

Christopher Wark (00:00.088)

here and pull up your bio real quick. And then I'll do a quick intro and we'll just jump in and just let the conversation go wherever it goes. Okay. Hey everybody today I'm interviewing Dr. Lee Carrisco. He's a radiologist with over 37 years experience in medicine and his journey has taken him from Canada's healthcare system to private practice in the U S.

Joyce Kurisko (00:09.192)

Okay, sounds good.

Christopher Wark (00:28.546)

He served as the medical director of diagnostic imaging at Thunder Bay Regional Hospital and practiced in Minneapolis for two decades. Dr. Kurisko became delusioned, disillusioned. That's a very big difference between delusion and disillusion, isn't there? He became disillusioned with the inefficiencies of both public and private healthcare models. His first epiphany came from witnessing how policy

not funding was crippling care. His second came in 2017 when he recognized that most of the chronic diseases he diagnosed were preventable and largely driven by diet and lifestyle. Now you know why I want to talk to Dr. Kurisko. Dr. Kurisko is a passionate advocate for a medical system that tackles the root causes of disease and empowers patients through prevention, nutrition, and lifestyle transformation. are, those are, pushing my buttons.

He shares this mission through Carisco and Company, a health education platform that he co-founded with his wife, as well as his eye-opening book, Health Reform. And he has an upcoming documentary called Uninformed Consent, Revealing the Truth About the War on Cancer. So I'm really excited to dig in. Dr. Carisco, great to see you.

Joyce Kurisko (01:51.263)

Well, thanks for having me. Glad to be here.

Christopher Wark (01:54.464)

Now, let me, let me make a quick change here because your, your name says Joyce, which is your wife, but I just changed it. There we go. Okay. now you and I met on the holistic holiday at sea cruise a couple of years ago. and we had lunch and it was your wife, your wife, you and your wife and I had lunch together and it was great. I'm just so glad to get to know you and,

Joyce Kurisko (02:02.515)

Joyce Kurisko (02:10.719)

Mm-hmm.

Christopher Wark (02:22.84)

We had a very memorable conversation at lunch and, and I'm, I'm going to be speaking on the holistic holiday at sea at cruise, cruise at holistic holiday at sea cruise this fall in Alaska. So

some of my audience might, might be there. we'll see, you'll see me if you go. So Dr. Chrisco, I'd love to, hear your story. First of all, I'd love for you to share it, with my audience.

You're, know, what you saw not only in the Canadian healthcare system, the problems with that type of, I guess, more socialized medicine, but then, the big revelations that you had, that led you to, hop off the conventional train, so to speak, and, kind of chart your own medical path.

Joyce Kurisko (03:17.011)

Yeah, well, I mean, it's really quite a story. You know, I'm a conventionally trained physician raised in Canada and was always a big believer in the government health care system up there. I remember doing an externship once prior to medical school, trying to get some experience doing a pathology rotation and spending a day or so with a urologist. And he was saying that, you know, how crazy he thought the Canadian health care system, this externship was actually in the United States. He thought how

he was saying how crazy he thought the Canadian healthcare system was being run by the government. And I just thought, this guy is crazy. I mean, of course the government should run healthcare. And so I went along on that for many years. So, you know, got into med school, did a family medicine residency, practiced as a family medicine doctor for three years. And actually one of the reasons I left family medicine was because I got somewhat frustrated with the fact that I didn't feel like I was actually making people better. I just felt like I was putting out fires.

And I knew a little bit about nutrition. I didn't have a deep understanding of it. But very few of my patients fundamentally reformed their health. And I found that frustrating. There were some other aspects of family medicine that didn't quite suit me, but I ended up getting into the diagnostic side of things and did a residency in radiology. And then I did a fellowship in neuroradiology. And I started working in the community of Thunder Bay.

which I was very familiar with that I'd lived there and worked there when I was a younger man. And I was the eighth radiologist in a group of, I was the eighth radiologist to join the group to not be under service. needed 13. And so we were a little short-handed due to some personality conflicts and whatnot. There was a serious meltdown. ended up with only three radiologists, but

And which was obviously a challenge. We were servicing an area the size, geographically the size of France with a population of about 150,000 people. We didn't have nearly enough manpower. And very rapidly after completing my Neuroradiology fellowship, I ended up as the medical director of diagnostic imaging for Thunder Bay Regional Hospital. And I was facing the realities of trying to deliver quality care. Well, it was quite a challenge. Our wait time for a CT scan was seven months long.

Joyce Kurisko (05:38.901)

Our wait time for an MRI was 13 months long and the list was actually continuously growing and The reason we contained it at 13 months is because I managed to successfully convince the

administration hospital that we needed to expand the hours I mean a part of the problem when can government health care where there's less of a profit motive. It's more driven by budget It's more about sort of staying within your budget rather than generating a profit which can be used to

you we plowed back to great more services. And you look at any other facet of the economy, which is based on more of free market model, it's not a zero sum game. You know, the more prosperous you are, the more service you can deliver, prices drop, availability increases, and people tend to get what they need. And I, like I say, at the beginning of this, I was very much a believer in government healthcare. And very serendipitously, you could say that the hand of God was involved in this.

But I had heard of a book called Atlas Shrugged by Ayn Rand many years before. And there was a famous bodybuilder named Mike Menser who advocated for Ayn Rand's philosophy and said, you know, it's very important that people read The Fountainhead and Atlas Shrugged. And I read The Fountainhead, it had some impact on me, I have, you know, I've been years that I've been thinking I got to read this book Atlas Shrugged. Well, I read Atlas Shrugged right at the time where I was medical director of diagnostic imaging.

And the storyline is about, you know, the world and United States are moving more and more towards a socialist model. And the availability of goods and services just starts to collapse. And the main characters in the book were these various industrialists that were trying to bring their goods and services to market. And yet every which way they turned, the government was in their way. And I'm reading this book, it's a massive tome.

And at first I just wasn't kind of getting the message, you know, it was like how the government has to be more involved and blah, blah, said, yeah, that's a good idea, blah, blah, blah. And then eventually I started to get it, you know, that really the problem comes from the fact that the government is involved. And I saw remarkable parallels between these industrialists, not that I'm a great industrialist or anything, my, and myself trying to raise the quality of care and the availability of care for the people of Thunder Bay region. And,

Joyce Kurisko (08:05.097)

We were desperately short of manpower, which was largely created by the government. There was a commission about 20 years previous this, looking at why healthcare costs were so expensive in Canada. And they came to the conclusion that they needed to create a rate limiting step, which was the number of doctors. And the solution was to reduce the number of doctors being trained. And they sort of overshot the mark where to the point like now in Canada, one in six people do not have access to primary care.

And primary care is the means by which you can access specialty care. And in some regions, it's even more desperate. Like at that time in Thunder Bay, I believe about 40 % of population had no access to primary care. They had a little card saying they had insurance, but they

actually did not have access to care, except when there was a crisis and they went to the Marines Department. And so I started to make connections in my head that, you know, health care is just another bunch of goods and services that

should be allowed to flourish without the sort of uncontrolled spontaneous efforts of the free market. And what do free markets do? They increase availability and they drop costs. And I just started to make the connection. I realized this was insane that we're delivering healthcare along this model. And yet we're struggling to bring the product. I mean, a good comparison would be something like

If you look at something like food supply, Food supply in the Soviet Union was government controlled. People had to line up just to get bread. But if you were to compare that to food, you know, delivery, say on Manhattan Island, you could get any type of food from anywhere in the world, day or night. And it's completely unplanned. It's just through the choices and efforts of individuals working in a marketplace. And we were so short of people. I mean, I wrote to the president of the College of Physicians and Surgeons of Ontario. I actually wrote to the

which is equivalent of governor of Ontario, telling them about our problems. And specifically the issues I was is I wanted to try to get some radiologists from South Africa. was actually, there was an individual that was very interested in coming from South Africa, because South Africa is not a great place to live. And they impeded him getting a license. They basically said he had to repeat his entire residency to get a...

Joyce Kurisko (10:30.205)

Ontario license. mean, here's the crazy thing in Ontario. I don't know if it's changed since I've been there, but you know, you could do your residency at the Mayo Clinic, but it's not good enough because you didn't do it in Canada. I mean, that's how insane their policy was and it clearly it's obstructionist. And so that was kind of the final straw that, you know, I said, I've got to get out of here. In this, in the book at the shrugged, you know, there's, there was a secret society in Colorado. Did you ever read that book by any chance? Yeah.

Christopher Wark (10:57.87)

yeah, I'm very familiar with Ayn Rand, fountainhead, atlas drug. Yeah, John Galt.

