



IMPACT REPORT

As of May 2026



bridgerc.ca



Faculty of Health Sciences
Simon Fraser University
888 University Drive, Burnaby, BC, Canada
bridgerc.ca | BridgeRC@sfu.ca
© 2026 Bridge Research Consortium





Contents

Joint message from the scientific co-directors	4
About the Bridge Research Consortium	6
Research	8
Training and knowledge mobilization	18
In closing	25
Our people	26
Our partners	31
Our collaborators	31
Our funders	31

Joint message from the scientific co-directors

At the midpoint of our four-year mandate, the Bridge Research Consortium (BRC) stands at a moment of both reflection and possibility. It is an opportunity to take stock of what we have accomplished, and to look ahead to how our work can continue to strengthen Canada's pandemic readiness for the future.

Canada's vaccine and immunotherapy landscape has been evolving for decades — shaped by scientific advances, public health priorities, and the profound lessons of the COVID-19 pandemic. This evolution has made one thing increasingly clear: major investments in research and development, including new vaccines and immune-based therapeutics, as well as local manufacturing capacity, are essential but not sufficient on their own. Scientific innovation can only deliver its full promise if it is trusted, accessible, and grounded in the lived realities of people and communities. It is this understanding that sits at the heart of the Bridge Research Consortium's mission.

From the outset, our goal has been to strengthen Canada's therapeutic pipeline and immunization system by embedding trust and equity into every stage of innovation — from cell to society. As a national consortium of social sciences and humanities scholars working alongside the life

sciences, biomedicine, bioengineering, public health, health care, government, industry, and community organizations, we are focused on the human infrastructure that makes scientific progress impactful: relationships, dialogue, insights, and shared understandings.

At this midpoint, we are proud of what we have achieved — especially in a world marked by heightened uncertainty, division, and an increasingly complex information ecosystem. Our BRC scholars are generating and sharing social and behavioural insights that deepen understanding of how people perceive risk and uncertainty; who and what they trust; how they make decisions; and how they take action.

We are convening diverse forms of engagement to foster connection across disciplines, sectors, and populations that do not always naturally connect. We are also demystifying the science and policy around immunology, vaccines, and

immune-based therapeutics, helping to make new scientific advances more accessible to policymakers, public health officials, health-care practitioners, and the public alike. Plus, we are supporting trusted messengers and building their capacity through training and resources, as critical players in shaping public trust and equitable access.

This impact report offers a snapshot of BRC's work in progress. It highlights examples of research and training and knowledge mobilization activities across Canada that illustrate, not only what the Bridge Research Consortium does, but why it matters. It also reflects our belief that progress cannot be measured by outputs alone. The relationships formed, the insights generated, and the trust fostered through this work are essential enablers of pandemic readiness — now and in the future.

We are deeply grateful for the support of the Canada Biomedical Research Fund and our other funders, and for our broader

community of scholars, partners, and collaborators who make this work possible. Their commitment has allowed the BRC to rapidly grow into a mature and integrated initiative — one that is increasingly positioned to bridge across wide-ranging expertise, perspectives, and interests, translate insights into action, and contribute meaningfully to Canada's long-term pandemic readiness.

As we look ahead, our focus is building on this foundation. We will continue to strengthen trust in and equitable access to vaccines and immune-based therapeutics, while sharing practical tools and approaches that others can use in real-world settings. The momentum captured in this report is not an endpoint. It is a signal of what is possible when people are placed at the centre of innovation.

We invite you to explore this report, engage with the work it reflects, and join us in advancing vaccine trust, equity, and pandemic readiness in Canada.



Dr. Kelley Lee
Scientific Co-Director
Bridge Research
Consortium



Dr. Ève Dubé
Scientific Co-Director
Bridge Research
Consortium

About the Bridge Research Consortium



The Bridge Research Consortium is a national initiative working to ensure that new vaccines and immune-based therapeutics are trusted and accessible to those who need them across Canada. By embedding social sciences and humanities expertise into the country's pandemic readiness ecosystems, and providing the infrastructure to bridge across diverse disciplines, sectors, and communities, we are facilitating scientific innovation into meaningful public benefit.

Alongside Canada's investments in building physical infrastructure for biomanufacturing, the BRC fosters human infrastructure: relationships, insight, and dialogue that enable trust, equity, and collaboration. Through social sciences research, training, and knowledge mobilization, we generate actionable social and behavioural insights, foster cross-sector connections, and support those who move science into practice — helping Canada build a stronger, more resilient pandemic readiness system spanning prevention, preparedness, response, and recovery.

OUR PILLARS OF WORK

The BRC advances Canada's pandemic readiness by focusing on six mutually reinforcing pillars of work. Together, they represent the ways in which insights, relationships, and people's ability to act translate scientific innovation into trusted, equitable, and actionable outcomes.

