Chapter 2:

Interview with
Dr. Toni Bark, M.D.

Ty: Dr. Toni Bark, so glad to meet you.

Dr. Bark: Nice to meet you too Ty.

Ty: I appreciate you flying all the way down here to muggy Austin, Texas.

Dr. Bark: It was muggy in Chicago too.

Ty: Oh, was it? Okay.

Dr. Bark: I'm used to it.

Ty: You're used to it.

Dr. Bark: Yeah.

Ty: Right. I appreciate you coming down because I'm interested to get your perspective on vaccines. This is a documentary, "The Truth About Vaccines." You have some familiarity with producing your own documentaries, don't you?

Dr. Bark: I do.

Ty: Talk a little bit about *Bought*.

Dr. Bark: *Bought* was a culmination. It was kind of a marriage because it was a culmination for me from all the research I did while I was in my Master's program. I did my MD years ago. Then in 2010, I embarked upon a Masters in Medical Science, specifically with a focus on disaster planning and disaster response. I'd been going back and forth to Haiti.

What got me started down the rabbit hole in the vaccine issue is that the school, I was at BU, and it was all about, "Oh flu vaccine clinics, we have to model this as a disaster plan." I was like, "Flu vaccine? God. Nothing I've read have said that it's very effective." I started looking at the data and I was looking at the Cochrane Collaboration. I'd never really known about Cochrane before as a physician. Never heard about Cochrane.

Ty: What is the Cochrane Collaboration?

Dr. Bark: The Cochrane Collaboration is an independent group of international researchers. MDs, Masters, PhDs, who work mostly voluntarily. Most of them are volunteer. There is no industry money coming in at all. They will not take any money that's related or tied even down the road to industry. It's truly independent research and it's collaborative.

The Cochrane Collaboration had put out, almost every year, a paper, a meta-analysis, meaning they're looking at all the different studies and they do a meta-analysis of the data, and show that the flu vaccine was barely effective, if at all. And that in any given year, for every 100 patients who're told they have flu, seven actually have influenza.

Influenza is not even as prevalent as we think. People say, "I have the flu, I have the flu." Which just means they had a viral syndrome with maybe a fever and respiratory symptoms.

Ty: They didn't feel well so they had a flu.

Dr. Bark: Yeah, right. But it's not influenza. Even when we have influenza, it's always a guess. The

bottom line is that I looked at the data and I went to the head of my department and I said, "The department's spending so much time and effort training the Master's students on how to run a flu vaccine clinic. You've got to look at this data, it doesn't make any sense."

The head of my department who's also part of DARPA, he's a military guy, looked at it and he said, "Ooh." He actually said expletives but, because they had spent time doing this. He had just written a paper and he said, "You know, you're right."

Right after that there was a conference in DC going on called "Selling Sickness." I said, "We've got to go to this conference." Because Peter Daschle is going to be there. Peter Daschle had been working with Thomas Jefferson, not the president, but Tom Jefferson who is an MD PhD, head of Cochrane Collaboration on upper respiratory infections. Which means he analyzes a lot of vaccine safety and effectiveness, mostly effectiveness or lack thereof.

He was the one who's really heading up all the flu vaccine studies and Peter Daschle was working with him. Peter's thing was really Tamiflu, but because at that time there was this whole swine flu "epidemic"—

Ty: Right.

Dr. Bark: I'm doing quotes because—

Ty: 2008-2009.

Dr. Bark: It was 2009-2010.

Ty: Okay.

Dr. Bark: I'm doing quotes around that because, even, I think it was a *BMJ* or the *Lancet* even called out the WHO for changing the definition of a pandemic, of a worldwide pandemic, in the summer that year. They changed the definition to make everyone believe that we were having this major pandemic. It was not a pandemic and it was not a lethal virus, but it was to sell flu vaccine and Tamiflu.

It turned out that the WHO had been taking advice from a group called ESWI, E-S-W-I, which is something about working group—I don't know what it stood for. It turned out that it was a small group of physicians who were all working either for the makers of Tamiflu, or the maker of the Swine flu vaccine.

Ty: Wow. Little conflict of interest there.

Dr. Bark: Big conflict of interest. This is stuff that came out during this conference that really opened my eyes, and certainly opened the head of my department's eyes. And I don't know that there are—

I was teaching as an Adjunct after I finished in 2012, but then I started making the film. *Bought*, the film I was co-producing and working on. I don't know if they're still staying away from dealing with flu vaccine clinics as a mainstay for disaster planning. That's what embarked me upon looking at everything. Okay, all these things that we just assume. Maybe we need to take a closer look.

One of the things that I found was the advisory committees. Advisory committees at the FDA, advisory committee at CDC, because there's a process to approve drugs. My focus

at this point was the vaccines. They go through these advisory committees, first at the FDA for approval and then it's CDC for recommendation. There's something called FACA, Federal Advisory Committee Act, which as you would imagine says that anybody on these advisory committees can't have undue conflict of interest, can't be employed.

Ty: They should be independent.

Dr. Bark: It turns out it's just not the case. At the FDA, the committee is VERBAC, that's the acronym and there's one person who's considered the consumer rep and all that means, is that they're not employed by one of the major pharmaceutical companies, specifically.

Ty: Really?

Dr. Bark: Yes, that's all that mean. They're usually MDs or MD PhDs or Nurses with PhDs. They can be somebody without an advanced degree but commonly they are.

Then, the same thing is true for the ACIP committee which is the CDC's committee on vaccines for recommendation. They also, it turns out, that the CDC on their website automatically grants a waiver for the conflict of interest for anybody on the ACIP committee because they believe that they need "experts" on the committee.

Ty: The conflict of interest rules don't apply to them?

Dr. Bark: They don't apply to them, even though they're specifically for them. They're for Federal advisory committees. If the regulatory agency isn't—then, that's what we're talking about. It's all about these Federal regulatory agencies.

Ty: Makes no sense.

Dr. Bark: It makes no sense, but this is what's going on.

Then I wound up interviewing people who'd been on those committees who'd been the consumer reps, who were nurses and doctors and somebody who was still on the VERBAC committee. I was encouraged by my department to stay on task and to look at all the vaccines and look at policies and look at the data. Let's see what's really effective and what's really safe.

I just kept finding more and more crap. I kept saying "it can't get any worse" and it just kept getting worse. That really catapulted me and then of course I was looking—I never wanted to eat GMOs. I was always Miss Organic and eat very healthy. I started looking at the playbook.

Ty: Okay.

Dr. Bark: The playbook for vaccines is the same playbook that they're using for GMOs. If the industry hires shills, not only—in the vaccine world it's not just the industry. We have the CDC looking for mommy bloggers, looking to pay people to blog as though they're just lay people. But there's federal dollars going to pay these people. It's to promote—

Ty: And they basically do what?

Dr. Bark: Promote vaccines.

Ty: To promote vaccines. Wow. Do they also pay people to antagonize people that are against vaccines?

Dr. Bark: Well, it certainly looks that way. Because the same players, and there's a lot of people that I—I'm on Twitter. I tweet a lot. I have a Facebook presence of course, but I'm more involved in Twitter. I think that's where the real duking-it-out happens.

Ty: Okay.

Dr. Bark: Because your tweets are open to the whole world and they get searched. There's a lot of people that we know spend their time 24/7 because we'll all check in. In one night Doreen Rice might have 300 tweets and her tweets might actually show up, they're from different towns, different cities around the country.

Ty: Really? Okay.

Dr. Bark: Yeah.

Ty: She travels a lot.

