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Maclean's Magazine
One Mount Pleasant Road
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Attention:

Alison Uncles, Editor in Chief
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Re: Why Some Parents Are Scared of Vaccines

Dear Macleans and Today's Parent

I'm writing in response to the article – 'Why Some Parents Are Scared of Vaccines' by Sydney Loney (August 29, 2017).
<http://www.macleans.ca/society/health/why-some-parents-are-scared-of-vaccines/>

While I assume Ms. Loney is well intended in her efforts to understand the growing movement of vaccine hesitancy, she fails on a number of counts. Loney presents an overly simplistic understanding of the capacity of vaccines to prevent disease, and shows either ignorance or callous disregard for the harm vaccines can and do cause.

Loney is spreading misinformation about vaccine safety and effectiveness and further undermining the trust she recognizes is important if vaccines are to be embraced by vaccine hesitant parents.

More of the Same

Loney presents as if she is sympathetic to vaccine hesitant parents, yet her message is the same medical industry mantra in sheep's clothing – *"vaccines are safe and effective"*, and *"anyone who questions vaccines is misguided"*. Her message is one-sided and superficial. Loney makes no effort to interview medical experts who recognize the harm that is caused by vaccines, or parents whose children have been injured by vaccines.

It would appear the real intention of Loney's article was not to understand and explain vaccine hesitancy, but rather to be a gentler effort toward the same result - convince vaccine hesitant parents that their hesitancy is misguided.

I also question Ms. Loney's basic premise that vaccine hesitant parents are "*scared of vaccines*". I suggest many of these parents are not scared. They are angry. They have witnessed their child regress into autism, develop a seizure disorder, learning disabilities, life threatening allergies, diabetes, or other acknowledged neurological and immunological adverse events following vaccination.

These parents are "*mad as hell and not taking it (vaccines) anymore*". No amount of shaming, threatening, cajoling, punishment, or fake science will silence them or convince them of the safety and effectiveness of the universal, one size fits all, vaccine program.

These informed parents will only accept solid, verifiable evidence of vaccines safety and effectiveness, which a modest review of the vaccine literature reveals a disturbing absence of even the most basic scientific evidence of vaccine safety, effectiveness, and necessity.

Ms. Loney and her "vaccine experts" make a number of statements about vaccine safety and effectiveness that is not supported by the evidence. The article appears to be an intentional effort to distort the facts and deceive the public.

A real examination of vaccine hesitancy would have revealed the following:

Evidence Based Medicine

While there is evidence that some vaccines have been effective in the suppression of disease symptoms of some infectious diseases (measles, chicken pox, whooping cough), Loney fails to acknowledge the legitimate concern about the safety of the universal vaccination program. A medical procedure can be effective and not safe. Thalidomide was effective for its intended purpose. It was not safe.

The major criticism of the vaccine industry is its systemic failure to conduct long-term clinical trials that scientifically prove the safety of the current vaccine program. This is not my opinion. This is the conclusion of the prestigious Institutes of Medicine (IOM). They determined that the safety of the current childhood vaccine schedule has never been proven in large, long-term clinical trials:

"The committee's review confirmed that research on immunization safety has mostly developed around studies examining potential associations between individual vaccines and single outcomes. Few studies have attempted more global assessment of entire sequence of immunizations or variations in the overall immunization schedule and categories of health outcomes, and none has squarely examined the issue of health outcomes and stakeholder concerns

in quite the way that the committee was asked to do its statement of task. None has compared entirely unimmunized populations with those fully immunized for the health outcomes of concern to stakeholders.”

<http://www.nvic.org/PDFs/IOM/2013researchgapsIOMchildhoodimmunizationschedule.aspx>

Vaccines have not been tested for carcinogenicity – the ability to cause cancer; toxicity - the degree to which a substance can damage an organism; genotoxicity – the ability to damage genetic information; mutagenicity - ability to change the genetic material; the impact on fertility, or for long-term adverse reactions.