1 Generating and sharing social and behavioural insights

Understanding people's attitudes, behaviours, and perspectives is central to building trust and equitable access. Through national polling, surveys, and research studies, the Bridge Research Consortium uncovers trends to inform policy and practice, including communication strategies. These insights guide decision-making, helping ensure that vaccines and immune-based therapeutics are developed and delivered in ways that resonate with real-world needs.

2 Fostering connections across diverse perspectives

Innovation depends on genuine collaboration. The BRC brings together life scientists, biomedical and bioengineering experts, policymakers, public health officials, health-care practitioners, community leaders, and industry representatives to create opportunities for dialogue and knowledge exchange. These connections are designed to break down silos, build trust, and enable coordinated responses that are more inclusive and impactful.

3 Demystifying immunology, vaccine science, and immune-based therapeutics

Scientific breakthroughs are more readily applied if they are better understood. The Bridge Research Consortium translates complex science into accessible explanations, helping people navigate vaccine technologies with confidence and make informed health decisions.

4 Co-creating and sharing clear, practical information

Knowledge is most valuable when it can be readily applied. Working with partners and collaborators, the BRC co-creates useful resources — including guides, briefs, and toolkits — that help individuals and organizations apply insights in ways that improve access, equity, and uptake.

5 Identifying and supporting nodes of trust

Trusted messengers — individuals and organizations respected within their communities — are critical to building confidence in vaccines and immune-based therapeutics. The BRC identifies, connects, and supports these voices, helping science reach people in ways that are culturally and socially relevant.

6 Training and building capacities

Long-term impact requires skilled and supported communicators, facilitators, and leaders. The BRC provides training that equips individuals and organizations to foster trust, navigate complex information, and strengthen networks.

Research

At the core of the Bridge Research Consortium's work is interdisciplinary research bringing together leading social sciences and humanities scholars from across Canada. Spanning anthropology, public health, public policy, sociology, law, ethics, political science, communications, and related fields, this network produces actionable insights into the social, behavioural, and systemic conditions that shape trust and equitable access to vaccines and immune-based therapeutics.

BRC researchers examine questions that biomedical research alone cannot answer — from legal and regulatory barriers to access, to how trust is built or eroded within communities, to how people interpret risk and uncertainty, competing values, and personal circumstances.

Together, this scholarly work strengthens Canada's pandemic readiness by putting people and society at the heart of innovation. It generates insights that inform policy, practice, and communication, and helps ensure that new vaccines and immune-based therapeutics can move effectively from cell to society — in ways that are trusted and equitably accessible to those who need them.

Research at a glance

These figures reflect not only the scale of the Bridge Research Consortium's research activity, but also its growing maturation — with insights increasingly translating into actionable guidance, tools, and contributions to real-world decision-making.



82

peer-reviewed
academic
publications
(articles, reviews,
editorials)

3

policies, technical
standards, or
industry guidelines

65

conference,
symposium,
and workshop
presentations

2

research,
technical, or
consultancy
reports

4

book chapters

4

reference or
training tools and
materials (manuals,
guides)

1

thesis,
dissertation, or
capstone project



RESEARCH SPOTLIGHT

Social and behavioural insights – understanding people to strengthen vaccine trust and access



LEAD SCHOLAR: ÈVE DUBÉ, PhD

BRC Scientific Co-Director; Professor, Canadian Institute of Health Research
Applied Public Health Chair on the Anthropology of Vaccination, Department of
Anthropology, Université Laval

SUMMARY

Understanding how people perceive risk, make decisions, and build trust is central to Canada's pandemic readiness. The Bridge Research Consortium conducts interdisciplinary research to uncover these insights, combining national surveys, targeted community engagement, interviews, and observational studies to capture the complex social and behavioural landscape shaping vaccine acceptance and uptake.

Since its inception, the BRC has conducted twice-yearly national surveys with representative samples, including oversamples of parents, Indigenous people, racialized communities, newcomers, and health-care practitioners. Data are weighted to census benchmarks, enabling both broad trends and subgroup insights.

KEY FINDINGS

- **COVID-19 vaccination varies sharply by age — and signals future risk:** 75% of adults 60+ have three or more doses, compared with 26% of 18–24-year-olds.
- **Vaccine hesitancy remains present across many groups:** Around one in four Canadians report some degree of vaccine hesitancy, appearing across age groups, communities, and health-care practitioners, reflecting influences from experience, access, trust, and information.
- **Fatigue is real — but collective responsibility remains strong:** 33% report vaccine fatigue, yet more than 74% recognize vaccination as important for community protection.
- **Knowledge gaps persist across the immunization system:** More than half of respondents report limited understanding of how vaccines are developed, tested, authorized, and monitored, with 46% saying more knowledge would increase their willingness to vaccinate.
- **Trust is concentrated among certain messengers:** Health-care practitioners (84%) and scientific experts (77%) are most trusted, while trust declines across institutions, governments, and social media.

