR. KORMAN: Well, it wasn't subjective. It was based  
42 on the 800-and-some-odd samples from the PCR  
43 testing, which includes VHS. I think there were  
44 only two cases from the random testing of fish, I  
45 think I was referring to that, so it was very  
46 rare. So that wasn't subjective. That was based  
47 on pure numbers.

1 Q So a PCR test *per se* is specific to the particular  
2 disease you're looking for?

3 DR. KORMAN: Yeah, and it was quite rare in that  
4 particular sample.

5 Q So if you do a PCR for VHS and a PCR for ISA, that  
6 doesn't mean that there's no disease. It just  
7 means those two diseases aren't present.

8 DR. KORMAN: Right. And only in the fish that were  
9 sampled. In fact, if you're only sampling eight  
10 fish from a farm with hundreds of thousands of  
11 fish, it's also possible that it may be on the  
12 farm and you weren't able to detect it just due to  
13 sampling error.

14 Q Right. We'll come back to that in a couple of  
15 minutes. But can we read together the next  
16 paragraph?

17  
18 Marine anemia is probably better  
19 characterized as a syndrome, a set of  
20 symptoms that occur together, rather than a  
21 specific disease.

22  
23 Now, your spreadsheets, Dr. Korman, were entirely  
24 reliant on Dr. Marty's diagnosis, right?

25 DR. KORMAN: No, well, Dr. Marty was, I understand, the  
26 pathologist. It would also be, for example, Dr.  
27 Sheppard as the vet would be using his results,  
28 results from the lab so my results were not  
29 entirely relying on Dr. Marty's exams.

30 Q But if the vet who's doing the diagnosis doesn't  
31 believe in the disease, then it's not going to  
32 show up in the diagnosis column, is it?

33 DR. KORMAN: I suppose that's right.

34 Q It'll show up in the symptoms in the  
35 histopathology but it won't show up in the  
36 diagnosis.

37 DR. KORMAN: For the farm, you mean?

38 Q Yes.

39 DR. KORMAN: I can't speak to whether, for example, Dr.  
40 Sheppard, what his thoughts are on marine anemia.  
41 And wouldn't he be the person we worry about  
42 rather than Dr. Marty? It would be the  
43 veterinarian who's making the final farm level  
44 diagnosis that we'd be interested in, I would  
45 think.

46 MR. McDADE: Can we go back to 2850 for a minute? And  
47 can we look in Tab 17? And can we scroll down to



1 line 231? Sorry.  
2 Q Now, in that document, we see the diagnosis in  
3 2006, the fourth quarter in Farm P3-24 was marine  
4 anemia, right?  
5 DR. KORMAN: Yes.  
6 Q Now, I'm going to suggest to you, Dr. Korman, that  
7 when you trace that back with your stocking data,  
8 that's the Conville Bay site in Discovery Islands.  
9 DR. KORMAN: Okay.  
10 Q This is a fourth quarter of 2006 diagnosis and  
11 those fish remained in the farm until mid-2007.  
12 Do we need to go to the document to establish  
13 that?  
14 DR. KORMAN: I can't recall that kind of detail off the  
15 top of my head.  
16 MR. McDADE: No, of course not. Can we go to what was  
17 1187? It was put in as an exhibit this morning.  
18 MR. LUNN: I'm sorry. The 1187 reference is just not  
19 clicking for me.  
20 MR. McDADE: Sorry. The other Dr. Korman spreadsheet.  
21 MR. LUNN: I'm told it's 1562.  
22 MR. McDADE: Yes. Must be 1563.  
23 MR. MARTLAND: 1544 is what we've referred to in  
24 shorthand as Dr. Korman's big spreadsheet. I  
25 don't know if that's what Mr. McDade wanted.  
26 MR. McDADE: No, the other. The stocking one. The  
27 first spreadsheet we looked at. Did we not mark  
28 that as an exhibit?  
29 MR. LUNN: 1562.  
30 MR. McDADE: 1562, yes. All right. So if we could go  
31 to the left-hand. And in Column G is the name of  
32 the farms. Can we go down to the Conville Bay?  
33 Oh, I see, this isn't sorted.  
34 MR. LUNN: What's the name of the --  
35 MR. McDADE: Conville Bay? I'm not going to take any  
36 more time on this, Mr. Commissioner. I'll provide  
37 the references later. My suggestion is that that  
38 farm was stocked until late 2007 so that the 2007  
39 smolts went by it when it had a marine anemia  
40 outbreak. And that after that, the chinooks were  
41 taken out of there and so that in 2008 there were  
42 no chinooks in the Discovery Islands. Now it's  
43 sorted, yes.  
44 Q You can make that interpretation from this  
45 document, can't you? You can figure out when  
46 chinooks were stocked and when they weren't.  
47 DR. KORMAN: Yeah.

1 Q Now, does that fact have any significance to any  
2 of the rest of you?

3 DR. NOAKES: I believe the marine anemia was from an  
4 audit, wasn't it? It wasn't a fish health event?

5 Q I think that was the farm diagnosis.

6 DR. KORMAN: But the farm level diagnosis doesn't mean  
7 -- I think there may be confusion here. It  
8 doesn't mean the salmon farmer made that  
9 diagnosis. A farm level diagnosis could be done  
10 by the provincial auditors. It just means that  
11 they use that term to distinguish that it's not  
12 just a disease on an individual but that it's  
13 substantive enough that it affects the health of  
14 the farm. And that's what a farm level diagnosis  
15 means. And yes, it was done by provincial  
16 auditors.

17 Q But was it at the farm level?

18 DR. KORMAN: What we were looking at was the tentative  
19 sheet. And the next sheet was the actual final  
20 diagnosis that was reported and so I don't know.  
21 Was it showing up? I don't think it was because I  
22 don't think they have marine anemia as a disease.

23 Q That's right. And I'm suggesting that's because  
24 Dr. Marty doesn't believe in it.

25 DR. KORMAN: Or whoever, yes.

26 Q That goes from a marina anemia diagnosis to an  
27 open diagnosis.

28 DR. KORMAN: Right. I'll believe that.

29 Q All right. So that farm was experiencing the  
30 problem with the symptoms that at least someone  
31 thought was marine anemia and it's still an open  
32 diagnosis. But what I was asking was this. If  
33 there were chinook farms experiencing marine  
34 anemia in the Discovery Islands in the Wild Salmon  
35 Narrows in 2007 but none at all in 2008, wouldn't  
36 that be a significant matter you'd want to  
37 investigate? And that's the information that I  
38 get off these spreadsheets.

39 DR. KORMAN: Just a comment on that. Yeah, that does  
40 line up with your class survival or that pattern  
41 that you described that there's so many steps that  
42 one would have to then do to determine that that  
43 was actually a big factor. Does that disease  
44 cause death in wild fish? Is it transmitted?  
45 Does it cause death? Does it cause a significant  
46 fraction? All those steps we've been talking  
47 about over the last four days weren't established

1 but certainly it's a hypothesis that's not  
2 unreasonable. There's just not a lot of support  
3 for it at this time.

4 MR. McDADE: All right. Thank you. I'll just shift  
5 gears for a second and go back to the farm audits.  
6 Can we have document 1645 up, which is the third  
7 document in the fish -- in our fish health  
8 database list?

9 Q Now, do you recognize this document, Dr. Korman?

10 MR. McDADE: Could we go to the Fish Health Audit Notes  
11 and Diagnosis tab, which is the third one?

12 DR. KORMAN: Yeah, I recognize the pattern in it. The  
13 file names that I work with are different but  
14 yeah, it looks very familiar.

15 MR. McDADE: All right. Can we have that marked as the  
16 next exhibit? It's not presently been marked.

17 MR. REGISTRAR: Exhibit 1565.

18

19 EXHIBIT 1565: BCP001645 Spreadsheet

20

21 MR. McDADE: And if we could scroll over to the right  
22 under Tab P, there are a number of comments. So  
23 if we could look at, say, the second one, "All  
24 fish off feed, all kidneys swollen, brain  
25 congested, spleen had cyst-like lesions," et  
26 cetera, et cetera, "heart". If we blow that up a  
27 little bit, Mr. Lunn. Clearly, a fair degree of  
28 matters. And then if we can scroll over:

29

30 Low number of mortalities and all samples  
31 were on feed. BKD was confirmed in one  
32 sample but no consistent findings across the  
33 five samples. There's no evidence of active,  
34 infectious disease at the population level.

35

36 Now, that's a statement that's repeated in this  
37 column in a number of places. So am I  
38 understanding this correct? There's BKD confirmed  
39 in some fish but there's a conclusion that it  
40 isn't an active, infectious disease at the  
41 population level.

42 Q And how did you count that in your spreadsheet?

43 DR. KORMAN: That it would have been given an open.

44 Q So we can have open diagnoses that the fish, or  
45 some of them, have clear diseases?

46 DR. KORMAN: Right. But not a farm level event, I  
47 guess. This is a distinction that I think we've

1           been grappling with. A lot of the lining of your  
2           questioning is whether an individual fish is  
3           unhealthy versus what was summarized here, which  
4           were sort of farm level diagnoses. And I guess  
5           you're suggesting, I think, that we should be  
6           looking at the individual fish health data rather  
7           than just the farm level diagnoses.  
8        Q     Well, I think what I'm understanding now is that  
9           the documents that you prepared and the document  
10          that Dr. Noakes and Dill relied upon treated the  
11          open diagnosis without doing anything with it.  
12          And yet in fact, within that open diagnoses there  
13          are clearly fish who are diseased. It's just not  
14          at a farm level outbreak at that stage.  
15       DR. KORMAN: Yeah, I'd agree with that.  
16       Q     So that there's a lot more disease than what your  
17          spreadsheets are showing.  
18       DR. KORMAN: Yeah, just like if you were to say, well,  
19          we've got a bad flu in Vancouver this March.  
20          That's one statement. Another statement would be  
21          there were 50,000 children that came down with the  
22          flu. It's the same thing. It's just recorded at  
23          an individual level versus a population level, to  
24          some extent.  
25       MR. McDADE: So when we go to line 6 there under  
26          "Diagnosis", we see the opposite. There is active  
27          infectious diseases to population level. And then  
28          we see the next one, "No active infectious  
29          disease." The next one, "No active infectious  
30          disease." And next one, "No active infectious  
31          disease." And then we go to the next one and it  
32          says, if we could go to line 10 there, there is  
33          active infectious disease at the population level  
34          and it's cited as "bacterial kidney disease". So  
35          that's how this document works.  
36       Q     Now, by my calculations, something like a quarter  
37          to a third of these conclude there is active  
38          infectious disease at the population level.  
39          Right?  
40       DR. KORMAN: Yes.  
41       MR. MARTLAND: Mr. Commissioner, I'm going to make this  
42          point because Mr. McDade, on a few of these  
43          occasions, has put propositions that derive, and I  
44          take it in good faith, I don't question that, from  
45          his own analysis of the number in the databases.  
46          Dr. Korman, on some occasion, has said yes to a  
47          proposition put to him. It may be of assistance

1 to the Commission, though, for the distinction to  
2 be made between when he's accepting something a  
3 the premise of the question and the further  
4 distinction of whether he's, in fact, gone through  
5 the databases and made the same analysis himself.  
6 MR. McDADE: I think that's fair. That's fair. Fair  
7 comment.  
8 Q When I'm suggesting that there's a third to a  
9 quarter, you haven't counted them.  
10 DR. KORMAN: No, I'm just taking your word for it but  
11 you're showing a little bit of support for what  
12 you've done.  
13 Q And that's what you found when you went through  
14 the database is that there was roughly a quarter  
15 of the time from these audits, there was  
16 infectious disease at the population level.  
17 DR. KORMAN: Yes, that's what's in my report.  
18 Q And I think I understood your report to say that  
19 that's roughly 30 or so high-risk events per year.  
20 DR. KORMAN: Yeah, that's how I recollect it. Go to  
21 the page and confirm that.  
22 Q That's in 120 farms.  
23 DR. KORMAN: Let's just find the page. Thirty events  
24 per year high-risk, correct.  
25 Q So you're not saying the other farms don't have  
26 disease; you're saying it's only 30 or so that  
27 have high-risk infectious disease at a population  
28 level?  
29 DR. KORMAN: That's correct. Well, those 30 events is  
30 a fish health event actually so now we're getting  
31 into a difference between the BCMAL diagnoses  
32 versus fish health event classification which is  
33 actually done by the farmers themselves. So I  
34 just want to be clear that we're talking about two  
35 different sources of information here. Now, a  
36 fish health event could be made by a call from  
37 their veterinarian. So that's their vets making  
38 that call basically.  
39 Q One of the striking things I found about your  
40 paper between the two tables, one which was  
41 prepared based on what the farmers told you, and  
42 one which was based on the audit because on the  
43 audits you had about 60 percent open, as a  
44 diagnosis, from the farmers practically none at  
45 all. Right?  
46 DR. KORMAN: Right.  
47 Q So that the correlation between those two is

1           pretty low.

2       DR. KORMAN: Well, I think the Ministry actually tracks  
3           that in their reporting and I think in that 2009  
4           document that you had up there, I think on an  
5           annual basis they kind of look on a region-by-  
6           region basis at how their frequency of disease  
7           lines up from the audits the farmers do and they  
8           even do some statistics on that. And I think the  
9           conclusion is it generally lines up pretty well.

10       Q       But if 60 percent of one table is different, and  
11           there's only 2 or 3 percent of the other table,  
12           then there's a whole bunch of diseases being  
13           identified by the fish farmers that aren't being  
14           confirmed by the audits, right?

15       DR. KORMAN: Not every farm in every quarter is  
16           audited. So the fish farmers are obliged to  
17           report, every farm every month. So to try to  
18           compare those numbers with a random sampling of a  
19           subset of those farms and say that they don't line  
20           up, it's a bit, again, apples-to-oranges. I think  
21           what you --

22       Q       But it's fair to say they don't line up; it's  
23           apples and oranges.

24       DR. NOAKES: Just to add to that, the fish health  
25           events actually there's a trigger which people  
26           have to report. And a fish health audit, it's my  
27           understanding, is a random sample. So yeah, you  
28           wouldn't necessarily expect them. I mean they  
29           have to report fish health events and there's a  
30           trigger there so you'd expect a very high  
31           confirmation of whether it's disease or  
32           application of therapeutants for sea lice sampling  
33           and whatnot whereas the audits, it's a random  
34           sample so it's a picture of what's on the farms  
35           that they're auditing. So you wouldn't expect  
36           them to line up just based on that simply because  
37           the samples are being triggered by two different  
38           mechanisms.

39       Q       All right. I just want to take one more point,  
40           two or three minutes, and then I'll close. And I  
41           want to discuss the matter of auditing because,  
42           Dr. Korman, I heard you say that you found it to  
43           be impressive or quite encouraging. So I just  
44           want to examine that a little bit. First of all,  
45           and I think you averted to this. If a disease is  
46           present in 6 percent of a population, as marine  
47           anemia was, how many fish do you have to sample to

1           have a reliable chance of finding it? That's just  
2           a straight probability analysis, isn't it?