Joyce Kurisko (11:00.085)

There was a secret society in Colorado, excuse me. Right, right. Run by over, you know, run by John Galt and it was a true capitalist system and they were sort of flourishing while civilization was collapsing. And I said, my, you know, the relative United States was sort of like the, the Galt's Gulch compared to Canada. And so I moved to United States, but I remember one point, you know, we were just struggling. It wasn't just radiology was the other specialties in the hospital.

I had a, I have a friend who's an emergency doctor up there and they were so short handed

that, you know, he'd work like an eight hour shift, go home and rest, like work from, you know, eight to four, do an eight hour shift, go home and rest, come back at midnight, work till eight o'clock, rest for eight hours, then do another shift. He was going on and on and on like this. And he was like, that was not uncommon for people to just be just burning the candle at both ends. And here's the tyranny of the government, you know, then he got investigated by the government for over billing.

This was a big scandal because some people got there was actually a couple of suicides over this people felt so Humiliated to be investigated in this way for work that they genuinely did But so we had the before I sort of totally awoke from my socialist trance Me and the other leaders in the hospice said well, know Maybe if we could just get an audience with the Ministry of Health and just tell them about our problems And you know, they'll come to risk. They'll figure it out how we get all these resources

So I put together a little presentation about the struggles that we were dealing with, as did some of these other people. I went there and there was a panel of, I don't know, six or seven or eight of these people and explained them the struggles that we had. Our equipment was dilapidated and broken down. We didn't have enough, you know, scanners, et cetera, et cetera. And I was thinking, they're going to give me the answers. And then I give my little pitch and it's just blank faces, just completely blank face. They had no answers.

The central control, the government, the idea that the government can centrally control the access to resources is preposterous. anyways, I started to get it that that whole model, that government run model is a failure. Here's another great example. My brother had a, dried up a malignancy called nasal pharyngeal cancer. It's a cancer that develops sort of behind your nose. And it's very rare in Caucasians. It's more common in Asians for some reason.

Joyce Kurisko (13:24.021)

And he had a very, very delayed diagnosis. his initial symptom was he had an ear that kind of got stuffed up on an airline flight and wouldn't, you know, open up as it normally does as your eustachian tube opens up and lets air into the middle ear cavity. And he'd been having these symptoms. My mother mentioned to me, he said, oh, but he got in with an ENT doctor. He put a little myringotomy tube, a little stent, open it up. And I thought, oh, that's really strange. And I just kind of assumed that he would have had, you know, his nasal ferrets inspected to make sure there's no mass there.

Anyways, it went on, he was getting more more symptomatic. He was getting lymph nodes, he was getting headaches. know, he was a guy that never went to doctor, started going to doctor. I said, you know, he could have nasal pharyngeal cancer. I mean, that's just so rare. Well, anyways, this went on for like a year. I said, you should come to the United States and get your imaging done here. He was overly stoical and sort of waited his turn. He never didn't get his imaging, at least initially. And that Christmas day, this point that would have been about 21 years ago,

know, Christmas day, his kids were small. He was in so much pain that he went to the emergency department and I had told them, you you got to go where they have an MRI scanner. Well, there's no MRI scanner in the community that he lived in Guelph, Ontario. Although there is an MRI scannable scanner available for dogs or pets. so he went down the road to Kitchener. about 50 miles down the road. had an MRI scanner, but of course it was like, Christmas day. You know, we can't scan you on Christmas day.

Well, my dad and my mom were there and my dad was, you know, semi-retired judgmental plan. He just raised the roof and insisted you get an MRI scan. He got the next day on boxing day, which is still a vacation, a holiday day. And it was interpreted as sinusitis. And I just flat out did not believe it. did not believe it. So I called the scheduler for my group. said, I have to, I have to go to Canada right away.

So I get on a plane, arrive sort of late the next evening. My sister has a copy of the MRI scan back in the day when they actually had printed copies. I hold it up to light. said, Blake's got nasal pharyngeal cancer. And I had to tell the internist managing him that had cancer, had to tell my brother he had cancer. And then he waited about eight weeks to get his emergency treatment. And it was extremely advanced because the diagnosis was so advanced. This tumor was wrapping around his carotid artery. It was invading his skull base.

Joyce Kurisko (15:48.871)

It was just big lymph nodes. was just a disaster. But he got treated and actually, you know, they melted it down with the chemo and the radiation and it had some issues with a seizure disorder, which ultimately, you know, number of years he lived for 12 years after diagnosis and ended up, he ended up having a seizure, standing up, getting out of a hot tub and he hit his head on the tile floor and it killed him, unfortunately.

But the lesson was is when I was visiting him in the hospital at the time of his initial diagnosis is here he is in a hospital, unable to get the resources that he needed. But you could go down to the lobby and there was a Tim Horton's kiosk where you could get like a nice cup of coffee and a sandwich and a donut or whatever at any time of the night or day. And yet it was a hospital and you couldn't get the healthcare you needed. And it's like just a stark contrast of socialism

versus capitalism. anyway, I I moved towards the fact that, you know, I mean, there are serious problems in healthcare in United States too. I mean, it's ridiculously expensive. And really the reason we have problems in United States too is because it's a third party payment system, just like it is in Canada. Although rather than being a monopolistic system controlled by the government, it's an oligopolistic system with just a few insurance companies.

Let me just turn off my email here, because it's making that annoying ding. Sorry about that.

Christopher Wark (17:22.808)

Well, explain that because I think a lot of people, first of all, thank you for explaining the Canadian healthcare system because a lot, think a lot of people have an idealized, you know, about socialized healthcare and how great it would be if we had fully socialized healthcare. And the reality is Canada is not a third world country, right?

Joyce Kurisko (17:38.163)

Mm-hmm.

Christopher Wark (17:51.03)

I mean, many countries like Canada that are, you know, industrialized have plenty of resources with socialized healthcare have the same issues. have shortages long, mean, waiting months, nine months, 13 months for a CT scan or an MRI. mean, do you know how much you know? And I'm sure my audience.

understands too, how much disease will progress if you have a serious disease like cancer, waiting nine months just to get a scan. I mean, that's insane. And so folks, yeah, that's definitely not what we do not want. We don't want that kind of system. And the reason that system doesn't work is because when you, anytime the government takes over an industry, that industry will become so inefficient.

Joyce Kurisko (18:21.695)

Mm-hmm.

Joyce Kurisko (18:29.373)

It's insane.

Joyce Kurisko (18:33.246)

Yeah.

Christopher Wark (18:45.23)

I mean, throughout history, there's numerous examples, probably thousands of books written about this very phenomenon, right? All the history of socialism and communism all over the world. But yeah, when government takes over an industry and they, bureaucrats are put in positions of management and, you know, directors and positions of power to run businesses they don't understand. And they have no incentive to improve the business because it doesn't matter, right? There's no.

A profit is a good incentive to make things more efficient, to make things run better. Like you alluded to, if there was a profit motive, they would be like, we don't want people would wait nine months to get a CT scan. We could be doing CT scans every day. Think about how much more money we would make if we could do a CT scan a day or two after someone needed one. We would do tens of thousands more CT scans every year and make a lot more money. The goal obviously is not for them to make money, but that's better care.

right? When people are diagnosed quickly with a serious disease. you know, all that to say, please explain how, you know, the American healthcare system has its own unique set of problems, but it's different. We have some socialized medicine that is problematic, but then we have this sort of oligarchy. So yeah, I'd love for you to explain that.

Joyce Kurisko (20:00.405)

Yeah. Well, just a reinforced point. You know, since I've left, the wait times have actually gotten worse across Canada. Just within the last two or three weeks, I was looking it up. The Fraser Institute based in British Columbia does a survey every year or two of average wait times across the country. The average wait time now for specialty care from initial general practitioner referral is 30 weeks. That's average. So that would mean, let's say you have a gallbladder issue

the family doctor refers you to a surgeon, it's gonna be 15 weeks on average to see the surgeon, another 15 weeks to get the surgery. Now in some provinces and some specialties, it's much, much worse. I mean, some of those weights are like 80 weeks. And like I mentioned, the way it works in Canada is you don't access specialty care without primary care referral. And one sixth of population has no primary care doctor right now. So the situation has gotten worse. Now in the United States,

You know, the mistake that people make is saying that the Canadian system and the American system, you know, one is socialist and the other is capitalist. Well, even the United States system is not truly capitalist because it's not like a direct transaction of, you know, you've got something to sell me and there's something I want to buy and we meet it, you know, we find a price where you're willing to part with the good and I'm willing to part with my money and there's a meeting point and we have a mutually beneficial transaction.