WHY THIS MATTERS

By tracking these dynamics over time, the BRC's surveys help identify where trust and equity gaps may emerge, and where targeted interventions can support readiness before the next pandemic hits. Surveys are one key tool among multiple approaches the BRC uses to generate actionable, human-centered research that bridges science and society.

RESEARCH SPOTLIGHT

How ethical concerns contribute to vaccine hesitancy: A scoping review



LEAD SCHOLAR: MAXWELL SMITH, PhD

Associate Professor and Canadian Institute of Health Research Applied Public Health Chair in Ethics & Health Emergencies, University of Western Ontario

SUMMARY

This scoping review develops an understanding of the literature examining how ethical concerns contribute to vaccine hesitancy — issues often overlooked on safety, effectiveness, or misinformation. The analysis identifies five recurring ethical themes: autonomy, religious and general ethical concerns, freedom, personal rights, and moral responsibility / moral foundations theory.

Across these themes, individuals and health-care practitioners describe tensions between personal choice, professional obligations, and perceived coercion in vaccine policies. The review highlights key gaps in the literature, including limited Canada-specific evidence, unnuanced treatment of ethical concepts, and a lack of evaluation of whether ethical arguments are effective in addressing ethical concerns — pointing to important opportunities for future research and policy development.

RESEARCH SPOTLIGHT

Online harassment and the silencing of health expertise in Canada



LEAD SCHOLAR: HEIDI J.S. TWOREK, PhD

Canada Research Chair, Director, Centre for the Study of Democratic Institutions, Professor, University of British Columbia

SUMMARY

This research explores how online harassment is increasingly discouraging Canadian health experts from participating in public conversations about vaccines and public health. Based on interviews with prominent researchers and public health communicators, the study finds that nearly all participants experienced online abuse during the COVID-19 pandemic, with vaccine-related topics among the most common triggers.

The research highlights the significant psychological and professional toll of sustained harassment, particularly for experts from underrepresented communities, and the risks this poses to academic freedom and public trust.

The research also shows that when experts step back from public engagement to protect themselves, critical information gaps emerge — creating space for misinformation and weakening equitable access to reliable health information. It concludes that individual coping strategies are not enough, and calls for coordinated, institution-wide supports that protect health communicators and enable evidence-based expertise to reach the public safely and effectively.

LINKS

- [BRC webinar: Navigating moral distress and online harassment of health-care practitioners in Canada](#)
- [Online harassment is silencing Canada's health experts — institutions need to do more to protect them](#)
- [Mental health and coping strategies of health communicators who faced online abuse during the COVID-19 pandemic: Mixed methods study](#)

RESEARCH SPOTLIGHT

Deliberative dialogues on building trust for pandemic readiness



LEAD SCHOLAR: KATRINA PLAMONDON, PhD

Associate Professor, Faculty of Health and Social Development, University of British Columbia (Okanagan); Co-Director, Equity Science Lab

SUMMARY

Trust cannot be built in the middle of a crisis. The Bridge Research Consortium supports a national series of deliberative dialogues focused on understanding and strengthening trust in vaccines and immune-based therapeutics before the next pandemic. These dialogues bring together researchers, policymakers, health system leaders, health-care practitioners, journalists, social media influencers, industry representatives, and people with lived experience for carefully facilitated conversations on trust, equity, and pandemic preparedness.

Participants explore how polarization, coercive policies, online hostility, and limited dialogue spaces have strained trust, and consider collaborative, relational approaches to strengthen public confidence and collective action. Each two-hour session follows a structured cycle of listening, reflection, and synthesis, supported by a shared dialogue brief. Insights are systematically harvested and carried forward, building learning across sessions.

APPLICATIONS

Insights from these dialogues will feed into practical tools and guidance, such as communications practices and collaborative institutional guidelines that practitioners and institutions can apply directly to strengthen pandemic readiness.

EXPECTED PARTICIPATION

~300 participants across Canada

LINKS

- [BRC webinar: When innovation meets hesitancy: Building public trust in \(mRNA\) vaccines through dialogue](#)

RESEARCH SPOTLIGHT

Understanding online conflict and vaccine hesitancy



LEAD SCHOLAR: WENDY CHUN, PhD

Professor and Director of the Digital Democracies Institute, Simon Fraser University, Canada 150 Research Chair in New Media, Fellow of the Royal Society of Canada, International Fellow of the British Academy

SUMMARY

Social media shapes how Canadians access public health information — but it's also a complex space where true, false, and evolving information circulates quickly. To better understand these dynamics, the BRC is working with the Digital Democracies Institute (DDI) to produce aggregate-level and granular views of Canadians' social media ecosystem.