Dr. Bark: Obviously at the speed of sound. Speed of light, actually.

There's a lot of warfare. PR warfare. This is part of the biz as usual in the playbook. It's to discredit anybody who questions safety. If you question the safety of these big tech products, you are threatening their bottom line.

The vaccines really, and GMOs but I know this movie's not about that. The vaccines and even for a lot of pharmaceuticals and a lot of procedures are kind of hand and mirror. There's a lot of smoke and mirrors. There's a lot of pretending that these things work better than they do.

There's a lot of glossing over safety. In the vaccine situation, in addition to glossing over safety there is what we call "false placebos." I don't know what else to say other than a false placebo.

Ty: Okay. What's a placebo?

Dr. Bark: A placebo should be an inert substance that we know is safe, that we've tested and we know it's safe. In a pill, it would be—if you're testing a drug you'd give somebody an encapsulated sugar pill. Sugar or something, glucose. Something that we know is safe and benign in that dose. Sugar's not great for you but we're talking about like a quarter of a teaspoon.

In an injectable, which the vaccines are for the most part, with few exceptions, it should be saline. Normal saline because we know that's safe, right?

Ty: Right.

Dr. Bark: Normal saline, we give it in an IV fluid. It's normal. We are saline, right. That's what an injectable placebo should be. But, it's not. What they do—

I'll give you a good example, Gardasil, because I've analyzed that study from Merck, and in-depth with many other people. They had one arm of their placebo. They had many different groupings. Let's say they tested this on a few thousand people. Some got the vaccine and

some got placebo. Let's say 2,000 got the placebo. 200 of those people actually got sick.

Ty: Really?

Dr. Bark: The rest got the aluminum adjuvant. In some cases they got multiple doses of the aluminum adjuvant. In some cases they got three doses of the aluminum adjuvant while the vaccine group only got one or two doses of the vaccine.

Ty: The placebo group got more of the aluminum adjuvant than the—

Dr. Bark: In many of those groups, yes.

Ty: Wow.

Dr. Bark: Yeah. We know that—

Ty: That's completely [indiscernible 0:11:09].

Dr. Bark: Completely. We know aluminum is neurotoxic. Chris Exley out of Exeter University in London in England just has published—I mean, many people have published, but there's a—

I'm saying this because *Nature* just published it, the journal *Nature*, who's not been favorable to vaccines by the way. They've been quite pro-industry. They did just publish a paper written by Dr. Exley on specifically aluminum adjuvants and the neurotoxicity which ensues.

Yahuda Shoenfeld and Tomljenovic have published a text book on Yahuda's and Tomljenovic's research on autoimmunity secondary specifically to aluminum adjuvants. We know that aluminum is not benign.

However, I called the NIH office. The NIH is yet another regulatory agency that happens to be in business with the vaccine industry. They are actually in business and produce together. They own patents with the vaccine industry. I spoke with Dr. Seder who is head of the aluminum adjuvant office there, a research center.

I asked him, "Dr. Seder do you believe aluminum is a safe?" "Oh, we consider aluminum GRAS, G-R-A-S." That means, Generally Regarded As Safe. I love the term generally. What the hell does that mean? That's like "natural" on food. "Generally" we regard it as safe.

Ty: I didn't know that you could have a GRAS rating on something like aluminum, I thought that was just food.

Dr. Bark: Well, that's interesting that you said that. Because, I do a lot of legal work and what the other side will say, and I've also presented for a law—

I was asked to speak at a law school. This was over the internet. It turns out when the medical school associated with that law school heard they had the Head of Pediatric Infectious Disease come to, let's say to "monitor." It wasn't monitor, it was to really revoke. Anything anyone said that he didn't like he basically negated what they said.

I talked about the toxicity of aluminum and he said, "Oh there's aluminum in breast milk." I hear this all the time. "We eat aluminum, it's in breast milk. It's in a lot of our food." It's a contaminant. Okay. It's a fricking contaminant. It's not supposed to be in breast milk. It's a contaminant and it's a toxin. Doesn't mean it's cool.

The other issue is that when you eat aluminum or you eat other toxins you're open from your mouth—the digestive system is an open system. There should be an intact barrier protecting whatever we eat to go directly into the blood stream. Right?

Ty: True.

Dr. Bark: Theoretically you're not absorbing much aluminum when you eat it. You excrete it in your stool. It's still not good and I don't recommend it but ingesting is very different than injecting, where you also have things like Polysorbate 80, things that actually open your blood-brain barrier. They open all these tight junctions and you're getting them directly into your blood stream, especially when you're injecting.

Aluminum is in our food but it's a contaminant and a toxin and it shouldn't be there and so it is considered GRAS, generally regarded as safe. It's in so many drugs. I don't know if you know that, but it's in a lot of over the counter medications. Antacids.

Ty: It's in a ton of vaccines, isn't it?

Dr. Bark: Unless it's a live viral vaccine it's used as an adjuvant. An adjuvant is something to boost the immune response.

Live virus, like the chicken pox vaccine, like MMR, those are all live viruses, and the shingles vaccine. One of the side effects of those vaccines is that they cause those diseases.

Ty: Right.

Dr. Bark: The shingles vaccine just had to add that, "By the way the shingles vaccine, one of the side effects may be shingles." If it's not a live viral vaccine, they may have to use something to boost it because otherwise there's a weak immunological reaction.

Ty: That's why the aluminum comes in.

Dr. Bark: That's where the aluminum comes in because your body doesn't like it. It's toxic to the nervous system. You create antibodies to it and everything associated with it. That is a big part of the problem.

Then there's more biochemistry involved. There's fluoride onboard. There's a lot of fluoride. If there's other things onboard it goes right into the central nervous system. I mean, it's a mess.

But, I was told by Dr. Seeder that aluminum is considered generally regarded as safe by the FDA. But the EPA does consider aluminum a toxin. There are limits according to the EPA. This is where the left hand doesn't know what the right hand's doing. The EPA has all these limits on aluminum, on mercury. Of course those limits are exceeded just within the first vaccine given on the day one of life, the hepatitis B shot.

We've got a lot of conflict. FDA is saying, NIH is saying it's GRAS. The EPA is saying there's toxic levels. We've got toxic levels exceeding a daily dose in a newborn, in a shot given to the—

Ty: Way over the daily limit.

Dr. Bark: Way over. I mean, many times over. This is, I'm just trying to point out the absurdity of all of that.

Ty: Yeah, it is.

Dr. Bark: It's just, I realized that the left hand doesn't know what the right hand's doing, and whether it's intentional or not. I think that there is a lot of scientists and a lot of doctors who believe what they're doing, they believe they're working for the good.

The doctors believe what the CDC tells them, they believe what the NIH says. There's doctors at the NIH who're doing really good work and probably there's a lot really ethical doctors at the NIH. Probably some at the FDA and at the CDC. But overall, they have been captured by the regulatory agencies.

The woman I brought up just a little bit ago, Doreen Rice, who's a lawyer. She's not a licensed lawyer, she's not even from this country and she's connected to Glaxo. But she works in one of the California State law schools and she is the only academic lawyer that I know that has written on the benefits of regulatory capture. The benefits of regulatory capture.

Remember, we're talking about the benefits of regulatory capture for a product that is immune from liability and is mandated. I don't know any other academic lawyer who writes about that. That's how absurd this gets and that's all the—it's so layered. The level of corruption is so layered because of all this at play. It just evolved this way.

Now, because we have direct to consumer marketing we have the Vaccine Court, no liability for the maker of the drug, the vaccine producers. There is just—and, the regulatory capture, and now we have Citizens United. Now we have so much money in politics and it's so expensive to run for office.