Well, you know, in the United States, we've got this third party called the insurance company or Medicare or Medicaid that's involved that has nothing to do with really setting that price. And you get these arbitrary set prices are completely disconnected from the value. And so you do run into issues like some sometimes there's overconsumption because the perception is that it's free. It's not free because you had to pay taxes and or insurance premiums.

And then of course, you know, the insurance companies want to maximize their profits. And then so they start becoming obstructionist as to what they want to pay for. And so there's this big, huge disconnect where a true capitalist system doesn't work. It's just not. And of course, you know, I'm obviously against the current system, the way it's structured. So then what is the alternative? Well, there's, you know, three basic categories of reform that I think would make a huge difference. One would be

Joyce Kurisko (22:23.187)

Let's get the insurance companies out of the runny nose business. Routine mundane care should be direct cash transactions. And then insurance should really just be involved for when

there's like a catastrophic event. You know, I have house insurance not to cover my floor wax. It's like when my roof gets seriously damaged and there's like \$30,000 of damage or whatever from a hail storm.

But with the model applied to healthcare is like everything's covered. Like even if it's just a hangnail, which is preposterous. You know, I've read of projections that, you know, half a trillion to a trillion dollars a year could be saved in United States if we just got insurance companies out of the running nose business. The other thing would be true insurance. The purpose of insurance is to compensate for large unexpected financial losses.

just like it is for car insurance or homeowners insurance. And the other thing would be to have a more robust charity system, which the idea is the United States is that Medicaid is involved rather than people just providing the charity. I have some acquaintances that run a true charity clinic in New Jersey, Zeropath Health Center. see, she was a

Internist and he was a family doctor their married couple and they found that the compensation For Medicaid really didn't cover their costs. They were sort of going, you know broke working through the government system But they wanted to provide care So they worked with the local church and opened up a clinic in the church basement They've all doctors would volunteer their time for free

Uh, people in the community would volunteer to do reception work and whatnot. Nurses would volunteer their time. The church, you know, volunteered the space. Uh, they'd get sampler drugs from, you know, drug companies and so on. Well, first of all, and these statistics are out of date, but it was roughly \$1,500 for a person to be seen in the emergency department. Uh, you know, through pay through Medicaid through a federally qualified health clinic. Uh, it would be about \$650.

Joyce Kurisko (24:44.981)

through their clinic, it was on average \$13 for each visit and people did not actually pay. It was covered through private donations. So it was like incredibly efficient. And could you imagine if we had a healthcare system where, you know, rather than having this monstrous bureaucracy to provide care, you gave tax deductions or tax credits or whatever. I mean, it would be a novel way to do it, but I think it would be a better way to do it.

and then it becomes a completely non-coercive system. So those are sort of the three pillars, know, cash pay whenever possible, catastrophic insurance and charity. And if we ever did embrace a system like that, it would be radically different and probably much, much cheaper.

Christopher Wark (25:34.316)

I love that. I love that. You know, it's, know you were talking about as like major medical, essentially just getting major medical insurance instead of full coverage for every little thing. that would be cheaper if you paid out of pocket. know, you know, some doctors don't accept, some

doctors don't even accept insurance anymore. They're just cash pay only because they're like, it's, they have to, they have to have a employees to deal with all the insurance billing just to collect the money from the

Joyce Kurisko (25:39.285)

Mm-hmm.

Joyce Kurisko (25:43.989)

Mm, yeah, that's

Joyce Kurisko (25:53.141)

Yeah.

Christopher Wark (26:02.082)

You know, and so it actually costs them a lot of money just to take insurance. And then when they sort of total it up at end of the day, it's like, they're really, it's like, they're not necessarily making more money, right? Because yeah. So, and, and they're having to see a lot more patients to make the same amount of money, which isn't good either. And they can provide better quality care, seeing less patients and just having the patients pay cash and pay a fair rate. I know some of the things that are happening in the U S that are, that are encouraging is, you know, with.

Joyce Kurisko (26:11.829)

Mm-hmm. Mm-hmm.

Joyce Kurisko (26:17.843)

Right. Yeah.

Joyce Kurisko (26:26.143)

Mm-hmm.

Christopher Wark (26:31.258)

RFK junior being the secretary of health and human services and, the team that he's put together to sort of oversee the FDA and, the surgeon general and all this kind of stuff that's, that's in the midst of a massive overhaul is, one is reducing prescription drug prices estimate that, you know, I heard this press conference with Trump and RFK and I think it was Dr. Marty McCarrier. It may have been Jay Bhattacharya. can't remember. One of them was in on it, but they were talking about,

You know, lowering prescription drug prices 50 to 90 % just by making European countries and other countries pay more because the Americans have been getting ripped off. Most of these drugs are developed in the US by US companies, not all, but a lot of them. And then other countries basically say, well, this is, we're not going to pay whatever price you're insisting on.

This is how much we'll pay.

Joyce Kurisko (27:12.021)

Mm.

Christopher Wark (27:28.738)

So the drug companies say, well, we'll just overcharge Americans then and make our money back that way. So they've now set their sights on sort of eliminating that, which is sort of a tariff in a way, if you think about it, it's like a reverse tariff that hurts the U S. So that's encouraging. Not that I'm a big advocate for prescription drug use as we'll probably get into. Most of them do not cure disease, but there are people that are on some prescription drugs. They need them.

Joyce Kurisko (27:38.997)

Mm-hmm.

Joyce Kurisko (27:47.411)

Right, Yeah.

Christopher Wark (27:55.458)

They're helpful and maybe they'll never get off them. They'll never change their diet or their lifestyle. And for them, know, slashing their drug costs is a good thing. and then the other thing I was thinking of as you were talking to is that, you know, my friend, Dr. Pamela Weibel, who I interviewed a few years ago, she, she was a conventionally trained doctor, hated the system left, you know, just said, I'm not going to be a part of the, of a healthcare system. I'm going to be a private practice physician. And she was doing house calls on her bicycle.

Joyce Kurisko (28:04.469)

Mm-hmm.

Christopher Wark (28:24.974)

Yeah. I think she was in Portland or Seattle. It was one of those two cities. But yeah, it was a house call, MD, you know, on a bicycle for years. And now her mission has changed slightly. She became aware of this massive epidemic of physician suicides. As you may know, physicians have some of the highest rates of suicide of any profession.

Joyce Kurisko (28:25.479)

Joyce Kurisko (28:45.557)

Hmm.

Christopher Wark (28:51.27)

And she had a dear friend who committed suicide and it sort of opened her eyes and she started researching and realizing this is a massive problem. So now her big focus is, preventing physician suicide and she does retreats and one-on-one counseling and really helps, you know,

med students and physicians, I guess sort of, you know, manage the process of becoming a doctor and being a doctor and all the pressure and stress that's involved that it can really be,

You know, just absolutely sort of life destroying. mean, there's some people that go through, mean, you went through it all, right? All the training. It's, it's a decade or more of training. And then you're, then you're, now you're in the job. And if you hate the job that you just spent a decade or 15 years, you know, to get. That's it. That's a real sort of personal crisis. Moment, you know, like, what do I do? I'm, I'm committed my whole life to do this job that I.

Joyce Kurisko (29:37.909)

Mm-hmm.

Joyce Kurisko (29:42.229)

Mm-hmm. Yeah.

Christopher Wark (29:48.056)

That is just sucking the life out of me. So I have a lot of empathy for physicians because it is hard. mean, because of the system, right? It's whether it's the socialized system or the American system, like doctors are so overworked. The billing and the insurance and all that is such a colossal mess. And even the amount they have to spend on liability insurance.

Joyce Kurisko (29:58.59)

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Christopher Wark (30:16.654)

you know, if they get sued is in it's just eye popping how much doctors spend just for their own protection for insurance. And so yeah, it's, really tough. And so I'm, hoping, I'm hoping we can make massive reform in our healthcare system because it is, I don't know where we're ranked at the moment, but at the time I wrote my book, which was in 2018, we were like ranked 21st in the world.

Joyce Kurisko (30:20.853)

you

Joyce Kurisko (30:33.983)

Mm-hmm.

Joyce Kurisko (30:44.98)

Yeah.

Christopher Wark (30:45.004)

I think in terms of healthcare, mean, that's embarrassing.