The DDI is piloting an AI-based analysis tool that signals conflict in online conversations, revealing how people debate, question, and make sense of vaccine information. Rather than focusing on polarized or hostile content, this work explores how conflict can be productive — highlighting thoughtful engagement with evidence and discussions that work through uncertainty.

Using a research persona method, the team is also examining how algorithms personalize content about bio-manufactured products on Facebook and Instagram through qualitative and technical analysis. To support health-care practitioners, the DDI team is also developing participatory sensemaking workshops that connect frontline experience with practical strategies for addressing misinformation and digital communications challenges.

OUTCOMES

The DDI delivered a workshop for more than 190 members of the Public Health Agency of Canada titled "Social Media Signals: Detecting and Responding to Mis/Disinformation". The session was accompanied by a research brief exploring patterns of online conflict surrounding a COVID-19 vaccine, offering practical insights in how misinformation and disagreement emerge and circulate in digital spaces.

RESEARCH SPOTLIGHT

Strengthening Canada's legal foundations for trust, immunization and pandemic readiness



LEAD SCHOLAR: COLLEEN FLOOD

Professor and Dean, Faculty of Law, Queen's University; Honourary Member of the College of Family Physicians of Canada, Canada Research Chair; Fellow of the Royal Society of Canada, the Canadian Academy of Health Sciences, Massey College, and other prestigious research institutes

SUMMARY

This body of work examines how Canadian law shapes public trust, vaccine access, and the effectiveness of pandemic readiness. Through a series of interconnected scholarly articles and a comprehensive literature review, the research analyzes constitutional litigation over vaccine mandates, the legal and policy tools available to address misinformation, and the federal-provincial dynamics that have hindered the creation of a pan-Canadian Immunization Information System.

Together, these studies clarify widespread misunderstandings about rights and state powers, map the legal limits of regulating misinformation, and explore how federal authority might be leveraged to strengthen national immunization infrastructure. By identifying both legal barriers and opportunities, this research provides practical guidance for building a more coherent, constitutionally sound, and trust-enhancing framework for future public health emergencies.



BRC researchers examine questions that biomedical research alone cannot answer – from legal and regulatory barriers to access, to how trust is built or eroded within communities to how people interpret risk and uncertainty, competing values, and personal circumstances.

The top left corner of the page features a series of concentric, wavy lines in a lighter shade of blue, creating a sense of movement and depth.

Training and knowledge mobilization

Insight builds impact when it is shared, tested, and applied beyond academic settings. Alongside its research, the Bridge Research Consortium advances pandemic readiness through training and knowledge mobilization activities.

The examples below illustrate how this work connects people and ideas, strengthens trusted pathways between science and society, and helps ensure that innovation is informed by social context, equity, and lived experience.

Immunity and society: Partnering with The Conversation Canada

To strengthen public understanding of immunology and vaccine innovation, the Bridge Research Consortium partners with The Conversation Canada on Immunity and Society — a series of accessible, evidence-based articles exploring emerging immune-based discoveries and their social implications.

Written by Canadian academics in immunology, biomanufacturing, public health, and the social sciences, the series pairs scientific advances with social, ethical, and policy perspectives. By doing so, it helps readers understand not only what is changing, but why it matters for trust, equity, and preparedness.

Recent articles have examined [Canada's pandemic readiness](#), the importance of [biomanufacturing as national infrastructure](#), the silencing of [health expertise through online harassment](#), the value of [dialogue in navigating complex ethical questions](#), and [how nanomedicine gets inside your cells and treats you from the inside out](#).

AT A GLANCE:

- 9 articles published to date
- 16 contributors from across Canada
- 20,000+ total article reads
- Distributed **nationally and internationally** through The Conversation Canada's media syndication network

[Explore the series.](#)

Demystifying mRNA: Building understanding and confidence in innovative technologies

As RNA-based medicines are poised to transform disease prevention and treatment in the coming decade, public trust in these innovations will be shaped in part by everyday conversations of patients and health-care practitioners.

Yet survey data from the Bridge Research Consortium suggests that many living in Canada, including health-care practitioners, have limited understanding of how vaccines are developed, tested, authorized, and monitored, even though over half say greater knowledge would increase their willingness to be vaccinated.

To help close this gap, the BRC partnered with the University of British Columbia's RNA and Formulation Core to convene an educational event for primary care and related practitioners who regularly discuss vaccines and emerging therapeutics with patients. The goal was to strengthen understanding of mRNA technology and its potential future impact on health care in Canada.

The event featured a screening of *The Messenger*, a documentary chronicling the 30-year evolution of mRNA science, followed by a panel discussion with leaders in mRNA science, public health, clinical practice, medical anthropology, and regulatory affairs.

