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7 SPEAKERS
Universal Broadcasting Network announcer
Del Bigtree
Toni Bark, MD
CNN News reporter
NBC26 News reporter
Jennifer Fisher, Prevea Child Pyschiatrist
Ayal, Toni Bark's son

START OF TRANSCRIPT

[00:00:10] Universal Broadcasting Network announcer
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[00:00:29] Del Bigtree
Hello and welcome to HighWire. Did you know that you were more likely to develop cancer than to get married this year, or even have your first baby? This is a study that, it's actually not a study, it was an article that just came out in Telegraph magazine in the UK. They're speaking of UK numbers. But to get to the bottom of this and talk a little bit about this, I have a special guest today, the brilliant and the beautiful, Dr. Toni Bark. Thank you for joining me.

[00:00:56] Toni Bark, MD
Thank you. That was very sweet and kind of you.

[00:00:58] Del Bigtree
I put the intelligent first, you know. You know, so, yeah, I think that's, I think that's the best part of you is your brain. Everywhere we go. I have to say, I travel a lot, I talk to a lot of politicians and there's a lot of things we do out there, and on occasion, Toni will show up at the same time. And usually, you know, you break into groups and you go with like a group of local moms or something like that. And every time Toni shows up, I say, make sure that Toni and I are not in the same room or we're just going to be, you're just doubling up on a lot of. You're a talker.

[00:01:29] Toni Bark, MD
I'm a talker.

[00:01:30] Del Bigtree
You're a talker, so am I. You have a lot of facts, but let's talk about this, okay. So you're more likely, this is in the UK, of course. I would guess our numbers are probably similar here in America.

[00:01:41] Toni Bark, MD
Yeah, I think so.

[00:01:42] Del Bigtree
More likely to get cancer than to get married. More likely to get to get cancer than to have a first baby. And then I think it even says, roughly, more likely to get cancer than to graduate from college. So my question to you, you're a doctor, right? So are we, does this just mean we're diagnosing cancer better, that we're just catching more of it?

[00:02:04] Toni Bark, MD
We're doing much better diagnosis. No, no, no, okay. No, no, that's not the case. First of all, we're getting cancer younger, I mean, that's a big part of this issue, right? So cancers that were never heard of in the pediatric population are now being diagnosed in the pediatric population not because of better diagnoses, but because of younger ages for cancer. When I was in medical school, we were taught cancer is a disease of older age and it took years to develop cancers. I mean, there were a few pediatric cancers that were known, and we can go into that one later because, you know, now looking at it, I can see that those were induced as well. But for the most part, those were rare. You didn't you know, you'd see those, it was a few, select few, but you didn't see colon cancer, stomach cancer, cervical cancer in 14-year-olds, in 19-year-olds, in 22-year-olds. We're seeing 20-year-olds diagnosed with colon and stomach cancer and people in their 20s with cervical cancer. We were told cervical cancer took 40 years to create, 25 to 40 years to create. I mean, it's a completely new normal. That's what we have, we have a new normal. Cancer is occurring, it is a disease of younger and younger age groups now. And that's a big part of this problem.

[00:03:16] Del Bigtree
What do you think people, when people see a headline like this, what does your average person, you know, they're online, they're looking at Daily Mail or Telegraph and they see something more likely to get cancer than to get married, do you think they immediately think, oh, it's got to be, like there's a reason for it, like diet, or what are they thinking?

[00:03:34] Toni Bark, MD
I think they're thinking, oh, people aren't getting married.

[00:03:39] Del Bigtree
I knew it. Not enough people are getting married anymore.

[00:03:41] Toni Bark, MD
People aren't getting married, they're just shacking up together.

[00:03:43] Del Bigtree
So let's just look at the numbers. Here in the, this is in the UK, of course, they had 362,216 people diagnosed with cancer in 2014. That same year, so 362,000 diagnosed with cancer, marriages was at 289,841. First time babies being born, 271,000. So more people are getting cancer than we're bringing people into the world. What do you think's causing it?

[00:04:17] Toni Bark, MD
Well, it's multifactorial, but we live in a toxic soup, right. And England, this is from the UK, so England does import our food. They don't have laws against GMO food. There's so much pesticide in the GMO food and then if it's BT toxin, it's a gene, it could be a gene activator or a gene suppressor, so we don't, it's one big experiment. But the herbicide and pesticide levels in the food, you know, it's the canola oil, the soybean oil, the corn, the cottonseed oil, the corn itself, the sugars from the corn, or from the GMO beets. I mean, these things are raised with huge amounts of herbicides and pesticides which act, of course, as antibiotics, by the way. They also are oncogenic or can cause cancer in their own right. So now you've got that. You've got a lot of junk food, people eat a lot of crap. They're overweight. We know that's a huge risk factor, cancers love glucose. I mean, they just, that's what they grow on, they grow on glucose. Cancers need 19 times the amount of glucose to produce energy as a normal cell. So when you're eating pop and snack food, you know, it doesn't matter if it's sugar or carbohydrate, to your mitochondria it's all the same, sugar.

[00:05:27] Toni Bark, MD
So it's what we're eating, it's what's in what we're eating. The meat and the dairy have all been raised on feed that's been sprayed, right, or grown with these herbicides. It bioaccumulates, so meaning, you know, you spray a broccoli, you eat it, okay, to some degree you can wash some of it off depending on what you've used on it. But you, but you eat some meat and that cattle has been eating soy and corn feed that has been raised as a genetically modified organism with huge doses of herbicide, the Roundup specifically, but in some cases neonics. And so it's just accumulating in the tissues. So people eat, you know, it's just they're getting huge doses and then you throw the vaccination on top of it. And this is now, we're at our third generation of highly vaccinated people, at least second in many cases, especially, it's a little lower in England because they really started mass, the extra vaccines about ten years later than we did.

[00:06:23] Del Bigtree
They're not getting as many as we are here in America.

[00:06:24] Toni Bark, MD
No, they're on their way. But and they started a little, like ten years later with a lot of them. But they also started in older age groups, so it hits the next generation sooner. And that's a whole nother conversation. But so we have a toxic soup. You know, we're, it's also how many more chemicals can we use to spray to keep our house smelling fresh, to keep our armpits smelling fresh? You know, I mean, it's just, it's everywhere you look.

[00:06:53] Del Bigtree
Covered in chemicals.

[00:06:54] Toni Bark, MD
We're covered in chemicals.

[00:06:55] Del Bigtree
Injecting chemicals, eating chemicals.

[00:06:56] Toni Bark, MD
Right, and I don't think that's not by design. I mean, it is a win-win situation for the chemical industry, which incorporates food and pharma, right. And personal care. But in all, in many cases, they're linked together, they're one big industry. In some cases they're actually sister companies. You know, make them sick and then have the drugs to keep them alive.

[00:07:19] Del Bigtree
Right.

[00:07:20] Toni Bark, MD
I mean, it's a win-win situation.

[00:07:21] Del Bigtree
I mean, the article goes on that, you know, that cancer is no longer a death sentence, that we...

[00:07:26] Toni Bark, MD
We can live with it.

[00:07:27] Del Bigtree
We can live with it. We're hearing more and more of this, I mean....

[00:07:30] Toni Bark, MD
It's no big deal, it's the new normal.

[00:07:31] Del Bigtree
Like, I know that here in California, there's a couple of senators that were, you know, it used to be a felony if you had HIV or AIDS and you had sex with somebody without them knowing. Now they're trying to make that not be a felony because, look it, you can live with it now. It's okay. So it's okay that someone gives you a, you know, a retrovirus you maybe can't kick, but you can take drugs the rest of your life, so no big deal.

[00:07:54] Toni Bark, MD
Very expensive drugs, and you'll never feel great, ever. I mean, I'm sorry, whether it's the medication effect.

[00:08:00] Del Bigtree
What is the, I mean, honestly, what is the answer? I mean, are we, people will always say, you can't, you can't go back. We can't go back to clean meat, clean food, clean water, that this is the world we live in.