Pharma donates to both sides of the aisle. If you saw the film that I worked on and co-produced, *Bought*, one of the very first whistleblowers we introduced is a gentleman who was a state fraud investigator. He was fired for investigating state fraud because he was told literally, "Back off, we don't investigate pharma" because they pay both sides of the aisle. "We don't do that. We don't touch that fraud."

Ty: He was a fraud investigator that was told not to investigate certain types of fraud, because we just don't do that.

Dr. Bark: Exactly. He just thought, I can't live with myself if I do this.

Ty: Right.

Dr. Bark: He got fired and he won in the end. It took him many years. In the end, everything was adjudicated for a few billion dollars. I mean, it turns out there were several states involved in this fraud, in this pharma fraud.

The point I'm making is that when it's so expensive to run for office and you've got an industry, the pharmaceutical industry, that' s very inextricably tied to the chemical industry and the food industry. They have so much money. They have such good PR people. They have more money for PR and marketing than anybody else, that it's impossible to fight them and expose them without waging a huge battle.

Of course anybody who does it is attacked. The moment you question the safety of vaccines you are a quack. The moment you bring up any issue with safety. You could be pro-vaccine, but if you bring up one safety issue you're automatically a quack. We have Nobel laureates who've brought this out. These are Nobel laureates and suddenly they're being called

"quacks" and "idiots" and "crazies" because they're questioning the safety of vaccines.

Ty: I just finished an interview with Neil Miller.

Dr. Bark: Oh, I love Neil's work.

Ty: He said to tell you hello, by the way.

Dr. Bark: Oh, I love that.

Ty: He just, he had to leave but he wanted to say "Hi."

Dr. Bark: Oh, I wish I could have seen him.

Ty: One of the things he was talking about was the fact that—he's got a book that's 400 studies.

Dr. Bark: Oh yeah, he's amazing.

Ty: The other side says that the science is settled, vaccines are safe and effective. There's no studies that say otherwise. That's 400 of what we have literally thousands of studies that show that vaccines are not safe and effective that they do cause damage.

Dr. Bark: Right.

Ty: Isn't that the reason that we have the VAERS system and the NVIC, because vaccines aren't safe.

Dr. Bark: Legally they're classified as "unavoidably unsafe." That's their legal classification. When I say that in court in the state cases that I have which are not injury obviously, that's federal court. The judges always stop me and go, "What? What did you say? Wait, repeat that, repeat that." I'm like, "They're legally classified as unavoidably unsafe, your honor." Then they're like, "Woah, wait a minute."

Ty: How does that legal classification come about?

Dr. Bark: Well, a lot of drugs are and blood products, because they are unsafe. There could be other things. There's obviously, there's a risk. There's a risk with anything like that.

Ty: So, by default they're classified—

Dr. Bark: They are classified as unavoidably unsafe.

Ty: Okay.

Dr. Bark: Again, most people, most expert witnesses I'm up against have never heard of the VAERS system. They don't know what the National Vaccine Compensation program is. They've never heard of the Table of Injuries, which proves that if they're the expert on the other side fighting me and they're telling me vaccine injury doesn't really happen, but they've never even heard of the Table of Injuries.

They don't know to report to VAERS a side effect or a reaction. They didn't know about the compensation program. Then, the next question is, "Doctor, do you know how to recognize a vaccine injury?" Usually they go, "No."

Ty: No idea.

Dr. Bark: No. If that's the case, then what we see on VAERS is not 1/10th of the injury. Which is what the government says. The government says "It's probably 1/10th." Right?

Ty: Yeah.

Dr. Bark: It's probably 1/1000th. I say that because I didn't know to report to VAERS. I ran a pediatric emergency room, I trained in pediatrics.

Ty: You didn't know you were supposed to report vaccine injuries?

Dr. Bark: No. No. We had in our ER when I was a medical student, a resident and running the ER, we certainly saw kids, and I would moonlight at other hospitals even, that came in who had stopped breathing or had seizures after they'd been in the vaccine clinic. Nobody reported that. Nobody went "So, this has to be reported."

Ty: Didn't even know.

Dr. Bark: No. It was kind of like we knew that happened, okay. But they didn't get reported. So, think how many don't get reported. I didn't know until I did my grad student studies.

I went to med school. Graduated in 86. By early 90s I'm full-fledged. I've done four years of residency, did peds, did rehab and the peds ER, moonlit in other places. I had never heard of the vaccine court.

Ty: Wow.

Dr. Bark: I had never heard of VAERS. I had never heard of the compensation program.

Ty: Think of all of the injuries that have never been reported. That's where they get, I've read that maybe 1/10th of the injuries get reported. I want to say a lot less than that even.

Dr. Bark: That's what I'm saying. The government says it's probably 1/10th. I'm saying, "No, it's a lot less."

Ty: Right.

Dr. Bark: Because, I don't know any doctor, other than who's now in our case but, when I talk to people that I meet that I haven't seen from med school, residency, and I ask them, "Do you know what this is?" They've never heard of it.

Ty: Right.

Dr. Bark: Have you—

Ty: The interesting thing is, let's say it's 1/100th. We've had 30, 40 thousand—how many adverse events have you heard that have been reported for Gardasil?

Dr. Bark: Oh, it's in the thousands. It's in the multiples.

Ty: I thought it's in the tens of thousands.

Dr. Bark: Yeah, it's in the tens of thousands.

Ty: Multiply that out, we're talking about million, potentially millions.

Dr. Bark: Well, we know from a Canadian study that 10 percent of the people who get Gardasil wind up in an ER visit and then I think it's 3 percent of those wind up in a hospitalization stay.

Ty: Really?

Dr. Bark: Yes.

Ty: Okay.

Dr. Bark: Yes. We know that from a published Canadian study. It's a lot. Then, think about the late reactions.

Autoimmunity doesn't happen right away. The early reactions to most vaccines, in the first 72 hours, which is in the Table of Injuries. By the way, the Table of Injuries was created when the court was created.

Ty: 86.

Dr. Bark: Right. But, it's never been updated.

Ty: What is the Table of Injuries?

Dr. Bark: The Table of Injuries is literally, a table, a list, that these are the known injuries to the 14 doses, 14 shots. It was just a few vaccines in those days. That was created in 86. It was instated 86-87. That was, if you had that reaction within 72 hours you didn't have to prove anything. You'd go court and file a claim.

Ty: You knew it was the vaccine.

Dr. Bark: And said, This is the Table of Injuries, it's brachial plexus, neuropathy, or it was death, or it was encephalopathy and it happened within 72 hours and it's to one of the vaccines on the table. Because it was one of the ones that we were giving kids. Okay. Table of Injury, you don't have to prove, right?

Ty: Right.

Dr. Bark: Now, suddenly we were adding vaccine after vaccine. Immediately, they added Hep B. There was no Table of Injury. Added. By 89-90—

Ty: Hepatitis B makes sense for a baby because you have to be sexually active for an intravenous drug user.

Dr. Bark: Right. It's not even recommended for all adults. It's only recommended with adults with high risk behavior.

Ty: Right.

Dr. Bark: Prostitutes, IV drug users who share needles. Who share needles not even—you got to share needles.

Ty: But it makes sense of babies.

Yeah, right. They didn't even add—right away they added a new vaccine and they didn't add anything to the Table of Injuries. Since then they've added several vaccines without updating the Table of Injuries. Which means, everybody who's injured who then knows to file a VAERS reports, who files within three years, you have to do all that, and they eventually get to court they then have to prove the injury. It's a rigged system

Ty: It is.