The current vaccine schedule has never been tested for safety in the real world way in which the schedule is implemented. No independent trials confirm the safety of giving multiple vaccinations at once. Research shows a dose-dependent association between the number of vaccines administered simultaneously and hospitalization or death.

No long-term clinical evidence exists that show vaccinated children have better overall health than unvaccinated children.

The absence of real scientific evidence of vaccine safety and effectiveness leads informed parents to conclude the vaccination paradigm is ideology rather than evidence-based medicine; and more akin to religion than science. Parents whose children have been harmed are no longer accepting the vaccine ideology on faith. Their trust has been broken.

In spite of the widespread notion that vaccines are largely safe and serious adverse complications are extremely rare, a close scrutiny of the scientific literature does not support this view.

~ Lucija Tomljenovic, Ph.D Immunology

Poor Science

The gold standard of scientific research compares a subject group with a control group. A true clinical trial utilizes a substance that is known to be harmless or neutral (placebo). Most vaccine safety trials use other vaccinated populations, or placebos containing aluminum as the control group.

Conducting vaccine safety trials without a neutral placebo is not good science. It is not ethical science. It is not responsible science. In fact, this is not science. The vaccination program is essentially an uncontrolled experiment masquerading as science.

Ms. Loney is either unaware or chooses to ignore that vaccine manufacturers are not required to demonstrate that vaccines actually reduce the rates of disease

contraction, contagion, complication or mortality. Despite the lack of supporting evidence it is simply assumed that elevated antibody titers equate to immunity. This is no more evident than the HPV vaccine, which claims to prevent cervical cancer in girls, even though there is no evidence that the vaccine has prevented even one individual from contracting cancer.

Vaccines are the only medication where evidence of effectiveness and absence of harm are not required before approval. Vaccines undergo significantly less and shorter testing than any pharmaceutical drug. Vaccine effectiveness ought to be evaluated based on evidence the vaccine actually prevented the targeted illness and improved overall health. This does not occur in the vaccine paradigm.

Loney seems unaware the vaccine industry has been forced to withdraw numerous vaccines because of the significant harm these vaccines caused. The list includes: the small pox, swine flu, whole cell DPT, MMR (Urabe strain), rotavirus, and oral polio vaccines, among others. In fact more than 42 vaccines have been withdrawn from the US market because of safety and effectiveness concerns.

The combined and cumulative effects of 55 shots, 209 vaccine antigens, 525 mcg of mercury and 13,425 mcg of aluminum that have been injected into a child by 18 years of age in accordance with the CDC's 2017 childhood immunization schedule has never been examined. In fact, it has never even been questioned.

~ David Brownstein, MD

Comparing Vaccines to Seat Belts

Loney undermines her credibility when she quotes Noni MacDonald who inappropriately compares vaccinations to seat belts. *"Vaccines are like seat belts for disease" "Nowadays, parents don't think twice about buckling babies into car seats, but when it comes to a doctor approaching their infant with a needle, it's another thing entirely".* And so it should.

Vaccines are a complex mixture of biological and reactive chemicals that are injected into humans. Vaccines contain known neurotoxins (mercury & aluminum), chemically altered viruses, antibiotics, preservatives, detergents, stabilizers, neutralizers, carrying agents, Polysorbate 80, MSG, formaldehyde, glyphosate, genetically modified viruses, and other harmful ingredients which counteract and/or bond synergistically thereby increasing their potential virulence.

Vaccine ingredients are injected directly into the body. Injection allows the ingredients to bypass the natural portals of entry and the normal protective filters such as the lungs, digestive organs and the skin. This method of delivery permits the

toxic ingredients contained in vaccines to enter the bloodstream and cross the blood-brain barrier.

To equate the injection of vaccine ingredients to the wearing of a seat belt is dishonest and irresponsible.