[00:08:11] Toni Bark, MD
We could if we demanded it. I mean, we could, right? I mean, if we demanded, if the population in whatever country that's having these issues, which is our country, right. Much of North America and the UK and there's other, many other countries. If people demanded cleaner foods, I mean, people can vote with what they buy, you know, you vote with what you buy.

[00:08:31] Del Bigtree
I love that point. Yeah, you vote with your dollar. Your dollar decides more than anything you do pulling in, you know, some booth in an election, your dollar is deciding.

[00:08:40] Toni Bark, MD
An online petition. I mean I always, and you know, because you've heard me speak to these large groups, and I look at people, I'm like, you're drinking a friggin 32 ounce Diet Coke or Coke or Pepsi or whatever, soft drink, and you're eating fast food. You're part of the problem. I'm sorry, you're voting with your dollars. Like be more involved with what you're eating and what you're doing. I mean, just, it requires a level of consciousness and effort that a lot of people don't want to put out. But it's what it's going to take in order to change the toxic soup we live in.

[00:09:10] Del Bigtree
You know, I love the fact that we consider us, I think about this all the time. Like we consider ourselves like an evolved modern society, that somehow we've evolved from the bush people we once were. And you would think that, I mean, there's a couple of things that always bother me about that thought. I remember when I was in, I think it was in high school and I was watching some National Geographic, and they went down to this bush tribe that, you know, laid around in hammocks like five days a week. And then the men would run out, you know, once a week and shoot an orangutan or something out of the tree. The tribe can eat on it for the whole week. And then they smoke something that grew nearby, and the journalists didn't know what it did, but they seemed really happy. And then once a week, all the women would go down the river and, you know, do the wash, which meant sort of pounding a cup of loincloths on a rock with water. And I'm thinking, we consider them, you know, not evolved, like they haven't evolved yet.

[00:10:03] Toni Bark, MD
They figured it out.

[00:10:05] Del Bigtree
Totally. I mean, I understand...

[00:10:05] Toni Bark, MD
They've got like the 45-minute work week.

[00:10:06] Del Bigtree
How does and evolved society, like now I have a cell phone, so I'm at work all the time. Like where? Car, anywhere, toilet, my boss calls, somebody calls.

[00:10:14]
I just texted you, Del. Why didn't you answer immediately?

[00:10:16] Del Bigtree
I know, we're all on a leash. So we're working 80-hour weeks just to be able to pay the bills. Both husband and wife, if luckily if they're together, have got to, all their money's going into staying alive. How is it we consider ourselves evolved from we used to lay in hammocks five days a week, and now, you know, and we weren't dying of cancer.

[00:10:36] Toni Bark, MD
Well, they were storytelling, they were playing music, they were dancing, they were swimming, they were hike-, you know, they were doing, it wasn't just laying in hammocks, but, you know, they were actually storytelling and dancing and drumming, which is like one of my favorite things to do is, like I can't look all forward all week for my dancing drum class.

[00:10:53] Del Bigtree
How is it we've allowed ourselves to believe that we're evolved? I mean, it seems to me, a totally intelligent species, more intelligent than apes or more intelligent than, you know, elephants, that wouldn't we have, you know, figured out ways so that we work less, that somehow we do less work to get through the day, and instead, every single technology we have makes us work more.

[00:11:16] Toni Bark, MD
But it's driven by money. I mean, so that's all driven by money. And then there's this whole really brilliant marketing on the part of big industry, which is that you're more scientific and you're advanced if you embrace every new technology that comes out, right. And if you question or don't want to embrace it, that you're just backwards and against science. I mean, so that is kind of, they've made it a social stigma. I mean, it was brilliant. That's a brilliant marketing plan, right? But you know what's interesting, two things to say. I don't know that, I don't know that sea mammals are less intell-, I think they're more intelligent than us. If you look at people who study them, they have more complex social structures, they they work together, they are.

[00:11:55] Del Bigtree
Cell phones yet, so they're not working as hard.

[00:11:57] Toni Bark, MD
No, but they communicate, but they communicate with each other. They have a lot of time spent in play and in interpersonal relationships and sex. I mean, you know, that sounds like a good day to me. But the other thing is, when you talked about tribal people, and there was, I saw a study on diet in Australia and the internal bush people who were now diabetic and overweight with heart disease. They took some of them and they put them back in the bush, had them eat their normal diet that they had come from. They all reverted back, they lost all their diseases. They were healthier. You know, let's face it, I'm sorry, health is everything. If you don't feel good, if you don't wake up with energy and you feel good and you have a libido and you're clearheaded, really, well how is that a good life, just because you're making money and you've got all this technology. It really comes, and I tell you that patients come to me. That's the one thing they want, they want energy, they want to feel good. They've got money, they've got cell phones, they've got cars, you know, and.

[00:12:54] Del Bigtree
They can't get up in the morning.

[00:12:55] Toni Bark, MD
No, they can't get up in the morning, without, you know, without a lot of coffee and without a lot of sugar and they feel bad. So the bottom line is, I think that everybody wants to feel good, and we're in the wrong direction to do that. We're going in the wrong direction. Sicker and sicker.

[00:13:11] Del Bigtree
And we're all on drugs. I mean, I think it's 1 in 2 Americans now is on a prescription drug or something like that.

[00:13:16] Toni Bark, MD
Including, so at any one time, and this was a few years ago so it's probably more, about four years ago when I was writing about this in my grad school program. At any one time, over 51% of kids are on some medication. So that included asthma meds and antibiotics and things like that. But, you know, it's probably more and there's certainly a high rate of obesity and diabetes now and heart disease, early heart disease in children. And we're seeing cancers. I mean, that's the ultimate, ultimate, ultimate degradation of our immune system, and not just immune system, mitochondria. And everything for me, as a medical biohacker, comes down to mitochondrial function and autonomic nervous system function because that's ultimately driving everything and all our diseases. Yes, the microbiome is super important, but they're all interrelated.

[00:14:03] Del Bigtree
Do you think we're being, I mean, it seems to me that we're, our education system, how we're growing up, we are actually afraid of the planet now. We are at war personally with the planet. When we see cancer, we think it's us against Mother Nature. When we, you know, all of the diseases we have, diabetes, you name it, you know, the vaccine, we're just increasing more and more vaccines because more and more people just feel like they should be terrified of every microbe or bacteria crawling around the planet. I mean, that seems to be the plan. And what's amazing to me is the people you should be most afraid of are the scientists and geneticists and doctors that are making more vaccines, pouring pesticides all over your food. And you know, while they're destroying your food source, poisoning you internally, externally, with all of this.

[00:14:51] Toni Bark, MD
Think about how brilliant that is. So like in Florida, you know, there's signs everywhere, you know, spray, you know, use...

[00:14:57] Del Bigtree
Zika, right, right. Just be afraid.

[00:14:58] Toni Bark, MD
Spray for Zika, use dangerous chemicals for Zika so you don't have an abnormal baby like and spray everything for mosquitoes are carrying diseases. But you know, it's interesting. So they cause all these problems, the pesticides, right? So all these sprays are so toxic and we know they're creating all these problems. But what they can say is like, oh my God, it's all side effect of Zika. Zika. We're afraid of everything, everything we do. And Stephanie Seneff said this in an interview, when I interviewed her for one of my films, it was like, brilliant. She said, you know, everything we do is anti-life. And I thought about that for a second. I was like, you are so right, Stephanie. It's like, anti-this, anti-viral, anti-bacterial. Okay, our mitochondria are foreign bacteria, I mean, like we wouldn't exist, we would not be who we are today without living symbiotically with all the viruses and bacteria that we live with.

[00:15:44] Del Bigtree
I don't think people understand that. I know I didn't. Before I really started investigating the immune system, you know, you do have this sense that there's me, the human being, and then there's bacteria and viruses and all this. And then as you start really getting deeper and deeper in this, you realize that we are sort of just a bag that holds together billions of different entities, organisms that if they don't work well with each other, we're screwed. The big sack here, the human being, is in trouble.