Together, they demystified recent advances, explored applications beyond COVID-19, and addressed real-world challenges health-care practitioners face — such as information gaps, polarization, and responding to patient questions and concerns in a complex information landscape.

By engaging health-care practitioners — among the most trusted sources of health information — the event boosted participants' confidence in discussing mRNA technologies with patients and peers, and helped lay the foundation for scalable supports, including a mRNA dialogue toolkit.



AT A GLANCE:

- **120 healthcare professionals** participated, including physicians, nurses, pharmacists, public health officials, managers, and directors, and researchers
- **Broad health system representation**, with attendees from national, provincial/territorial, regional, and local organizations
- **57%** reported low confidence discussing mRNA at baseline
- Most reported **meaningful knowledge gains**, greater comfort explaining mRNA technologies, and sharing what they learned with patients and peers

LINKS

- [Read our report on social and behavioural insights into mRNA technology in Canada.](#)
- [Access our mRNA dialogue toolkit.](#)

Ethics Bowl: Building capacity for dialogue in polarized times

As strong divisions increasingly shape public conversations about vaccines and public health, the ability to engage respectfully across disagreement has become essential for pandemic readiness. To support this, the Bridge Research Consortium partnered with Ethics Bowl Canada to integrate vaccine- and therapeutics-related case studies into Ethics Bowl competitions, creating mediated spaces for deliberative dialogue among young people and emerging scientists.

Unlike traditional debates, the Ethics Bowl model rewards listening, nuance, and reflection. Participants work in teams to explore ethically complex scenarios, respond constructively to critique, and refine their views through dialogue. In a context where views on vaccines can be highly polarized among young people in Canada, this approach supports engagement with competing values without defaulting to entrenched positions.

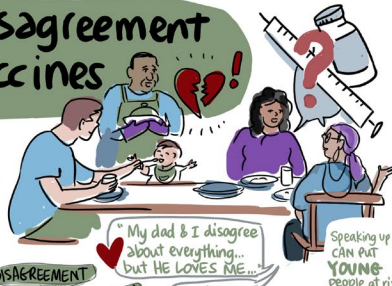
Through this partnership, the BRC supported the development of timely case studies on vaccine mandates, public health responsibilities, and pandemic readiness. This model was then adapted into a training event for graduate students in science and bioengineering, in partnership with RAMP-UP. Together, these experiences show how structured dialogue can strengthen trust, civic capacity, and less divisive pathways between science and society — well before the next pandemic emerges.

LINKS

- [The Conversation Canada](#)

Family Disagreement About Vaccines

How is **PUBLIC HEALTH** DIFFERENT than other things we might agree/disagree about?



DISAGREEMENT
Doesn't UNDERMINE a MORAL RELATIONSHIP

But WHAT is FAMILY?

Public good vs. autonomy & harmony in relationships
MORAL TENSION

Yes! **PUBLIC HEALTH** IS A WHOLE-OF-SOCIETY ISSUE & the STAKES ARE HIGHER

Obligations to **SPEAK UP** determined by who is at most **RISK**

People **BELIEVE** things for REASONS that need to be HEARD

The RISKS of NOT SHARING IDEAS is that the **LOUDEST** and possibly the most extreme views will drown out ORDINARY people's concerns

The Ethics Bowl Experience

Public health is not something we often think about

"These discussions matter. This type of dialogue has the power to change individuals." (Teacher)

BRC cases were the most challenging and brought teams closer together

RIGHT TO KNOWLEDGE and TRUTH

MORAL OBLIGATION and RESPONSIBILITY to CHALLENGE VIEWS for the COMMON GOOD

DIVERSIFY INFORMATION SOURCES because of PUBLIC MISTRUST

SPECIAL GOODS THEORY:
greater responsibility to those YOU KNOW



RISKS

- ! punishment can reduce farmers reporting cases for the common good
- ! impacts on undocumented migrants
- ! unethical media stories
- ! advocating of self-interests



Public Health Measures on Farms



Should we do MORE to recognize the **ROLE of the FARM INDUSTRY** in **PANDEMIC PREVENTION**?

ALL of **US** are RESPONSIBLE for PUBLIC HEALTH, but SOME of **US** are in a BETTER POSITION

FARMERS SHOULD SHOULDER THE BURDEN WITH GOVERNMENT INCENTIVES/SUPPORTS

PRIORITY ACCESS to PREVENTATIVE VACCINES

SMALL FARMS, NOT INDUSTRY SHOULD GET MORE SUPPORT

WHO ADMINISTERS MEASURES + PROCESSES IMPACTS WORKING RELATIONSHIPS



Bridging the arts and biomedical sciences to elevate public engagement

The BRC, in partnership with Science North, hosted a two-day knowledge exchange to explore innovative ways of engaging the public on immunology and immune-based innovations. Thirty-five participants from across Canada — including biomedical and social scientists, public health experts, science communicators, artists, and museum curators — came together to set learning objectives, identify creative engagement pathways, and begin shaping a travelling immunology exhibit.