Vaccine Injury Compensation

The Vaccine Injury Compensation program in the United States has awarded more than \$3.6 billion dollars in compensation for vaccine injury since 1989. It is widely acknowledged that this number represents a small fraction of the actual cases of vaccine injury.

Canada, to its discredit, is the only G7 Nation without a national vaccine injury compensation program. The same vaccine experts Loney consulted are likely members of the Canadian Medical Association who voted overwhelmingly against a motion to support a vaccine injury compensation program in Canada. Canadian parents are required to accept all of the risk and all of the responsibility of vaccine injury. This is unacceptable.

Biased Journalism

Nowhere in the interview do any of the “experts” in Ms. Loney’s article acknowledge that the growth of the so-called “vaccine hesitancy” movement is out of legitimate concern for the safety of vaccines. Most individuals questioning vaccine safety and effectiveness are parents who naively trusted medical professionals and had their children vaccinated, only to experience their children being harmed by vaccines. I am one of these parents.

Labeling parents who express concern about vaccine safety, effectiveness, or necessity as “anti-vaxx” or “vaccine hesitant” is clearly intended to distort the discussion about safety, and over simplify a critical and complex issue. These parents should more accurately be described as “parents of vaccine injured children”.

Such biased journalism would be obvious were we to refer to those expressing concern about the safety of a particular medication as “anti-drug” or “drug hesitant”. Such labeling is dishonest and irresponsible.

The movement that is raising concerns about the safety of the current vaccine program is typically neither pro or anti vaccination. Rather this movement is characterized by a commitment to safeguarding the right of Canadians to make voluntary and informed decisions about health care, and demand independent and verifiable scientific evidence of the safety of the vaccine program. One would hope every journalist supports such efforts.

Loney and her “vaccine experts” make a number of statements that are incorrect, unsupported by the evidence, or appear to be an intentional effort to deceive the public.

Whooping Cough

Loney quotes Ms. MacDonald who states - *“The pertussis vaccine isn’t a live vaccine. It’s made up of small pieces of the bacteria. It can’t multiply in you, so there’s nothing that would spread.”*

MacDonald fails to acknowledge that the pertussis vaccine is not designed to prevent infection or transmission. It is designed only to reduce the severity of symptoms should one get the disease. An individual vaccinated with the pertussis vaccine can be infected with whooping cough and be infectious, yet remain asymptomatic thereby unknowingly spread the disease.

MacDonald seems unaware of the Proceedings of the National Academy of Sciences (October 2013), which states that while the acellular pertussis vaccine protects against disease, it fails to prevent infection and transmission in a nonhuman primate model. The authors state:

“Pertussis rates in the United States have been rising and reached a 50-y high of 42,000 cases in 2012. Although pertussis resurgence is not completely understood, we hypothesize that current acellular pertussis (aP) vaccines fail to prevent colonization and transmission.”

“The observation that aP, which induces an immune response mismatched to that induced by natural infection, fails to prevent colonization or transmission provides a plausible explanation for the resurgence of pertussis and suggests that optimal control of pertussis will require the development of improved vaccines.”

The FDA has issued a warning regarding this crucial finding.

To say “there’s nothing that would spread” suggests MacDonald is either incredibly ignorant for a vaccine expert, or is being intentionally deceptive. What is clear is that the increase in whooping cough is not due to a failure to vaccinate, but rather to vaccine failure.

Loney also makes the claim – *“the DTaP (diphtheria, tetanus and pertussis) vaccine may cause mild symptoms, such as swelling or tenderness, in about one in four children, whereas a child’s risk of a serious allergic reaction is less than one in a million.”* What scientific evidence does Loney have to support this claim?

The whole cell DPT shot was withdrawn from the North American market due to the significant neurological injuries caused by the vaccine. The number of liability claims against the vaccine industry due to harm caused by the DPT shot was the impetus for the creation of the Vaccine Injury Compensation Program in the US.

The DTP vaccine, which is still used in third world countries, is associated with 5-fold higher mortality than those children unvaccinated with DTP. No prospective study has shown beneficial survival effects of DTP.