[00:16:12] Toni Bark, MD
And think about this for a minute, especially in relation to vaccinations. We don't make antibodies to bacteria. Think about all the vaccines that are against bacterium. Now, some are against toxins, but there are some that are you know, there's so many more in the pipeline for bacteria. You don't make antibodies to bacteria. We live with bacteria teeming on us. We live exposed to viruses all the time. We have viruses that are symbiotically in our gut live with us as well, right. It's not about, it's not about the infection. Like, oh, my God, you were exposed to strep, you were exposed to meningococcal, you know? Well, guess what? You know, you walk into a room with five people and one person is carrying meningococcus, one person is carrying strep group B, at least. We have staph all over our skin. If we didn't have staph, if we used antibacterial special soaps and special gels, we would actually develop eczema and other skin problems. We need to have those bacteria on us. We live symbiotically. It's the internal milieu. It's the immune dysfunction. We are creating a generation and now two generations of people with immune dysfunction, complete immune dysfunction. That's why we're seeing the cancers. We're also exposing them to retroviruses and we're weakening their immunity. That's a recipe for disaster.

[00:17:26] Del Bigtree
Before we get into details like this, how did you get here? I mean, you know, you were....

[00:17:30] Toni Bark, MD
I flew last week.

[00:17:31] Del Bigtree
No, no, no, ;et's go back. So you were a doctor. You went through med school. Where did you start really looking at vaccines, and where did this turn toward, the turn against your own kind, when did that happen?

[00:17:44] Toni Bark, MD
Well, okay, so but fair enough. I went to med school knowing I was never going to practice mainstream medicine. I was interested in neurology and psych and the body, and I loved it, but I thought I was going to be an acupuncturist and I wanted to be an insider, right, so I could affect change.

[00:17:58] Del Bigtree
Okay, so you've always had that sort of alternate.

[00:17:59] Toni Bark, MD
I've always. Yeah, I always. I grew up in a family. We exercise, we made our own whole grain breads and peanut butters in the day. You know, my dad's always taken vitamins. Today, you know, from the time I was a little kid in the '60s, he's 92, he's turning 92 in a month, and my mom just turned 90, and they're, knock on whatever melamine this is, or vinyl, you know, like they're really healthy and I'm their, basically I'm their treating doctor, right, and they're on my program, so, you know, not like I'm on your program here but they're on my medical treatment program. So anyway that's my background. But I, you know, I was inundated and indoctrinated, you know, and I vaccinated in the clinic. I had no choice, really, but I didn't really think much. It was the 80s and early 90s, I didn't, you know, we didn't vaccinate to the degree we do now. But I always knew that vaccines, especially when I moved, I moved to Israel, came back with a cat, had to vaccinate her, people have heard the story before. Within a month, her teeth crumbled and fell out, she developed a heart murmur and asthma, and the vet said it's from vaccination. And I was like, what do you mean? Like the first time I really heard what vaccines did, it was from vets. They all said, you know, we've been vaccinating more generations than we've been vaccinating, of animals than humans, and it's very clear that we're causing more autoimmune diseases and disrupting the immune system and causing some cancers. And that's very clear in the animal model. And so this was a vaccine, a side effect of vaccinating her like boom, boom, boom. And so that got me thinking, and I always knew that some kids then would react badly to vaccinations. I finished my residency, ran an E.R., saw kids coming in the E.R. with, you know, status asthmaticus and seizures after vaccination, some kids who had stopped breathing.

[00:19:37] Del Bigtree
So you were in charge of the ER?

[00:19:37] Toni Bark, MD
I was, pediatric ER at Michael Reese after I finished my pedes residency. And I did train in rehab, too, but I finished a pedes residency because I'd taken a break and then got that job offer and I took it. And by the time I had my own son, I knew vaccines can cause an illness, can cause serious side effects. I didn't know that they were so ineffective and that in some cases, like measles, we have reduced measles, but we've won that battle and lost the war. We've created bigger problems. I mean, are we better off doing that? So I didn't understand that. I just knew that some kids have very serious reactions and I am now capable of taking care of a kid with measles, mumps, chicken pox, like I, those things don't scare me. I'm also trained in homeopathy. You know, I have, you know, I'm not afraid of those diseases, right.

[00:20:21] Del Bigtree
Was it hard to go into, I mean, in some ways, ER is sort of the least invasive, I think, of the medical products, you're not.

[00:20:30] Toni Bark, MD
Well, we're doing very acute crisis management. We're stabilizing patients, right. So I, you know, so yes, in that sense, we're not causing them chronic problems. We're not like, oh, you have some insulin resistance. I'm going to put you on insulin and tell you to eat 20g of carbs every time you shoot your insulin and create a monster of diabetes in a month. You know what I mean? It's not that. It is, you know, suturing. Somebody comes in and they're bleeding from an, you know, stabilize their bleeding, put fluids in them, you know, diagnose them, it's that. So yes, I agree. It's what we do really well in this country is trauma care, emergency room care. But what we do poorly is everything else, because I believe we are the main cause of illness. So I think that the medical community, and I know I'm attacked by saying this, but I think that in general, doctors, doctors and hospitals cause more harm long-term than they help. I mean, there's amazing surgeries that we do, but would we need those surgeries if we weren't doing some of these things wrong from the beginning?

[00:21:29] Del Bigtree
So that leads into, you know, people will say, you were talking about measles, that we cause more problems than we cure with measles, and...

[00:21:37] Toni Bark, MD
Even though the vaccine has reduced measles.

[00:21:40] Del Bigtree
I think you could say that the vaccine, you know, certainly does look like we've reduced measles, but I always say if you've replaced measles with autism, is that a win?

[00:21:51] Toni Bark, MD
No, it's not a win.

[00:21:52] Del Bigtree
I mean, if you've replaced measles with cancer, is that a win? And people will say, what are you crazy? You know, vaccines don't cause any harm. And the truth is, and I want to bring this up, we have, we just found out through a letter at the FDA that they're going to add two more injuries to the insert of the MMR vaccine.

[00:22:11] Toni Bark, MD
Yeah, Henoch-Schönlein purpura and acute hemorrhagic edema of infancy. Doesn't that sound fancy?

[00:22:18] Del Bigtree
Acute hemorrhagic edema of infancy. That doesn't sound good. What is that, what does that mean?

[00:22:23] Toni Bark, MD
So it's, you swell because you get, basically get DIC, you get like this disseminated, you know, hemorrhagic syndrome where your vessels can't even hold on to their fluid.

[00:22:34] Del Bigtree
Are we showing a picture of that, didwe get a picture up?

[00:22:35] Toni Bark, MD
It's not a pretty picture.

[00:22:36] Del Bigtree
We already showed it. Okay, great.

[00:22:37] Toni Bark, MD
It's pretty scary looking. And...

[00:22:38] Del Bigtree
Yeah. Bring that picture back up. I just want, I want to look at this picture real quick. We go back to this picture of this kid with the, you know, when we think about measles, we're like terrified of getting a rash. And then you see this kid, who, you know, who could potentially for the rest of his life or her life keep recurring events of that. So this child would have....

[00:22:59] Toni Bark, MD
And that doesn't look that bad, I can tell you they look way sicker than that. I mean, that looks like pepperoni.

[00:23:04] Del Bigtree
You could get worse, right. Yeah, it looks like pepperoni.

[00:23:05] Toni Bark, MD
It looks like he's got some pepperoni on him.

[00:23:05] Del Bigtree
There are worse ones all over the face, the eyes...

[00:23:08] Toni Bark, MD
Oh yeah, and they're swollen in pain, they're in pain. Their skin's peeling off because their fingers are so swollen.