3       DR. KORMAN: Yeah, I'm not sure. Are your numbers sort  
4           of theoretical so you'd have to sort of better  
5           define that. You'd have to define how many fish  
6           in the population, what the frequency of disease  
7           is and what the reliability of the test is and  
8           then you could get an answer to what you're  
9           asking.

10       MR. McDADE: Well, let me put up Aqua 9 on the screen  
11           and ask that this be made an exhibit. This comes  
12           out of the Fish Health Regulations Manual from  
13           DFO. And if we could go to page 17? Or sorry.  
14           Can we blow that up? That's a table indicating  
15           how many fish you have to sample.

16       Q       With an assumed prevalence of detectible infection  
17           of 5 and 10 percent and a population over 100,000,  
18           you have to sample 60 individuals, don't you,  
19           before you can say that they're free of that  
20           infection?

21       DR. KORMAN: That's what it looks like in here.

22       MR. McDADE: And could we have Aqua 22 up on the  
23           screen?

24       MR. MARTLAND: Just to ensure we get an exhibit number,  
25           please, on the first document.

26       MR. REGISTRAR: Yes, Aqua 9 will be marked as 1566.

27  
28                   EXHIBIT 1566: Fish Health Protection  
29                   Regulations Manual of Compliance  
30

31       DR. KORMAN: So you're talking here, just to be clear,  
32           is this PCR sampling for a virus? We're trying to  
33           move quickly through this and I don't really have  
34           a full chance to absorb this. So is that a  
35           population level diagnosis or are you looking at  
36           just being able to detect it from PCR sampling?

37       Q       Well, we heard a witness earlier this week talk  
38           about the protocol for determining freedom from  
39           disease. And this is a protocol, I suggest, that  
40           says in order to be able to say that a farm is  
41           free from disease, you'd have to sample 60 fish to  
42           have a 95 percent certainty of that, right?

43       DR. KORMAN: Okay. From a PCR testing perspective. I  
44           just want to know what we're talking about, that's  
45           all.

46       Q       This document comes from an ISA document,  
47           Infectious Salmon Anemia. And I understand that

1           it uses the same manual. And if you'd go to the  
2           top under "Sampling", so again 60 fish should be  
3           selected from any population over 300 individuals  
4           to tell you anything about disease.

5       DR. KORMAN: At a 5 percent level.

6       MR. McDADE: Yes, and if we go down to the bottom of  
7           the first column, perhaps that helps more.

8  
9           However, if ascertaining the presence or  
10          absence of the pathogen is the determinant  
11          for testing, a statistically relevant number  
12          of fish must be tested to maximize the  
13          probability of detection in a population.

14  
15       Q       So would you agree with me that a statistically  
16           relevant sample for a disease that's at the 5  
17           percent level would have to be 60 fish?

18       DR. KORMAN: According to this document, yeah.

19       Q       And yet, as I understand this particular audit  
20           program, it goes out from a fish farm that might  
21           have 600,000 or a million fish and takes an  
22           average of five fish once a year.

23       DR. KORMAN: Could be more than once a year.

24       Q       Well, it could be less than once a year. If  
25           there's 120 farms and there's an average of a  
26           hundred random tests a year, it's roughly once  
27           every year-and-a-quarter.

28       DR. KORMAN: Well, but there's only about 60 or 70  
29           active farms so you could almost cut that number.  
30           The ten-year number isn't right. So they're going  
31           to sample a farm a couple times a year is what  
32           will probably occur.

33       Q       Five fish, do you consider relevant?

34       DR. KORMAN: Well, that's a pretty low sample size. I  
35           guess there are cost issues associated with that  
36           that are driving that. However, the fact that it  
37           doesn't show up, for example, with ISA virus  
38           testing, which they do. So you're right. From  
39           this document, it looks like their sample size at  
40           each farm should be larger to make a firm  
41           statement about that farm. However, because they  
42           do so many audits, you'd still expect that if that  
43           disease was prevalent, even if they got it wrong  
44           at one farm, the fact is, after six farms they  
45           would have enough fish sampled.

46       Q       If it was present in every farm. If it's only  
47           present on one farm, you're going to miss it,



1           aren't you?

2       DR. KORMAN: Yeah, if it's only present on one farm but  
3           I mean one of the issues is, is this thing spreads  
4           and that's why it caused such devastating losses.  
5           So would it be reasonable to expect to only find  
6           it on one farm? I mean probably not, right?

7       Q       Well, it's marine anemia that I'm talking about.  
8           Do you know how that spreads?

9       DR. KORMAN: Oh, I thought you were talking about ISA.

10      Q       And my final question is, when you said this was  
11           impressive compared to other industries, do you  
12           know anything about how often they check chicken  
13           farms that have huge masses of chickens?

14      DR. KORMAN: The industries I was thinking of were sort  
15           of industries that potentially affect Fraser  
16           sockeye salmon and just management regimes in  
17           general. So that was the context. Not as far as  
18           the dairy or chicken or meat.

19      Q       The CFIA investigates or regulates 14 different  
20           industries, as I understand it and they have  
21           inspectors that go out. This would be the least  
22           inspected industry of any one of those, wouldn't  
23           it?

24      DR. KORMAN: Is that from a human health perspective  
25           type? See, I was thinking of inspecting from an  
26           environmental quality perspective. I'm not sure  
27           what that organization. Is that from a human  
28           health perspective?

29      Q       Really, all I'm asking you to do is to withdraw  
30           that statement because you really don't know. You  
31           haven't compared it to anything, have you?

32      DR. KORMAN: Well, I've compared it to all the  
33           industries that affect the environment that I've  
34           worked with over the last 20 years. But let's  
35           just be clear. I think your things are about  
36           human health issues and the quality of the meat  
37           that we're eating. I mean my statements, just to  
38           be clear, had nothing to do with that. It was to  
39           do with logging, hydro, mining or monitoring fish  
40           health in hatcheries. That's what I was making my  
41           comparison to.

42      MR. McDADE: All right. Thank you very much.

43      MR. REGISTRAR: Mr. McDade, did you wish your Aqua 22  
44           to be marked?

45      MR. McDADE: Yes, could we mark that, please?

46      MR. REGISTRAR: That'll be 1567.

47

59

PANEL NO. 57

Cross-exam by Mr. McDade (AQUA)

Cross-exam by Mr. Leadem (CONSERV)

1 EXHIBIT 1567: International Response to  
2 Infectious Salmon Anemia: Prevention, Control  
3 and Eradication  
4

5 MR. REGISTRAR: Also, document 41 you referred to. Ms.  
6 Callan, we have a clean copy. We could mark that.

7 MR. McDADE: Oh, you have a clean copy? Oh, yes,  
8 please mark that.

9 MR. REGISTRAR: That'll be 1568.

10

11 EXHIBIT 1568: Email from Gary Marty to  
12 Kristi Miller re "Final Unblinded FR sockeye  
13 histopathology results 2011 - 2111"  
14

15 MR. MARTLAND: Thank you. Mr. Commissioner, I have  
16 counsel for the Conservation Coalition with 60  
17 minutes.

18 MR. LEADEM: Thank you, Mr. Commissioner. For the  
19 record, Leadem, initial T., appearing as counsel  
20 for the Conservation Coalition. I hope I won't  
21 disappoint too many of you when I say to you that  
22 not many of my questions will delve into the realm  
23 of statistics. And I'm actually reminded why I  
24 dropped out of biology because I couldn't stand  
25 the math.  
26

26

27 CROSS-EXAMINATION BY MR. LEADEM:  
28

28

29 Q So I'm going to actually ask a lot of questions  
30 based upon some of the background information to  
31 your studies, Dr. Dill and Dr. Noakes. But I  
32 can't leave that last discussion with Dr. Korman  
33 and Mr. McDade without asking you, Dr. Dill,  
34 whether, after hearing all of that discussion that  
35 took place, whether or not that may or may not  
36 affect the opinion that you gave when you wrote  
37 your report because, as I understand it, you  
38 relied upon Dr. Korman's analysis when you came to  
39 some of the conclusions that you reached in your  
40 report.

41

42 DR. DILL: Yes, if anything it strengthened my  
43 conclusions. I've always been convinced that  
44 we're a little bit too sanguine when we say  
45 there's no health issues with farm fish. And the  
46 reason I say that is because we're not testing for  
47 everything, we're not testing all the dead fish.  
There may be live fish in the pens that have

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1 disease and all these things make me just more  
2 cautious, I think, than perhaps Dr. Noakes would  
3 be about the issue and suggest that there needs to  
4 be a lot more work done on it.

5 Q And I should be fair to you, as well, Dr. Noakes,  
6 since you prepared a report as well. After  
7 listening to the protracted discussion that took  
8 place earlier...

9 DR. NOAKES: I don't think it would change my mind in  
10 any significant way and I say that simply because  
11 as we went through all of this information, it was  
12 all veterinary medicine and I do have to rely on  
13 the veterinarians and the fish health  
14 professionals and Dr. Kent's assessment of what  
15 diseases are important for Fraser River because  
16 that was really the focus of the study, is how is  
17 it affecting Fraser River sockeye. So I mean  
18 there's probably some variability in the data but,  
19 by and large, there is not enough to make me  
20 concerned enough that I would change substantially  
21 in my thoughts on it.

22 Q You were the director of the Pacific Biological  
23 Station from the years 1995 to 2003; is that not  
24 correct?

25 DR. NOAKES: That's correct.

26 Q Right. And during that time, you basically relied  
27 upon a lot of the fish health professionals within  
28 the Province to make sure that what was making  
29 sure in the aquaculture industry was proper and  
30 that there were healthy fish; is that not correct?

31 DR. NOAKES: Yes, that's correct. The veterinarian in  
32 Abbotsford, I think it was Ron Lewis at the time,  
33 and occasionally our own fish health staff at the  
34 Biological Station would be asked to provide  
35 diagnostics.

36 MR. LEADEM: I'm going to ask that Conservation  
37 document number 7 be pulled up.

38 Q This appears to be a memorandum from yourself, Dr.  
39 Noakes, to a number of individuals. And the title  
40 of it is "DFO Fish Health Submissions to EA  
41 Review".

42 DR. NOAKES: Yes, that's correct. The "EA" is the  
43 "Environmental Assessment" review that was  
44 conducted by the Province of British Columbia. It  
45 was an 18-month process where it was different  
46 from this process in the sense that the public  
47 were allowed to submit any documents and we, as a

1 department, were encouraged to provide a document  
2 addressing a number of issues. And this  
3 particular attachment was developed by the fish  
4 health staff and was forwarded to me by Dr. Mike  
5 Kent and I was sending it to, at the time -- can  
6 you just scroll up just slightly? I believe it  
7 was John Davis, who is the regional director of  
8 Science at the Institute of Ocean Science.

9 Iola Price was the -- I can't remember her  
10 full title but she was associated with the  
11 Aquaculture. She was the director of something in  
12 Ottawa. And Ron Ginetz was the regional  
13 Aquaculture coordinator. And the purpose of the  
14 memo, as we did with all of the parts of our  
15 submission, was to send them to these three  
16 individuals to get their personal feedback but  
17 also an idea of who in the Department should be  
18 sent copies of this for review and comment before  
19 it was submitted as a public document.

20 Q All right. So this was in draft form. What  
21 follows is in draft form?

22 DR. NOAKES: Yes, what follows is in draft form and the  
23 final version would be published through the  
24 Environmental Assessment Office in the Province of  
25 British Columbia.

26 MR. LEADEM: All right. I wonder if we can just flip  
27 the page and just look at the lead paragraph of  
28 Dr. Kent's fish health draft.

29 Q And am I right in assuming that it was Dr. Kent  
30 who prepared this?

31 DR. NOAKES: Dr. Kent gave it to me but he probably had  
32 input from other fish health professionals at the  
33 station who provided some of the writing for it.  
34 So it could have been -- for instance, we had  
35 Garth Traxler, who was a virologist, we had  
36 Dorothy Kieser, who was a fish pathologist and  
37 also dealt with fish health protection  
38 regulations. Leah Margolis was a parasitologist.  
39 And the other person that may have had input to it  
40 was Director Trevor Eveland (phonetic), who was a  
41 microbiologist.

42 Q All right. Your memory for people and places is  
43 amazing.

44 DR. NOAKES: They're all dear in my heart.

45 Q The lead paragraph says:

46  
47 The Department of Fisheries and Oceans has a

1                   mandate to protect and promote the health of  
2                   wild fisheries resources, both truly wild and  
3                   enhanced stocks --  
4

5                   We heard a lot of evidence about hatchery stocks.  
6

7                   -- as well as a mandate to promote  
8                   aquaculture in the Pacific region.  
9

10                   That was true then and it's true today, is it not?  
11       DR. NOAKES: Yes, in the mid-1980s, the federal  
12                   government launched what was called the Federal  
13                   Aquaculture Development Strategy and that had  
14                   three main components to it. It was a \$75 million  
15                   five-year program. The first component was to do  
16                   science and for environmental protection. The  
17                   second was regulatory reform. And the third was  
18                   what was called an Aquaculture Collaborative  
19                   Research and Development Program. It was modelled  
20                   after a program in the Department of Agriculture,  
21                   which instructed us to work with industry and  
22                   others in a partnership in a cost-sharing way to  
23                   conduct research that could increase the  
24                   competitiveness of Canadian Aquaculture because  
25                   this was a national program, or improve the  
26                   environmental sustainability of that. So there  
27                   was the three parts of that.

28       Q           Right. And then at the back end of that  
29                   paragraph, I see this sentence:  
30

31                   Two of the prime concerns are avoidance of  
32                   the introduction of exotic pathogens with  
33                   imported stocks and minimizing the  
34                   amplification, release and transfer of  
35                   indigenous pathogens between farm fish and  
36                   wild fish.  
37

38                   And there's a reference there to Kent, 1994. You  
39                   see that?

40       DR. NOAKES: Yes, I see that.

41       Q           And that was a paper that Dr. Kent prepared  
42                   concerning minimizing the amplification, release  
43                   and transfer of indigenous pathogens; is that  
44                   right?

45       DR. NOAKES: It may be. I'm not familiar with the Kent  
46                   '94. He was a prolific scientist and he probably  
47                   had a dozen papers in 1994 so I'm not sure exactly

1           which one that one is.  
2       Q     And up until the time that you left PBS in 2003,  
3           that would also have been a concern to you in your  
4           role as manager of PBS, correct?  
5       DR. NOAKES: Oh, absolutely. We were quite concerned  
6           about the importation and with respect to salmon,  
7           we had two policies in terms of importation and  
8           transfer. One was with respect to Atlantic salmon  
9           and one was with respect to Pacific salmon. And  
10          essentially, they were dealing with importation of  
11          surface disinfected eggs only. And then in  
12          specific cases, it also required quarantine for a  
13          certain length of time to ensure that no disease  
14          had accidentally come in with the eggs.  
15       MR. LEADEM: All right. Might that be marked as the  
16          next exhibit, please?  
17       MR. REGISTRAR: Exhibit 1569.  
18  
19                   EXHIBIT 1569: DFO Fish Health Submissions to  
20                   EA Review  
21  
22       MR. LEADEM:  
23       Q     Dr. Dill, I'm going to turn to you for the next  
24           set of documents and hopefully we can run through  
25           these a little bit quickly. I'm going to show you  
26           Conservation document number 1, which hopefully  
27           you will recognize. It's a letter to the editor.  
28           The journal is Aquaculture.  
29       DR. DILL: That's correct.  
30       Q     And you authored this, did you not?  
31       DR. DILL: I am one of four co-authors.  
32       Q     And we had Dr. Beamish up on the stand earlier I  
33           put this comment to him as well. I take it that  
34           you still stand behind your comment to the editor  
35           with respect to the Beamish article that's  
36           referenced in the title there?  
37       DR. DILL: I do. And I have not yet seen a response to  
38          it.  
39       MR. LEADEM: I have a note that this may be Exhibit  
40          1341.  
41       MR. REGISTRAR: That's correct.  
42       MR. LEADEM: Conservation document number 2. Now, this  
43          is Exhibit 11, Mr. Commissioner.  
44       Q     This was the SFU think tank that took place in  
45           December 2009 after the decline. Did you  
46           participate in this think tank, either Dr. Connors  
47           or Dr. Dill, do you recall?