Joyce Kurisko (30:48.787)

Yeah, there's some issues with how it's been a while since I've sort of looked into those, but there are some issues on how they do that ranking. At the time that I looked into it, like we were ranked very, very low. But on the other hand, as far as access to physicians, United States actually was very good at that time. And it's been probably 15 years since I sort of looked at that issue. When I was in my residency, there was like a flurry of suicides.

at the institution that was at, there's about five back-to-back suicides amongst residents. So our program director took it quite seriously and they were as supportive as they could be, but it's just an intrinsically stressful process. I found my radiology residency probably more stressful than medical school because you don't need it, it's not about having a general knowledge, you have to be sort of the, give the final word. So you gotta know your stuff.

I mean, was stressful. was genuinely very, very stressful. Can I give you an interesting anecdote about, you know, sort of free markets versus like the way things are in the United States? A number years ago, I had a couple of big dogs, you know, a few years apart, they both tore their anterior cruciate ligaments in their knees. And when Noah did it, I remember he's a big Newfoundland dog. went...

running out into the deep snow and he came back, he was incredibly lean, lame. And I called my sister, who's a veterinarian, before I even finished the story, she's a torn anterior cruciate ligament. And she was right. And of course, for a human to get a surgery like that, the billed charges would probably be \$70,000 or whatever. But I did have pet insurance on him. so there was \$1,000 deductible. And then they had a fee schedule, the insurance company

Said well reimburse \$1,800 and then they gave me that check and so I could shop in the marketplace To get it done where I wanted and if I got it for a lower price I could keep the difference. It was a little more, you know, I'd have to kick an extra box So the total cost of the surgery surgery was two thousand eight hundred fifty dollars So I had to kick another fifty bucks. I like dealing with the clinic I was dealing with and so the point being that even when I Had a catastrophic claim. I still functioned as a consumer

Joyce Kurisko (33:07.821)

And and the interesting thing is although you know, that sounds like a lot of money twenty-eight fifty two thousand eight hundred fifty dollars Well, it's not much compared to like the seventy thousand dollars or so would be for the equivalent human surgery And the surgery is actually more difficult than a dog. They actually, you know reposition the tibia and there's more plates and screws and blah blah blah They had a great outcome. so it's just an example of how the prices don't need to be nearly as high as they are And if we could get more into sort of direct transactions between

you know, patients and hospitals and doctors, prices would drop. And there's always going to be people that are going to have difficulty paying. Even as prices drop, there's always going to be

people that just don't have the means to pay. And so we need to have some system in place to do that. And I would advocate that ideally you have like more of a charitable type of system. for a main...

Christopher Wark (34:01.46)

Well, let me just interject. Many hospitals originated as charitable institutions founded by churches.

Joyce Kurisko (34:07.069)

Yes. Yes, absolutely. Absolutely. I was involved with a company called Medibit for number of years. And the idea was is that we had a portal, an online portal for buying and selling medical goods and services for people that didn't have insurance or they might be in Canada and want to come to U.S. to get something done. And we were very effective at getting good prices for people. Unfortunately, there were powers that be that did not like what we were doing.

I don't know if I could get too much in the details, but the CEO of our little company, he was working with some legislators in a particular state to use this as a means to cut costs for the state employees. And it went through committee with bipartisan support and it was going to go to the floor of the house for a vote to move forward.

But the large insurers that were providing the insurance for the state basically, you know, contacted all the members of the house and said, if you vote for this, you're never getting any support from us ever again. The thing just died. And in fact, they threatened lawsuits against us because the CEO was talking to the people in the community, say, well, you know, the people need to know, like, what does the state actually pay?

to have someone's gallbladder moved or to have a colonoscopy. This was completely opaque. The government was not even allowed to know what they were paying. The insurers wouldn't even provide this information. My point being is that there's large influential powers that do not want a rational healthcare system. But then of course, you made allusion to the fact, well, why do people need so many medications?

Christopher Wark (35:57.742)

That's right.

Joyce Kurisko (36:04.498)

And I don't know if you want to move into the next iteration of my evolution, but

Christopher Wark (36:09.718)

Yeah, I do. Before you do it, you know, I was reminded of something else that it's along the lines of what we're talking about, but I have a friend who has bladder cancer and he recently had a scope, you know, to check on his progress and we had a phone call and he was like, yeah, I just had my scope. And I was like, okay, what, you know, what are the results? He said, well, I don't

know yet. When do you find out? Three weeks. I'm like three weeks?

Joyce Kurisko (36:39.231)

Yeah, that's cool.

Christopher Wark (36:39.438)

They're making you wait three weeks. I mean, you were talking about waiting six months and nine months, but to me, three weeks is absolutely like unacceptable to wait, to find out the results of your scope when you have cancer, to find out, it worse? Is it better? mean, that's like an agonizing three weeks right there.

Joyce Kurisko (36:42.474)

Yeah.

Joyce Kurisko (36:50.729)

I know it's yeah.

Joyce Kurisko (36:58.121)

Yeah, yeah. can give you an example. Shortly after I left Thunder Bay and moved to United States, my dad was having an issue with his knee. And he was actually had an expanding mass on his knee. And I still had some influence with the woman scheduling the MRI scans. And so she got him in within like three weeks to get the MRI scan, which by Canadian standards is pretty good. Well, he got his scan, it was in May. He gets off the table and the MRI techs there.

you know, doctor will have the report in September. So, so, and my suspicion was, was just a benign meniscal cyst. So anyways, he sent me the disc and I looked at it confirmed it was just this benign thing. But, but anyways, it just shows the inefficiencies of government. But yeah, those things can be absolutely, yeah. So, so I worked for, you know, decades in the healthcare system and

Christopher Wark (37:30.478)

You

Christopher Wark (37:45.248)

Insane. Absolutely insane.

Joyce Kurisko (37:55.061)

I was driving to work one morning, this would have been 2017, and I was listening to just a short little YouTube clip about vitamin B12. And I'd always thought the idea of a plant-based diet was kind of crazy because like, where do you get your vitamin B12? Where do you get your protein? If you have to take a supplement for a diet to be physiological, obviously it doesn't make sense.

So I listened to this, it was like a three minute video and I had Dr. Greger who I'd never heard of,

Dr. Michael Greger. And he mentioned that vitamin B12 really is a bacterial contaminant. It's essential for life, but it's a bacterial contaminant. even if you didn't eat animal products and were living in a natural environment, you would get enough vitamin B12 by just interacting with the earth, drinking water, untreated water and so on.

And I thought, that's really interesting. Well, you he clearly knew what he was talking about. So I bought the book, How Not To Die. And, you know, lot of your listeners may be familiar with the book, but basically it goes through the relationship between nutrition and the top, I think it was 10 or 15 causes of death. And I remember when I wrote the book, said, hmm, I wonder what the diet's going to be for liver disease. I wonder what the diet's going to be for heart disease. You know, I wonder what the diet's going to be for

You know kidney disease, of course, it's all the same diet, right? Which is a whole food. Yeah. Yep. Yep. Right. Yeah And of course, it's all the same diet and you know here it was it been an MD for you know 25 years or something at that point and It's like why don't I why didn't I know this, you know the it particularly the intimate relationship between coronary artery disease and diet? You know coronary artery disease kills

Christopher Wark (39:19.246)

You're talking about this book right here. It's on my bookshelf right behind me.

Joyce Kurisko (39:45.363)

over 800,000 people a year in this country. Somebody dies every 33 seconds from it. And yet the relationship between diet and coronary disease is extremely well established. Dr. Caldwell Esslestone did like a trial taking people with really bad heart disease, putting them on a whole food plant-based diet. And these people did incredibly well. A lot of them actually were advised to have coronary bypass and they didn't do it.

days to a couple of weeks they were feeling better as far as their chest pain. And then some of yeah.

Christopher Wark (40:20.93)

I've interviewed him about that. Yeah, he's one of the only, he and Dr. Dean Ornish are really two of the only doctors to prove reversal of advanced coronary artery disease with diet. And it was with a plant-based whole food, plant-based diet.

Joyce Kurisko (40:26.452)

Mm-hmm.

Joyce Kurisko (40:30.887)

Yep. Yep.

Joyce Kurisko (40:36.167)

Right, right. And I had no awareness of this as a practicing physician. You see atherosclerosis on virtually every scan you look at. And he's got follow-up. The numbers that I saw most recently was it was almost four years of follow-up for almost 200 patients, only one small stroke in the intervention group in a patient that had deviated from the diet. So it's sort of questionable whether or not you should count him or not.

as compared to his control group of people that were just sort of given standard dietary advice, the event rate amongst those people was like 100 times higher, like 100 times. And like I was just blown away by that. And of course there was information sort of pointing in that direction before he and Dr. Ornish did their trials. Like if you go back to...