The “one in a million” mantra is also false and deceptive. The claim of “one in a million” is an industry meme typically based on the number of serious vaccine related injuries that were compensated by the USA Vaccine Injury Court compared to the number of vaccines distributed. Neither of these factors is relevant in determining the true risk of vaccine injury.

Measles

Loney states – *“Measles is responsible for thousands of deaths worldwide each year—134,200 in 2015.”* Loney is either naïve or being dishonest when reporting on the mortality of measles. Citing mortality data from third world countries and implying the same risk exists in Canada is dishonest and clearly meant to deceive the Canadian public.

Measles is a benign illness in healthy children. During the period 2004 – 2015 the CDC reported zero deaths due to measles in the US. At the same time VAERS reported 108 deaths linked to the measles vaccine. A child in the US is more at risk of dying from the measles vaccine than dying from measles.

In the last twenty years the number of deaths attributed to measles in Canada is either zero or one per year. The mortality rate of measles in Canada declined 98% prior to the mass introduction of the measles vaccine. The measles vaccine is not responsible for the decrease in mortality of measles and implying that it is, is dishonest.

A recent Canadian study revealed 1 in 168 children needed hospital emergency care after receiving the MMR vaccine. Several children died during the study.

The deaths in third world countries are largely due to poor nutrition, contaminated drinking water, and poor sanitation. Public health efforts in these countries would be better directed at providing food, clean water, and sanitation; not vaccines.

Mumps

Loney states – *“Severe cases of mumps can lead to male infertility later in life.”*

The concern about mumps leading to male infertility is a direct result of the mumps vaccine. The mumps vaccine pushes the disease from childhood, when the disease is benign, to adulthood when it is more serious. Childhood diseases should be kept in childhood.

Additionally Loney quotes MacDonald who states - *“There are several different mumps vaccines, but we use the Merck one because its mumps strain has a very good efficacy.”*

MacDonald seems unaware that the Merck mumps vaccine is the subject of a current US Federal Court whistleblower claim filed by Merck employees. The statement of claim is that Merck falsified the effectiveness data of the mumps portion of the MMR vaccine in order to maintain its monopoly in the US market. The supporting data suggests the efficacy is far below acceptable standards.

Vaccines and Autism

Loney makes the statement - *“The myth that there’s a link between vaccines and autism has been so resoundingly debunked that some doctors are frustrated by the mere mention of the word.”*

Ms. Loney seems unaware or chooses to ignore the substantial and growing body of evidence of a vaccine – autism link. To state that *“a link between vaccines and autism has been resoundingly debunked”* is to be either grossly ignorant of the current body of scientific research, or Ms. Loney is being intentionally dishonest.

The body of evidence of a vaccine – autism link includes the following:

- A report in the [Pace Environmental Law Review Journal](http://digitalcommons.pace.edu/pejr/vol28/iss2/6) reviewed 83 cases of vaccine-induced brain injury that resulted in an autism diagnosis, which were compensated by the U.S. Federal Vaccine Injury Compensation system <http://digitalcommons.pace.edu/pejr/vol28/iss2/6>
- There are now more than **128 independent studies** that show a relationship between vaccines and autism. <https://www.scribd.com/doc/220807175/128-Research-Papers-Supporting-the-Vaccine-Autism-Link>
- Dr. William Thompson, a Senior Scientist with the Vaccine Safety Division of the CDC and the lead statistician and co-author of the 2004 CDC study that is used by vaccine proponents to deny a link between the MMR vaccine and autism took whistleblower status in 2014 to reveal CDC scientists colluded to commit scientific fraud in order to obscure the link between the MMR vaccine and autism.

Dr. Thompson claims the federal agency ordered him and his colleagues to

destroy study findings that confirmed a link between the MMR vaccine and autism. Representative Bill Posey read Dr. Thompson's statement into the Congressional record.