1 DR. DILL: I did not.

2 DR. CONNORS: And I participated in the form of taking  
3 notes for the convenors.

4 MR. LEADEM: All right. I'm going to drop down to the  
5 paragraph that says "second". Maybe we can just  
6 blow that up.

7 Q It says:

8  
9 We need to compile historical data on the  
10 abundance and health of farm salmon along the  
11 sockeye migration route in order to better  
12 understand the potential for transmission of  
13 disease and parasites to wild salmon.  
14

15 Do you agree with that finding from the think  
16 tank, Dr. Dill?

17 DR. DILL: I do.

18 Q Dr. Connors?

19 DR. CONNORS: I do.

20 Q And Dr. Noakes, do you agree with that as well?

21 DR. NOAKES: Yes, I agree.

22 Q And that brings me to the question of data and  
23 datasets and information. Do I have it correct  
24 that the data from the fish farms and the fish  
25 health records have not always been freely  
26 available and accessible to scientists who wish to  
27 study and report on pathogens and the like that  
28 may be emanating from the finfish aquaculture  
29 industry in this province?

30 DR. DILL: I can speak to that with respect to one  
31 pathogen, and that's sea lice. And your statement  
32 is correct, it's not been freely available.

33 Q All right. Do you have any knowledge of that, Dr.  
34 Noakes?

35 DR. NOAKES: No, not since I left 2003. I've really  
36 had no interest in data to do with the salmon  
37 farms.

38 Q All right. And Dr. Connors, do you have any  
39 comment on that?

40 DR. CONNORS: I can just say that personally I have  
41 never made a request to the salmon farm industry  
42 for any data so I can't comment on whether or not  
43 it was made available to me or not.

44 MR. LEADEM: Can we now have Conservation document  
45 number 5, please?

46 MR. REGISTRAR: Do you wish number 2 marked?

47 MR. LEADEM: I think 2 is Exhibit 11 already.

1 Q Now, this is a journal article, "A Global  
2 Assessment of Salmon Aquaculture Impacts on Wild  
3 Salmonids". Are you familiar with this article,  
4 Dr. Dill?  
5 DR. DILL: I am.  
6 Q In fact, you cite it in your report, do you not?  
7 DR. DILL: I do.  
8 Q And Dr. Noakes, you did not cite this particular  
9 article in your report, did you?  
10 DR. NOAKES: No, I didn't. I did receive it as one of  
11 the articles sent by the Commission staff, though,  
12 so I have looked over it.  
13 Q All right. Do you have any comment on that  
14 finding by Drs. Ford and Myers from Dalhousie, Dr.  
15 Dill?  
16 DR. DILL: Well, the strength of it, I think, is  
17 looking on a worldwide basis at aquaculture in a  
18 variety of different areas, the world and the  
19 impacts that it has. So it's kind of a meta  
20 analysis. And the conclusion I draw from it is  
21 that wherever there is aquaculture practice there  
22 is evidence from population records of declines in  
23 wild salmon.  
24 MR. MARTLAND: Could we have this marked as the next  
25 exhibit, please?  
26 MR. REGISTRAR: 1570.  
27 MR. MARTLAND: You might want to check but I have a  
28 note that this may be Exhibit 1487, Mr. Lunn, and,  
29 if so, I'll ask, Commissioner, to withdraw this  
30 one.  
31 MR. LUNN: Yes, it is.  
32 MR. MARTLAND: All right.  
33 MR. REGISTRAR: That number will be withdrawn.  
34 MR. MARTLAND: My mistake. I made the mistake in  
35 asking that it be marked.  
36 MR. LEADEM: Could we have Conservation document number  
37 9, please?  
38 Q This appears to be an article or a paper authored  
39 by you, Dr. Connors, is that right?  
40 DR. CONNORS: That's correct. It looks to be a draft  
41 of it at some point. I'm not sure when.  
42 Q Has it been published, to your knowledge?  
43 DR. CONNORS: Yes, it has.  
44 Q All right. And do you know the journal to which  
45 it has been published?  
46 DR. CONNORS: It was published in the Journal of  
47 Applied Ecology. And I can provide you with the



1 actual reference.

2 Q All right. This is the only copy and version I  
3 have but I will ask that you do that to Commission  
4 counsel and in due course we'll mark the journal  
5 article.

6 DR. CONNORS: Okay.

7 Q And I'm assuming that the Journal of Applied  
8 Ecology is a peer-reviewed journal?

9 DR. CONNORS: That is correct.

10 MR. LEADEM: Could we have this marked as the next  
11 exhibit, please?

12 MR. REGISTRAR: That will be marked as 1570.

13

14 EXHIBIT 1570: Predation intensifies parasite  
15 exposure in a salmonid food chain

16

17 MR. LEADEM:

18 Q Now, Dr. Connors and Dr. Dill, both of you are  
19 authors along with Dr. Hargreaves and Dr. Jones.  
20 Both of those are scientists within the Department  
21 of Fisheries and Oceans; is that right?

22 DR. CONNORS: That's correct.

23 MR. LEADEM: Could we have Conservation document number  
24 11, please?

25 Q Now, Dr. Dill, I take it that you're familiar with  
26 this because you cite this particular journal  
27 article by Dr. Costello in your report, do you  
28 not?

29 DR. DILL: Yes, that's correct.

30 Q And are you familiar with the paper? Can you give  
31 us a brief synopsis of the paper?

32 DR. DILL: It's one of hundreds of papers I probably  
33 read in the process. And just based on the title  
34 you can kind of conclude what the --

35 Q I could take you to the abstract on the next page.

36 DR. DILL: That would be helpful.

37 Q I think that would help you.

38 DR. DILL: That would be helpful.

39 Q I'm just going to stop at the first paragraph  
40 because the finding from this author from the  
41 University of Auckland in New Zealand says:

42

43 Sea lice are the most significant parasitic  
44 pathogen in salmon farming in Europe and the  
45 Americas, are estimated to cost the world  
46 industry 300 million Euros a year and may  
47 also be pathogenic to wild fishes under

1 natural conditions.

2

3 Do you agree with the conclusions reached by the  
4 author, Dr. Dill?

5 DR. DILL: In that first paragraph, I couldn't say.  
6 I'm not familiar with the cost of the aquaculture  
7 industry.

8 Q All right. Do you agree when he says that:

9

10 Sea lice, copepods of the family *Caligidae*,  
11 are the best-studied example of this risk.

12

13 DR. DILL: That's correct. And of those, *Leps* is the  
14 best studied.

15 Q And then he goes on to say, "Epizootics". I'm  
16 just going to get you to give me a definition of  
17 epizootics. We heard some mention of that when we  
18 had disease experts last week.

19 DR. DILL: Again, not being a disease expert, a little  
20 bit cautious. My understanding of an epizootic is  
21 spread of a disease through an animal population.  
22 That's the "zootic" part.

23 Q And later dropping down in that abstract, Dr.  
24 Costello says:

25

26 Sea lice thus threaten finfish farming  
27 worldwide, but with the possible exception of  
28 *L. salmonis*, their host relationships and  
29 transmission adaptations are unknown.

30

31 Would you agree with that?

32 DR. DILL: I do. One species of *Caligus*, *Caligus*  
33 *rogercresseyi*, I think it is, has been a huge  
34 threat to farm fish in Chile but almost no work  
35 has been done on it. And even the *Caligus* species  
36 that we have locally, we know almost nothing about  
37 host relationships and transmission.

38 MR. LEADEM: All right. Could that be marked as the  
39 next exhibit, please?

40 MR. REGISTRAR: Exhibit 1571.

41

42 EXHIBIT 1571: How sea lice from salmon farms  
43 may cause wild salmonid declines in Europe  
44 and North America and be a threat to fishes  
45 elsewhere by Mark Costello

46

47 MR. COMMISSIONER: Mr. Leadem, I just note the time.

1 This would be a convenient place.

2 MR. LEADEM: Can I get one more question in?

3 MR. COMMISSIONER: Yes.

4 MR. LEADEM: It's a real simple one. Trust me on this.

5 Q Dr. Noakes, you did not cite this particular  
6 journal article in your paper, did you?

7 DR. NOAKES: No, I can't recall citing this one. I  
8 remember probably looking at it but again there  
9 were many papers from Europe that I didn't cite  
10 because there was just not enough time. And as I  
11 said, I tried to focus on the Pacific.

12 MR. LEADEM: Thank you.

13 MR. COMMISSIONER: Thank you very much.

14 MR. REGISTRAR: The hearing is now adjourned until 2:00  
15 p.m.

16

17 (PROCEEDINGS ADJOURNED FOR NOON RECESS)

18 (PROCEEDINGS RECONVENED)

19

20 THE REGISTRAR: Hearing is now resumed.

21 MS. CALLAN: Mr. Commissioner, Callan, C-a-l-l-a-n,  
22 initials T.E., appearing on behalf of Her Majesty  
23 The Queen. The province has some happy news for  
24 all of the members of the Commission. We have  
25 decided to withdraw our objection with respect to  
26 the private exhibits and while the province still  
27 has concerns relating to the release of releasing  
28 confidential information about farm-specific data,  
29 it still remains, but the province doesn't have a  
30 problem with providing the form in aggregate. We  
31 believe that the effective management of animal  
32 health in the province is greatly facilitated by  
33 the assurance of confidentiality and this  
34 information between veterinarians and farmers;  
35 however, in this case the salmon farmers have  
36 provided their farm-specific information and they  
37 have taken no position on the release of the  
38 province's databases, so our public concerns are  
39 less in those circumstances.

40 In addition, Dr. Marty has contacted his  
41 publisher at the *Journal of Fish Diseases* and he's  
42 advised them of the situation that arose in this  
43 commission and they still say that in general they  
44 don't allow publication of materials in  
45 circumstances where it's been made public, but  
46 based on the breadth of the work that Dr. Marty  
47 has created, they've agreed to make an exception

1 in this case.

2 THE COMMISSIONER: Thank you very much.

3 MR. MARTLAND: Mr. Commissioner, from our point of  
4 view, we wish to appreciate -- our appreciation  
5 for the position that the province has taken and  
6 their change of view on this. It's very helpful.

7 With respect to a few housekeeping matters, I  
8 want to just indicate that vis-à-vis Exhibit 1549,  
9 that's the exhibit which has a number of sub-  
10 documents to it that was previously marked as  
11 being non-public. I believe that can now be  
12 marked as a public exhibit as the ordinary  
13 exhibits are.

14 I have a few other quick housekeeping  
15 matters. I expect Mr. Lunn will be able to put on  
16 screen something that the witness, Dr. Connors,  
17 referred to in questions from Mr. Leadem, which is  
18 Exhibit -- this is the final version of the  
19 document that was previously mentioned as Exhibit  
20 1570. It's the *Journal of Applied Ecology*  
21 articles that Dr. Connors co-authored. So with  
22 Mr. Leadem's agreement, unless other counsel have  
23 a different suggestion, I'd suggest, in fact, this  
24 final one substitute in place of 1570, being the  
25 final version. And I don't see any objection to  
26 that taking place.

27 THE REGISTRAR: So recorded.

28 MR. MARTLAND: With respect to, very briefly, for the  
29 record, the document that was referred to as 2864,  
30 which is the B.C. Production 002864, that is now  
31 Exhibit 1549 subdocument 217. I'll just confirm  
32 that that document had been previously marked for  
33 identification as RR. And so we don't need to do  
34 anything more than simply note that RR has become  
35 subdocument 217. Likewise, I'll just indicate  
36 that the document that was referred to as 2850, in  
37 other words BCP002850, is now in evidence as  
38 Exhibit 1549 subdocument 206. So I'm simply  
39 putting those points on the record.

40 Mr. Leadem has 38 minutes remaining within  
41 his time. Thank you.

42 THE REGISTRAR: This document is to be so marked.

43 MR. LEADEM: Thank you, Mr. Commissioner.

44

45 CROSS-EXAMINATION BY MR. LEADEM, continuing:

46

47 Q Prior to the break, Dr. Dill, we had been

1           discussing the Mark Costello paper and I wanted to  
2           just review that paper briefly with you with  
3           respect to migratory allopatry. Essentially, and  
4           I'm going to give you a statement and then you can  
5           correct me because no doubt I may get it wrong,  
6           essentially, before there were fish farms which  
7           could be host to *Leps*, we had a situation where  
8           the adult sockeye would come back at a different  
9           time when the migratory smolts were outgoing; is  
10          that right? They weren't passing one another?

11         DR. DILL: No, that's correct.

12         Q     And so there may have been some transference  
13               before there were fish farms of *Leps* with respect  
14               to maybe some fish that might have been over-  
15               wintering and so forth, that did not necessarily  
16               go out with the usual flow of fish, but by and  
17               large, what happens is that fish farms really  
18               exacerbate the problem. They intensify the  
19               problem with respect to infection of the *Leps*  
20               pathogen onto the outgoing smolts; do I have that  
21               right?

22         DR. DILL: That's essentially correct, yes. They close  
23               the loop, if you like, between the adults and the  
24               juveniles and so now there's something that  
25               connects them over the winter and that would be  
26               the farmed fish in the pens and in addition,  
27               because of the number of hosts there, it can  
28               amplify the number of potential pathogens to  
29               infect the juveniles when they come out in the  
30               Spring.

31         Q     Okay. So I want to move on from *Lep. salmonis* as  
32               a problem in and of itself and then focus upon the  
33               potential for the lice, for the *Leps* being a  
34               carrier, or being a vector of disease, and there's  
35               some interesting work that's been done and I think  
36               you reference that in your paper. If I could have  
37               Conservation document number 12, please? It  
38               should be a paper by Barker in British Columbia.  
39               You're familiar with this paper, are you, Dr.  
40               Dill?

41         DR. DILL: Yes, I am, and I've also spoken with Duane  
42               Barker.

43         Q     This is preliminary work, as I understand it,  
44               right?

45         DR. DILL: Yes, it is.

46         Q     But right in the abstract, the authors say:

47

1                   These preliminary results have led to a  
2                   comprehensive, multi-year study where we plan  
3                   to examine the possible role of sea lice as a  
4                   vector for disease.  
5

6                   So it appears as though, to your knowledge this is  
7                   an ongoing study that's happening now?