World War I, there was a naval blockade around Denmark and was sort of nothing was getting in or out. And so the government sort of panicking, well, how do we feed the people? And they came to the conclusion, we should stop animal husbandry rather than growing crops to feed the animals and then feed the people. We'll just feed the crops to the people. It's actually much, much more efficient. And the death rate dropped 34 % to the lowest it had ever been recorded. And it stayed down for three years.

Well, people are living with wartime stress. And then when the blockade was lifted, they went back to eating animals, the death rate came right back up. And this was sort of a impromptu experiment with three million subjects. Like you'd never be able to construct an experiment like that. And then there was, yeah.

Christopher Wark (42:17.006)

Yeah. Countrywide experiment, all ages, you know, sexes, races, religions, like it didn't matter. Right. It was like, just basically the act, their access to animal protein dropped. wasn't like they all became vegan, but it just became a scarcity. And, uh, and so they ate, yeah, I don't remember what the reduction was, but I'm sure it something like an 80 % reduction in the, in the consumption of animal protein or more.

Joyce Kurisko (42:22.185)

Yeah. Mm-hmm. Mm-hmm. Mm-hmm.

Joyce Kurisko (42:32.757)

Yeah

Joyce Kurisko (42:44.007)

Right, right. And then, then of course there was data from missionary doctors in Africa early in the 20th century and the most famous one, Dr. Dennis Birgit. And he noticed like these people just don't get the common diseases that he was treating in Britain. They just don't get them. And yet the Europeans living in Uganda where he was working were getting all of the standard diseases, you know, the diverticulitis, the heart disease, the colon cancer, et cetera, et cetera, et cetera.

Christopher Wark (42:52.213)
Dr. Dennis Birkett.

Joyce Kurisko (43:13.663)

And he was able to maintain his surgical skills by working on those people. But if he had to depend on business just from the Ugandans, would have lost his surgical skills. And they were basically eating a whole food plant-based diet. And then you look at like the Korean War and the Vietnam War where the American GIs that would be killed in battle, they virtually all had atherosclerotic plaque in their aorta, even if they were only 18 years old. But the Asian soldiers had none.

And then there was Dr. Lester Morrison. I think he's around the 1940s. He was aware of research done by a scientist in Russia. Anichkov was his last name. He was doing experiments on rabbits, feeding them a high fat diets and their vessels just plugged up right away. Of course, rabbits are obligate herbivores. So it was very physiological. He started wondering, well, is the same thing true in human beings? And so he was taking people that were within a

you know, a few weeks of having their first mild cardio infarction and putting them on a low fat diet. It wasn't a vegan diet per se. And his event rate in his experimental group was much, much lower. And then, then we get into the research by Dr. Ornish and Dr. Esselstyn. And then you have things like you look at, you know, the Okinawans, traditional Okinawans eating a whole food plant-based diet with just trivial amounts of animal protein. These people are living to be like 110 years old.

Even though only 6 % of calories were coming from animal protein or protein in general. And it was just like a minuscule amount of animal protein that they were consuming. These people were robustly healthy. And of course the dialogue on the internet is always, well, you you can't get enough protein.

Christopher Wark (45:02.966)

Yeah. And you know, it's there's the evidence, has been confirmed over and over and over with studies on populations and intervention studies over the last hundred years or more. mean, it just, there's so much evidence, at, how beneficial a plant based diet is for reducing or eliminate, you know,

Reducing your risk of a heart attack or stroke to near zero, reducing your risk of cancer and diabetes and so many, uh, chronic Western diseases. But yet, you know, people love meat. They love steak. They love animal protein and they love to be told eat more. They love it when the doctor says eat, eat steak. No, don't, don't just eat steak. Only eat steak.

Joyce Kurisko (45:56.273)

Right, right. Yeah, yeah. I know it's insane. Well, you you know, you do have these super

extreme diets, you know, the carnivore diet where they like nothing but meat and a lot of these people actually claim to have health improvements. But it's misleading though, because really what they've done, it's not about the magic of the meat. It's the magic of eliminating all that other junk. Right. You know, so our huge percentage of American calories come from this ultra processed food and you get rid of that.

It's very conceivable that you would feel better in the short term. But in the long term, the data does not support that. If you're screwing up your intestinal microbiome. The worst thing you can do for intestinal microbiome is to eat meat and to not eat plants. You're starting yourself off for a host of diseases. And now it's very interesting, like the original concept of fiber was it was just sort of a broom to clean out your bowels, but we now realize that it has implications throughout your whole body.

Dietary fiber is basically digested by the bacteria in your gut and it produces these short chain fatty acids that get into your circulation. The most important one is probably butyric acid and our butyrate and it's thought to actually be protective against Alzheimer's disease. It strengthens the blood brain barrier and probably has a beneficial effect protecting against Alzheimer's disease. So unfortunately,

You know, if you look at the plant-based channels on YouTube versus the meat-based channels, I mean, the meat-based channels are selling a very palatable message that people like to hear, but it's not really what's gonna give the best long-term health, unfortunately.

Christopher Wark (47:39.822)

Yeah. And it's very deceptive because there's a lot of good looking people, men and women who are young, who work out and lift weights and are muscular and they're espousing this diet. So the average person looks at it wow, I want to look like him or I want to look like her. Yeah, I should eat this way. But the truth, which is so important, that is it's sort of the elephant in the room of this.

Joyce Kurisko (47:44.639)

Mm-hmm.

Christopher Wark (48:09.518)

dietary claim, health claim is that there are no studies, no evidence of any population groups of people anywhere in the world that eat this way and have long lifespans.

Joyce Kurisko (48:26.537)

Right, right. They like to give the example of the Maasai in Africa and the Inuit in the Arctic as examples of people that are healthy eating a meat-based diet, but neglect to mention that both of those groups have an average life expectancy only in the low 40s. And there was an autopsy series done on the Maasai and they had tons of atherosclerosis. And I used to think that carbs were sort of the enemy myself, that I had an extremely meat-heavy diet.

Christopher Wark (48:43.639)

Right.

Joyce Kurisko (48:56.117)

And I'll tell you, I was big and buff. I, somewhere on my computer, I got a picture like he's like, I was really, really big and buff. And I've always liked lifting weights and stuff. Well, my cholesterol was 330 and I was pre-diabetic. It felt fine. You know, it felt totally fine. And I was, you know, I knew I had this high cholesterol. was really reluctant to take a statin because my father had a condition called inclusion body myositis.

which may have resulted from taking statins. You he developed like profound progressive muscle weakness, which ultimately killed him a number of years ago. It might've been initiated by taking the statins. So I just didn't want to take it. I did what, you know, the logical thing is I just kind of denied it. But then when I started going down the street, right, right. I know, I know, but.

Christopher Wark (49:43.266)

You were a cholesterol denier, as we call them. Yeah, there's a lot of them right now.

Joyce Kurisko (49:50.485)

Then I read Dr. Greger's book and it led down this rabbit hole, including reading Dr. Esselstyn's book and I thought, hmm, well, I got to give this a try. Actually, the second book I read was Dr. McDougall's starch solution. the premise being, a healthy human diet is primarily based on starchy carbohydrates. And I was thinking, I was really intrigued. said, well,

Christopher Wark (50:02.232)

Great book. Also read it.

Joyce Kurisko (50:13.417)

I want to give this a try, man, know, my blood sugar, like I said, it was pre-diabetic. My blood sugar is going to go sky high, I'm going to gain weight. I but you know what? I'm going to suspend my disbelief. I'm going to try this for a week or two to see what happens. Well, three days into it, my blood sugar was completely normal. I mean, not just normal, like at the absolute optimal position, which is at the bottom of the normal range. That's where that is the healthiest from a risk perspective. know, blood sugar is a continuum.

Fasting blood sugar that's towards the lower end of normal range is better than when it's towards the higher end. And I got up one morning, I checked my blood sugar, I was feeling fine. Blood sugar was 65. It was absolutely at the bottom of the normal range. I felt fine and I lost two or three pounds. And this was in like three days. Yeah. I mean, not everybody's going to have a response quite that fast. Dr. Furman, we had him on our podcast and he said, well, 90 % of people within six months will be able to get off their meds.

Christopher Wark (50:59.15)

That's amazing. That's fast.

Joyce Kurisko (51:11.061)

But everybody should be able to improve. And then my cluster all dropped from 330 down to 143, which is pretty good.