Dr. Bark: Because, it's really, you've got this no faults "court" that nobody knows about that you've got a really statute of limitations to file with and you have to prove it, but there's no discovery. You're not allowed discovery. The government's allowed discovery. The government's allowed discovery. But you, the claimant—

Ty: What is discovery?

Dr. Bark: Well, discovery would be like, "I want to see Glaxo's internal documents. I want to see Merck's internal documents. I want to see this study, they didn't say how they picked who they only gave one or two or three shots to. I want to see that." "Nope."

Ty: Can't do.

Dr. Bark: You don't get it.

Ty: It's a rigged system for sure. Wow.

Dr. Bark: Right.

Ty: I was not aware of that about discovery.

Dr. Bark: Yeah.

Ty: That's really amazing. Here's what's interesting too, the Table of Injuries, that means they admit that vaccines injure.

Dr. Bark: Well, of course.

Ty: Because these are known injuries.

Dr. Bark: What they say is, "Well, we don't admit that they really cause it but we saw that in the studies." I mean, it's all speaking—

Ty: It's semantics.

Dr. Bark: It's semantics.

In the Gardasil paper that I looked, we looked, a bunch of us, a few of us and I was the only MD. The rest were PhDs doing research. I was the only one not doing research. I'm a clinician.

Ty: Okay.

Dr. Bark: We looked at Merck's own data. We didn't get anything under discovery. We looked at Merck's own data but we just really read it thoroughly and analyzed it and statistically what they say, "Oh it's safe." Statistically you were three times more likely to die if you got the

Gardasil shot, or their placebo, than the general public of your age, of your specific age group, in your country.

Ty: Wow.

Dr. Bark: That's how specific we made it.

Ty: Three times more likely to die.

Dr. Bark: Yeah, yeah, yeah. It was greater than that, way higher than that if you were in the older age group.

They actually tested, Merck, the Gardasil vaccine, or tested the Gardasil shot which is the HPV shot in an older cohort. So, 26 up, the death rate was so high. I don't remember it exactly but I think out of a 1000 people there were 11 deaths.

Ty: Wow.

Dr. Bark: Nine of them were Asian. There were only 31 percent Asian women in that group. They just said, "Oh okay. It's fine." But, the FDA said, "We don't want you giving it to that age group."

Ty: Okay.

Dr. Bark: It's not recommended by the government for the age group but Merck in their own, when they market it for their public service announcements they actually recommend it in that age group. The death rate was even higher.

In the boys' study, when they studied on boys it didn't—it prevented warts but not neoplastic changes.

Ty: Okay. That makes no sense to recommend it to those.

Dr. Bark: There were deaths, of course. There were high death rates. Again, you were three times more likely to die from the vaccine.

Ty: Again, you look at risk versus benefit, right?

Dr. Bark: Right. The vaccine group in many of those different groups, different trials, only got one dose. They gave a few people three doses but they selected them. They didn't share how they selected them. They might have done HLA testing to look if they're prone to autoimmunity. They might have done, who knows what. It was a small group. Most of them got one dose. But, the placebo group got three doses, as I said before.

Ty: Wow.

Dr. Bark: The death rate was high in the placebo group.

Ty: The placebo group should get no doses.

Dr. Bark: Oh, of course.

Ty: Of anything that's not a placebo.

Dr. Bark: Not only that, the majority of the deaths were in the first year. The majority of the ones in the first year, like 80 percent of them were in the first 25 days.

Ty: Wow.

Dr. Bark: That was falling out of trees, suicide, car accidents, drownings, even in the placebo group. Merck said, "Oh, these were not related to the vaccine because they died in a car accident, they drowned." But they all happened right after getting their dose. You don't get a majority of the deaths that you're amortizing over two years happening in the first 24 days, statistically.

Ty: Right. Sure.

Dr. Bark: Their death rate was several-fold higher than the general public in that time frame.

Ty: Right.

Dr. Bark: I mean, if you look close enough you'll find all this discrepancy on safety. That's not even talking about efficacy, because efficacy is another issue. People say, "Well, they don't work at all." Well, that's not true. Some of them work but at what price?

Have we reduced measles from the measles shots? We have. Breakthrough measles and measles shots spreads measles. There's all that. There's measles shots failure. We know that. Even if you have antibodies, there are studies from Corpus Christi with an outbreak. But, are we better off? I don't think so. Because, what is the price we're paying?

Ty: Right.

Dr. Bark: If everything we think is true about that MMR shot, because it's a three, you've got the MMR together.

Ty: That's part of the problem isn't it Dr. Toni?

Dr. Bark: It is.

Ty: The fact that we've combined these vaccines that maybe if they're used in and of themselves not quite as toxic, as when we put them together.

Dr. Bark: Right. Exactly. I know Dr. Wakefield talks about the Ravi strain of that mumps and how that really catapulted. By itself your Ravi strain of mumps wasn't problematic but when you mix it with measles and the MMR it became very problematic.

Ty: Dr. Toni, I want to hear about Healthy People 2020. What is that?

Dr. Bark: Healthy People 2020, I'm not an expert on it like Dr. Tenpenny, because she's really analyzed it. But, it is stating and I love how they call it "Healthy People," by 2020 there is a—

There was a bill. There were five different departments involved. I know the Department of Transportation was one of those departments, which is scary. What the bill says and it's proposed. It's not up for vote yet or anything like that, but it's where we're headed. It says that all people will be vaccinated. All U.S. citizens need to be vaccinated and up to date and get repeated boosters. There's about 140 vaccines that they want adults to have throughout their adult life.

Ty: Wow.

Dr. Bark: It's tied to the Department of Transportation, which makes us all worry that it will be when you got to get on your plane, they'll say, "Oh Mr. Bollinger, you haven't had a measles
Ty: shot in, we don't even know when. You're going to have to step aside and get the flu shot and the measles shot in order to get on this flight." I don't know that, but why would the
Dr. Bark: department of transportation, that's so random, be involved with writing—

Ty: With something, health related.

Dr. Bark: It started with a bunch of governors. Actually I think it started with a bunch of Republican governors which is interesting, because it's been the Dems pushing these mandates more so than the Republicans. The Republicans as a group tend to be more for personal freedom and health freedom.

The Dems have been more pushing the agenda for vaccine mandates, doing away with religious and philosophical exemptions. It's just been the way it's split. It could have a lot to do with Obama Care and who's sided with who and who funded what. That's just how it's been split.

Ty: Yeah.

Dr. Bark: It was interesting that it started with these Republican governors and then it's expanded and already we have a Federal congress woman, down in Florida, who's a Dem who's tried to bring a bill like SB 277 out of California which says that you can't go to public school without getting vaccinated. There's no philosophical or religious exemption allowed.

I went and was flown down to meet with her and her staff, along with some people from the Nation of Islam from that local mosque in Miami. She didn't show up, but I did meet with her Chief of Staff who was probably way more intelligent than her, anyway. She really got it. I was trying to get the bill killed. She's proposed it. There's no momentum behind it. Nobody's behind it but it's still there and I actually want it revoked.

My concern with that and then with Healthy People 2020 is that even though there's no current momentum right now, when we go to war and we do things like that, congress is up late voting on a lot of bills that can be a 1000, 2000 pages. Things get added in like on page four—things that are completely unrelated and that happens. I'm not making that up.

Ty: Oh yeah.