8       DR. DILL: Those studies were underway. They were done  
9                   by students working under Dr. Barker. Some of  
10                  that work was reported at the Sea Lice Conference  
11                  last year, but most of it -- he wasn't willing to  
12                  go into great detail about it because it was his  
13                  student's data, but those studies are underway.

14       Q       All right. And do you have any more information  
15                  that you can share with us as a result of the  
16                  conversations that you may have had with Dr.  
17                  Barker?

18       DR. DILL: Could I refer to the notes that I made of  
19                  that meeting with him?

20       Q       Certainly. These were a meeting that you had  
21                  prior to preparing your report?

22       DR. DILL: That's correct.

23       MR. LEADEM: And while we're doing that, perhaps I can  
24                  ask that this be marked as an exhibit.

25       THE REGISTRAR: Exhibit 1572.  
26

27                   EXHIBIT 1572: Preliminary studies on the  
28                   isolation of bacteria from sea lice,  
29                   *Lepeophtheirus salmonis*, infecting farmed  
30                   salmon in British Columbia, Canada - Barker  
31                   et al  
32

33       MR. MARTLAND: While that's ongoing, it seems to me the  
34                  notes should be marked as an exhibit, too.

35       DR. DILL: Those have already been submitted.

36       MR. MARTLAND: On that question we may have to do  
37                  something old-fashioned and have paper documents  
38                  put in as an exhibit. I don't believe those --  
39                  this has arisen entirely naturally. I don't see a  
40                  problem with it.

41                  I don't think counsel have given notice of  
42                  those documents, so they wouldn't be part of the  
43                  ringtail system. They may be part of ringtail,  
44                  but they may not be at our fingertips, so perhaps  
45                  we'll simply deal with this. My suggestion would  
46                  be that depending on the questions and answers, if  
47                  it's felt necessary to have the notes put in as

1 evidence in addition to the answers, counsel, of  
2 course, can look at what the witness has used to  
3 refresh his memory. If it's felt necessary to  
4 have them in as an exhibit then we can do that by  
5 having the paper document made the exhibit,  
6 please.

7 DR. DILL: So these are my notes from the meeting, that  
8 lice can pick up pathogen passively, but generally  
9 only if they're in a very high dose; that adult  
10 female *Leps* can pick up both a virus, that's IHN  
11 virus, and *furunculosis* bacteria from Atlantic  
12 salmon and they can transfer them to other  
13 Atlantic salmon, at least the bacteria. The  
14 virus, he was much less certain whether or not  
15 that could be transferred because of dilution.  
16 And it was only viable for about 48 hours, whereas  
17 the bacteria, that's the *furunculosis* bacteria  
18 *aeromonas*, was capable of infecting other fish for  
19 five days and they had not done any work on  
20 whether or not these could be transferred from  
21 Atlantic salmon to Pacific salmon. They were only  
22 looking at Atlantic-to-Atlantic and they had done  
23 no studies on *Caligus*, only on *Leps*.

24 MR. LEADEM: I'm content with Dr. Dill's having read  
25 his notes into the record. I'm not going to seek  
26 to tender it at this time.

27 MR. TAYLOR: I'd like them to be an exhibit.

28 MR. MARTLAND: If I might just take a moment, please?

29 Mr. Commissioner, we should have an  
30 electronic copy of this so I wonder if I can  
31 suggest if we -- I don't see a problem with Mr.  
32 Taylor's request to have this made an exhibit.  
33 Perhaps what we can do at the break is we'll  
34 obtain this from Dr. Dill. We can either run a  
35 photocopy or sort through what part of the notes  
36 should be put in as an exhibit. I expect we can  
37 do that by consent after the break. Thank you.

38 MR. LEADEM: Thank you.

39 Q I'll move on, Dr. Dill, from your notes. I want  
40 to now pull up Conservation document number 25.  
41 This is a Norwegian study. You're familiar with  
42 this study, are you, Dr. Dill?

43 DR. DILL: Yes, I am. I cite that.

44 Q And this is cited in your report? You don't cite  
45 this in your report, do you, Dr. Noakes?

46 DR. NOAKES: No, I don't.

47 Q This is a paper detailing how ISA, which is a

1           problem within Norwegian Atlantic salmon farms,  
2           might be transmitted by way of the *Lep. salmonis*;  
3           is that right? Do I have that right, Dr. Dill?

4 DR. DILL: That's correct.

5 MR. LEADEM: Could that be marked as the next exhibit,  
6           please?

7 THE REGISTRAR: Exhibit 1573.

8

9                   EXHIBIT 1573: Mechanisms for transmission of  
10                  infectious salmon anaemia (ISA)- Nylund et al  
11

12

12 MR. LEADEM:

13

13 Q   My understanding is that ISA is a very serious  
14       pathogen that is causing -- that causes problems  
15       in the Norwegian aquaculture industry; is that  
16       right?

17

17 DR. DILL: That's correct, and at Chile, as well.

18

18 MR. LEADEM: Could we have Conservation document number  
19       33, please? I think I have the wrong one.

20

20 MR. LUNN: Sorry, that was Tab 34.

21

21 MR. LEADEM: Should be a paper by Penston.

22

22 MR. LUNN: Yes.

23

23 MR. LEADEM: Or...

24

24 MR. LUNN: Mr. Leadem, I have it here.

25

25 MR. LEADEM: Okay.

26

26 Q   Are you familiar with this paper by Penston from  
27       Scotland, Dr. Dill?

28

28 DR. DILL: I've looked at it.

29

29 Q   And essentially they were looking at *Leps salmonis*  
30       before and after an Atlantic salmon farm  
31       relocation in Scotland. And if we could just look  
32       at the abstract together you'll see that there was  
33       a number of sampling done before or after the farm  
34       was removed in a particular location in Scotland  
35       and the last sentence says:

36

37

37                   The removal/relocation of the salmon farm  
38                   significantly reduced the production of *L.*  
39                   *salmonis* larvae, but did not significantly  
40                   reduce the infection pressure, as represented  
41                   by densities of the infectious copepodid  
42                   stage, at the vacated farm site. This finding  
43                   indicates that planktonic *L. salmonis* were  
44                   transported to the vacated farm site from  
45                   sources at a minimum of 5 to 8 km distant.

46

47

47                   Were you aware of that paper and that result?



- 1 DR. DILL: I've read that before, yes.
- 2 Q It's my understanding that *Leps* basically can  
3 transmit itself from fish to fish in the copepodid  
4 stage; is that right?
- 5 DR. DILL: No. It's not correct. At the copepodid  
6 stage, they are tethered to their host and they  
7 don't move. It's at the pre-adult and adult stage  
8 that they are able to transfer fish-to-fish.
- 9 Q That's in the nauplii stage?
- 10 DR. DILL: No, the nauplii is a planktonic stage. It's  
11 in the water.
- 12 Q Right.
- 13 DR. DILL: And then they settle on the fish as a  
14 copepodid and then they go through chalimus stages  
15 and that's actually the stage where they're  
16 tethered, that's what I should have said, but the  
17 transfer from fish to fish is only when they  
18 become motile, later on in their life history.
- 19 Q All right. So when they're in that larval stage,  
20 in that planktonic stage, they're basically free-  
21 floating within the planktonic level; is that  
22 right?
- 23 DR. DILL: That's right.
- 24 Q And can they settle on a host when they're in that  
25 phase?
- 26 DR. DILL: Yes.
- 27 Q All right. And is -- generally speaking then, are  
28 what we're seeing here on the West Coast is that  
29 as the adult fish are coming back from the Gulf of  
30 Alaska and coming into the Fraser River, that the  
31 larvae from -- or the *Leps* is actually coming from  
32 those fish onto sea farms and the sea farms are  
33 then acting as a reservoir or sink, if you will;  
34 is that how it works?
- 35 DR. DILL: That's what we believe to be the pattern.
- 36 Q And then as the smolts are coming back out some  
37 months later, or some months earlier, they get  
38 infected by the sink; is that right?
- 39 DR. DILL: And they could be infected in two ways:  
40 either from larvae that are produced from adult  
41 gravid females on the farms; or from adult or pre-  
42 adult lice who as I mentioned at that stage can  
43 move from one host to another.
- 44 MR. LEADEM: All right. Could we have this  
45 Conservation document 33 marked as the next  
46 exhibit, please?
- 47 THE REGISTRAR: 1574.

1 EXHIBIT 1574: Densities of planktonic  
2 *Lepeophtheirus salmonis* before and after an  
3 Atlantic salmon farm relocation - Penston et  
4 al  
5

6 MR. LEADEM: Now, could we now have Conservation  
7 document 34, which I believe has been marked as an  
8 exhibit. I believe it's Exhibit 1556.

9 Q No doubt, Doctors Connors and Dr. Dill, you  
10 recognize this document?

11 DR. CONNORS: Yes.

12 DR. DILL: Yes.

13 Q You're both listed as authors of it. The -- can I  
14 ask you what prompted this publication in the  
15 proceedings of National Academy of Science?

16 DR. DILL: This paper is a response to the paper by  
17 Gary Marty and his co-authors that appeared in the  
18 same journal in December of 2010. This is our re-  
19 analysis of those data and our conclusions that we  
20 come to from them.

21 Q Prior to that point in time had you had access to  
22 the data that Dr. Marty published in his journal?

23 DR. DILL: No, we did not.

24 Q I want to move on to your report proper, Dr. Dill.  
25 I believe that's 1540, and I found some of your  
26 management options that you detailed beginning at  
27 page 36 of your report to be somewhat instructive  
28 and I want to go over some of those with you.

29 The first one is you suggest that more  
30 frequent fish health audits and better diagnostic  
31 procedures could reduce the prevalence of disease  
32 on farms and its transmission to wild sockeye.  
33 I'm going to turn to you, Dr. Noakes. Would you  
34 agree with that recommendation as a management  
35 option?

36 DR. NOAKES: It would certainly increase your ability  
37 to detect them and assuming that there was  
38 appropriate action taken, yes, that would -- it  
39 would improve the fish health on the farms. Yes.

40 Q And your third recommendation, I want to jump over  
41 to your third one, Dr. Dill. You say:

42  
43 Scheduling of harvesting could be planned and  
44 coordinated regionally so that at least adult  
45 Atlantic salmon, who likely present the  
46 greatest risk to wild fish, are not present  
47 in the farms at the time most juvenile Fraser

1                    sockeye pass them (May and June).  
2

3                    And obviously that's your recommendation and you  
4                    stand behind it today. And we talked a bit about  
5                    the *Leps* transmission or the potential for *Leps*  
6                    transmission. Would that, in fact, rectify that  
7                    to some extent?

8                    DR. DILL: Yes, it would. The -- as we mentioned  
9                    before at some point in the last couple of days,  
10                    the fish go into the pens clean and so when  
11                    they're small they have relatively low levels of  
12                    lice on them. And as they get to the adult stage,  
13                    they have progressively more. And it's throughout  
14                    the winter that those numbers develop. And if  
15                    they were harvested before the juvenile sockeye  
16                    were passing, presumably the chance of  
17                    transmission would be reduced. And I would think  
18                    without any evidence that if this is true of lice,  
19                    it may be true of other pathogens, as well.

20                    Q     Now, Dr. Noakes, turning to you, I understand that  
21                    you're less likely to find that there is a risk of  
22                    passage from *Lep. salmonis* from the farms to the  
23                    smolts, but would you be in agreement that in an  
24                    era of uncertainty and the science not being  
25                    certain on this point, that that recommendation  
26                    makes some sense?

27                    DR. NOAKES: Well, actually, as it is now I think  
28                    there's a trigger in terms of treatment so with  
29                    respect to lice, it's probably not going to change  
30                    the risk of transmission.

31                    Q     All right. So you're not -- are you saying that  
32                    you're not in favour of this particular  
33                    recommendation or you wouldn't make this?

34                    DR. NOAKES: I don't know what's involved in terms of  
35                    the scheduling the harvest and whatnot. But in  
36                    terms of minimizing the exposure of juvenile fish  
37                    to lice --

38                    Q     Yes.

39                    DR. NOAKES: -- treating probably does the same -- it  
40                    would probably do a similar reduction in the  
41                    number of lice and it probably does right now. We  
42                    can see that from the data that were in the  
43                    database in terms of the average number of lice  
44                    per fish.

45                    Q     And when you say treating, do you mean by SLICE?

46                    DR. NOAKES: Yes. I mean, right now there's a trigger  
47                    and they usually treat, I think, in February and

1           you can see there's a rapid decline in the number  
2           of lice per fish. So it would overlap in that  
3           window of time.

4           Q    Well, that leads me to consider recommendation  
5           number 5, Dr. Dill, because there you make a  
6           recommendation:

7  
8                    As was done in the Broughton Archipelago,  
9                    coordinated and timely application of  
10                   chemotherapeutics such as SLICE would reduce  
11                   sea lice populations during the critical  
12                   May/June wild sockeye migration period.

13  
14           So I take it, Dr. Noakes, you would agree with  
15           that recommendation as a management option?

16          DR. NOAKES: In general, anything that will reduce the  
17           number of lice on the farmed salmon as the  
18           juveniles go past, and I think that's being done  
19           right now. You'd have to ask -- you'd have to  
20           ask the industry whether it's a coordinated effort  
21           or whether it's simply by the trigger, but again,  
22           I think a lot of the farms are treating it now  
23           in February and that's reducing it during the time  
24           period when those juveniles are migrating past.

25          Q    In the body of this, of your recommendation or  
26           your management option, as you term it, Dr. Dill,  
27           you talk about a concern with respect to whether  
28           or not the *Leps* and the lice would be resistant or  
29           develop some resistance to the application of  
30           SLICE and you say that although that's not the  
31           case now, but it would still be something to watch  
32           for. Do I have that right?