Participants, and 17 additional immunology experts from across Canada, highlighted four priority themes: addressing misconceptions about “natural” immunity, explaining the immune system as an interconnected network in dialogue, showcasing advances in immune-based innovations, and demystifying the human and social dimensions of the therapeutic pipeline.

These insights are now guiding an emerging science exhibition grounded in scientific accuracy and audience engagement. The process also surfaced critical public understanding gaps — particularly around persistent myths, translational pathways, and the human dimensions of research.

In closing

These examples of the BRC's work illustrate a simple but powerful truth: scientific innovations alone cannot protect individuals and communities — they must first be trusted, accessible, and grounded in people's lives to make a meaningful difference. Our scholars, trainers, and knowledge mobilization experts, working with partners and collaborators across Canada, are demonstrating what is possible when people and society are placed at the heart of innovation.

The *cell to society* impacts highlighted in this report extend well beyond outputs like scholarly papers. They show how advanced scientific capabilities — from cutting-edge laboratories to vaccines, immune-based therapeutics, and modern manufacturing — achieve real-world impact when paired with public trust, and equitable access. By integrating technological excellence with relationships, dialogue, insights, and shared understandings, these efforts help ensure that scientific progress is not only achieved but meaningfully adopted in ways that strengthen pandemic readiness.

Above all, our research, training, and knowledge mobilization activities are about generating social and behavioural insights and then building connection. This, in turn, enables policy makers, public health officials, health-care practitioners, and communities to navigate complex information and support informed choices related to public health emergencies with confidence. These efforts lay the foundation for a pandemic-ready system that is both trusted and equitable.

Looking ahead, our commitment is clear. We will continue to bridge across disciplines, sectors, and communities, generate and mobilize knowledge into practical resources, and support trusted messengers who help connect scientific advances to society. The momentum documented here is just the beginning: by continuing to put people at the centre of innovation, the Bridge Research Consortium will help ensure that Canada's pandemic readiness is truly strengthened.

Our people *(AS OF MAY 2026)*

SCIENTIFIC CO-DIRECTORS

Dr. Kelley Lee

Professor and Tier I Canada Research Chair in Global Health, Faculty of Health Sciences, Simon Fraser University; Fellow of the UK Faculty of Public Health, Canadian Academy of Health Sciences, and Royal Society of Canada

Dr. Ève Dubé

Professor and Canadian Institute of Health Research Applied Public Health Chair, Department of Anthropology, Université Laval and Member of the Immune and Infectious Disease Axis, Research Centre of the CHU de Québec, Université Laval

BRC ADVISORY COMMITTEE

Dr. Cora Constantinescu

Clinical Associate Professor, University of Calgary; Child Health and Wellness Researcher, Alberta Children's Hospital Research Institute

Dr. Michelle Driedger

Professor, College of Community and Global Health, University of Manitoba; Fellow of the Royal Society of Canada

Dr. Perry Kendall,

CM, OBC

Former BC Provincial Health Officer (1999–2018)

Dr. Noni MacDonald, OC, ONS

Professor Emerita, Dalhousie University; Fellow of the Canadian Academy of Health Sciences and Royal Society of Canada

Dr. Manish Sadarangani

Director, Vaccine Evaluation Centre at the BC Children's Hospital Research Institute; Associate Professor, Division of Infectious Diseases, Department of Pediatrics, Faculty of Medicine, University of British Columbia; Chair, Canadian Association for Immunization Research, Evaluation and Education (CAIRE)

Dr. Kanta Subbarao

Professor and Canada Excellence Research Chair in Biology and Control of Zoonotic and Pandemic Respiratory Viruses, School of Medicine, Université Laval; Fellow of the Australian Academy of Health and Medical Sciences, American Academy of Microbiology, and the Infectious Diseases Society of America

BRC LEAD SCHOLARS

Dr. Timothy Caulfield, OC

Professor, Faculty of Law and the School of Public Health; Research Director, Health Law Institute, University of Alberta; Fellow of the Royal Society of Canada and the Committee for Skeptical Inquiry

Dr. Wendy Chun

Professor, Director, Digital Democracies Institute and Canada 150 Research Chair in New Media, Simon Fraser University; Fellow of the Royal Society of Canada and the British Academy

Dr. Colleen Flood

Professor and Dean, Faculty of Law, Queen's University

Dr. Janice Graham

Professor of Pediatrics (Infectious Diseases), Director of the Technoscience Research Unit, Dalhousie University; Fellow of the Royal Society of Canada