Christopher Wark (51:18.38)

Amazing.

it's incredible. And, and let's just hang there for a second because I have this conversation often. There are so many people who are told by their doctors that diet doesn't impact cholesterol, that it doesn't matter what you eat, that you can't lower your cholesterol by changing your diet. And it is absolutely false. When you stop eating cholesterol, your cholesterol goes down, right?

Joyce Kurisko (51:36.266)

No.

Joyce Kurisko (51:47.465)

Right, yeah. Well, yes, and there's a lot of stuff out on the internet, even put out by doctors saying that the dietary cholesterol doesn't have much difference. But what happens with cholesterol is if you take somebody like me who eats no cholesterol, you got get me eating two or three eggs a day or whatever, my cholesterol is gonna go up. And then as you consume more dietary cholesterol,

Christopher Wark (51:50.03)

And you're proof.

Joyce Kurisko (52:15.097)

cholesterol is going to diet blood cholesterol is going to go up but then it flattens out and there's little further response and so what they do and often these studies are funded by the you know the egg industry is they'll take a population who's already at that flattened out part where they've sort of maxed out their cholesterol out get them to eat two or three eggs a day and say look there's no difference but because they're already consuming a lot of cholesterol if you really get the dietary cholesterol and the saturated fat of your diet you're

Total blood cluster is going to just plummet and the average cholesterol for someone eating a pure plant-based diet is something like 138 or something and LDL cholesterol, you know tends to drop below 70 So that is totally misleading. It's totally misleading You know dietary cholesterol is actually very important on serum cholesterol so, you know

Christopher Wark (53:07.658)

And there are people who say, you need cholesterol for your brain health. Yes, you do. Having 140 total cholesterol is plenty. It's sufficient to support all of the cholesterol needs in your body.

Joyce Kurisko (53:10.879)

Yeah.

Joyce Kurisko (53:15.487)

It's planning. Yeah.

Joyce Kurisko (53:19.987)

Yeah, your body can synthesize what it needs. And so, you know, I went through this process and I realized, wow, there's really something to it. And also found that my physical endurance really increased. I mean, I was already lean and I went on this plant-based diet and it got even leaner and I did not lose any strength. I was lifting weights, got leaner and I found my physical endurance like profoundly improved. I do this biking program called Zwift. You can do it year round.

you know, it's a web based thing and you log in, you have this little avatar and you ride a bike and it's very lot like riding. Yeah, yeah, it's, it's, it's a lot like, yeah, yeah. So it was November at this point. And I'm living in Minnesota, a bit cold to ride 100 miles outside, but I was curious to see if I could do 100 miles. So I did 100 miles on Zwift without really doing a huge amount of training for it.

Christopher Wark (53:55.342)

Peloton maybe or without a live trainer or whatever. Yeah.

Joyce Kurisko (54:14.773)

I did 102 miles in six hours and 15 minutes without really super intensive biking training. I was doing maybe like 40 miles a week kind of thing. And I attribute that to the fact that I was eating the plant-based diet. My endurance was just so good. So I had all experienced all these great physical changes myself. And then I realized that what I was doing as a diagnostic radiologist is basically I'm diagnosing lifestyle disease.

like case after case after case after case, right? know, reading CTs of various parts of the body. You know, if you look at the brain, very commonly people at a young age start to get microvascular changes in their brain, which is a blood flow thing. They get plaque in their carotid arteries, which can lead to strokes, know, gallstones or a dime a dozen usually caused by eating an excessively high fat diet.

fatty liver is rampant now, 38 % of population has some degree of fatty liver, which is not that, thanks for the correction. That's right. Non-alcoholic fatty liver disease, which is part of a complex of, you know, it's a metabolic disorder that's tied in with being obese, increased risk of diabetes, increased triglycerides, increased risk of heart disease. In fact, the number one cause

of death amongst people with fatty liver disease is actually coronary disease.

Christopher Wark (55:14.412)
and non-alcoholic fatty liver too.

Joyce Kurisko (55:36.159)

People like that diverticulitis of the colon, which is a nasty condition can lead to colostomies and colectomies, you know, removing the colon, colon cancer, appendicitis. These things are all dietary diseases and yet they're kidney stones. These are just bread and butter diseases that I see every day as a diagnostic radiologist. And I started to think, this is insane. We're spending all this money.

Diagnosing this stuff and treating it and firstly nobody like I guarantee you the average doctor is not saying to their patients These are dietary diseases. I had a conversation with a patient very recently that came in He was having some abdominal pain and I counted the number of lifestyle diseases he had he had Diverticulosis of the colon diverticulitis with an abscess. He had a fatty liver

He had gallstones. He was obese. And then I checked in later to see, you know, I said, I told him, need to go to the emergency department for the management, blah, blah, blah. Then I checked to see did they bid him, did they send him home, whatever. He also had hypertension, high cholesterol, gastroesophageal reflux disease, and impotence. Nine lifestyle diseases in his 40s. And

Christopher Wark (56:58.691)
Wow.

Joyce Kurisko (57:00.437)

This is not a totally uncommon situation. I bet you any money, no one's saying you have all these illnesses because of what you eat. And so that's what really motivates, you know, my wife Joyce and I to do the little bit of educating that we try to do with our YouTube channel. You know, trying to move the needle a little bit. what's that? Chris going company, Chris going company on YouTube. So we've got quite a few videos. We've actually interviewed you as you know.

Christopher Wark (57:18.904)

What is your channel by the way? What's your channel?

Joyce Kurisko (57:28.981)

You know trying to educate people. We're very we're developing a corporate wellness program along plant-based lines and We're also working on a documentary about cancer with the same people that made the the movies disease reversal hope and Eating you alive, so we're hoping to have that out by the end of the year

And it explores a number of different issues regarding cancer that most people don't know about but probably do want to know about. Like the relative ineffect of efficacy of a lot of cancer medications, their costs, problems with genetic testing, problems with screening, which is something I find really, really interesting because, you mammography is a big part of radiology. Unfortunately, it's not that effective at preventing breast cancer deaths.

just sort of ballpark figures, you've got to screen about 1,500 women a year, every year for 10 years, to prevent one breast cancer death. Meanwhile, a lot of women are getting called back for extra views, they're getting surgeries, et cetera. And the numbers may be between two and 10 women being treated for cancers that were never gonna kill them to prevent those one deaths. And you might say, well, is it worth it? But you gotta remember that chemotherapy, surgery,

and radiation have their own intrinsic mortality. And like this really pains me to say this, but if you superimpose the survival curves of women that get screened for mammography on women that don't, they're identical. The problem is that by screening women, we're probably actually killing some at the same time. But how often does your doctor tell you that, that there's actually intrinsic risks?

to being screened. They'll never tell you that. It's just, yeah, yeah.

Christopher Wark (59:25.356)

Yeah. Overdiagnosis, overtreatment, then there was the side effects of overtreatment, can be debilitating and, you know, radiation to the, to the chest wall causes heart damage. Yeah. I mean, that's, that's the tip of the iceberg. Yeah.

Joyce Kurisko (59:35.273)

Yep. Yep. Yeah.

Yeah, yeah. So the title of the movie is Uninformed Consent, Revealing Truth About the War and Cancer. So we're hoping to have that out by the end of the year. So we've got a lot of different things going on, trying to move the needle a little bit, as far as pushing people towards healthier lifestyles.

Christopher Wark (01:00:00.844)

I love it. It's, mean, I'm so glad you're doing what you're doing. just, every time I meet a physician who has courageously, you know, jumped off the conventional train, right? It's a fast moving train, right? And you jump off, it's not a soft landing.

Joyce Kurisko (01:00:17.077)

Well, I still work as a diagnostic radiologist. I still do that job. Yeah

Christopher Wark (01:00:20.366)

Yeah. Well, I understand, but you know what I'm saying? Your, your mentality and the way you communicate with patients and your, you know, would be, taboo. Right. It's, it's not, although, right. Things are changing. We're seeing more and more physicians sort of waking up, you know, kind of breaking out of the old sort of, system, the blinders, right. That, are, that are sort of put on in med school.

Joyce Kurisko (01:00:29.775)

Mm-hmm. Mm-hmm. Yeah.

Joyce Kurisko (01:00:35.125)

Mm-hmm.

Christopher Wark (01:00:48.362)

And realizing that, diet and lifestyle makes a huge difference in people's health. Like we can actually help people more if we show them how to change their life and hopefully encourage them to do it. I think there's a, there's sort of a malaise maybe in medicine where doctors think, you know, they're not going to change. what's the point in telling them they're not going to quit smoking, you know? So that kind of thing, which is it's wrong. I mean, it's not true. Some people won't.