33          DR. DILL: Yes, that's correct.

34          Q    Now, would you agree with that, as well, Dr.  
35           Noakes? We're all aware that --

36          DR. NOAKES: Yeah. No, my conversations with Ben Koop  
37           at the University of Victoria in terms of genetics  
38           and whatnot, I mean, his take on it and I'm  
39           paraphrasing both from I guess my report and  
40           conversation is that essentially, because the lice  
41           are being brought back by the adult salmon and  
42           from the high seas and reinfesting the farms, the  
43           large pool or population of the lice that are --  
44           where the lice are coming from is large enough  
45           probably that it will minimize the risk of them  
46           developing SLICE over time because you have naïve  
47           lice being introduced back into the system. But I

- 1 think one of the recommendations I make in my  
2 report is that you look at trying to minimize the  
3 application of SLICE for exactly this reason, so  
4 that you won't develop some sort of resistance to  
5 it and relax, perhaps, that trigger, so that  
6 you're protecting the juveniles when they go out  
7 but not necessarily treating during the fall  
8 because, of course, it's sort of like shovelling  
9 the snow during a blizzard. You've got all these  
10 lice coming back on the wild salmon and it doesn't  
11 really make a lot of sense to treat the farmed  
12 salmon at the risk of potentially developing some  
13 sort of resistance for really not a lot of benefit  
14 for the juvenile salmon.
- 15 Q Then I move on management option number 6, which  
16 you call the most obvious solution to the risk of  
17 pathogens, infection of wild sockeye is close  
18 containment, Dr. Dill.
- 19 DR. DILL: That's correct.
- 20 Q And you would stand behind that recommendation as  
21 a management option today, would you not?
- 22 DR. DILL: I would.
- 23 Q You reference some farms that are already in  
24 operation. I take it that these are closed  
25 containment farms. One is run by Larry Albright  
26 in Langley where he's raising sockeye; is that  
27 right?
- 28 DR. DILL: That's right, but in fresh water.
- 29 Q And another one is by the 'Namgis First Nation  
30 raising Atlantic salmon, that would be on  
31 Vancouver Island, I take it?
- 32 DR. DILL: That's correct. That's a pilot project.  
33 I'm not sure how far they've gotten with it.
- 34 Q And then you say it's my understanding that marine  
35 harvest is planning a pilot project of their own  
36 and no doubt we'll hear from some of that in due  
37 course.
- 38 Now, I'll turn it to you, Dr. Noakes. Do you  
39 agree with that management option of closed  
40 containment?
- 41 DR. NOAKES: Not at this time. I mean, if you look at  
42 the balance in terms of what the risks are, I  
43 don't think it warrants that drastic an action. I  
44 mean, it's useful that the companies are looking  
45 at closed containment solutions but again, it's a  
46 -- the evidence certainly from a disease risk  
47 perspective doesn't warrant that kind of drastic

1 action.

2 Q And then you end up, and I like this quote  
3 actually, like it so much I'm going to read it  
4 into the record. It's by a paper by Neil Frazer  
5 that you quote him:  
6

7 Declines of wild fish can be reduced by short  
8 growing cycles for farmed fish, medicating  
9 farmed fish and keeping farm stocking levels  
10 low. Declines can be avoided only by  
11 ensuring that wild fish do not share water  
12 with farmed fish, either by locating sea  
13 cages very far from wild fish or through the  
14 use of closed containment aquaculture  
15 systems.  
16

17 So the fact that you quoted, I take it that you  
18 agree with that comment by Neil Frazer; is that  
19 right?

20 DR. DILL: That's right.

21 Q I take it you probably would disagree with that,  
22 would you, Dr. Noakes?

23 DR. NOAKES: I wouldn't agree with that particular  
24 statement but I agree that improvements in  
25 husbandry and management of health on farms is  
26 important to minimize as much as possible any  
27 impact on wild fish.

28 Q And -- sorry, yes?

29 DR. DILL: Sorry. I think its point is that those  
30 improvements in husbandry can reduce the risk but  
31 not eliminate it entirely. And the only thing  
32 that can eliminate it entirely is to get them out  
33 of the same common water.

34 Q So is that the distinction between elimination and  
35 reduction?

36 DR. DILL: Well, as he puts it, reduction and  
37 avoidance.

38 Q Avoidance.

39 DR. DILL: And Dr. Connors, do you have any thoughts on  
40 any of this discussion that we've been having  
41 about management options? I've been leaving the  
42 statisticians a little bit out of the -- to  
43 yourself over there.

44 DR. CONNORS: Well, I mean, I agree with Larry. I  
45 think that there are --

46 Q Dr. Dill?

47 DR. CONNORS: Sorry. Excuse me, Dr. Dill. I think as

1 we've learned in the Broughton that there are  
2 management options that can be taken that can  
3 reduce substantially the levels of lice on farmed  
4 fish and their contribution to infection levels on  
5 migrating juvenile salmon and that in turn appears  
6 to reduce any impact that might have on their  
7 survival and ultimately their dynamics. But at  
8 the end of the day, if one wants to completely  
9 remove any possible transmission from farmed wild  
10 fish, then if you put them in environments that  
11 they don't share, then it's simply not possible.

12 Q Do you have any thoughts on this, Dr. Korman?

13 DR. KORMAN: I mean, this isn't a unique problem in  
14 resource management. There's lots of uncertainty  
15 and there's big trade-offs in terms of what I  
16 presume are very large costs to the industry,  
17 perhaps, you know, making the industry for the  
18 most part non-viable, based on some, you know,  
19 possibilities but very little hard proof that it's  
20 worth incurring those costs.

21 On the other hand, if some of those, you  
22 know, bad scenarios come to fruition, then, you  
23 know, the consequences would be severe. So it's  
24 kind of a -- I think the scientists have said --  
25 have laid it out and now it's up to society, our  
26 elected politicians, to kind of decide what, you  
27 know, where that -- how much risk adversity we  
28 want to take. You know, and it's not really my  
29 place to say as a scientist to sort of put those  
30 societal values about risk and the economic  
31 benefits in place. You know, I leave that to the  
32 politicians.

33 Q And I'm obviously not a scientist, so I come back  
34 to what I have learned from science and what I  
35 have read and one of the doctrines which I find  
36 logically and particularly attractive is the  
37 precautionary approach and the precautionary  
38 principle that was ratified by Canada actually in  
39 the Rio Convention some time ago. So if I were to  
40 apply the precautionary approach to this aspect of  
41 pathogens and whether or not pathogens are coming  
42 from fish farms and transmitting themselves to  
43 wild stock, then I would say that all of you speak  
44 from a degree of uncertainty. We're not really  
45 sure and you're nodding your head, Dr. Korman.  
46 We're not really sure if that's happening or not,  
47 right?

1 DR. KORMAN: Absolutely. So -- but when applying what  
2 you've just said, which I think you accurately  
3 describe it, to other Fraser issues like Cultus  
4 Lake sockeye, so we know that harvesting those  
5 fish along with the Late Run is exerting, you  
6 know, substantive impacts to that stock. So  
7 precaution would involve, in my view, for example,  
8 shutting down the Late Run, you know, fisheries  
9 which, you know, it has tremendous costs. So it's  
10 -- the precautionary principle makes sense, but  
11 then when you go to apply it there are some very  
12 high costs and again then it gets quite tricky,  
13 right?

14 Q Well, it does get tricky, but if you're talking  
15 about the extirpation of a genomic or of a  
16 conservation unit such as the Cultus Lake sockeye,  
17 you know, and you're saying that you're willing to  
18 take certain steps but then cost gets factored  
19 into it, aren't you really putting a price tag on  
20 extinction?

21 DR. KORMAN: I think you've said that pretty well,  
22 yeah.

23 Q And really when we're looking at this fish, the  
24 sockeye that's coming back into the Fraser River,  
25 what's brought home to me time and time again  
26 through an array of scientists who are all  
27 esteemed such as yourself, is that we just don't  
28 know. We just don't know. We don't know whether  
29 it's global climate change, we don't know whether  
30 it's aquaculture. We don't know if it's  
31 *Heterosigma*. We just don't know what the answer  
32 is.

33 And in that kind of a context, shouldn't we  
34 really be applying a precautionary approach and  
35 making some cautious decisions about perhaps we  
36 should just be leaving these fish alone for awhile  
37 and not necessarily subjecting them to all the  
38 fishing pressures and the pressures from farmed  
39 salmon and things of that nature. Do I have any  
40 nods on that one?

41 DR. DILL: Well, I mean, you're quite right to  
42 characterize all of us as being somewhat ignorant.  
43 We have this uncertainty around our conclusions  
44 and interestingly, the kind of statistical  
45 analysis that Dr. Connors did actually tries to  
46 measure the degree of that uncertainty around some  
47 of these relationships. So we are uncertain.



1                   And how do we deal with that uncertainty?  
2                   Well, the principle that you described is a good  
3                   one, but Josh Korman is quite correct in pointing  
4                   out that that does also have financial costs. And  
5                   someone, not scientists, is going to have to weigh  
6                   those costs and benefits against one another and  
7                   make the decision.

8                   MR. LEADEM: I think my time is up. Thank you,  
9                   Gentlemen.

10                  THE COMMISSIONER: Could I just ask a couple of brief  
11                  questions before Mr. Leadem sits down? Exhibit  
12                  1556, Mr. Lunn.

13                  MR. LUNN: Yes.

14                  THE COMMISSIONER: Dr. Noakes, in your earlier  
15                  testimony and it may be that Dr. Korman did, as  
16                  well, but you referred to veterinarians often, as  
17                  did Dr. Korman and others, and you also referred  
18                  to fish health professionals. I'm not really sure  
19                  that I know what a fish health professional is,  
20                  but I noticed in this particular article that you  
21                  look at the very top, just under the names of the  
22                  authors, I see there descriptions of the  
23                  Department of Zoology, Department of Biological  
24                  Sciences, Centre for Mathematical Biology,  
25                  Mathematical and Statistical Sciences, Department  
26                  of Biological Sciences and so on and School of  
27                  Aquatic and Fishery Sciences. Are all these  
28                  folks' credentials fall within your description of  
29                  fish health professionals? Or are you talking  
30                  about a specific certification of someone who  
31                  graduates from a professional school and with that  
32                  qualification?

33                  DR. NOAKES: I don't think any of these people would  
34                  classify as a fish health professional. What I  
35                  would call as a fish health professional who --  
36                  someone who has expertise and has taken formal  
37                  training and undergone experience in terms of  
38                  looking at viral, bacterial, and parasitic  
39                  infections and is an expert in that area; not  
40                  general biology, but very specifically in terms of  
41                  diseases, assessing the diseases scientifically to  
42                  determine what they are, knowing the modes of  
43                  transmission and those sorts of things.

44                  So, for instance, Dr. Kent, I would view as a  
45                  fish health professional. I would view Dr. Simon  
46                  Jones as a fish health professional, Kyle Garver  
47                  as a fish health professional, Gary Marty is a

1 fish pathologist. But then the distinction  
2 between a veterinarian is somebody who is actually  
3 licensed veterinarian, a professional  
4 veterinarian, so that there's a professional  
5 distinction there. So those are the kinds of  
6 people.

7 So, for instance, and I don't want to pick on  
8 Kristi Miller, Kristi Miller is a genomist --  
9 she's a genomic -- or a genetic scientist who  
10 looks at fish diseases, but she's not a fish  
11 health scientist. Okay? Does that make it clear?

12 THE COMMISSIONER: And the other question I wanted to  
13 ask the panel is something that Dr. Korman raised  
14 and I think it was in answer to a question from  
15 Mr. McDade, but he said he was talking about fish  
16 health but wasn't looking at it from the human  
17 health perspective. Do I take it that the regime  
18 in British Columbia that you've been addressing  
19 and drawing your statistical analysis from is all  
20 aimed at determining fish health, but is there a  
21 separate regime, either federally or provincially,  
22 from the human health perspective that also does  
23 sampling and does testing and provides results of  
24 that kind of work? I wasn't sure I fully  
25 understood the nuances of your distinction.

26 DR. KORMAN: Right. And I can't -- I'm not sure about  
27 -- there may be, but I can't answer that question  
28 in terms of the human health issues.

29 THE COMMISSIONER: I'm talking about fish now, not  
30 about other creatures.

31 DR. KORMAN: Right. No, but as far as salmon, you  
32 know, farmed fish, in terms of the quality of the  
33 tissue for human health consumption, I know there  
34 are regulations associated with that. Almost all  
35 the things that we've been talking about have been  
36 associated with the effects of the farms on the  
37 environment rather than the effects on the tissue,  
38 although I think there -- certain aspects of the  
39 database, for example, does document antibiotic  
40 use, for example, and the timing of that, which is  
41 then used to determine when those fish can be  
42 harvested so that we're not ingesting high  
43 amounts. So there is probably some elements out  
44 of that database that is relevant to sort of human  
45 health issues, but there may be -- I assume  
46 there's more to it than what we've been talking  
47 about.

1 Does anyone -- can anyone add to that,  
2 'cause...?

3 THE COMMISSIONER: Thank you very much. Thank you, Mr.  
4 Leadem.

5 MR. MARTLAND: Mr. Commissioner, I have counsel for the  
6 First Nations Coalition with 45 minutes.

7 MS. GAERTNER: Thank you, Mr. Commissioner, Brenda  
8 Gaertner and with me, Crystal Reeves. Two  
9 preliminary comments. One is I want to put on  
10 record our gratitude for the province's decision  
11 to not object to these documents becoming public.  
12 As you're well aware and as you will hear in the  
13 evidence going forward, First Nations really  
14 encourage the transparency of the basic data and  
15 so we're grateful that that doesn't have to be a  
16 fight. And second of all, I have to say that a  
17 number of the areas of questions that I had  
18 planned to do today appear to have been covered,  
19 so the next good news is that I may not take my  
20 full time. And so we'll see if we can finish. I  
21 always hate to promise that, but we'll see what we  
22 can do.

23  
24 CROSS-EXAMINATION BY MS. GAERTNER:

25  
26 Q Gentlemen, I want to thank all of you for the work  
27 that you've done to help our work here, because  
28 that's essentially what you are doing, is trying  
29 to help us with a very difficult problem.

30 My clients, the First Nations in many parts  
31 of this province, are ecologists, or using an  
32 English word or whole system thinkers and they've  
33 asked us to adopt a precautionary approach when  
34 looking at the information that's presented but  
35 also when looking at the models that scientists  
36 use because, of course, we've heard lots of good  
37 evidence about how models can be limiting in their  
38 understanding and Mr. Commissioner, I will be  
39 asking you to use this panel as an excellent  
40 example of how models can be limiting and how  
41 scientists can have different views depending on  
42 the models they use.

43 So we want to take this -- the other good  
44 thing, and I am not a scientist, but one of the  
45 things that I've learned with First Nations is  
46 they use the common sense indicator a lot and so  
47 we're going to talk a little bit about the common

1 sense indicators in my work today.

2 And I'm going to start, Mr. Korman -- or Dr.  
3 Korman, with you. I don't have a lot of questions  
4 for you, but as I read your report you've  
5 confirmed that 75 percent of the farmed salmon in  
6 B.C. is produced along the Fraser River sockeye  
7 migratory route; is that correct?

8 DR. KORMAN: Yes, that's in the report.

9 Q And that's pretty well 32 million fish in the net  
10 pens per year with at least three million of those  
11 dying each year? That's correct?

12 DR. KORMAN: Yes.

13 Q And it's possible and we've heard the evidence  
14 today, it's likely quite higher, but that at least  
15 600,000 of those fish die every year from disease;  
16 that's what -- as a summary of your evidence. At  
17 least --

18 DR. KORMAN: Right. We --

19 Q -- 600,000. Now, taking aside the food chain  
20 impacts of the local footprints, is it fair to say  
21 that as a common sense indicator this many farms  
22 in this small location within the migratory route  
23 are likely to have some effect on smolts and  
24 migratory adults as they pass by them?

25 And I'll start with you, Dr. Dill, and then  
26 I'll ask others to -- and I'm starting with you,  
27 Dr. Dill, because you're the only one that's been  
28 qualified here as an ecologist.

29 DR. DILL: Interesting. I need to be very careful  
30 because common sense is not always a good guide to  
31 science. My common sense would tell me that  
32 that's correct, that if you put this many fish  
33 with that percentage of pathogen known or even  
34 more if we add unknowns, if there -- if they do  
35 exist, that there's a good chance that they could  
36 have some impact on migrating fish. And my  
37 concern is primarily the juveniles, who I believe  
38 would be more vulnerable. But I can only look at  
39 the data and tell you from the data that I've seen  
40 the evidence for that is there, but it's fairly  
41 weak and uncertain.