Dr. Bark: That's happened with vaccine bills and with medical product bills. That happened right before we went and invaded Iraq. There were some things added to a lengthy war bill at midnight.

Ty: Right.

Dr. Bark: It was voted on.

Ty: I remember seeing the congressmen and women saying that when they got it, it was literally hot off the press. There didn't have enough time to read it before they voted on it.

Dr. Bark: Yeah. Right. My concern is even though there are some things out there and there's no momentum right now, it's not being up for vote, it's out there as a bill. I want to see it re-

moved because my concern is it's going to get passed when everyone's asleep at the wheel and busy focusing on war or a pretend Zika epidemic. This is the kind of stuff that happens.

The bill, it's a 140 vaccines, it's for adults, and it's tied to transportation that's what I know about it. I don't know much else about it but Dr. Tenpenny's written about it and analyzed it. That I know.

Ty: Yeah, yeah. I talked to Dr. Tenpenny about that. She's very concerned about Healthy People 2020.

Dr. Bark: I am too. I've just been so busy with Gardasil and flu shot and doing these vaccine custody cases and I've got a case in Vaccine Court so, I can't keep track of all of them. She's really on top of it. I've got confidence in her. As soon as it's time for all of us to get more vocal about it, or to do something, I'll be there. I'll be up to speed on it.

Ty: I know you will. Dr. Toni, what happened just outside of Atlanta, Georgia, in 2001?

Dr. Bark: What I know about Simpsonwood is that the CDC decided to have a meeting off their property. I'm assuming, I don't know what was behind it, but the assumption is that if it's not at the CDC, they can keep it private, they don't have to release everything because it's federal dollars funding all these meetings. They should be public. This was not a public meeting. I believe that there were people from the industry there. That's what the evidence shows.

One of the things they looked at, they looked at a few things, but they looked at mercury and thimerosal in vaccinations and looked at the association between thimerosal and how early infants are exposed to it. What they found in the data, which they said they, "We can't make this go away." That was literally written in some of the FOIA documents. The earlier the exposure of an infant to thimerosal, the greater the risk of autism.

Okay, so what happens? Well, at the same meeting we see a recommendation to start pushing the flu shot on pregnant women. The flu shot has mercury in it.

Ty: That's really, really, really early exposure for the infant.

Dr. Bark: Yeah. I'm sitting next to a legal expert when I'm hearing this because I'm hearing—I got this information at a conference and it was Brian Hooker, Dr. Hooker who was presenting his FOIA documents, this was before he talked about the CDC whistleblower.

Well, actually he did talk about it but we didn't know who it was. He was explaining this data and we saw the data from the documents. I'm sitting next to Mary Holland. You know who she is? She's a—

Ty: Yes.

Dr. Bark: She's fabulous. Right. Mary looks at me she goes, "Wait a minute, the earlier the exposure to thimerosal the greater the risk for autism. Why would they turn around and recommend to give the flu shot with thimerosal in it to pregnant women?"

I'm like, "Mary, it's obvious, they want to do away with regressive autism." If they know some kids are going to be susceptible, just have them come out that way, then we can say, "See, it's been there all along, it's genetic. It's genetic. They came out that way. They're not regressing at the MMR. It's not a damage from their third DPT. They came out not making eye contact. They came out not attentive."

Ty: Wow.

Dr. Bark: Because, what else is the reason? Because right after that, in addition to recommending the flu shot to pregnant women, we started hearing that this is genetic. They started building up cases. "This is actually genetic. We're having an epidemic of genetic possibilities."

Ty: Yeah.

Dr. Bark: Then when that was obvious to most people who aren't idiots that you don't have epidemics of genetic possibilities they started saying, "Well, really, it's been there all along. We're just recognizing it."

Ty: Yeah. I heard that.

Dr. Bark: At first it was like, it's genetic, and then it's like, "Oh, okay that's not working. What do we do now?" What we do now is say, "Well, it's just better diagnosing. We're just diagnosing everyone." Not to mention that police departments are now having to train police officers because they've never dealt with autistic adults before.

Ty: Right.

Dr. Bark: Or, that cities are saying, "we don't know where to house our autistic adults because we never had this problem before." That's what happens.

That's what I took away from the Simpsonwood. I'm sure there's way more things that happened there.

Ty: That's fascinating. I had not heard that perspective but that does make sense, especially when we see the amount of thimerosal that's in the flu shot. You can see how that would be really damaging to an infant.

Dr. Bark: Well, interestingly, I wrote a letter to ACOG, The American Academy of Obstetricians and Gynecologists. I wrote a letter because someone else had written a letter and got nowhere.

I wrote a letter stating, "I understand you recommend the flu shot. Could you at least recommend the single dose vial?" It's mercury-free. They wrote me back and said, "We believe thimerosal to be safe." I said, "Okay. Here is a picture of the bottle. It's got a skull and cross bones on it and here is the MSDS sheet, which is the Material Safety Data Sheet by the company that says, it causes—it's a mutagen for mammalian somatic cells."

In layman terms, it causes mutations in mammalian, mammals, somatic germ cells, so eggs. It causes mutation at the level of dividing germ cells, like an embryo.

Ty: An embryo.

Dr. Bark: Hello. I said, "What about this doesn't bother you?" "Well, we don't believe…" I said, "Do your scientists have data that the manufacturer of thimerosal doesn't have because here's a skull and cross bones and here's their MSDS sheet." They were like, "Thank you. Have a good day."

Ty: That's it.

Dr. Bark: That's it.

Ty: This basically, you said, they told you, "We believe."

Dr. Bark: Yes. "We believe."

Ty: This is a religion isn't it.

Dr. Bark: It is a religion. I'm not knocking religion. Religion works for a lot of people

Ty: Oh, I'm very religious.

Dr. Bark: I'm spiritual, I don't think I'm religious, like spiritual.

Ty: This is a religion in vaccine. They believe in vaccines with no proof.

Dr. Bark: Right.

Ty: Right?

Dr. Bark: It is a religious belief. It is such a religious belief that when you present a physician or somebody who believes it and doesn't know why they believe it with contrary information, they immediately get very defensive and angry and incensed and furious. I understand that, because it means that everything they have been taught to believe is topsy-turvy and really messed up. If that's true then they've been lied to.

They're not consciously thinking all of this but I've analyzed why it's so—but, everything they've been taught, they've been lied to. If that's not true then what else isn't true? If you're a doctor then—I've had doctors tell me, "I don't want to know anymore because I'll have to change the way I practice and I just can't do that." It's overwhelming.

Ty: Yeah.

Dr. Bark: I think if you're a doctor, it's overwhelming information, it's contrary to what the CDC tells you and you want to believe. You get your guidelines from the CDC.

It's also, if you're a doctor that's got a factory practice, which is most. If you're in family medicine or pediatrics, you're vaccinating a ton of kids. It's like doctors who give chemo. They don't want to know that they can do other things because—how much money are they making?

Ty: They're making a lot of money.

Dr. Bark: They're making a lot of money. The hospital's making money. The system would collapse to some degree. Then, if you're a lay person and you really—

Let's say you're a lay person and you work for a big corporate entity and you really are part of—you're making money. You work for the corporate, whether it's a chemical company or whatever. It's a big corporation who's somehow tied to pharma. They're invested in pharma. Ultimately, a lot of big corporations are dependent upon each other and invested in each other. They're tied to the system working the way it is.

Ty: Right. I understand that. Status quo.

Dr. Bark: So, it's threatening. It's threatening because then you're questioning this whole system

that you're a part of.

Ty: Yeah.

Dr. Bark: I mean it's just a big effing mess.