[00:23:14] Del Bigtree
And I always say, like, there was just an outbreak of measles up in Minnesota amongst the Somalis. You'd think if they had a picture that looked that bad, they'd have put it out there, you know, but it's just, it's a really light fever and rash for kids. Instead, we, you know, cause all these other problems, a lifelong that could potentially keep coming back with that child....

[00:23:33] Toni Bark, MD
Well, and if they don't have access to health care, you know, potentially you could die, you could bleed and lose fluid and things like that. So, I mean, these are serious diseases that we hospitalize kids for. And I trained in pedes, and I remember bringing these kids in, I remember these cases. And we're like, what's that from? We don't understand, you know, we think it's they get an infection and a week later they've got some abnormal immune response. You know, and so we sometimes give gamma globulin, there are all these things that we would do, we'd give, you know, albumin and fluid and, you know, monitor them. But a lot of things now I realize, oh, my God, all these diseases I saw that kids would come in, we'd have to admit them sometimes to the ICU, were side effects of these shots. I mean, now I realize almost all of our immunity is a side effect of the shots.

[00:24:19] Del Bigtree
They think you're just saying that, or they think I'm just saying that, but bring up the whole, do we have the whole list of adverse events just on the MMR alone? Look at, look how many thing, this is what they're admitting to. You know, I mean, I, it's unbelievable. I'm looking off camera because I'm looking at a screen here, but that's what they admit to, wrapped right around the vaccine itself when it arrives.

[00:24:41] Toni Bark, MD
Well, and they're, what they say in their defense is that, well we have to, we have to disclose anything that happened in the cases in the kids that have gotten these shots. Doesn't mean, it doesn't prove, you know, they can all be spontaneous diseases and just coincidences. It doesn't prove they're related, but we have to say that we have seen this.

[00:25:00] Del Bigtree
But to be fair, these aren't going on the list because one kid had this issue.

[00:25:03] Toni Bark, MD
To be very fair, yes.

[00:25:05] Del Bigtree
Right. I mean, like it's, it's like there's a lot of suddenly like, okay, we got a problem, like these to being, why would these two be added? Acute hemorrhagic edema....

[00:25:13] Toni Bark, MD
Because there was enough of those cases seen and seen within so many hours.

[00:25:16] Del Bigtree
And does the FDA kind of say, hey, Merck, look at, we're seeing a lot of complaints about.....

[00:25:22] Toni Bark, MD
Well, and usually the FDA has had its hand forced, even. Like so, there are some people, you know, lawyers and that are working to help the FDA or...

[00:25:32] Del Bigtree
Do their job a little better.

[00:25:33] Toni Bark, MD
Exactly. And so, you know, you have some lawyers that are activists that are working on this, and so their hands are forced. You know, there are good people, especially in the, not in the higher rungs. I mean, there are some really ethical, good scientists at all these regulatory agencies, it's the problem is the ones who want to make this their profession and be in the lead are often, you know, not often, they're almost always in....

[00:25:55] Del Bigtree
You're not going to rise up by speaking out all the time, just toe the line. That's true in television, too. You may have a better way to edit something or do something, but if you keep telling the executive producers that, you can be pretty sure that you're not going to be climbing up that ladder very far.

[00:26:08] Toni Bark, MD
Yeah, but you know what we're talking about reminds me of the article I sent you from the military.

[00:26:12] Del Bigtree
Right, let's talk about that. So you just found this article, and, you know, to me it looks like a brand new article, but it's actually...

[00:26:19] Toni Bark, MD
1981.

[00:26:20] Del Bigtree
1981. What did this article and what sort of turned you on to it?

[00:26:24] Toni Bark, MD
Well, okay, so I'm in, as you know, and for those who don't know, I'm involved with physicians and lawyers and journalists and activists and researchers, you know, in a few different groups. And I'm on email with them daily, like multiple times a day. And we're always sharing information and things we just find and talking about cases and, you know, trying to expose the corruption, right? And also understand what our disease processes are from. And about a month, three weeks ago, maybe a month ago at the most, but I think like three weeks ago, somebody, I don't remember who it was, so I'm not giving them credit where credit is due, but somebody, it may be one of the guys that's also in the military or had been, said look at what I found. And it said, in fact, it was for public and declassified. And it was from 1981 where 12 physicians and researchers. This was the Army actually had these groups of researchers look at the effects of multiple vaccinations, the long-term effects of multiple vaccination, does it increase the risk of autoimmunity and cancers? And so they first looked at their own, you know, just the few literature publications that had been, you know, on what was the equivalent of PubMed then. And there were just like two <audio briefly cuts out> there's no association. So then they pulled all the individual literature and did their own meta-analyses. They tried to do it within Fort Detrick's, I think, but there wasn't enough, they only had 99, I don't know why they would have such a small number, study they did there, which didn't show statistical significance. Well, duh. I mean, 99 people is like nothing, right? So they pooled all this literature they could find, and what they...

[00:28:02] Del Bigtree
Now was this all army, like just military literature, or was it...

[00:28:06] Toni Bark, MD
No, I think it wasn't, it wasn't just it was general population, but they looked specifically mostly at military, because those people at the time, in 1981, the military, compared to the rest of the population, including the pediatric population, was getting the most vaccinations. Now they still do, but since 1981, pediatric population has really kind of mirrored...

[00:28:26] Del Bigtree
Tried to catch up.

[00:28:26] Toni Bark, MD
Tried to catch up.

[00:28:27] Del Bigtree
Our military, we all kind of have military kids, right? We're in some ways they're all, yeah.

[00:28:32] Toni Bark, MD
Right. I mean, in 1981, I think kids got, by the time they were 18, maybe a total of 12 or 14 shots at the most, right? At the most. At the most. I mean, that was it. And now we're more at five times that, you know, we're at four times that or more depending on your state. So that is crazy town, you know.

[00:28:51] Del Bigtree
And what do they find? So they found that, you know, when they looked at it. It was giving all these vaccines, what is it doing to our military?

[00:28:57] Toni Bark, MD
So this was a treasure trove of information. And there were three academies that, you know, peer-reviewed their work, Institute of Medicine, Academy of Engineers, and Academy of Sciences, you know, National Academy of Sciencesm National Academy of Engineers, Institute of Medicine. These are not, you know, so these, in the day, these were big institutions that, you know, I probably still would have trusted, right? It was, it's a treasure trove, and I hope that you post it because it shows that repeated vaccination, whether it's the same antigen or multiple antigens, not just in animal models, but in people model too, causes autoimmunity and antigen antibody complexes that gunk up the kidneys, which so glomerulonephritis other renal diseases, chronic renal problems, acute renal problems. Autoimmune...

[00:29:48] Del Bigtree
What is a <audio briefly cuts out> problem for....

[00:29:49] Toni Bark, MD
So glomerulonephritis, where your kidneys no longer ar,e you swell up with fluid, you can't make urine, your kidneys are in acute failure because the antigen antibody complexes are so great they can't get through the renal tubules. So your kidneys are effectively blocked, right? I mean, in layman's terms. Autoimmunity. So all kinds of autoimmunity, Polyneuritis and Guillain-Barre, but also cancers. And specifically, they focused on like multiple myeloma and leukemias and lymphomas because they talked about how repeated vaccination can cause, and this is basically the definition of multiple myeloma. I mean, can cause like uncontrolled growth of a terminally developed clone, meaning, so normally, and why that's different is that in, cancers are often like very undifferentiated cells, right. But in this, this was a highly differentiated B cell, so an antibody for something very specific. But it's like uncontrolled growth of it.

[00:30:48] Del Bigtree
So just repeating or repeating and it's growing and growing.

[00:30:50] Toni Bark, MD
Repeating and repeating and repeating, and that's multiple myeloma. You know, or these other rare B-cells. I am seeing so many B-cell lymphomas right now, I can't even tell you, like every week I get a new one. And every week, you know, I'm hearing about more multiple myeloma. So these things are just out of control. And so the Army document, this military document, was like every page I was like, oh my God, oh my. They knew this in '81, they knew it. This was published. This was 12, you know, Institute of Medicine, Institute of of Engineering, Institute of you know, of the IOM and all these other, three different academies, Academy of Medicine. They knew this. And what was the outcome? Let's mandate more vaccines, right.