42 Q Anybody else want to add to that?

43 DR. NOAKES: Just to back up just a half a second, when  
44 -- just to correct -- when Josh Korman -- you said  
45 there were 600,000 died of disease? I don't think  
46 that's quite right.

47 Q Possibly. He said possibly 600,000 --

1 DR. NOAKES: Yeah. Okay. No, I thought --  
2 Q -- annually died of disease.  
3 DR. NOAKES: I misunderstood you. I thought you said  
4 600,000. That would be an upper level, 'cause  
5 certainly the evidence suggests smaller than that.  
6 Q Well, that quite depends, as -- you'll  
7 appreciate --  
8 DR. NOAKES: Yeah. No, I appreciate the uncertainty.  
9 All I can deal with is the data that we have. But  
10 certainly, as I say, our project was limited to  
11 looking at Fraser sockeye, so what we were looking  
12 at was the risk exposure in terms of disease or  
13 pathogens from farmed fish to juvenile sockeye.  
14 So that's certainly where my report was. I  
15 haven't done the same kind of work that Larry Dill  
16 and others have done with pinks and chums, but  
17 certainly from a sockeye perspective in looking at  
18 the data, it certainly appears that there's a  
19 fairly low risk in terms of transfer of pathogens,  
20 given where -- and given the number of outbreaks  
21 of disease we have and the location of the farms  
22 that are having those, so there's always a  
23 possibility of some impact, but certainly the data  
24 doesn't suggest that it would be significant.  
25 Q So you're moving from a holistic ecological  
26 ecosystem approach to looking for very specific  
27 data on about a very specific relationship, if  
28 I've got that correct, Dr. Noakes?  
29 DR. NOAKES: Well --  
30 Q That's a "yes" or "no" answer, I think.  
31 DR. NOAKES: I -- well, it's not quite a "yes" or "no"  
32 answer in terms of -- I mean, when you look at  
33 ecosystems and looking at different kinds of  
34 models, it's not necessarily that when you go to  
35 say an ecosystem-based approach of assessing a  
36 system that you get a better answer. Because what  
37 happens typically is you have a lot of noisy data,  
38 ill-defined relationships so when you put things  
39 together, you can tell just about any story you  
40 want. So you have to be really careful in terms  
41 of interpreting data in an ecological model.  
42 Some are good, but they're not necessarily  
43 going to give you a better answer than just a very  
44 simplistic and well-reasoned model that you can  
45 apply the data to.  
46 Q Dr. Dill, you have your hand up again.  
47 DR. DILL: I just wanted to comment that neither of us

1 really took an ecosystem approach to this problem  
2 at all. If we did, our report would be quite a  
3 bit different. But, for example, we might have  
4 considered what effect reduced sockeye populations  
5 would have on bear populations or something of  
6 that nature. I think the only place in either of  
7 our reports is probably the section in my report  
8 where I talk about the futility of looking for a  
9 single cause, where I try to put it into a broader  
10 ecosystem perspective, pointing out, for example,  
11 that there might be interactions with herring  
12 populations, if herring populations were decimated  
13 by *Caligus*, then perhaps predators would switch to  
14 sockeye and so forth. And it's only when you  
15 start to look at a lot of those other direct and  
16 indirect interactions between species that you're  
17 really taking an ecosystem level approach.  
18 Q All right. Maybe I'll just turn to you, Dr.  
19 Connors, for a moment. As I understand it, after  
20 using the null hypothesis testing, you also did a  
21 multi-model inference approach in your work; is  
22 that correct?  
23 DR. CONNORS: Correct.  
24 Q And having looked at that carefully and to try to  
25 understand the differences in the models, it's our  
26 understanding that an MMI method is increasingly  
27 being used in science and ecology to take into  
28 account complexities of interactions within  
29 ecosystems and to assist in decision-making; is  
30 that correct?  
31 DR. CONNORS: That's correct.  
32 Q And an MMI is being used as an alternative  
33 approach to the traditional statistical null  
34 hypothesis testing in order to disentangle  
35 underlying trends and complex data; is that  
36 correct?  
37 DR. CONNORS: That's correct.  
38 Q Especially if you're using short-term time data  
39 when you -- based on the ecological approach; is  
40 that correct?  
41 DR. CONNORS: Sorry? You're going to have to re-state  
42 that.  
43 Q Especially when you're using short, small-scale  
44 time data for some of the variables, you need to  
45 untangle some of that; is that correct? Have I  
46 got that right?  
47 DR. CONNORS: Kind of. I mean, I wouldn't say that

1 multi-model inference is going to help us any more  
2 when we're limited in the actual data we have, but  
3 it's increasingly being turned to to confront  
4 uncertainty in what models best approximate  
5 reality and how to kind of account for uncertainty  
6 across those models.

7 Q And you agree that MMI is being referenced as a  
8 tool for adaptive management when ecological and  
9 conservation -- within ecological and conservation  
10 biology literature?

11 DR. CONNORS: I do.

12 Q And if I was to understand your report at its  
13 simplest, you had concerns around large  
14 uncertainties regarding direct impacts of the  
15 farms and you said that there are large  
16 uncertainties regarding the direct impacts, but  
17 did I get it right that there are less  
18 uncertainties regarding indirect impacts if you  
19 consider the contributing factors of the farms,  
20 the sea surface temperatures and the pinks?

21 DR. CONNORS: Yes. I would say that there was less  
22 uncertainty in the interaction between that pink  
23 salmon abundance and farmed salmon production  
24 versus the influence of farmed salmon production  
25 at average sea surface temperature and pink salmon  
26 abundance.

27 Q So using the common sense indicator again, if I've  
28 got that right, what you're saying is there's less  
29 uncertainties when you look at the impacts from  
30 ecosystem approach from all of the different  
31 impacts than there is if you only look at one  
32 impact?

33 DR. CONNORS: Well, what I want to be clear about is  
34 that in this analysis when I'm referring to  
35 uncertainty, I'm simply referring to the -- if you  
36 can remember back to that panel we looked at three  
37 days ago about the predicted mortality based on  
38 the associations that identify, I'm talking about  
39 how wide that grey region is around each of those  
40 estimates. And so my concern, and the reason I  
41 say that the uncertainty in these relationships  
42 precludes drawing strong inferences, because none  
43 of these relationships have such tight uncertainty  
44 around them that we can say with any real, strong  
45 certainty - I'm sorry, I'm going back and forth  
46 with uncertainty and certainty - of a  
47 relationship.

1           Nonetheless, that shouldn't preclude us from  
2 moving forward with acknowledging these  
3 relationships, acknowledging that they contribute  
4 to some of the evidence that we need to consider  
5 and to identify, you know, further work that can  
6 be done, as well as identifying the kinds of  
7 management and the kinds of policies that we want  
8 to have in place. I think we made it clear thus  
9 far today that our intention was to look at the  
10 available information, possibly not all of it. We  
11 always didn't do a completely exhaustive  
12 examination of all of it, but nonetheless, I think  
13 it's a place to move forward from.

14       Q     And when you're doing that, when you get to those  
15 places where uncertainties are identified, Dr.  
16 Noakes, if I heard your evidence correct, this  
17 just earlier when Mr. Leadem was asking you  
18 questions, you felt that the risks of actually -  
19 and I'm not suggesting and my clients aren't  
20 suggesting that this happened, I'm just trying to  
21 understand your answer - that the risks did not  
22 show that we need to take more precautionary steps  
23 with the farms. And I just find that curious.  
24 How are you measuring that risk? From what  
25 vantage point are you measuring that risk?  
26 Because you'll appreciate that my clients might  
27 measure that risk differently.

28       DR. NOAKES: No, I appreciate that. But what I'm  
29 looking at is in terms of, as I say, when I went  
30 through my report I had four categories that I was  
31 looking at - escaped farmed salmon, waste  
32 discharge, and sea lice and disease, and when you  
33 look at all of those different areas in looking at  
34 -- for evidence of a relationship with Fraser  
35 sockeye you simply don't see it. There's no  
36 significant, there doesn't seem to be a  
37 significant relationship there. So on the basis  
38 of that evidence, it appears as though there's a  
39 fairly low risk. Again, risk, I appreciate that  
40 your client will have a different assessment  
41 because they have a different viewpoint.

42       Q     And other scientists will have a different  
43 assessment because they'll have a different  
44 viewpoint.

45       DR. NOAKES: Absolutely.

46       Q     All right. So that I want to just take you to  
47 your study for a second 'cause there's a couple



1 places in there that I was a little concerned  
2 about things. Just as clarification before we get  
3 to the absolute, you did what I understand is  
4 something in your analysis called pre-whitening  
5 the data; is that correct?

6 DR. NOAKES: Yes. It's the correct way of taking the  
7 trend and autocorrelation out of a time series so  
8 that you can appropriately look for causal links  
9 in correlation between two time series.

10 Q And you'll agree with it that within the  
11 scientific literature there are critiques and  
12 discussions around the limitations of pre-  
13 whitening data?

14 DR. NOAKES: I'm not -- I'm not so sure that I'd agree  
15 with that statement.

16 Q Dr. Connors?

17 DR. CONNORS: Well, I think it's well-recognized that  
18 when there are strong time trends in variables  
19 that pre-whitening or first differencing or  
20 removing that time trend can sometimes reduce the  
21 correlations that are actually present in the data  
22 and that's been shown by simulations and some  
23 other studies. And an intuitive or an  
24 illustrative example is that between -- you know,  
25 be very, very short, between carbon dioxide in the  
26 atmosphere and global temperature. If you look at  
27 the time trend since the 1950s and carbon dioxide  
28 in the atmosphere, it's increasing very strongly  
29 through time with very little inter-annual  
30 variation. If you look at global temperature,  
31 it's also increasing, but there's a lot of year-  
32 to-year variation.

33 Now, if we apply, as on first principles, the  
34 approach is that Don has -- Dr. Noakes has taken  
35 to removing those time trends, then we find no  
36 relationship between carbon dioxide, a greenhouse  
37 gas in the atmosphere, and global temperature.  
38 And that's despite the fact that there's a well-  
39 recognized causal relationship between the two  
40 that's not disputed and is recognized by all the  
41 international scientific bodies that have looked  
42 at that relationship.

43 So my point is not that there aren't  
44 different ways to look at the data, but that we  
45 can't always just remove the time trend before  
46 asking the question.

47 DR. NOAKES: I guess I'm relying on, you know, my 30-

1 plus years of time series expertise, so based on  
2 my -- on my own experience and training, that's  
3 the proper way to do it.

4 Q And then I'd like to go to page 24 of your report,  
5 Dr. Noakes. There you say no evidence that exotic  
6 pathogens and diseases have been introduced by  
7 salmon farming industry. Am I -- is it correct to  
8 read that sentence with an emphasis on the word  
9 "introduced" because it's clearly possible that  
10 pathogens and diseases have been transferred  
11 between salmon farming industry and stocks; is  
12 that correct?

13 DR. NOAKES: I believe I was talking about  
14 introductions, yes.

15 Q Okay. So that's an important qualification on  
16 that sentence.

17 And then I want to go back to the executive  
18 summary of yours at page 1. Just at the bottom of  
19 the page, I want to give you an opportunity. I  
20 read it and given all the information I've learned  
21 sitting listening to you, all of you, for the last  
22 few days, my reading of this is that it's  
23 speculation and I wonder if you can -- oh, sorry,  
24 Roman numeral (i) of the executive summary. At  
25 the bottom:

26  
27 The industry is highly regulated...

28  
29 Starts there, and then you go:

30  
31 Overall, the evidence suggests that salmon  
32 farms pose no significant threat to Fraser  
33 River sockeye salmon.

34  
35 Would you agree with me that based on the evidence  
36 and all of the challenges associated with it, that  
37 that is speculative?

38 DR. NOAKES: No. I'm basing this on my assessment of  
39 the data that I was provided with. So as I say, I  
40 went through and I looked at the threat or the  
41 risk associated with escaped farm salmon. I  
42 looked at the issues of waste, both in the benthic  
43 and water column, and then I looked at the lack of  
44 association between sea lice and production of  
45 Fraser River sockeye and also then in terms of the  
46 disease. And I was quite detailed in terms of  
47 going down to the farm level, looking at what

1 diseases on what farms and where they were  
2 located.  
3 Q All right.  
4 DR. NOAKES: So that statement is based on my  
5 assessment of that and I'm sure you appreciate  
6 that, you know, we wrote these independently, so I  
7 didn't have the benefit of discussing this before  
8 now.  
9 Q So having heard the evidence over the last three  
10 days, having sat here, do you still --  
11 DR. NOAKES: It doesn't --  
12 Q -- do you agree with me that it's now speculative?  
13 DR. NOAKES: No. I mean, again, it's my assessment and  
14 I had the same data and I haven't heard anything  
15 to convince me otherwise.  
16 Q Sorry. Dr. Dill, would you -- if you took that  
17 sentence and read it, do you believe that that's  
18 speculative?  
19 DR. DILL: I believe it's based on the evidence as Dr.  
20 Noakes analysed and assessed it. I don't agree  
21 with the statement.  
22 Q And finally, Dr. Noakes, before we complete, when  
23 I looked at your recommendations, and we can go to  
24 them, I didn't notice whether or not you would  
25 recommend that the location and volume of the  
26 sites of the farms and their impacts to both  
27 smolts and adult migratory routes be reviewed,  
28 given the contributing factors that are going on  
29 both with respect to sea surface temperatures and  
30 pinks and other things that have changed since  
31 those farms were located. I'm wondering if you  
32 would like to comment on that.  
33 DR. NOAKES: I don't recall making that recommendation,  
34 but --  
35 Q Oh, you didn't. And I'm wondering, we will be --  
36 DR. NOAKES: Yeah.  
37 Q -- suggesting that that's a useful recommendation,  
38 given the change --  
39 DR. NOAKES: Yeah.  
40 Q -- in circumstances since many of those farms were  
41 located and the change of information. So I'm  
42 wondering -- giving you an opportunity to comment  
43 on whether or not it would be useful to review the  
44 location of the farms along the migratory route  
45 and the volume of those farms as -- in a go-  
46 forward basis.  
47 DR. NOAKES: It's always useful to review those things

1 and I think in terms of the recommendations it  
2 would be useful. This is a unique panel in the  
3 sense that we had four reports and several  
4 recommendations which we really haven't had time  
5 to discuss but it's certainly worth -- I know Dr.  
6 Dill had several that were useful and it would be  
7 nice to combine those together and sit down  
8 perhaps.

9 Q All right. I just have two, I believe, two  
10 primary areas left to talk about. Given the  
11 challenges of competing scientific methodologies  
12 and models and the treatment of data, I'm  
13 referring now to Aquaculture Coalition Tab 5 which  
14 is an addendum to the technical report number 6,  
15 in which Dr. Farrell recommends that going forward  
16 the designing of the scientific studies, the  
17 questions that are being asked, the review of the  
18 outcomes, be not left to academic debate but  
19 rather that there be a group of individuals  
20 representing a broader perspective be involved  
21 right from the get-go regarding the design and  
22 questions and results of these studies. I'm going  
23 to open it up to the panel as to whether or not  
24 you would agree that as a go forward basis that  
25 would be useful.