<https://www.c-span.org/video/?c4546421/rep-bill-posey-calling-investigation-cdcs-mmr-reasearch-fraud>

This alarming disclosure is the basis of the 2016 documentary Vaxxed: From Cover-Up to Catastrophe. The media, to its discredit, has actively tried to censor this film, refused to inform the public of this significant disclosure, and has failed to advocate for a full investigation of Thompson's claims.

- Award-winning journalist, Sharyl Attkisson investigated the vaccine-autism link and compiled an extensive list of studies that show a vaccine-autism link. (What the News Isn't Saying About Vaccine-Autism Studies – updated November 27, 2016). <https://sharylattkisson.com/what-the-news-isnt-saying-about-vaccine-autism-studies>

Attkisson concluded –

*“The body of evidence on both sides is open to interpretation. People have every right to disbelieve the studies on one side. **But it is disingenuous to pretend they do not exist.**”*

- Dr. Bernadine Healy, the former head of the National Institutes of Health, stated that the vaccine-autism link is not a “myth”. Dr. Healy disclosed that her colleagues at the Institute of Medicine did not wish to investigate the possible link between vaccines and autism because they feared the impact it would have on the vaccination program. This failure to fully investigate the vaccine-autism link is politics, not science.

There is an abundance of evidence that a vaccine-autism link exists. It is dishonest and irresponsible journalism to make the statement there that the vaccine – autism link has been “resoundingly debunked”. This statement could only be made when the cause of autism is clearly understood. To date the CDC claims they have “no idea” what causes autism.

We've missed ten years of research because the CDC is so paralyzed right now by anything related to autism. They're not doing what they should be doing because they're afraid to look for things that might be associated.

~ Dr. William Thompson, CDC Senior Scientist

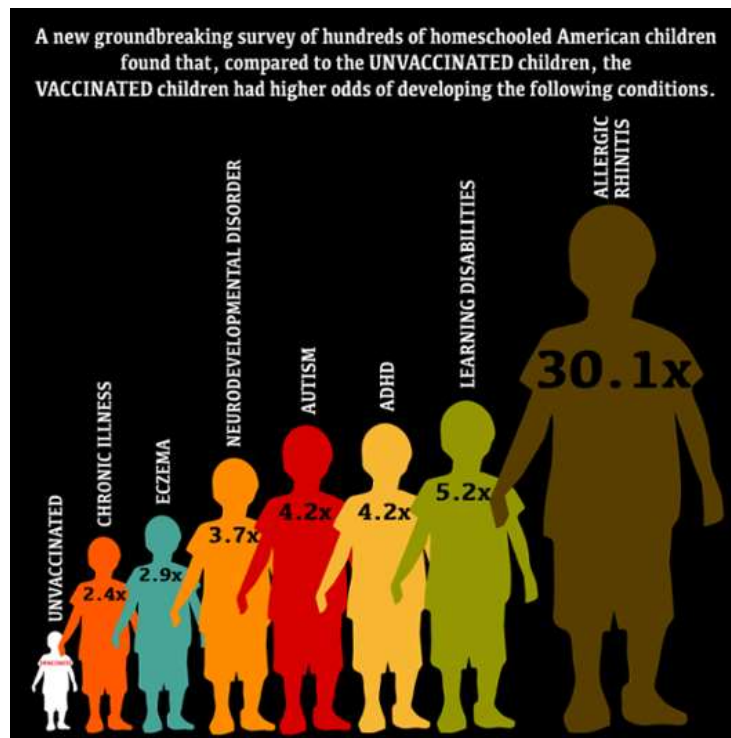
Building Trust

Ms. Loney asks a good question – “*The question is how, exactly, to build that trust.*” The answer is simple. Tell the truth. The increasing mistrust of the vaccine industry and mainstream media is because this industry and a compliant media presents as though vaccine science is definitive when it isn’t; it lacks honesty and transparency; and too many children are being harmed. Loney’s article is an example of this lack of honesty and transparency.