[00:31:33] Del Bigtree
That was it.

[00:31:33] Toni Bark, MD
So they know that? Well, I'm just saying, I mean, ultimately, that's where it led to, right. And not only that, we spend how much money to train military personnel only to have what percentage? What percentage come back after duty or come back after a few years and they can't work and they're in disability. It's a large percentage, right.

[00:31:53] Del Bigtree
I mean, these are our best and brightest, they're protecting this nation. It's our standing army and, you know, everywhere we've traveled with VAXXED, I can't tell you how many military come up, they're like, I can't say anything on camera because I'm still enlisted, but I am so sick, I'm having seizures, you name it, they're really.

[00:32:10] Toni Bark, MD
Well suicide rates, too, right.

[00:32:11] Del Bigtree
Huge, right? Depression. And we think that's just because of being in war. I mean, but you know, World War one, World War two, Vietnam <unclear> they didn't kill themselves.

[00:32:17] Toni Bark, MD
They got knocked on their head. Right, Right, right, they didn't, that's right. I mean, so we have a lot of problems. And some people would say, well, it's because we're better at treating so they didn't die, like we can, so that's the argument I've heard why it's so much worse. Well, we're keeping these guys alive when years ago they would have died. And there's probably some of that, I'm sure. But shell shocked and head injury, you know, concussions, those things were happening all the time then, too, right. And what we're seeing, we're seeing a much greater depression and suicide rate. And, you know, that certainly can be related. And I have two cases. Well, so I have one case that might go to vaccine court. He was military and then was doing like reserve duty, got hep A, hep B together. He and another guy who got the same lot of hep A, hep B together in that reserve duty, I talked to the captain, developed acute mania and were hospitalized. So now they have a diagnosis of bipolar disorder. They can lose their status, right? So now this becomes a disability issue. And in fact, this guy is okay now. But I looked in the literature on VAERS, and in fact, there are plenty of reports of acute mania. And then Yale just came out with this study a few months ago that there is an association between, in teens and a mental illness diagnosis in relationship to the last round of vaccination. Now people are saying it's just an association, again, you know, spontaneous and coincidental.

[00:33:48] Del Bigtree
I think about that all the time. Just, you just think about how, you know, how many girls are depressed now, how many boys are on Adderall, we're going to talk about that in a little bit. But here's my thing, like the military, you sign up for the military and you know that you're a guinea pig.

[00:34:02] Toni Bark, MD
I don't know that you know that.

[00:34:03] Del Bigtree
Well, I mean, you're signing off. I mean, you should know that you're basically signing your body over to the United States government. They're going to, you know, I think there's vaccines being tested on them, drugs being tested.

[00:34:13] Toni Bark, MD
I don't think the average enlisted personnel knows that. They are like, I'm going to do this for my country. This is what, I want to be a soldier, I've wanted to fight for my country.

[00:34:22] Del Bigtree
They heard about traveling to exotic lands.

[00:34:24] Toni Bark, MD
They know, but they know they're going to put themselves at risk, they could die in the line of duty. They know that. They don't think they're going to die because they're having vaccines experimented on them. I don't think that's in their purview.

[00:34:34] Del Bigtree
Here's my point, though, is they signed up for that. It's getting to be the place, you know, here in California, when you have laws where your kids have to be vaccinated, you know, to get into school. And we know, you and I both know that adult mandated vaccines are on their way. We could be, you know, just years away from you can't get on an airplane or a bus or.....

[00:34:53] Toni Bark, MD
Or renew your driver's license.

[00:34:54] Del Bigtree
Or renew your driver's license without being fully vaccinated. So now we are all, in my mind, members of the military. Somehow being born into this country is like signing away your life that you're owned by the United States government. Military has been doing that for years. But essentially that's how they're going to look at all of us, is though somehow we are property of the United States of America.

[00:35:15] Toni Bark, MD
Well, you know, we're our immunity and our food. I mean, the goal is to own our immunity and to own our seeds, right, our food seeds, right. I mean, I can, I could envision where it's illegal to grow your own food in your front yard. You know, like you're not allowed to have your own immunity, God forbid you have your own. I mean, in California, titers, proof of titers don't even exclude you from vaccination.

[00:35:39] Del Bigtree
So that means even though you can show that your body is able to defend, you know, I mean, when we talk about titers, I love this. Here's what I love about titers. It's basically all you have to show to say the vaccine works, right? That we've created the antibodies, therefore the vaccine works. But if you show up unvaccinated and say, look it, I have the titers, therefore I'm protected, like, oh, that doesn't matter here, we don't care about that here. So we only care when it proves that for us that the vaccine works....

[00:36:04] Toni Bark, MD
Well that's in California. Most states aren't as crazy. No. So in Illinois...

[00:36:08] Del Bigtree
You're all right behind us.

[00:36:08] Toni Bark, MD
Well, right. But so far in Illinois, proof of titers, you can get excluded from vaccination. I think it's the way that, that's the law almost in every other state. It's just that California's got their own kind of crazy, and it's pharma crazy, you know? So no, you've got titer. No, you've got to get the vaccine.

[00:36:25] Del Bigtree
So when we talk about sort of epigenetics, right, this idea that maybe, I mean, look it, the CDC seems to only think autism or anything else is got to be, you know, caused by your genetics, which, you know, how you have a....

[00:36:37] Toni Bark, MD
Okay, do you even think they really believe that?

[00:36:38] Del Bigtree
There's no way they can because it's absolutely absurd.

[00:36:41] Toni Bark, MD
They've read these documents. They know there's chronic encephalopathies. They know that there's antibodies to your brain, to certain receptors in your brain. They know what's going on. This is all, I mean, as far as I'm concerned, people say, oh, you're a conspiracy theorist. It's not conspiracy, it's business. They're in business with pharma, they are together, I don't see them as separate. They own the patents, they sell the vaccines. They have a revolving door in terms of who's in charge at Merck and Glaxo and who's in charge at the CDC or NIH, I mean, or the FDA. These guys want these private lobbying or jobs and actually working for these companies. And so this is big business. We can make billions of dollars if we just market this, even though it's not true. But we'll make billions of dollars, or we could be honest and not make our multiple billions. What are you going to do when you're a big business? What do you think you're going to do? That's what, that's the way they're working, and...

[00:37:35] Del Bigtree
So when we're talking about military, there are studies that show that military kids are having more health crisis, whether they're vaccinated or not, just because their parents are so fully vaccinated. And you are, this is something that you're really starting to look into, which is vaccinated moms versus...

[00:37:54] Toni Bark, MD
Wild disease.

[00:37:55] Del Bigtree
...wild disease moms, mothers that had the wild diseases, what they pass on as far as immunity to their child versus those who were vaccinated and what they're passing on to their baby. What is it, what is this investigation....

[00:38:08] Toni Bark, MD
So in a nutshell, I'm going to tell you because I just presented this, it was an hour-long presentation at a Future of Immunity conference in Spokane. But, so the theory is this. You know, in 1970, in 1980, when they were testing the MMR, let's just look at the MMR, they tested it on babies, on infants born to moms who had already passed on antibodies and maybe other things we don't even measure, but some kind of memory to protect the child. So it used to be babies under 18 months really weren't susceptible to all kinds of things. You know, mumps, measles, chickenpox, pertussis, even strep infections was unusual under the age of two. Like there was a lot of things that passed on from the mother to the infant, whether you breastfed or not. And if you breastfed, then there was even more prolonged antibody production protection and immunity protection. And I don't think it's all antibody, I think there's other things too, that we don't necessarily look at. But the antibodies are the big thing we talk about because that's all vaccine producers have to show. And so these infants got protection, and then they got the MMR, their body already had some kind of memory. Okay, yeah. These are live viruses, I've dealt....