26 DR. DILL: I think that would be very useful.

27 DR. NOAKES: Yeah, I would agree.

28 DR. CONNORS: Agreed.

29 DR. KORMAN: Yeah. I mean, certain stakeholders are  
30 going to provide -- they tell you what questions  
31 the public is interested in and the levels of risk  
32 and so it's -- they should drive the questions,  
33 and I think that's the value. Then the scientists  
34 will actually frame them and hopefully do a good  
35 job on answering the questions, but so, yeah, I  
36 agree.

37 Q All right. One of the things that I think is  
38 common amongst all of you is that there isn't  
39 quite enough research being done on the  
40 interaction and impacts between wild salmon and  
41 farmed salmon interactions. I'm just wondering,  
42 how would the scientific inquiry change if we  
43 presumed a possible impact and asked the industry  
44 to prove no negative impact?

45 DR. KORMAN: Well, things would basically -- I think  
46 there's plenty of common ground that we don't  
47 have, for example, when we look at just the salmon

1 farming data in relation to sockeye survival  
2 rates, the time series is too short, for example,  
3 to -- there's no power in it and therefore, we  
4 don't have enough information so the industry  
5 hasn't proven therefore that it's safe.

6 Q So if the industry was -- I'll start with you and  
7 then we'll continue. I want to hear from all of  
8 you. If the industry was coming today for the  
9 first time and they hadn't had a farm and the  
10 question was prove whether you don't have an  
11 impact, are you saying that at this stage they  
12 could not do it?

13 DR. KORMAN: Yes.

14 Q Anybody else --

15 DR. KORMAN: But I would also caution that there would  
16 -- we would have to do the same with the fishing  
17 industry and the logging industry and there would  
18 be a whole slew of players that would have to pass  
19 that same test.

20 Q I appreciate the complexities associated with the  
21 migratory route. We've been hearing many, many  
22 days of evidence of that. We're trying to focus  
23 on one right now.

24 So Dr. Dill, how would you answer that  
25 question?

26 DR. DILL: Well, sometime yesterday there was a  
27 document that was introduced in which it used the  
28 term "reversal of the burden of proof" and that  
29 would be an exact example of that, where instead  
30 of trying to prove that there is -- to disprove  
31 that there is an effect, you must prove that there  
32 is no effect. And to do that, you have to have  
33 much better data than we have now. This is  
34 exactly -- it's back to this problem of only  
35 having a few years of data and you cannot show  
36 that there is an effect but it's because the data  
37 aren't good enough to distinguish between an  
38 effect and no effect. And so the data quality  
39 would have to be much higher, over a much longer  
40 term, in order for any industry, including  
41 aquaculture industry, to have any hope of  
42 answering that question.

43 Q You'll appreciate that some other industries are  
44 -- new industries in the Province of British  
45 Columbia are asked to do that, for example, in the  
46 IPP industry or otherwise, they're being asked to  
47 prove no impacts in order to proceed. That did

1 not occur with this industry when they started; is  
2 that correct, Dr. Noakes?

3 DR. NOAKES: I wasn't involved when this industry  
4 started, but I don't recall that -- that's a --  
5 the reverse -- you can't really prove a negative,  
6 so I don't -- I wouldn't see that as being put  
7 forward as a basis for deciding whether there  
8 would be this activity or any other activity in,  
9 for instance, development of a new fishery. So I  
10 don't believe it was done at the beginning but I  
11 wasn't involved in the...

12 Q Anything to add, Dr. Connors?

13 DR. CONNORS: (No audible response).

14 Q No. All right. I have been reminded that I need  
15 to ask that the addendum to technical report  
16 number 6 be marked as an exhibit.

17 THE REGISTRAR: Exhibit number 1575.

18  
19 EXHIBIT 1575: Addendum to Technical Report 6  
20 - Implications of Technical Reports on Salmon  
21 Farms and Hatchery Diseases for Technical  
22 Report 6 (Data Synthesis and Cumulative  
23 Impacts)  
24

25 MS. GAERTNER:

26 Q I'll start with you on two more quick questions,  
27 Dr. Dill. When Dr. Johnson, who was here from the  
28 Department of Fisheries and Oceans a number of  
29 days ago to talk about the impact of pathogens, I  
30 was asking him what we could do if -- recognizing  
31 that we manage human behaviour and we don't really  
32 manage wild stocks, we manage our responses to  
33 them, if we were trying to limit Fraser River  
34 sockeye salmon's exposures to pathogens, is there  
35 anything that you can think of in addition to  
36 moving or containing the farms that is an obvious  
37 step that we could be taking to try to limit the  
38 exposure of Fraser River sockeye salmon to  
39 pathogens?

40 DR. DILL: The same ones that were mentioned earlier in  
41 relationship to the coordinated management plan in  
42 the Broughtons where you try to manage the  
43 production cycle so that you have routes fallowed  
44 at the time that the fish are migrating or use  
45 chemotherapeutants which certainly work in the  
46 short term. We don't know in the long term.  
47 People differ on whether resistance will evolve,

1 but those were the other two major options in  
2 addition.  
3 Q One final question I have for you, Dr. Dill. A  
4 number of times my clients have raised concerns  
5 with me around the lights that are used in these  
6 pens and whether or not they're attracting fish to  
7 the pens. Can you comment a little bit more with  
8 respect to the concerns around lice and what we  
9 know or don't know about smolt behaviour as it  
10 relates to the lights?  
11 DR. DILL: Well, we know in other parts of the world  
12 where aquaculture is practiced that lights do  
13 attract fish. I mean, you just need to go out  
14 with a light at night yourself in a boat and see  
15 that lights will attract organisms and fish. We  
16 don't know -- I don't know of any specific studies  
17 on whether sockeye are attracted to lights but it  
18 is a possibility and if they are attracted to  
19 lights along with predators, along with other  
20 kinds of food items or non-food items or parasites  
21 or anything else, there is a potential to increase  
22 a variety of interactions, some positive, some  
23 negative, and that's an obvious study that ought  
24 to be done.  
25 MS. GAERTNER: I wonder if I could have our -- on our  
26 list document 52, Mr. Lunn. As I understand it,  
27 this is Canada's draft Pacific Aquaculture  
28 Regulations as it relates to the approach on the  
29 use of light and again, what you've just said, Dr.  
30 Dill, makes good common sense. So I want to take  
31 you to the bottom of page 2 of this document.  
32 MR. LUNN: Did you say Tab 52?  
33 MS. GAERTNER: Yes.  
34 Q Are you familiar with this document, Dr. Dill?  
35 DR. DILL: No, I'm not.  
36 Q All right. Well, you'll have to --  
37 DR. DILL: No, I'm not.  
38 Q -- take my word for it as I understand it this is  
39 Canada's draft regulations as it relates to the  
40 approach on the use of lights, and I want to take  
41 you --  
42 MR. TAYLOR: Well, I think it's a draft approach to  
43 regulations. I don't think it's the regulation.  
44 MS. GAERTNER: Thank you for that distinction.  
45 Q If I can go to the bottom of page 2, this is one  
46 of those, you know, reversals again. Apparently,  
47 as I read this paragraph:

1                   There are currently no measures in place and  
2                   there is no direct science to advise that  
3                   lights are a concern and require management  
4                   measures. Therefore, there are no specific  
5                   measures at this time for incorporation of  
6                   indicators...

7  
8                   Would you agree with this approach from a  
9                   precautionary perspective or do you agree that we  
10                  might want to take some steps?

11       DR. DILL: I think it's exactly backwards as written.  
12                  The fact that there's no direct science to advise  
13                  their concern is simply because there's been no  
14                  science done.

15       MS. GAERTNER: Could I have this marked as the next  
16                  exhibit?

17       THE REGISTRAR: Exhibit 1576.

18  
19                               EXHIBIT 1576: Draft of Pacific Aquaculture  
20                               Regulations - Approach on the Use of Light  
21

22       MS. GAERTNER: Those are all my questions, Mr.  
23                  Commissioner. If I have not used up all my time,  
24                  there is a matter that I'd like to address on  
25                  another topic at the end of the day with you, if I  
26                  could.

27       MR. MARTLAND: Mr. Commissioner, I'm going to suggest  
28                  that perhaps we might move to break, but before  
29                  doing that, I wonder if I could just canvass, Dr.  
30                  Dill had referred to his notes in response to a  
31                  question about his contact with someone in  
32                  preparation of his report. At the break I'd ask  
33                  for the -- if I might be granted leave by you, Mr.  
34                  Commissioner, to speak with him exclusively for  
35                  the purpose of identifying the relevant part of  
36                  his notes so that we can run a copy and ensure  
37                  that that's put in as an exhibit.

38       THE COMMISSIONER: Very well. Thank you.

39       MR. MARTLAND: Thank you.

40       THE REGISTRAR: Hearing will now recess for 15 minutes.

41  
42                               (PROCEEDINGS ADJOURNED FOR AFTERNOON RECESS)  
43                               (PROCEEDINGS RECONVENED)  
44

45       THE REGISTRAR: Hearing is now resumed.

46       THE COMMISSIONER: Mr. Martland?

47       MR. MARTLAND: Mr. Commissioner, Mr. Lunn will be able



1 to put on screen the part of Dr. Dill's notes that  
2 arose during Mr. Leadem's questions. Unless  
3 someone suggests otherwise, I'll suggest those be  
4 marked as the next exhibit, please.

5 THE REGISTRAR: Exhibit 1577.

6

7 EXHIBIT 1577: Notes of Dr. Dill

8

9 MR. MARTLAND: Second, Steven Kelliher, K-e-l-l-i-h-e-  
10 r, appears as counsel for the Aboriginal  
11 Aquaculture Association. They're part of a  
12 standing group that includes the Laich-kwil-tach  
13 Treaty Society and Chief Sewid. Mr. Kelliher is  
14 next on the list with 20 minutes.

15 MR. KELLIHER: Mr. Commissioner.

16 THE COMMISSIONER: Mr. Kelliher.

17

18 CROSS-EXAMINATION BY MR. KELLIHER:

19

20 Q Gentlemen, let me say first of all that it's been  
21 a pleasure to have the benefit of your  
22 thoughtfulness, your -- and wisdom over the last  
23 few days. It's been an education for all of us  
24 and I, on behalf of my clients, are very thankful  
25 for your efforts.

26 My clients -- my client is an organization  
27 that represents First Nations who have in their  
28 own wisdom seen aquaculture as a means of  
29 addressing grievous economic circumstances in  
30 their communities. They have seen aquaculture as  
31 a means to solving social problems, providing  
32 jobs, training and a very hopeful future, as well.  
33 And so they have a very significant stake in these  
34 proceedings and in the advice that you gentlemen  
35 can provide. I expect that in your knowledge that  
36 you've accrued over the years of salmon, along  
37 with it has come an understanding of some of the  
38 issues that touch on First Nations life and in  
39 their relationship to this resource.

40 Now, I'm going to read to you, if I could,  
41 the mission statement for the Aboriginal  
42 Aquaculture Association and it's this:

43

44 The mission of the Aboriginal Aquaculture  
45 Association is to promote aquaculture  
46 development that respects and supports First  
47 Nations communities, culture and values.

1 Now, if I can ask each of you, is that a realistic  
2 ambition? Is that something that this  
3 organization and these people can expect to meet  
4 with success in its pursuit? And what can you say  
5 individually with the benefit of your years of  
6 work that would assist in reaching that objective,  
7 of materializing that mission?

8 Can I begin -- I know, Dr. Noakes, that  
9 you've written in some degree, though it's not  
10 your specific area of expertise, about First  
11 Nations in the context of the fishery. Could I  
12 ask you to begin, please?

13 DR. NOAKES: Yeah. I haven't written extensively.  
14 There's probably two papers in which I touch on  
15 First Nations issues. And again, they're very  
16 tangential and they're not really related to this  
17 particular topic.

18 One was where I looked at the Pacific Salmon  
19 Treaty and it was more dealing with First Nations  
20 issues and rights with respect to the **Boldt**  
21 decision in the United States because of the  
22 parties involved in that. And I recently  
23 published a book chapter with Dr. Beamish and it's  
24 called, I think it's *Shifting the Balance Towards*  
25 *Sustainable Salmon Populations and Fisheries for*  
26 *the Future* and I make two references to -- to put  
27 it in context, it was a very broad paper.

28 The chapter we were asked to write and the  
29 hope is that we'll get a conference on -- a UN-  
30 sponsored conference on sustainable fisheries. It  
31 was managed out of the University of Michigan.  
32 And essentially in there in terms of First  
33 Nations, I mean, they asked me to make comments  
34 about the whole Pacific Rim, so it was Japan,  
35 Russia and very specific format in terms of how  
36 the paper was written because it was being written  
37 for policymakers and lawmakers.

38 And with respect to First Nations I think the  
39 only comments I really had in there was  
40 recognizing that the settlement of land claims  
41 would have significant impact on fisheries in the  
42 future and that it was an important issue that  
43 needed some attention.

44 With respect to aquaculture, again, very  
45 limited and not specific to here is the  
46 recognition that access to tenures was important  
47 for the aquaculture industry and that it was

1 important that the provincial and federal  
2 governments work with First Nations and industry  
3 to resolve those. And that was really the limit I  
4 had. It was, as I say, it was a very broad paper  
5 in terms of looking at salmon in general from  
6 around the North Pacific and dealt with all sorts  
7 of things. There was just a very minor mention of  
8 aboriginals, but that was the only thing that I've  
9 written really on aboriginals.

10 Q All right. Dr. Dill, do you have a comment?

11 DR. DILL: Well, I guess to say that, you know, I'm  
12 fairly knowledgeable about First Nations  
13 communities and very sympathetic to their economic  
14 circumstances and very much appreciate that they  
15 would see aquaculture as a possible economic  
16 driver of improvement. I would only caution them,  
17 however, that any aquaculture development that  
18 they undertake in their traditional territories  
19 needs to be done in a very cautious way so as not  
20 to have an impact on the wild resource on which  
21 they also depend for ceremonial purposes as well  
22 as economic reasons.

23 And I don't think it's impossible to have  
24 both aquaculture and wild fisheries but it has to  
25 be done in a very cautious way, perhaps using some  
26 of those management options that I refer to in my  
27 report.

28 Q All right. Dr. Connors?

29 DR. CONNORS: I would just add that I would encourage  
30 them to continue to advocate for participating and  
31 encouraging others to continue to fund and support  
32 rigorous examination of the interactions between  
33 farmed and wild fish and that it's only through  
34 that as we move forward that we can hope to have  
35 both aquaculture and wild fisheries that kind of  
36 coexist together.