Dr. Cindy Jardine

Professor and Tier 1 Canada Research Chair in Health and Community, Faculty of Health Sciences, University of the Fraser Valley

Dr. Jillian Kohler

Professor, Leslie Dan Faculty of Pharmacy, Dalla Lana School of Public Health, and the Munk School of Global Affairs and Public Policy, University of Toronto; Senior Fellow and Governing Board Member at Massey College

Dr. Alberto Lusoli

Assistant Professor, School of Creative Industries, Toronto Metropolitan University

Dr. David Patrick

Professor, School of Population and Public Health, University of British Columbia; Medical Epidemiology Lead for Antimicrobial Resistance, BC Centre for Disease Control

Dr. Katrina Plamondon

Associate Professor, Michael Smith Health Research BC Scholar, School of Nursing, Faculty of Health and Social Development, University of British Columbia, Okanagan

Dr. Diego S. Silva

Associate Professor of Bioethics, Sydney Health Ethics and School of Public Health, University of Sydney

Dr. Julia Smith

Assistant Professor, College of Health Sciences, VinUniversity (Vietnam); Adjunct Professor, Faculty of Health Sciences, Simon Fraser University

Dr. Maxwell Smith

Associate Professor, Canadian Institute of Health Research Applied Public Health Chair in Ethics and Health Emergencies, and Associate Director of the Rotman Institute of Philosophy, Faculty of Health Sciences, Western University

Dr. Heidi Tworek

Professor and Canada Research Chair of History and Public Policy; Director, Centre for the Study of Democratic Institutions, Department of History, University of British Columbia; Fellow of the Royal Historical Society and Royal Society of Canada's New College of Scholars, Artists, and Scientists

BRC SCHOLARS

Dr. Prativa Baral

Assistant Professor and Deputy Director, Pandemic and Emergency Readiness Lab, Department of Global and Public Health, McGill University

Dr. Jennifer Isenor

Associate Professor, College of Pharmacy, Dalhousie University

Dr. Samantha Meyer

Professor, School of Public Health Sciences, University of Waterloo

Dr. Meaghan Thumath

Clinical Assistant Professor, School of Nursing, and Lead, HERO (Health Equity and Resilience Observatory) Lab, University of British Columbia; Director, Strategy and Public Health Planning, Vancouver Coastal Health Chief Medical Health Officer

BRC RESEARCHERS AND RESEARCH SUPPORT

Dr. Keith Carlson

Professor and Tier 1 Canada Research Chair in Indigenous and Community-Engaged History, University of the Fraser Valley

Benoît Gomis

Lecturer, Munk School of Global Affairs and Public Policy, University of Toronto

Dr. Christina Holmes

Associate Professor, Technoscience and Regulation Research Unit, Dalhousie University

Robyn Hyde-Lay

Executive Director, Health Law Institute, University of Alberta

Michael Jewer

Research Associate, Health Law Institute, University of Alberta

Marinel Kniseley

Research Manager, Faculty of Health Sciences, University of the Fraser Valley

Alessandro Marcon

Research Associate, Health Law Institute, University of Alberta

Dr. Anh Pham

Senior Scientist, Faculty of Health Sciences, Simon Fraser University

Dr. Angeli Rawat

Senior Research Scientist for Global Health Equity, University British Columbia (Okanagan)

Sheila Suredja

Project Manager, Centre for the Study of Democratic Institutions, Department of History, University of British Columbia

Prem Sylvester

Co-Lead, Beyond Verification Project, Digital Democracies Institute, Simon Fraser University

Dr. Chris Tenove

Research Associate and Instructor, School of Public Policy and Global Affairs, and Assistant Director, Centre for the Study of Democratic Institutions, University of British Columbia

Bryan Thomas

Senior Research Fellow, Faculty of Law, Queen's University

Marie-Ève Trottier

Research Associate, CHU de Québec, Université Laval; Institut national de santé du Québec

Dr. Marco Zenone

Assistant Professor, Faculty of Health Sciences, University of Ottawa

BRC POSTDOCTORAL FELLOWS

Dr. Sarah Ashfield

Postdoctoral Fellow,
Faculty of Health Sciences,
Western University

Dr. Hossein Azarpanah

Postdoctoral Fellow, Centre
for the Study of Democratic
Institutions, University
of British Columbia

Dr. Rodrigo Curty Pereira

Postdoctoral Fellow,
Faculty of Health and Social
Development, University of
British Columbia, Okanagan

Dr. Esther Lermytte

Postdoctoral Fellow,
Faculty of Health Sciences,
Simon Fraser University

Dr. Kari Pahlman

Postdoctoral Fellow,
Sydney Health Ethics,
School of Public Health,
University of Sydney