[00:39:15] Del Bigtree
Seen this before, my body's.

[00:39:15] Toni Bark, MD
Yeah, I've seen this before, I've. Right.

[00:39:17] Del Bigtree
Mom's antibodies were in me or something like that.

[00:39:19] Toni Bark, MD
Right, exactly. So that was, that's a wild disease mom and their offspring. Now what you have, because everybody having women, having babies now were vaccine, were vaccine moms. I mean there's exceptions, but for the most part in this country.

[00:39:33] Del Bigtree
This is, this is really like, the first. Right about now is the first generation where nobody's being born to a wild disease mother any longer.

[00:39:43] Toni Bark, MD
Absolutely. And I can tell you that rubella antibodies are tested in all pregnant women in this country. And the reason that is, is that rubella is the only known accepted infectious cause of autism.

[00:39:56] Del Bigtree
So if you're pregnant, you get rubella, we know that that can affect the development of the...

[00:40:02] Toni Bark, MD
Especially, so the theory was, and there's, you know, these researchers chess and there's a few other people but she was the first person from NYU in '71 to write about this and because there had been a rubella outbreak, which makes me also question that, because there's always been rubella, tight? So but I'm not going to go into all the details, it's a long, but in a nutshell, rubella is a known accepted cause of autism if gotten in the first trimester, but second and third trimester probably causes the same changes. The virus actually causes, directs the brain to grow differently. There's also an increased risk of autoimmunity that is associated with diabetes type one, juvenile rheumatoid arthritis. So there's other things going on. We know that some people after the MMR from the mumps part get chronic arthritis, kids, where they can actually culture out rubella in the knee, from the knee, from the fluid. But the other thing is, so these moms get tested now, all moms are tested while they're pregnant. 10 to 15% of these moms are negative for antibodies to rubella, even though they've gotten a series of the MMR, two, three, four shots, didn't respond the right way, but the virus was injected in them. Right, they got three viruses, these viruses, the viruses are there.

[00:41:09] Del Bigtree
They're in them.

[00:41:09] Toni Bark, MD
The misconception of the public is you get a virus, you get an immune response, and the virus is gone. Really, viruses are, for the most part, it used to be that we thought just herpes, herpes class of viruses and a few other cytomegalic stayed around forever. But really what we're finding is that that's a simplistic view and that most viruses just stay in this neutralized state that's kind of not alive, not dead, but they're just neutralized, and your body deals with them and well, so what we're finding is that 9 or 10 to 15% of women are negative for rubella. 10% of those, in studies have shown to seroconvert while pregnant, meaning they suddenly get antibodies while they're pregnant. So either they're exposed and they get the infection or, I think more likely, pregnancy is a state of immune suppression to some degree, because you have to deal with a foreign object in your body so you suppress arms of your immune system, which is why a lot of people with autoimmune diseases feel better in pregnancy. But so now that virus is not in check. Even though they never had antibodies, it was still in check. They get viremia and so 10% of those women seroconvert while pregnant, which means they're getting rubella viremia virus floating around that can go through the placenta into the baby. And that rubella virus was a very strong strain that was from 1967, from a aborted fetus who had rubella, congenital rubella. That's what they've made that vaccine from.

[00:42:31] Del Bigtree
Wow. That sounds terrifying.

[00:42:34] Toni Bark, MD
And on top of it, those mothers, the day after they deliver, get an MMR shot, and in some cases multiple, with every pregnancy. I've talked to some of these moms. Oh yeah, after each pregnancy, I was always negative. They gave me an MMR shot. Every baby's been autistic. 53% of women who are given the MMR shot in that scenario have live virus that is being excreted in their breast milk. Live virus to their day-one-old, day-two-old baby that they're breastfeeding. So now we know we're exposing these infants to rubella, rubella, and mumps and measles. They never in the millennia were infants exposed to three viruses, live viruses, day one of life or in utero.

[00:43:18] Del Bigtree
I mean, you could be hiding out in your house, not letting any neighbors over, making them vaccinate or whatever just to visit. Meanwhile...

[00:43:24] Toni Bark, MD
And then they're coming over and excreting.

[00:43:26] Del Bigtree
Right. Your own breast milk, you're just pumping this kid full of live virus.

[00:43:30] Toni Bark, MD
Right. And then the next pregnancy, they test negative again. Same thing happens. They get...

[00:43:34] Del Bigtree
So they're negative, they get pregnant, their immune system suppressed. Then all of a sudden this virus rises up, it's like it comes out of a dormant state.

[00:43:43] Toni Bark, MD
Right, dormant state, late stage state. And so this, we know that this is happening. It's been documented. There's people writing about it, there's published papers on this.

[00:43:51] Del Bigtree
When you're out there, do you sometimes think that our medical establishment is just, I mean, I always say it's like they're like third graders, like, what is it that you're not putting together? How is it that you feel so safe with what you're doing here?

[00:44:02] Toni Bark, MD
So, so med school, to go to med school and go through med school, you need to have a great memory. You don't necessarily have to be bright. I mean, it depends. Do you think having great memory means you're bright? I mean, to some degree it's an intelligence, of course, right. But does that mean you're analytic? And even if you're analytic, because I do know analytic doctors who still don't get it because they don't want to get it. If they let themselves get it, they'd have to, it rocks your world, and I don't mean that in a good way, you know? So like, oh, you rocked my world. No, it rocks your world. Like everything I thought was order is now disorder, because the CDC is lying to me because they're in cahoots with Big Pharma. The FDA, you know, allows, you know, ephedrine to go forward, OTC so for big pharma can make money on crystal meth production. It's like, what? What? But this stuff is all real.

[00:44:52] Del Bigtree
And they're really annoyed about cannabis just because they haven't really been able to grab a hold of that market....

[00:44:55] Toni Bark, MD
They want to own it, right?

[00:44:56] Del Bigtree
...and kick everybody else out.

[00:44:57] Toni Bark, MD
Right, right. So if you, if you make your money and you're in the system and you're making your money, you've got this great life, to now look at something like this is disruptive to you. I've had a pediatrician tell me, I don't want to know the whole picture because if I did, I'd have to change the way I practice and I don't have time for that. And they don't have the bandwidth. You know, they don't have like the emotional or cognitive, you know, they just don't have the bandwidth for that because that means you're going to be, go through, like I can tell you that when I started discovering this a few years ago, like all really how crazy it was, I was doing my masters in disaster medical management at the med school BU, and I felt like I was falling through a rabbit hole. I mean, to some degree, I've gotten over that like I'm falling through a rabbit hole stage, but I would like type to other people, I was doing, you know, Mary Holland at NYU, I'd be like, Mary, stop me. Like it'd be three in the morning. She could see I'm emailing her at three in the morning because I woke up thinking of something else and I'd be like, help me stop. You know, like this. You know, I can't stop falling....

[00:45:54] Del Bigtree
That's where I'm at. I'm addicted, like I really am. People, my friends are like, don't even call, you know what I'm going to talk about. And it's not like and this show, basically, when I started HighWire I was like, oh, we'll get into other politics and things, but I can't, I can't stop. Every, every week, every day you open up another journal or another study and I just cannot believe, honestly. I say that I would, I would have guessed law of averages, someone would have done a decent vaccine study somewhere, and it just isn't happening. I mean, it's they are avoiding going to the exact places. I say it's like this, it's like the police saying, you know, we've checked the whole house, the murderer got out, you know, the murderer, and said, well, did you check the master bedroom? Oh, we never go in the master bedroom. Why? Well, nobody, murderers never hide in master bedrooms. I mean, it's like exactly....

[00:46:40] Toni Bark, MD
And you know that how? And you know that how?

[00:46:40] Del Bigtree
Yeah, how how did we come to that conclusion?