Ty: It is.

Dr. Bark: I understand, some doctors who are really smart can't hear it. They can't hear it and I'm like, "Okay." They're yelling at me, "You're a quack and you're dangerous and you're killing patients." I'll say, "Okay, what's VAERS? What's the Table of Injury? What's a Vero cell? What's a passage?"

Ty: They don't know.

Dr. Bark: "Who sits on the ACIP committee? What is the ACIP committee? What's VERBAC? They don't know. They look at me. "What's adversomics? What is the science of adversomics?" They don't know any of it. I'm like, "You don't know anything." "Oh no, we studied immunology." I said, "I studied the same immunology in medical school." We don't study anatomy today.

Ty: Right.

Dr. Bark: We study theoretically how vaccines work. Then we have to memorize the schedule. That's not studying vaccines. You can't tell me the ingredient list. You don't know what foreign DNA is in there. Do you know what molecular mimicry is? I mean, they don't know any of this.

Ty: What is molecular mimicry?

Dr. Bark: Molecular mimicry is when something is so close to your own cell that you create, but it's with an adjuvant. It's with something that's causing an immune reaction that you create antibodies to it. We see it in live viral vaccines, we see it anywhere there's human DNA, fetal cells, because we have fetal cells in vaccines. Other things can cause it, but as opposed to an allergy.

Let's say you vaccinate somebody and in that vaccine is casein or peanut oil which was an adjuvant a while ago. It might still be in some or aluminum or whatever. You create an antibody to that, to those substances in that vaccine. Every time you're exposed you're going to have an allergic reaction. It might be mild or it could be anaphylactic. You only get a reaction when you're exposed. That's an allergy that has been induced because of the vaccination.

Molecular mimicry is where the vaccine's inducing an autoimmune reaction. You're creating antibodies to parts of yourself that are happening all the time.

I have a case in the vaccine court. This was a kid who was really highly intelligent and talented and active and great student and she got—the parents were under the impression when they moved to this country that the child could not go to 6th grade without the chickenpox vaccine. They did not want to give it and they gave it.

She started deteriorating slowly, really slowly. Not over two or three days. She had fever and headache and was acting weird and had headache for days and was nauseated and vomiting, but it took about a year for her behavior and her cognition to really decline to the point where she looks like she's Parkinson's and her IQ is tested now at 70. Severely retarded.

Ty: Wow.

Dr. Bark: That took a whole year and a very bizarre behavior. Well she was brought to Children's in Texas, not going to say which hospital but she was brought numerous times. They didn't believe the parents when this started because it was so insidious. But, this is how molecular mimicry can be. It can be slow.

By the time they came to me, it was three or four years later. I looked at it and I said, "This looks like molecular mimicry of something in the brain. Probably something in the limbic system." An MDA receptor, that's what I was thinking and I sent her blood off to a lab. Big well-known hospital lab, very well-known and very well respected. They have a specific lab for neuroimmunology and she was positive for antibodies to her potassium channel. That's in all your cells but it's highly in the brain. This was specifically for the brain, but it's all over. Potassium channels are everywhere.

Ty: She's constantly attacking herself now.

Dr. Bark: Right. Her potassium channels don't function normally. Plasmapheresis is the thing to do for this. If they had believed the parents when they brought her in early on within the first year, there would have been a really good chance we could have really cured here with Plasmapheresis, eliminating the antibodies repeatedly just because maybe she stopped making them.

The hope is to take out the white cells of the blood and see if the person makes the antibodies again. Sometimes they stop making. Sometimes plasmapheresis is an answer. It's got to be done early on, otherwise you've got structures that have been damaged because they've gone with abnormal potassium channel functioning for so long, or whatever, sodium channel or an MDA receptors, that now they're damaged.

I was right in my assumption because this was a story. There is a woman that wrote a book called, *My Brain on Fire*. It's about her and she doesn't say it but I'm assuming she had Gardasil. I think this was from Gardasil or some other vaccine. She talks about how she went into this slow deterioration of mental, really craziness. It wasn't an MDA receptor. Encephalopathy and so there was molecular mimicry.

This was from chickenpox. Herpes virus can do it. In addition to the fact that there was MSG and gelatin and other things that can cause—that's why I thought it was an MDA receptor issue because I thought the calcium channels got all messed up with the MSG and the glutamate.

It was probably from the herpes virus in the chickenpox vaccine which is a live viral vaccine, because, if there's other things onboard it goes right into the brain. Polysorbate, glyphosate. Roundup in the diet can—that's why we're seeing probably increasing adverse reactions because we're being poisoned. Everywhere we look we're just being poisoned.

Ty: Glyphosate.

Dr. Bark: What did you say?

Ty: Glyphosate.

Dr. Bark: Yeah, glyphosate, yeah. Oh yeah. I mean, it's adding to the problem.

Ty: Talk about, Dr. Toni, talk about ketosis for not only cancer patients, we've talked about that a lot in the past with our cancer documentaries, but for autistic children.

Dr. Bark: As you know from work you've done ketosis and ketones are neuroprotective. The brain actually functions better. When you think about reactive oxygen species, when you're burning glucose a molecule of glucose has six molecules of oxygen. Six, yeah. You've got, for all the glucose you need you've got six molecules of oxygen that can become reactive oxygen species.

The mitochondria, it's always this delicate balancing act between reactive oxygen species and then creating antioxidants. But, what we know with brains that have been injured or people that have been injured. Mitochondria that have been injured from either too much fuel or heavy metals in the brain, or chemicals, what happens is that when you start burning ketones—

The brain actually prefers ketones. Fat molecules have half the amount of oxygen. There's less oxygen for reactive oxygen species. They have twice the amount of energy in terms of caloric energy so you're getting a lot more bang for your buck. That's one thing.

You automatically see inflammatory markers dissipate when you are in ketosis. There's a lot of reasons. I don't know all the reasons, all the science behind it, but I know that's a fact. I measure them on my patients and inflammatory markers are 0.0 something on these patients.

The brain likes ketones and it can use them readily. It doesn't have to do that much work, so it's neuroprotective and the inflammation is gone and if you throw cannabis onboard, especially if you've got something like a calcium channel that's working out of control. Cannabis is a down regulator, that's why it's so great. That and the fact that it promotes fat burning. Down regulator. Anything that's out of whack or out of control it helps down regulate it. These things are very helpful for kids with autism and so many other disease processes.

Ty: Right. How would you get someone into ketosis? What's the process?

Dr. Bark: I do a modified water fast. I know Thomas Seyfried had the luxury of admitting patients in the hospital to water fast them. I don't have that luxury. I'm not going to admit them. That's going to be ridiculous for my patients. They're not going to do it.

I water fast them for a few days, but I allow them to have MCT oil. Now, MCT oil can make you nauseated, especially on an empty stomach so it's in small amounts. I let them drink green tea if they're not stressed from caffeine from green tea, they can drink green tea. Caffeine from coffee is usually too stressful because there's not the theanine.

Coffee as you know can increase blood glucose because it's stressful for a lot of people. I let them do green tea, lots of water, organic broth. If they're really hungry they can have greens or especially salad like lettuce salad with MCT oil on it or little olive oil. I'll do this for a few days.

Now, a lot of patients, certainly patients with cancer are often insulin resistant. That's part of the issue. Sometimes it takes a few days. Theoretically, if they're not that insulin resistant and they're doing it right, by the third morning, their glucose is down to 65 and then we introduce their amount of carbs which is always under 50 grams for people unless you're an extreme athlete and you're burning 7,000 calories. But then you don't have cancer usually.