Much of what is offered as vaccine science is pseudo-science - marketing propaganda masquerading as science. Vaccine experts as Noni MacDonald, Julie Bettinger and Joan Robinson would be more worthy of trust if they were honest about the state of the science, or lack of science, as pertains to vaccination.

No Evidence Vaccinated Individuals Are Healthier

The *Journal of Translational Science* recently published the first independent (non-industry funded) study comparing the overall health of vaccinated and unvaccinated 6 to 12 year old children in the United States. The results reveal that while vaccinated children were significantly less likely to have chicken pox or whooping cough, they were significantly more likely to have pneumonia, allergies, otitis media (ear infection), eczema, a learning disability, Attention Deficit Hyperactivity Disorder (ADHD), Autism Spectrum Disorder, neuro-developmental disorders, and chronic illness.



No significant differences were seen with hepatitis A or B, measles, mumps, meningitis (viral or bacterial), influenza, or rotavirus.

The study also reported a linear relationship between the number of vaccine doses administered at one time and the rate of hospitalization and death; moreover, the younger the infant at the time of vaccination, the higher was the rate of hospitalization and death.

There is no substantive evidence that children receiving the current vaccine schedule are healthier than those who don't. In spite of the claims made by the medical industry, the vaccination program is not evidence-based medicine.

Herd Immunity Is A Theory

The promise of herd immunity is used to coerce legislators, doctors, public-health officials, medical personnel and the public into accepting forced vaccinations. Herd immunity is a theory based on natural infection, which provides life-long immunity.

The immune response stimulated by vaccines is temporary, lasting a few years or even as short as a few months. There is insufficient evidence to conclude that herd immunity can be achieved with artificial immune stimulation, regardless of the rate of vaccination.

It's also impossible to create herd immunity if a vaccine does not prevent infection and transmission.

Five vaccines - *polio, diphtheria, influenza, pertussis* (whooping cough), and *tetanus* are not designed to prevent infection or transmission. They are designed only to reduce the severity of symptoms should one get the disease.

Four vaccine targeted diseases - *tetanus, Hepatitis B, HPV, and Meningococcus* are not communicable through casual contact and therefore not easily transmitted.

Three of the vaccine targeted diseases - *Pneumococcus, influenza, and HPV* have so many strains that vaccination does little to reduce the prevalence of the disease. Vaccination actually causes an increase in the strains not covered by the vaccine.

An individual who is not vaccinated with IPV (polio), DTaP (diphtheria, tetanus, whooping cough), Hep B, and Hib vaccines poses no extra danger to the public than a person who is. To imply that non-vaccinating individuals are a threat to the community is marketing propaganda, not evidence-based medicine. It is fear mongering, not science.

If vaccinations worked as their proponents claim, it wouldn't make any difference to the vaccinated whether anyone else was vaccinated or not. The conflict between private and public rights contradicts the premises of vaccination.

Individuals undergoing cancer treatment or with compromised immune systems are more at risk from individuals recently vaccinated with a live virus vaccine than healthy, unvaccinated individuals. Most cancer wards in hospitals forbid access to individuals recently vaccinated with a live or attenuated virus.

No parent should be pressured to vaccinate on the basis of speculation of vaccine induced herd immunity, or to risk a child's health in the hope it may protect someone else's child.

Vaccine Manufacturers Not Accountable for Safety

The vaccine industry in the United States is not legally liable for the safety of their products. This industry was granted legal immunity in 1986 by an act of the US Congress. The vaccine industry is the only industry, other than the nuclear industry, that is not legally responsible for the safety of their products. No one in the medical industry is responsible for the injuries and deaths caused by vaccines.

This freedom from liability includes the vaccine manufacturers as well as government agents in the CDC and FDA, and those who encourage, license and administer vaccines including Doctors and Nurses.