[00:46:42] Toni Bark, MD
Well, the industry has to study their, do their own studies, right. It's kind of like Monsanto doing their own studies and not allowing people to have access to their seeds, right, so, to do research. To do research. It's crazy, right? But nobody questions. And, you know, now we have a new normal, which is kids are sick, kids are chronically ill. That's the new normal. 35-year-old with colon cancer, that's the new normal. People don't question. People don't realize, when I was 35, that wasn't the case, right? I mean, I didn't go to school with a bunch of people having peanut, deadly peanut allergies and asthma. There was like one asthmatic in my school. There was one kid who had some, like, mild strawberry aller-, you know, whatever. It wasn't, we didn't have all these kids who were autistic. I mean, there were 1 or 2, I look back and they were on the spectrum. Clearly, they were kind of flapping and toe walking, but it was like 1 or 2 in the whole school. We didn't have all these kids that were mute. We don't even use that term anymore. But, you know, and I have a son and, you know, I brought him here because I feel like it's really interesting to talk to the millennials and see, what's considered like normal.

[00:47:45] Del Bigtree
Let's do that. Let's do that. Let's, just before we do, I want to talk about, there's a, this is a great news piece on study drugs. What the heck is a study drug and how many people are on them? Check this out.

[00:47:57] CNN News reporter
Some students are calling it college crack. They're comparing it to acid or marijuana from the '60s and '70s or ecstasy from the '90s. I'm talking about medication for ADD, Attention Deficit Disorder. In part of our in-depth look here at higher education this week on CNN, we're taking a close look at how students are using Adderall to keep them alert.

[00:48:17] NBC26 News reporter
According to a year-long study by the US National Library of Medicine, it's estimated that more than 30% of college students use illegal prescription ADHD meds, and full time students are twice as likely to use than part-time students.

[00:48:29] Jennifer Fisher, Prevea Child Pyschiatrist
The minor side effects would be something like increased anxiety or aggression or starting to have hallucinations and then get to tics or other abnormal movements.

[00:48:37] Del Bigtree
And to think that when I was in school, it was a bad thing to be considered a drug addict. Now, apparently all of our college students are. And to get to the bottom of that and discuss that, Toni's son is here. Ayal, thank you for joining us.

[00:48:50] Ayal, Toni Bark's son
Thanks for having me.

[00:48:52] Del Bigtree
This is something that, I haven't done this yet, but I have talked to college students. You know, are we exaggerating? Are there, is, you know, when I was a kid, I don't really remember kids using study drugs. Like there was just, we were starting to see some ADD, ADHD, so I remember a few kids were on Ritalin. But we're talking about people that aren't necessarily diagnosed with these illnesses taking these drugs just to get through college. Is this, are they making this up? Is this a problem?

[00:49:24] Ayal, Toni Bark's son
No, no, no, they're not. And I'd say high school as well.

[00:49:27] Del Bigtree
In high school, too.

[00:49:27] Ayal, Toni Bark's son
Yeah. So from my experience growing up, I can't speak for everybody, but I went to Evanston Township High School and I'm at McGill University. And from my experience and my friends' experience that I talked to, everybody takes them. And at the very least, for finals, at the very least, you take them during finals and people just study, study, study. But I'd say people take them every week, at least, as if thinking that if you take Adderall and then sit with your book, it's just going to like come to your brain through osmosis, you know what I mean, it's kind of funny, yeah. But I'd say that majority of kids are using it.

[00:50:01] Del Bigtree
Majority. So we're talking about, I mean, you could raise your child with organic diet, good food, things like that. Try and avoid putting them on too many drugs. But then is it, is it peer pressure or is it jealousy? I mean, do they see their peers doing better in studies because they're taking these drugs? Like what drives it?

[00:50:20] Ayal, Toni Bark's son
I don't know if it's jealousy. I think there might be a bit of both peer pressure and jealousy. I think it's curiosity and it's also people think that, oh, okay. It's kind of like the, like the image. Oh, if I take these and I'm going to, I'm going to do better. And I've tried it. For me, I didn't like it as much, but I know people who like that's their thing, they take it. They don't really study often, they take it and they just go for hours. And...

[00:50:43] Del Bigtree
I mean, what's it like? Honestly, I've never, you know, is it, I mean, is it like doing a line of cocaine? Is it an upper?

[00:50:50] Ayal, Toni Bark's son
It's like a long coffee, it's like a long coffee rush.

[00:50:53] Del Bigtree
You know, we used to, we did take those NoDoz, do you remember those, like those caffeine tablets. I remember that. And you know, like you'd be like, there was some things, I always used to think of it as sort of like my own personal party. Like tonight I'm going to be up all night, and you grab your cup of coffee and maybe some NoDoz. You're just pounding caffeine....

[00:51:10] Toni Bark, MD
I could never do that.

[00:51:11] Del Bigtree
..and, what about depression?

[00:51:13] Ayal, Toni Bark's son
Well, if we go back to, I think the issue is that it's not necessarily taking it, but the issue is that then they become, not addicted, but they they have to take it, now every time that they have to study, they have to take it.

[00:51:26] Del Bigtree
Especially if they get an A. I'm sure it's just like, oh my God, that worked.

[00:51:29] Ayal, Toni Bark's son
Right.

[00:51:29] Del Bigtree
Whether it did or not.

[00:51:30] Ayal, Toni Bark's son
Exactly. And you have kids who are, like I have a friend who's, he's prescribed 180 pills a month, and he only takes half a pill a day, so he's just selling his extra. So you have kids who are prescribed and they're not really even taking it really, but they are selling it to all these kids.

[00:51:47] Del Bigtree
So basically you've got those that aren't, have not been diagnosed with ADD, ADHD, using these to study, and those that are diagnosed are turned into drug dealers.

[00:51:58] Ayal, Toni Bark's son
It's mostly kids who aren't diagnosed that are using it, to be honest with you.

[00:52:01] Del Bigtree
But they're getting them from the ones that were diagnosed and say, you know what, I don't need this much of this crap and I can make a lot more.... In fact, they're probably, what's really interesting is they're probably not using it to study because they're making so much damn money not using it, so they just, where the trend is flip-flopping. So, I mean, that's a scary thought. And then depression in girl, I mean, do you think depression is the same in girls and boys? Do you feel like there's a lot of use of antidepressants?

[00:52:30] Ayal, Toni Bark's son
From my experience, I think maybe more so in girls, but also they might be more willing to talk about it. And I wouldn't say that antidepressants are being abused. From my, from what I've seen, I wouldn't say antidepressants are being abused. It's more just the study drugs.

[00:52:44] Del Bigtree
Just the study drugs.

[00:52:45] Ayal, Toni Bark's son
Yeah, yeah.

[00:52:45] Del Bigtree
Very interesting. Let's talk about your studies. Your mom's, you know, a genius. She's, you know, got multiple letters behind her name. Is that a goal for you?

[00:52:56] Ayal, Toni Bark's son
Right now, I'm just, I'm just. I'm just going, I'm going to see. I'm just taking it day by day. I want to do research, maybe want to do medicine, but I think I'm more interested in research. I'm studying cognitive science, which is neuroscience and psychology. So I'm interested in bowel flora and I'm interested in electrophysiology. So one of those two.

[00:53:18] Del Bigtree
What's it like going to college when your mother has the information that she shares around the world? I mean, I would think that most med students or science students go in and they just buy everything they're reading as this is fact, this is where it's going. You have got to have this, it's like your mom sits on your shoulder going, don't listen to that. That's bull crap. How do you get through school dealing with that?

[00:53:39] Ayal, Toni Bark's son
Okay, so I try to be as open-minded as possible. I know that, because I don't just take things in, I've looked at the stuff that she shows me so I read on my own and I know that what she's saying isn't bull, it's real. But I try to be as open as possible. But sometimes you just hear, I don't know, you just hear really like, oh, eating fat makes you fat or just stupid stuff that I've known for a long time isn't true. And so there is kind of like a, it's not cognitive dissonance because I know that it's not true, but I can't take it because I just know that it's not the facts.