37 Q Dr. Korman?

38 DR. KORMAN: I haven't given this a lot of thought, so  
39 this is a bit off the top of my head, but I mean  
40 the one issue is for them to be involved in a  
41 meaningful way, I guess, when the industry is  
42 probably structured -- I don't know how the wealth  
43 distribution of the industry is structured, but my  
44 image of it is that there's a lot -- for the most  
45 part, a lot of fairly minimum wage jobs and so I  
46 would encourage them to make sure that as they go  
47 forward in that that the wealth distribution can

1 go into the community in a more meaningful way  
2 than it may currently be going in, you know, so I  
3 -- that may be a challenging thing to do unless,  
4 perhaps, new tenures can be given, that they would  
5 have lots of control over.

6 Q A bigger piece of the pie?

7 DR. KORMAN: Yeah. That's what I guess in hearing what  
8 your objectives are, I hope they would be able to  
9 obtain that. And one way, I guess, would be to  
10 increase -- for them to have new tenures and they  
11 have total control of those companies. Then, of  
12 course, that leads to an expansion and, you know,  
13 some of the concerns that have been raised about  
14 the risks, so that's the --

15 Q Right.

16 DR. KORMAN: -- that's the conflict.

17 Q And so do I -- I have a sense that there's  
18 agreement that aquaculture can coexist with the  
19 continued survival and growth of the wild stocks.  
20 Is that your view?

21 DR. KORMAN: I guess -- sorry, we can go right to left  
22 this time. I mean, I'm more of an evidence-based  
23 person, so I haven't seen much in this hearing  
24 that suggests a major impact, although I do think  
25 there's a lot of things we don't know about and  
26 that we should be cautious but that there hasn't  
27 been very much evidence to show direct impact. So  
28 therefore, the next step to that would be, you  
29 know, a modest amount of expansion, should  
30 therefore not lead to any major conflicts with  
31 wild stocks, based on the evidence we've seen to  
32 date. So, yes, I think, is a long-winded answer  
33 to you.

34 Q All right. Dr. Connors?

35 DR. CONNORS: I'd encourage continued examination of  
36 the evidence and to move forward cautiously, but I  
37 don't think that there's anything to say that if  
38 done properly, aquaculture and wild fish  
39 populations can't coexist here in B.C.

40 Q Thank you. Dr. Noakes?

41 DR. NOAKES: I would agree that they can coexist both  
42 the wild and the aquaculture industries.

43 Q And Dr. Dill?

44 DR. DILL: I would agree. If managed properly, and  
45 steps are taken to reduce the interaction between  
46 them or the harmful interaction between them, I  
47 see no reason why they can't coexist but I do want

1 to broaden our consideration from just Fraser  
2 sockeye to other parts of the coast where there  
3 are other species and other circumstances and we  
4 know in the Broughton there have been some  
5 problems. These are being successfully addressed  
6 through the coordinated program there which shows  
7 that you can improve their situation with goodwill  
8 and, of course, funding and proper management.

9 MR. KELLIHER: Thank you very much, gentlemen. Mr.  
10 Commissioner, those are my questions.

11 THE COMMISSIONER: Thank you very much, Mr. Kelliher.

12 MR. MARTLAND: Mr. Commissioner, I have counsel for the  
13 Musgagmagw Tsawataineuk Tribal Council with ten  
14 minutes.

15 MS. ROBERTSON: Good afternoon, Mr. Commissioner. It's  
16 Krista Robertson for the Musgagmagw Tsawataineuk  
17 Tribal Council.

18  
19 CROSS-EXAMINATION BY MS. ROBERTSON:

20  
21 Q Good afternoon, panel. I think as some of you may  
22 know the Musgagmagw Tsawataineuk is a tribal  
23 council representing about 2000 members of First  
24 Nations people residing in the Broughton  
25 Archipelago.

26 Dr. Dill, I have some questions for you. As  
27 I read your report and, in fact, all of the  
28 Project 5 reports, what strikes me, and I think  
29 what is floating to the top in terms of the  
30 examinations on these reports as a theme is really  
31 the uncertainty about what we know about the  
32 impacts of salmon farming on Fraser River sockeye;  
33 do you agree with that statement?

34 DR. DILL: I do.

35 Q And we've talked quite a bit this morning about  
36 the limits on the data and the information and the  
37 reports are up-front about those limits, the short  
38 time series, the limits of the diagnoses of the  
39 mortalities, what we know. What I observe you  
40 doing in your report is you're looking at other  
41 jurisdictions. You're looking at Norway, at  
42 Ireland, where there's more information. There's  
43 been farming for longer periods of time in some  
44 cases. The information is still limited but  
45 there's been more studies about the interactions  
46 between farms and the wild stocks. Do you agree  
47 that that's one of the sources of information you

1 turn to?

2 DR. DILL: That is one of the sources and it was part  
3 of the mandate.

4 Q And when I look at the literature you've cited, I  
5 see there's a great deal of studies that you drew  
6 on in drawing your conclusions in the report?

7 DR. DILL: That's correct.

8 Q And you also looked at the Broughton Archipelago  
9 in British Columbia, a different -- and the pink  
10 stocks there which is different than the Fraser  
11 River stocks, I acknowledge, but there have been  
12 -- the reason you did that is because there's been  
13 more studies that have been done there about the  
14 interactions between the farms there, the great  
15 deal of farms there, and the wild stocks that are  
16 there?

17 DR. DILL: Yes, that's correct. That and the fact that  
18 I was actually -- my students and I were actually  
19 involved in many of those studies.

20 Q And could you explain why there have been more  
21 studies done there? What's driven that?

22 DR. DILL: Alex Morton. No, to be quite blunt, I mean,  
23 that was where Alex Morton first reported a  
24 problem with -- or what appeared to be a problem  
25 with sea lice on juvenile pink salmon and  
26 mobilized a lot of resources and people to get  
27 working up there and I was introduced to the  
28 problem and found it a fascinating one, both from  
29 a pure biological and an applied perspective, and  
30 so began working up there myself. But really,  
31 Alex Morton deserves a lot of the credit for that.

32 Q Is it also to do with the collapse of the pink  
33 stocks in 2002? In your opinion has that been a  
34 driver of a --

35 DR. DILL: Yes, that was certainly one of the drivers.  
36 The stocks go up and down, but there was that big  
37 crash in that year.

38 Q And in your opinion, in your report, just  
39 generally speaking, there have been -- you  
40 acknowledge there's again some uncertainty, some  
41 debate, but there has been demonstrated impacts in  
42 your opinion of -- on the wild stocks there from  
43 salmon farms; do you agree with that?

44 DR. DILL: I agree with that and I think that's most  
45 strongly shown in the paper that just came out  
46 that Dr. Connors and I are co-authors on.

47 Q Thank you. So in your report regarding the Fraser

1 River stocks, it is your opinion that the sort of  
2 larger pattern of the decline of Fraser River  
3 sockeye and the advent and increase of salmon  
4 farming along that migration route, it's difficult  
5 to know what exactly the mechanisms are, but in  
6 your opinion, disease transfer is the biggest  
7 culprit, it's the biggest risk?

8 DR. DILL: I think the wording I used was the most  
9 likely. And to a certain extent, that was sort of  
10 by elimination in that I didn't believe that  
11 escapes or sea lice directly or benthic or  
12 chemical input were likely to be causative; that  
13 if there was a relationship, it was most likely to  
14 be driven by disease.

15 Q Okay. And I'm hoping maybe we can get a little  
16 bit to what we do know, as opposed to what we  
17 don't know. Mr. Lunn, if you could bring up Dr.  
18 Dill's report, Exhibit 1540, and go to page 24 of  
19 that report?

20 So I just want to focus on that first  
21 paragraph there where you talk about -- this is  
22 your more in-depth analysis of disease. I'm going  
23 to read it into the record, because I think it's  
24 very important. You say that:

25  
26 Open net fish farms can provide an abnormally  
27 high focus of infection due to the large  
28 numbers of susceptible hosts, a process  
29 sometimes called biomagnification.  
30 Furthermore, the high density of hosts and  
31 the treatment of infections on fish farms  
32 create conditions for parasite growth and  
33 transmission that are very different from  
34 those found in the wild. These conditions are  
35 likely to select for fast-growing, early-  
36 transmitted and more virulent pathogens,  
37 including lice...

38  
39 So I take it what you're saying there is having  
40 net pens, open net pens in the ocean, is -- it can  
41 be a game changer in respect of the disease  
42 environment; do you agree with that?

43 DR. DILL: Yes, for at least three reasons, two of  
44 which came up this morning. One is that it closes  
45 the loop in this migratory pathway allowing fish  
46 to transfer from one generation to another. The  
47 second one being the high density of hosts and

1 biomagnification, so building up large populations  
2 of parasites.

3 And the third one, and I'm glad this has  
4 finally come up, the fact that the net pen  
5 conditions provide a very different kind of  
6 environment in which there is likely to be  
7 selection, in other words evolution, of more  
8 virulent strains of pathogens and there are some  
9 warnings of that in the theoretical literature and  
10 more recently some actual demonstrations of that  
11 for both lice and potentially ISA.

12 Q All right. And maybe we can turn then. You cite  
13 a study in there - and again this is going to what  
14 we do know - to the Rimstad study, it's at Exhibit  
15 1482, if you could bring that up, please, Mr.  
16 Lunn. And if you'd mind highlighting the bottom  
17 of the top paragraph on the right column there.  
18 And I know this document has already come up in  
19 the examinations of the disease panels last week.  
20 I'm just going to read to you the quote there. It  
21 starts with:

22  
23 The history of modern --

24  
25 And this, I'll say, is a very recent document.  
26 You're familiar with this document. You've cited  
27 it in your report. It's a 2011 journal article  
28 and it's written by a veterinarian from Norway.  
29 And he says:

30  
31 The history of modern aquaculture indicates  
32 that farmed fish are susceptible to new and  
33 emerging diseases...

34  
35 So he talks about new diseases. Is that something  
36 that you would agree with? I mean, in many  
37 respects, and particularly considering the  
38 evidence we've heard on viruses, would you agree  
39 that pathogens are -- they're kind of one step  
40 ahead of us. We can't identify them until they  
41 cause a disease. We certainly can't respond to  
42 them until we know that they're there; would you  
43 agree with that?

44 DR. DILL: Yes. And not only that, they're sort of one  
45 step ahead of us evolutionarily because of the  
46 huge population sizes, so if you put them under  
47 strong selection pressure, it's quite easy or



1 quite common for them to evolve strains that are  
2 resistant to our antibiotics, as you know from  
3 human health situations.

4 Q So the risks are huge, potentially.  
5 DR. DILL: Potentially.

6 Q Would you also agree that protective measures that  
7 are taken to protect farmed salmon from disease,  
8 we have vaccines, culling, that kind of thing,  
9 they're not available to us to protect farmed  
10 salmon -- wild salmon, pardon me?  
11 DR. DILL: They're not available for us to protect wild  
12 salmon directly, but if we do a good job of  
13 protecting farmed salmon from disease, we can  
14 potentially reduce the amount of transmission to  
15 wild salmon.

16 Q Thank you. But if there was an outbreak, I mean,  
17 we can control -- I've read other articles also  
18 that indicate, you know, we can control what's  
19 happening with the diseases on the farms, but  
20 really, once there's an outbreak and a  
21 transmission to a wild population, it's very, very  
22 difficult, if not impossible, for us to control  
23 what happens to those wild fish once there's a  
24 disease outbreak.

25 DR. DILL: That's true.

26 MS. ROBERTSON: Thank you. Those are my questions.

27 MR. MARTLAND: Mr. Commissioner, I don't have any  
28 questions arising in re-examination. Subject to  
29 any questions that you may have, I believe that  
30 concludes the evidence from this panel.

31 THE COMMISSIONER: No, I don't have any questions,  
32 thank you.

33 MR. MARTLAND: And the only last point was that Ms.  
34 Gaertner had asked for some further time. She did  
35 have some time remaining, I should add, and she  
36 had a point that she wished to address.

37 MS. GAERTNER: Sorry, Mr. Commissioner, this is nothing  
38 to do with the panel at all. This is about  
39 scheduling for the remainder of the week. Mr.  
40 Martland has done his best on trying to divide the  
41 time going forward; however, I've got a difficulty  
42 tomorrow that I need to raise with you which is  
43 the Policy and Practice Report for the regulation  
44 of aquaculture is almost silent as it relates to  
45 the First Nations and Crown relations around that  
46 and so I've got some work ahead of me to get  
47 things done so that you understand that

1 relationship as best I can. Mr. Martland was only  
2 able to give me 20 minutes to do the work and I  
3 had asked for 90 and so I'm really in your hands.  
4 I just wanted to give you a one-up that tomorrow  
5 there will be a fair bit of pressure.

6 I don't think I can adequately do my job in  
7 20 minutes tomorrow so if there is something in  
8 your schedule that would allow for a little bit  
9 more time, that would be useful. And I'll just  
10 leave it at that.

11 THE COMMISSIONER: Thank you very much, Ms. Gaertner.

12 MR. MARTLAND: Mr. Commissioner, I do appreciate the  
13 constraints and everyone has been exceedingly  
14 cooperative and has worked hard and done very good  
15 job, I think, of moving to the key and the vital  
16 questions at the start of their questions. I  
17 appreciate it's challenging. The total demand for  
18 the first regulatory panel is just shy of three  
19 days if we were to give everyone the time sought  
20 and that's not within the parameters of what we're  
21 in a position to do.

22 I'll be suggesting that perhaps through  
23 collaborating with other counsel, because she's  
24 later in the sequence, if time frees up through  
25 the day if we're in a position to provide more  
26 time, I'll endeavour to do that. I want to  
27 respect the concerns that have been identified.  
28 I'm hopeful that -- I do hope and I will be asking  
29 counsel nonetheless to stick to the approach that  
30 we outlined at the outset that would see counsel  
31 really cede the microphone at the conclusion of  
32 their time and then speak to the question of what  
33 should happen if at the end of their time  
34 allocation there remains a necessary question that  
35 they haven't been in a position to address.  
36 That's hypothetical. I appreciate the concern.  
37 But it hasn't yet arisen. If it does, perhaps we  
38 can address it at that point.

39 The other point I took Ms. Gaertner to be  
40 canvassing was whether some adjustment to the  
41 schedule might be necessary for the first day of  
42 the regulatory panels. And I'm in your hands with  
43 respect to that question.

44 I have circulated the time allocations. I've  
45 given her 20 minutes. That is a little shy of the  
46 two levels of provincial government and ourselves;  
47 otherwise is as much as other participants. Thank

1           you.  
2       THE COMMISSIONER: I want to thank Dr. Korman, Dr.  
3           Connors, Dr. Noakes and Dr. Dill very much for  
4           your attendance at this commission proceeding and  
5           for your patience in addressing all of the  
6           questions that were put to you. We're most  
7           grateful that you were here to provide those  
8           answers. Thank you very much to all of you.

9  
10                           (PANEL NO. 57 EXCUSED)

11  
12       THE COMMISSIONER: And we are adjourned then until  
13           tomorrow morning at 10:00 a.m. Thank you.

14       THE REGISTRAR: Hearing is now adjourned until 10:00  
15           a.m. tomorrow morning.

16  
17                           (PROCEEDINGS ADJOURNED AT 3:49 P.M. TO AUGUST  
18                           29, 2011 AT 10:00 A.M.)

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

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28 Susan Osborne  
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