Then depending on their lean body weight and musculature I'll give them their protein intake which is moderate. It's just enough to keep your muscles. It's really what you should have but not more than that. This is not the Atkins diet and that's a big misconception.

Then the fat is depending on how many calories they need. Do they want to lose weight, do they need to lose weight? Do they want to maintain their weight, do they need to gain weight? Then we figure out how many grams of fat. It could be a 100 grams it could be 200 grams. It really depends on the person and the size.

Ty: What kinds of fat.

Dr. Bark: I like coconut oil and I like hemp oil and olive oil. I like to get the omega-3s with hemp. Either fish oil, hemp oil, flax, krill, chia seeds, and hemp seeds.

For my cancer patients I put them in a plant-based ketosis. My autistic patients don't have to be plant-based, but I do want them eating organically.

I do like them getting the saturated fat, especially in the beginning to get the ketones boosted. So they can do MCT oil or they can do lot of coconut or palm oil, but eventually really once they're in ketosis, they just need fat. Healthy fat. Avocados. Monounsaturates and some 3s and then coconut oil's great for many other reasons too. Those are usually the ones I rely on.

Ty: Good.

Dr. Bark: Lot of seeds and—

Ty: That's a good solution for people that may help autistic children.

Dr. Bark: It really is.

Ty: The diet does matter.

Dr. Bark: It does matter.

Ty: I don't know how many mothers that I've talked that said that, initially their pediatrician or whatever doctor they talked to about the autistic child said—

Dr. Bark: The diet doesn't matter.

Ty: It doesn't matter what you feed them.

Dr. Bark: They say it about everything. "Diet, oh if you have acne, diet doesn't matter. Oh you've cancer, diet doesn't matter. Eat milkshakes."

Ty: Yeah, crazy.

Dr. Bark: It's crazy.

Ty: Yeah. Dr. Toni, you mentioned something in an interview that I heard recently. I think it was on the Alex Jones show but I can't remember if that's what it was, about a Catholic priest mentioning that he knew about people—

Dr. Bark: Yes, yes.

Ty: Being vaccinated literally at gun point

Dr. Bark: At gun point.

Ty: Could you share that.

Dr. Bark: Yes. Oddly and ironically enough it was when I was in Florida meeting with the federal congresswoman who proposed the federal bill, the national bill that would be like, SB 277 but for the states. It would be a national bill. There's no national bills on mandating vaccines. It's usually state by state.

I was flown down there and I met with the Nation of Islam. We went to meet with her because it's her jurisdiction where this mosque is. While I was down there I was staying with friends that I know from Haiti, from doing disaster work, which got me into the grad school, which got me into vaccines, so it's all related.

Ty: Yeah.

Dr. Bark: They're friends with this fabulous Catholic priest. I mean, I loved him. Fabulous Catholic priest. They knew him through their Haiti connection and the head of the U.S. Army. Actually, that's how they knew him.

He's high up. He's a CEO of a business for them in Mexico. Really interesting. They're doing great work out in the field and they've got some great businesses that they make good money on. He's doing good work and he's been all over the world. This guy is an Oxford trained economist. Very international, very worldly.

When he asked me why I was there visiting my friends, his friends, our friends, I told him. He said, "I've literally seen people vaccinated at gun point in third world countries, specifically Africa." He said, "And, we know if you're a priest and you've worked in third world countries you know the WHO is not out for the people. We know what they're about."

When I told him about the CDC whistleblower and that's really what I was imploring this congresswoman and her staff to look into the CDC whistleblower, he had no idea. We spent a lot of time trying to get me to the Vatican and specifically also to invite people of the Vatican and their Department of Science and Ethics to a conference in Europe on aluminum adjuvants and autoimmunity.

That didn't happen. He tried. He made a valiant effort but he's not in the Vatican and he doesn't want to be and that didn't happen. That was very interesting for me to hear and not surprising really.

It is interesting. It reminds me of a story that I read about and actually Neil Miller mentioned. It was in the early 90s I think where they learned that the tetanus shots were laced with HcG.

Ty: HcG. Philippines in the late 90s.

Dr. Bark: In the Philippines. I heard about it. I mean, the people down there—I don't think this was Philippines, maybe I'm mixing stories but I read stories about—

Dr. Bark: Oh, it's in Kenya.

Ty: People just running.

Dr. Bark: Recently it's in Kenya.

Ty: Okay.

Dr. Bark: The reason you made that association I think is because it was, again, it was the Catholic nuns, at least in the case of the—I'm pretty sure it was in the Philippines in the 90s, the nuns were figuring this out and wrote about it and brought it to the attention of other people.

In Kenya, it was the Catholic Doctors Association and then the Catholic priests who were talking about it and bringing it to the Vatican. This priest actually heard about it.

Ty: That's probably what it was.

Dr. Bark: Yeah, it was the Catholic Church that got involved because they became suspicious they were targeting young girls of childbearing age and giving them boosters every few months. They were receiving five doses of tetanus shots which made no sense. That alerted people and then every batch that had been tested had HcG in it.

Ty: It was causing them to have spontaneous abortions.

Dr. Bark: Absolutely. Because if you create antibodies to HcG, every time you're pregnant you will miscarry.

Ty: Oh wow. That's pretty sick.

Dr. Bark: It's pretty effed up.

Ty: Yeah. If I remember the research correctly, initially with the Philippines in the 90s, the funding came from the Rockefeller Foundation.

Dr. Bark: I didn't know if it was Rockefeller or Gates.

Ty: Rockefeller.

Dr. Bark: It was Rockefeller.

Ty: Rockefeller Foundation and one other group that the foundation owned.

Dr. Bark: I think in Kenya, I think this was either a UN, like a UNICEF or a UN-funded program or was a WHO program. I don't remember which one but it was some big international—it was either UN or WHO.

Ty: Yeah. The stories that I heard was that the tribes would literally run when they saw the vans coming because they knew that they were going to be forced to inoculate.

Dr. Bark: Well, look at all the polio shots that—the oral polio shot which we don't give in this country since 2000 because every case of polio since the 60s was from the vaccine. The oral polio vaccine is a live vaccine and was shedding. People shed and get polio from it and give it to other people. We halted the use of it but it's what they use in third world countries because it's cheap.

Ty: We were having these polio outbreaks.

Dr. Bark: We were having polio outbreaks and people are like, "Oh we need to vaccinate, we need to vaccinate with more OPV." The Gates foundation came to the Uttar Pradesh in India in 2010 or 2011 because there was like, on average 9 or 10 cases of wild polio every year out of millions of people. They had this polio campaign with the OPV. Within two years were 47,500 cases of flaccid paralysis or polio. They're not calling it polio.

Ty: They changed the name, right?

Dr. Bark: They changed the name—it's basically what you would call polio. These kids are paralyzed or they died from paralysis and Bill Gates, at least it's said it was Bill Gates and the Huffington Post wrote an article, how, "Oh my God we've eradicated wild polio in India in Uttar Pradesh."

Wild, he said "wild." He couldn't say "polio" because the vaccine strain is causing outbreaks. You can't use live viruses in a vaccine in areas where there is no sewage and no clean water.

Ty: Because they're already immunocompromised.

Dr. Bark: Not only that they're spreading the disease and it's in—if they're stooling in the water and the river—I was in Haiti during the whole cholera outbreak.

The Artibonite River had the UN toilet just flushing into it. The outbreak started in the Artibonite River. As I drive up to the Artibonite to work in [indiscernible 1:00:35] there is people using it for their drinking water, washing their pots in it, washing their pans, using it or their cooking water. It was cholera-laden water.