Joyce Kurisko (01:00:51.455)

Yeah. Mm-hmm.

Joyce Kurisko (01:01:08.403)

Mm-hmm. Mm-hmm. Mm-hmm. Mm-hmm. Mm-hmm.

Joyce Kurisko (01:01:15.689)

Mm-hmm. Mm-hmm. Mm-hmm.

Christopher Wark (01:01:17.358)

But some people will, some people will listen to their doctor. Some people will stop smoking if their doctor says, Hey, the cigarettes are killing you. Like stop smoking. You've got to stop smoking. If you want to live, you've got to lose weight. If you, if you want to turn your health around, you can do it. Right. You just need to get the weight off. If you, need to change your diet, like, do you like being sick? Do you like having all these health problems? If you don't like it, I have good news for you. You can reverse.

all or most of them, if you're willing to change. mean, that's such an empowering message and you know, patients aren't hearing it.

Joyce Kurisko (01:01:53.087)

Yeah, no, I totally agree. And actually the change thing is an interesting topic. And I know that

you've put thought into this, often when you'll talk to people who say, have fill in the blank whatever disease, diabetes or you're overweight or you have heart disease, there's really good evidence that you can reverse these things with your diet. And our experience is most people, they just kind of get this deer in the headlights look and they don't bite at the offer.

but of course, when you do embrace responsibility for your own health, though, it changes things because you're no longer like a victim. You're, you're if you, like, once you realize this, that you can make a difference in your health, you're no longer, you're no longer just a victim. You're volunteering for it. If you don't embrace, you know, positive change.

And then of course the experience that you had when you you declined to get the chemo and the people are sort of looking you to scant You know, why aren't you doing this? You're taking a chance to do the whole food thing Well, you know like likewise, you know when it comes to a common disease like diabetes, which is some you know Whether you're talking about pre diabetes or all right diabetes affects half the adult population now You know, the easy thing is just take the pills and they don't really work that well I mean the disease still progresses just a little slower

It's a lot easier to do that than to do radical changes to your whole diet. And the mistake people make is, this will be terrible hardship. But as time goes on, you just start to like it more and more. It's not a hardship at all. Like for us, it's just the way we eat. When we're put in circumstance where we don't have an option of eating a really healthy food, we feel like we're being deprived of our healthy food, which tastes better to us.

Christopher Wark (01:03:39.662)

Yeah. Yeah. And it's, really is true that the, heart, the biggest hurdle, right. Is just getting started. Right. That's the hardest part for folks to overcome is like, what am I going to eat? I mean, I have to give up all my favorite food. What you will find is there's so much delicious food that you will love and enjoy. Right. Once you start eating it, that's plant food, right? It's, mean, I a whole cookbook. Like there it is.

Joyce Kurisko (01:03:47.603)

Yes.

Joyce Kurisko (01:04:02.933)

Mm-hmm. Yeah.

Yeah, yeah. Yeah, we we we we cook from it. We use that frequently. Yeah.

Christopher Wark (01:04:09.058)

Big Cancer Kitchen, which is the...

Amazing. Yeah. it's like there's every recipe is so delicious. Like I'm not just saying that to sell

cookbooks. mean, they are, they are really delicious. We wouldn't have put them in there if we didn't love them. and so, that's just one of, mean, there's when I first, it's funny when I first was diagnosed in, in 2000, December, 2003, and then January 2004 was my big sort of epiphany and changing my life and reading and researching and learning all this stuff.

I mean, there really weren't hard, there were hardly any plant-based cookbooks or vegan recipe books. And they were really sketchy. were not, they didn't have color photos. You know, it's just like, there was only a handful out there. Just like the selection was, you know, pretty thin. And now, I mean, gosh, there's so many, so, I mean, probably a thousand, thousands of plant-based cookbooks out there. So it's.

I just want to be encouraging to folks listening. you really can do it. It's not hard. You just have to decide, okay, I'm going to do this and I got to figure out what to eat, but I'm, but I am going to figure out what to eat. Right. And it just, if you just break it down simply, it's like, okay, what am I going to eat for breakfast? You find some healthy plant-based breakfast options. We're creatures of habit. You don't, only need a couple options, right? Lunch, same thing, a couple healthy plant-based lunch options.

veggie bowl, giant salad, know, whatever. And then dinner, same thing. It's like, we don't need a million different recipes, right? You just need a handful to get going. And it really is pretty easy to do.

Joyce Kurisko (01:05:55.295)
Mm-hmm.

Yeah, it really is. And one thing I tell people is, you know, when you look at most diets, whether it be sort of a calorie restricted diet or carb restricted diet, the longer you do it, the harder it gets. When it comes to a plant based diet, the longer you do it, the easier it gets. You you learn, you learn the recipes you like. And the other thing is your taste buds become much more refined. I remember sort of early in this process, I made the switch and I came home from work one day I was really hungry and there was just some cold steamed broccoli sitting on the counter.

Christopher Wark (01:06:11.842)
Great point.

Joyce Kurisko (01:06:27.125)
There's nothing on it at all. And I just kind of wolfed it down. It was like, oh my God, I never do broccoli. It tasted so good. Like, it's just like, it's like everything's that's sort of in high fidelity. We had a dinner last night. I think the recipe was from Will Bolswitz, one of Will Bolswitz's books. It was, you know, a bed of arugula with some bow tie pasta and this tomato sauce. And it's so good. We're having it again for dinner tonight. You know, so the food, you know, the food is super, super, super good.

Christopher Wark (01:06:58.146)

I love that point that you made that it does get easier with time and those restrictive diets, you know, low carb diets and things like that do get harder with time. and, your taste buds do change. become, they become highly sensitized to flavors because the Western diet, is so high in typically in salt and sugar, that it blunts your taste buds. Right. And when you.

Joyce Kurisko (01:07:07.061)

Mm-hmm.

Christopher Wark (01:07:27.458)

You know, adopt a whole food plant-based diet and really cut back on the salt. You just don't need much salt at all. Yeah. Your taste buds just become so sensitive. you barely need any salt at all to enjoy food and sometimes you don't need it. Yeah. And so that's very common. And we see that pretty much everyone in our community that adopts this type of eating has that same experience and it doesn't take long. I mean, a week or two and your taste buds

Joyce Kurisko (01:07:52.903)

Yeah. Mm hmm. Mm hmm. Mm hmm. Yeah. The you know, the dietary thing is huge in your your physical health, but I mean, it's it's huge, but it's also important people address other things to, you know, get adequate physical activity, you know, deal with stress, get restorative sleep, you know, foster good relationships with people, avoid risky substances,

Christopher Wark (01:07:56.802)

are adapting.

Joyce Kurisko (01:08:22.729)

You know, these things are all really important as well. So it's not just. I would avoid it. I would avoid it. Yeah, yeah, yeah.

Christopher Wark (01:08:26.478)

What about crack cocaine? Okay. All right. wasn't sure. I was kind on the fence. Is it, has it too, is it risky, too risky? Yeah. And that's just why I think you're terrific. I'm so glad we did this interview because you know, the message, the holistic message of health, which is what you're eating, exercising your body, fresh air and sunshine.

Joyce Kurisko (01:08:34.791)

Yeah, no, I would probably avoid that one.

Christopher Wark (01:08:55.18)

You know, healthy relationships, good sleep, everything you just said, like it all works together. It's all synergistic. It all works together to help you. And once you realize like, all these things are helping me. Then you can also see the flip side of it, which is like, not getting enough sleep. That's hurting me. Right. Alcohol and tobacco and drug use. yeah, that's, that's hurting me. you

know, not getting any sunshine, staying indoors all the time. That's hurting me.

Joyce Kurisko (01:09:01.045)

Mm-hmm.

Joyce Kurisko (01:09:18.805)

Mm-hmm. Mm-hmm.

Right. Yeah. Right.

Christopher Wark (01:09:24.846)

Eating junk food all the time and processed food and fast food and restaurant food. Yeah, that's probably hurting me. And so it's like, it all can add up for the positive when you make the changes or it can, it can all add up and work against you, which is what's happening with most people.

Joyce Kurisko (01:09:39.573)

The other thing that's really important is to have a sense of purpose in your life. Something that really makes you want to get up and get involved in your day. That's crucial as well. That's one thing is that we feel very driven and purpose driven with the work that we're trying to do. Even if it only help a few people, think it still feels really good to work with people and they start feeling better.

You know, I think probably it is true that majority of people are going to reject this message, but those few that do can make just radical changes. mean, people are looking for a silver bullet. Well, this kind of is the silver bullet.