Dr. Sophie Webb

Postdoctoral Fellow,
Faculty of Health Sciences,
Simon Fraser University

TECHNICAL STAFF

Matt Canute

Tech Team Manager and
Data Scientist, Digital
Democracies Institute,
Simon Fraser University

Kate Phillips

Artist, Gaming to Generate
Good Governance in
Planetary Health Innovative
Information- and Bio-
technologies project

Josiane Rivard

Research Technician,
Department of Anthropology,
Université Laval

BRC TRAINEES

Hannah Blanke

Master's Student, Leslie
Dan Faculty of Pharmacy,
University of Toronto

Vincenza Boniface

Research Assistant,
Health Law Institute,
University of Alberta

Erica Burke

Undergraduate Student,
Department of Pediatrics,
Faculty of Medicine,
Dalhousie University

Marvin Coovi

Doctoral Student,
Department of Anthropology,
Université Laval

David Emond

Research Associate,
Department of Anthropology,
Université Laval

Dominique Gagnon

Research Assistant,
Department of Anthropology,
Université Laval

Antoine Garnier

Research Assistant,
Department of Anthropology,
Université Laval

Raphael Gauthier

Master's Student,
Department of Anthropology,
Université Laval

Connor Guyn

Master's Student, Public
Policy and Global Affairs,
University of British Columbia

Amanda Hodges

Research Assistant, Faculty
of Health Sciences, Simon
Fraser University

Zoe Hong

Doctoral Student, Faculty
of Health Sciences, Simon
Fraser University

Elisabeth Hunter

Undergraduate Student,
Department of Pediatrics,
Faculty of Medicine,
Dalhousie University

Ciaran Irwin

Master's Student, School
of Communications,
Simon Fraser University

Ujala Iqbal

Research Assistant, Faculty of Law, Queen's University

Saemi Jung

Doctoral Student, School of Communications, Simon Fraser University

Scott Kennedy

Research Assistant, Faculty of Law, Queen's University

Morgan King-Roskamp

Undergraduate Student, Faculty of Health Sciences, University of the Fraser Valley

Lisa Knox

Doctoral Student, Faculty of Health and Social Development, University of British Columbia Okanagan

Brandon Lee

Undergraduate Student, School of Communications, Simon Fraser University

Pranjali Mann

Master's Student, School of Communication, Simon Fraser University

Ekaterina Marenkov

Undergraduate Student, Faculty of Health Sciences, University of the Fraser Valley

Netheena Mathews

Research Assistant, Centre for the Study of Democratic Institutions, University of British Columbia

Blake Murdoch

Research Associate, Health Law Institute, University of Alberta

Miranda Nonis

Research Fellow, Faculty of Health Sciences, Simon Fraser University

Julianne Piper

Doctoral Student, Faculty of Health Sciences, Simon Fraser University

Subrana Rahman

Research Assistant, Dalla Lana School of Public Health, University of Toronto

Sophie Sigfstead

Research Assistant, Health Law Institute, University of Alberta

Haaris Tiwana

Doctoral Student, Faculty of Health Sciences, Simon Fraser University

Charlotte Zhang

Master's Student, Dalla Lana School of Public Health, University of Toronto

**KNOWLEDGE
MOBILIZATION TEAM****Dr. Rackeb Tesfaye**

Knowledge Mobilization Lead / Senior Scientist

Zahra Abdulla

Knowledge Mobilization Coordinator

Dr. Christine Ackerley

Knowledge Mobilization Specialist

Elody Croullebois

Knowledge Mobilization Specialist

Dr. Alison Müller

Knowledge Mobilization Specialist

OTHER TEAM MEMBERS**Alivia Dey**

Project Manager

Mary Leong

Strategic Communications Manager

Gladys We

Communications Specialist

Our partners

British Columbia
Centre for Disease
Control

British Columbia Rural
Health Network

Canadian Association
of Science Centres
(CASC)

Science North

Canadian Association
for Immunization
Research, Evaluation
and Education (CAIRE)

Canadian
Immunization
Research Network
(CIRN)

The Conversation
Canada

Dr. Peter Centre

Ethics Bowl Canada

Institut national de
santé publique du
Québec (INSPQ)

Public Health Agency
of Canada (PHAC)

ScienceUpFirst

UBC Studios

Our collaborators

Canada's Immuno-
engineering and
Biomanufacturing Hub

- Avenger
- Progeniter

Eastern Canada
Pandemic
Preparedness Hub

- RAMP-UP

Prairie Hub
for Pandemic
Preparedness Hub

- Viral Vector
Vaccines Platform
-

Our funders

Canada Biomedical
Research Fund

B.C. Knowledge
Development Fund

Biomedical Research
Infrastructure Fund/
Canada Foundation
for Innovation

Canadian Institutes
of Health Research

New Frontiers in
Research Fund



bridgerc.ca