This is the problem. If we spend money on vaccines there's no money for sewage treatment and for water treatment.

Ty: Right, which should be number one, shouldn't it?

Dr. Bark: Of course, it should be, but big contractors—

Ty: No money in that.

Dr. Bark: There's no money in it so the big contractors—Haiti is one big f*&%ing hot mess. I'm sorry I had to drop the F bomb on that one because it is one big f*&%ing hot mess.

I had no idea what disaster response and third world funding is like until I went to Haiti. It is corrupted every level. Everyone's gone and raped and pillaged. The state department gave money to Monsanto and to all these agricultural companies and brought over tons of GMO seeds, which the Haitians dumped in the water, in the ocean, because they don't want our GMO soy and corn.

They don't even eat soy and corn. They didn't want it because they didn't want to be beholden yet again to another nation. This is what goes on all the time.

I've been asked over the years, "Oh, you should join our group. We're going to get funding to build a big hospital in Africa." Well, when you talk to people on the ground, they're like, "People can't even get to those big hospitals. They need small clinics all over the place."

But the money goes to contractors. It's all about the contractors getting the funding. They stand there empty and people can't get to them. It's all about the contractors pocketing money. I just found out this week that the only person who has the license to mine gold in Haiti is Hilary Clinton's brother.

Ty: Really?

Dr. Bark: Yeah. That's what I was told and I was told by a reliable source. I said, "I haven't it vetted that yet." They're like, "it's in the WikiLeaks." It's part of the emails. It's part of some of the documents that came out.

I knew for a fact that the Clinton foundation and Bill Clinton was holding the purse strings for Haiti. He was the UN envoy, right? I was there and he met with Sean Penn, and he met with the head of Haiti, the General U.S. Army and said, "Halliburton has to get the cleanup contract and they want $80 or $90 a square yard."

Sean Penn was doing it with his group, local Haitians and our volunteers for $8 or $9 a square yard. I know it's off topic but it's related because the point is—

Ty: It's the money, corruption.

Dr. Bark: It's the money corruption. We even had Paul Farmer saying, "Oh we should be using the cholera vaccine." He knows a billion doses of cholera vaccine, the vaccine is a piss-poor vaccine. Even the disaster responders weren't told to go get their vaccine before going to the cholera response.

If you get immunity it's very short lived. People living in a cholera endemic environment, it's ridiculous. They wanted to raise money for a million doses for all of Haiti, for the cholera outbreak. I mean, get IV fluids and bleach tablets.

Ty: Think of all the money the million doses would generate.

Dr. Bark: That would go into the pocket of some big pharmaceutical company. I mean, that's what it comes down to.

Ty: Yeah.

Dr. Bark: It's like the Zika thing. Zika by itself doesn't do anything, but then when you throw in either the whole cell—I sent you that email which we're allowed to talk about. Whole cell DPT was given to the women in that area. They were introduced to larvicide at the same time.

There were even genetically engineered mosquitoes in the mix and we're only seeing microcephaly in a small area of Brazil where there is microcephaly everywhere. All over Argentina, all over Brazil. It's positive.

We're saying, "Oh Zika's happening in the States." Well it maybe has been here for years. We weren't looking for it. There is no specific test for it to see that you've been infected because you cross vector with other fellow viruses. You can only do an RNA test when you're [indiscernible 01:04:27].

Ty: The CDC, we were talking about this earlier, all the CDC says, "If you have Zika, get some rest, drink plenty of water."

Dr. Bark: Right. When they made a big, all the smoke about, "Oh my God." In the spring "Zika's causing microcephaly." There were 4,200 cases of microcephaly in Brazil and four were positive for Zika. Four out of 4,200. But, they were all positive for larvicide. I don't know how many were positive for the whole cell DPT.

Ty: I didn't know it was four out of 4,200. That's insane.

Dr. Bark: Well, there is a medical group of—I don't know if it was the Brazilian Medical Association, but there was a big association of Brazilian doctors who wrote a white paper saying, "We don't believe it's related." Just recently a white paper came out of Argentina.

Ty: Four out of 4,200. I can't believe it.

Dr. Bark: Even NPR.

Ty: I can't even believe that they would see a correlation there.

Dr. Bark: Even NPR had it on one of their very small segment on a Saturday afternoon. It was on the website, but they can't go against pharma. So much of their grants is tied to pharma funding.

Ty: It is.

Dr. Bark: Yeah. I'd like to, for people out there who are confronted. What the typical industry questions and I started talking about a little bit or industry speak is, "Aluminum it's in breast milk. Formaldehyde is naturally occurring. We eat aluminum all the time. Ethyl mercury and methyl mercury are different."

The answer is this. Thimerosal, first of all. There are studies to show that thimerosal is toxic, one. Depending on your gut flora your gut can change ethyl to methyl and back and forth. Your gut can change the mercury depending on which flora is there. It's ridiculous. You get one form of mercury, it can easily, ethyl can go into methyl. That's one thing.

I mentioned the aluminum issue which is that injecting aluminum is very different than ingesting aluminum, you can't even compare it. It's a contaminant. It's not naturally occurring in breast milk. It's because we have been poisoned with aluminum. Aluminum had zero interaction in any biological process. No animal or plant has any biological interaction with aluminum naturally. We mine bauxite and we contaminated our environment. That's that thing.

Formaldehyde, yes, formaldehyde is naturally occurring in a lot of things. It's like saying wood flooring. One is loaded with extra formaldehyde laden glue and one has the naturally occurring. The levels are very different. Formaldehyde is a carcinogen. It doesn't belong—

Ty: It's a known carcinogen.

Dr. Bark: It is a known carcinogen. It should not be injected into us.

The other thing is, "Oh things are such small doses." Well, guess what, we have evidence and glyphosate is one of those things, that in small dose it's more dangerous than in moderate dose. Large doses and small doses are both bad.

Because small doses, maybe like how homeopathy works but small doses, it's hormesis. Your body picks it up and starts using it as like a hormone. We know that thyroid, you don't need very much thyroid. We know that small doses can be very problematic.

Ty: Sayer Ji mentioned that.

Dr. Bark: Yeah. It's interesting. To think that, it's just such a small dose. Then you're giving Tween 80 or Polysorbate which opens—

We use Polysorbate, which the other name is Tween 80, to open the blood-brain barrier when giving chemotherapy for brain cancer. We know it opens tight junctions, desmosomes or the blood-brain barrier or the gut barrier. They're all the same, but the scientific or medical name for these things are tight junctions or desmosomes.

The industry speak that comes back at you, you need to know these answers because this is the stuff that doctors and lawyers are being spewed with if they're on the other side. I knock them down right away. They don't really know anything behind it. They just hear it. These are the things that you're told. Well these things are naturally occurring, therefore—

Ty: Well you've definitely knocked down this interview. I appreciate it.

Dr. Bark: I hope that's a good thing.

Ty: It's a great thing.

Dr. Bark: Like, I'm the bomb?

Ty: This is awesome. You are the bomb and you did a great job. Thank you for sharing and thank you for what you're doing just to help enlighten people and to make the world a better place.

Dr. Bark: Yeah.

Ty: That's all we want to do. And to stop hurting people.

Dr. Bark: Yeah.

Ty: Thanks for what you're doing.

Dr. Bark: You're welcome

Ty: That was an awesome interview.

Dr. Bark: Thank you for what you're doing.

Ty: You bet. God bless. All right.

[End of transcript]