[00:54:09] Del Bigtree
Do you ever get yourself in? I mean. First of all, what was mom's words to you as you're going off, don't talk about it, just slide through, or did you, was she like, go ahead, speak up.

[00:54:19] Ayal, Toni Bark's son
Second. There was no, that's just the sentiment. I don't think she ever said, this is what you have to do or don't do but I think the sentiment is just speak up.

[00:54:27] Del Bigtree
So my parents were pretty much, you know, they marched in the '60s, they're very outspoken. My my dad was like, lay low. Just get through school, don't raise hell there, you'll have plenty of time to do it. Just get through it.

[00:54:39] Ayal, Toni Bark's son
I've had friends' parents who tell me that. They say, you can make more.....

[00:54:42] Del Bigtree
Your own mom's doing you no good, but.

[00:54:45] Ayal, Toni Bark's son
You can make more of an impact if you, if you do it now, wait till you're in a better place to do it.

[00:54:51] Del Bigtree
Let's pull you aside. We know who your mom is, and you're a smart kid and, you know, if you really want to get through, shut up. Okay. So medicine, is there anything about it? I mean, you know, first of all, in most med schools, you're going to be going into ORs ERs, you name it, where you're doing residency, you're going to have to be vaccinated. Have you been vaccinated? Toni, did we did we vaccinate this kid?

[00:55:13] Toni Bark, MD
He got three DTs at four and a half, eight, and 12 and a half.

[00:55:16] Del Bigtree
So diphtheria and tetanus were concerns of yours.

[00:55:19] Toni Bark, MD
At the time they were, until after his third dose, which was right before I was going to Haiti for the second or third time, and I gave myself a DT, mercury-free DT booster. He got the DT booster, it was his third. I spread out by four years, waited until he was four and a half. And I was interviewing people for my graduate school program and I interviewed somebody at the VRBPAC, the FDA's vaccine committee. And when I told her, she said, never give or take another vaccine, they are all potentially contaminated with retroviruses or prions and I was like, whoa. And I was like, oh my God.

[00:55:54] Del Bigtree
And you were being careful. You thought you were being careful.

[00:55:56] Toni Bark, MD
I mean, I waited until it was four and a half. He got a single DT, mercury-free, another one at eight, another one at 12 and a half, and I gave myself a booster because there was diphtheria, there was a few cases of diphtheria in Haiti and I would never get, I would never be able to get medical attention if I was, you know, on these clinics, I'm out in Kishinev.

[00:56:10] Del Bigtree
Which points to one of the issues I always say is we're vaccinating ourselves like we live in a third world nation and we're really not. So we only got a few minutes left, but.

[00:56:17] Toni Bark, MD
If it even works. I mean, now I don't even think that, I mean, I don't even think that DT gives you protection. I mean, it gives you, you know, maybe some protection against the toxin, but maybe not. There's no evidence. There's actually no evidence to show that it does, so.

[00:56:30] Del Bigtree
Right, right. Med school, what are your thoughts? I mean, as you look forward, you know, would you vaccinate? Is it, let me ask you this. Could something be so important to you that you say, you know what, I'm older now, my body is strong, I'm going to vaccinate because I want to get into this line of study.

[00:56:49] Ayal, Toni Bark's son
I think I'd go somewhere else. I'd go to a different maybe like Germany or Israel, somewhere where they, or India. I don't think that they, do they?

[00:56:57] Toni Bark, MD
I don't think so.

[00:56:58] Ayal, Toni Bark's son
I don't think that they do over there. I think I'd just go somewhere else. And if I, if I did med school, it would be, what I think is really cool about Western medicine is, and this was touched on earlier, was the trauma care. How you can get hit by a bus or you could get your arm chopped off and we can save you. So if I wanted to do something like that, then that's what I would do. But I'm more into the preventative care and so I don't think I would go to med school unless I wanted to be like, maybe like a nurse....

[00:57:25] Del Bigtree
Unless you want to suck at preventative care.

[00:57:27] Ayal, Toni Bark's son
Right. Yeah.

[00:57:29] Del Bigtree
Well, let's be, I mean, because I worked on The Doctors, which was a great experience as a producer, I did it for six years. I mean, we are really brilliant at putting people back together. You know, they get smashed up in a car accident. You don't want to be in another country than America. We have the best surgeons, best doctors. Something happens.

[00:57:46] Toni Bark, MD
Israel does a great job, too, though.

[00:57:48] Del Bigtree
Okay, I haven't been there, so alright. So, but when it comes to preventative medicine, it just, that's where I think we, that's where we're missing the boat in our Western approach. So what types of things would you look at as far as preventative care?

[00:58:02] Ayal, Toni Bark's son
Well, food, food. I'm really into sustainable agriculture and permaculture and how what you put in your body is what's going to create or fight disease, bottom line. So maybe I'm not going to med school to do preventive care, but maybe looking at alternative ways that we can sustainably grow our own agriculture for ourselves and not have to rely on big corporations.

[00:58:28] Del Bigtree
Well, and GMOs say that's what they're doing. I mean, we're genetically modified so we can get greater yields, all this. But I mean, there's tons of organic growers saying we can do the same thing, we can increase yield. There's many ways to do that. So I only, we're running out of time, here's my question. Walking around in the world now, you're in a university where pretty much everyone else around you is fully vaccinated. Do you, does it feel like, I always think like there was this movie with Roddy Piper called They Live where like, he would put on these glasses and then recognize everyone was around him was zombies. Is there something like that for you where you look at other students and think, they're different than me, they're acting differently to me, their health isn't the same as mine, do you have...

[00:59:09] Ayal, Toni Bark's son
Health, health, health. Well, it's also I grew up very, very healthy, and so the behavior, I still carry it over. But I'd say the biggest difference, and there are people that aren't vaccinated, I have friends that aren't vaccinated there and actually, you could say that this is because they're influenced by their parents as well, but those are the other kids who are very healthy. Like I don't I don't get sick. All my other friends get sick. And I'm not, I don't, like I'll get a cold or something, but that's the main difference. People are always, oh, I'm sick, I can't go out or I can't study right now or I'm this or that. For me, that's the main difference is that people eat differently than I do. It's what they put in their bodies. People just, they're not as careful and they're sick more. I'd say that's the biggest difference. But it's not like, oh, you're, I can tell you're vaccinated.

[00:59:53] Del Bigtree
Toni, is that important? I mean, I think that people say, oh, if I just don't vaccinate, and I say to people, they're like, should I not vaccinate? If you're going to eat Doritos and eat McDonald's and drink Coca-Cola all day, you probably want to get vaccinated, you know what I mean? Just.

[01:00:03] Toni Bark, MD
Well, it's just more insult to the fuel. But, you know, a lot, you can take people and some who don't work out and some who do and working out is very important and I think it's super important, but honestly, eating is actually more important, what you eat and it's what you don't eat like. And so Americans and a lot of people around the globe, especially where there's GMOs and a lot of herbicide use, are indiscriminately just eating like I talked about before, lots of chemicals and excessive carbohydrates.

[01:00:31] Del Bigtree
We're down to 30 seconds. You're on a keto diet. Really quickly.

[01:00:32] Toni Bark, MD
So ketogenic. So I'm a big proponent of plant-based ketogenic diets, and bottom line, you know, so I'm this, you know, I really use a lot of medical biohacking tools with my patients. But it comes down to what I said before, mitochondrial function, autoimmune function, and the bowel flora is a big key to both of those. But your mitochondria need to be functioning at tip-top shape and your immune system needs to be balanced between sympathetic and parasympathetic, and that's ultimately the basis of everything that I do.

[01:00:57] Del Bigtree
Awesome. Thank you two for joining us, Mom, son, good luck. You're the future. Thank you for joining us. We'll catch you next week on HighWire.

END OF TRANSCRIPT