A consequence of this legal immunity is there is no legal or financial incentive for the medical industry to make safer vaccines even when there is evidence that vaccines can be made safer. This creates a very dangerous situation. The vaccine industry effectively has license to injure and kill with impunity.

Vaccines Extinguish Herd Immunity

The vaccine paradigm has created a situation where most individuals today do not have life-long immunity to infectious diseases. For a majority of citizens in the developed world herd immunity doesn't exist and hasn't for over 60 years. The life-long immunity that was common from natural exposure to measles, mumps, whooping cough, rubella and chicken pox has been virtually extinguished by vaccines.

Infants were protected from diseases by maternal immunity (placental and breast milk). Adults were protected by their own permanent immunity, which nearly all of them had acquired in their childhood via the disease experience. The introduction of mass vaccinations has drastically changed the natural and safe pattern of disease distribution.

Vaccines do not protect us for a lifetime. They simply *postpone* the susceptibility to the corresponding diseases rather than extinguish the susceptibility completely. No one knows when the protective effects of a vaccine expire.

Good Journalism

Ms. Loney would be advised to consider the advice of Dr. Peter Doshi, Associate Editor for the British Medical Journal.

<http://www.bmj.com/content/356/bmj.j661.full?ijkey=PLlsazuxmr6PVC1&keytype=ref>

Doshi makes the following statements about good journalism as pertains to vaccinations:

Good journalism on this topic will require abandoning current practices of avoiding interviewing, understanding, and presenting critical voices out of fear that expressing any criticism amounts to presenting a “false balance” that will result in health scares.

... if patients have concerns, doubts, or suspicions — for example, about the safety of vaccines, this does not mean they are “anti-vaccine.”

“Approaches that label anybody and everybody who raises questions about the right headedness of current vaccine policies as “anti-vaccine” fail on several accounts.

Firstly, they fail to accurately characterize the nature of the concern. Many parents of children with developmental disorders who question the role of vaccines had their children vaccinated . . . and people who have their children vaccinated seem unlikely candidates for the title.

Secondly, they lump all vaccines together as if the decision about risks and benefits is the same irrespective of disease — polio, pertussis, smallpox, mumps, diphtheria, hepatitis B, influenza, varicella, HPV, Japanese encephalitis — or vaccine type — live attenuated, inactivated whole cell, split virus, high dose, low dose, adjuvanted, monovalent, polyvalent, etc.

This seems about as intelligent as categorizing people into “pro-drug” and “anti-drug” camps depending on whether they have ever voiced concern over the potential side effects of any drug.

Thirdly, labeling people concerned about the safety of vaccines as “anti-vaccine” risks entrenching positions. The label (or its derogatory derivative “anti-vaxxer”) is a form of attack. It stigmatizes the mere act of even asking an open question about what is known and unknown about the safety of vaccines.

Fourthly, the label too quickly assumes that there are “two sides” to every question, and that the “two sides” are polar opposites. This “you’re either with us or against us” thinking is unfit for medicine.

Contrary to the suggestion — generally implicit — that vaccines are risk free (and therefore why would anyone ever resist official recommendations), the reality is that officially sanctioned written medical information on vaccines is — just like drugs — filled with information about common, uncommon, and unconfirmed but possible harms.

Medical journalists have an obligation to the truth. . . . It's time to listen—seriously and respectfully—to patients' concerns, not demonize them.

Honest Brokers of Medical Information

The public expects Macleans and Today's Parent to be honest brokers of medical information and work to safeguard and protect the rights and freedoms of Canadians, including the right to informed consent and the charter rights to security of the person.

It is my expectation Macleans and Today's Parent will retract the dishonest and deceptive statements contained in the article and make a public correction.

Supporting references provided upon request.

I look forward to your considered response.

Sincerely,



Ted Kuntz, parent of a vaccine injured child
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*For a successful technology, reality must take precedence
over public relations,
for Nature cannot be fooled.*

~ Richard P. Feynman, physicist & educator