Christopher Wark (01:10:23.222)

It is a silver bullet, but it's not a, it's not a, it's not a magic pill, right? It's a silver bullet, but it's not a magic pill. In other words, you have to do the work. There's effort involved and you have to be willing to change your life. And, and it's not just a pill that'll fix every ill. But you'll be better off for it. If you're willing to change. And those are the people we serve. And, know, it's like, it's so great when you put stuff out there, when you keep sharing this encouraging message and a hopeful message that you're not a victim.

Joyce Kurisko (01:10:23.626)

Ha!

Joyce Kurisko (01:10:28.371)

Right, yeah, yeah, yeah.

Joyce Kurisko (01:10:37.365)

Mm-hmm.

Mm-hmm.

Christopher Wark (01:10:53.184)

As you said, you're not a victim of disease. And I'll just make a blanket statement that the pretty much the entire medical system or a big chunk of it that thrives on victimhood, right? Victimhood is what propagates the medical system. And I'm not talking about emergency medicine, but I'm talking about this chronic disease care system is, it's propagated by and sustained by the victimhood attitude, which is like, your, your health problems are not your fault.

Joyce Kurisko (01:11:04.095)

Mm-hmm. Mm-hmm. Mm-hmm.

Christopher Wark (01:11:22.678)

Right. They're not your fault. And so you don't need to change anything about your life. And if you did, it wouldn't matter anyway. You just need to take this pill or this, these pills, right. Multiple prescriptions and, know, that way you can get out of bed and function and go to work and pay your taxes. So like,

Joyce Kurisko (01:11:40.053)

Right, I think that's a big part of the problem is the mainstream medical profession, even though there's like tons of evidence to support what you and I are advocating, by being completely mute on the topic, when somebody like you or me or whatever says, hey, you really need to eat a whole food plant-based diet and you can make radical, radical changes, you can probably cure your diabetes and your blood pressure, blah, blah.

Because they've never heard it from the mainstream medical system, they completely doubt it because they put so much faith in the mainstream medical system. So it really undermines our message. And I think the truth is, know, most doctors just, they don't know themselves. You could argue that it's not an accident. It's by design. It's not part of the mainstream curriculum because it interferes the prophets. I know that's being very conspiratorial, but you got to wonder.

Christopher Wark (01:12:26.348)

Yes. It's not conspiratorial, conspiratorial at all. Right. It's just basic logic, right? There's no money in nutrition. There's no money in exercise, right? Money is in pharmaceuticals and medical procedures. And so that's where they focus. That's their focus, right? They're not going to focus on teaching things that don't produce profits down the road. It's like, if it's a conspiracy, it's just a conspiracy of greed, right? It's just.

Joyce Kurisko (01:12:30.901)

Yeah.

Mm-hmm.

Joyce Kurisko (01:12:41.716)

Hmm.

Joyce Kurisko (01:12:49.237)

Mm-hmm.

Joyce Kurisko (01:12:53.919)

Yeah.

Christopher Wark (01:12:54.732)

We have a system that does makes us a lot of money treating sick people. There's no incentive for us to really help people prevent disease. The incentive is for disease to continue, right? For lifetime customers, multiple office visits, lifetime prescription customer, prescription drug customers, multiple hospital visits. Like every person is worth X amount of dollars, hundreds of thousands, if not maybe even millions of dollars.

Joyce Kurisko (01:13:06.335)

Mm-hmm. Mm-hmm.

Joyce Kurisko (01:13:23.551)

Mm-hmm.

Christopher Wark (01:13:23.904)

in medical revenue over a lifetime. And so, yeah, it's like, you know, it's, that's the tail of the tape.

Joyce Kurisko (01:13:26.676)

Right.

Joyce Kurisko (01:13:30.879)

Mm-hmm. Mm-hmm. Yeah. Yeah.

Christopher Wark (01:13:33.25)

But there is another way. When I have a conversation with someone, this maybe is just a casual conversation and it's not someone that already has come to understand what we've been talking about. But if they come to me and they, I've got this issue, high blood pressure, high cholesterol, and I start talking to them about a plant-based diet, the way I like to frame it is like, look, why don't you just...

I know it sounds crazy. know your doctor's probably going to say, this isn't going to help you or whatever, but why don't you treat it as a personal experiment? Right? Why don't you just do a personal experiment for 30 days, whole food, plant-based diet, right? Tons of fruits and

vegetables, whole grains, nuts and seeds, herbs and spices, right? Whole plant foods as much as you want, like no restriction. Just, just focus on eating whole plant foods for 30 days.

Joyce Kurisko (01:14:08.629)

Mm-hmm.

Christopher Wark (01:14:29.26)

And get your blood checked again. See what, see what happens, you know? And I think a lot of people are receptive to that. Like, okay, I could do this for 30 days as a personal experiment. And I think some people trust me enough, you know, to do it. I know they would trust you. You have a medical degree or a doctor, like they would trust you more than me. and so that's, that's my strategy. It's encouraging and there's a little bit of a challenge and it's like, look, you don't have to believe me at all. Right.

Joyce Kurisko (01:14:30.867)

Mm-hmm. Yeah.

Christopher Wark (01:14:59.146)

I could talk your ear off and probably be pretty convincing, but you don't have to believe me, but why don't you just try and experiment on yourself and see what happens.

Joyce Kurisko (01:15:06.705)

Mm-hmm. Mm-hmm. Oh, here's another little tidbit of encouragement is, you know, they're having this Make America Healthy conference in DC in the summer. We're actually going to be there. And we are going to have 50. I'm to have 15 or 20 minutes to talk about diabetes. And Joyce is going to talk about cancer. And, you know, I think the Make America Healthy thing, they're sort of focused on, you know, cut out the junk food, which is great.

Christopher Wark (01:15:26.787)

Good.

Joyce Kurisko (01:15:34.847)

But you know, everything's okay if you have eggs and grass-fed beef and we're gonna be going against the grain a little bit on that. you whether or not we'll have some impact or not, I don't know, but we'll just have to see.

Christopher Wark (01:15:46.294)

Yeah, I'm so glad that you're speaking. That's terrific. It's interesting. And we'll, I want to be respectful of your time. We're a little bit over time, but it's been fun. Just so much fun to talk to you. It's been interesting because there's a little bit of a divide or a wedge in the, know, the Make America Healthy movement, which is there seems to be a bent, they seem to be bent against

vegetarianism or a plant-based diet as they perceive, let's say conservatives perceive that as a liberal idea. That's for those wacko liberal green hair people. We're a conservative Americans and we like beef or whatever. I'm a very conservative American and a plant-based guy.

Joyce Kurisko (01:16:37.845)

Thanks for

Joyce Kurisko (01:16:42.911)

Right.

Christopher Wark (01:16:43.776)

So, I don't, I don't fit that mold. So I'm, I'm constantly trying to bridge that gap and, I know you are as well. So I'm, I'm glad to hear that for sure, because, that's a big part of the, of the healthy, obviously getting away from processed food is step one. Right. I mean, that's a great step. Get away from processed food and just eat whole foods. If that includes animal protein, that's, that's a great step, but there's another step up from there, which is like, you know, really drastically limiting the animal protein.

Joyce Kurisko (01:16:51.797)

Yeah. Yeah.

Christopher Wark (01:17:13.066)

eating a lot less or none and you know it's hard to convince someone but when they do it and see the results then they've convinced themselves and so

Joyce Kurisko (01:17:23.928)

Yeah. Well, for, you know, we're quite conservative in our views as well too. And it's sort of an anomaly to be, I mean, we're entirely vegan. I mean, that's sort of an anomaly, but it's kind of unfortunate that, you know, healthy food choices are a political issue. I mean, it shouldn't be defining political trait. Um, but you know, just like my changed my mind about, you know, how healthcare should be delivered. I changed my mind about what we should be eating and,

Christopher Wark (01:17:37.944)

Right.

Joyce Kurisko (01:17:52.125)

Maybe we could save this for another day, but I actually changed my mind about the existence of God, which was a long, long process. actually participating in religion actually is another factor contributing to health and longevity. But maybe we could save for another time, but I'm actually getting baptized on Sunday, which is a big deal. Yeah, yeah, yeah, it's a big deal. I mean, it's been...

Christopher Wark (01:18:14.36)

That's amazing. Congratulations. I love that. Yes. Yeah, it's a big deal.

Joyce Kurisko (01:18:22.013)

Yeah, yeah, we're going up to Minneapolis the church that I We were going to when we were there They were kind of instrumental and get me going down this path They had a program called the alpha course have you ever heard of it Well, what they do is, you know, the church sponsors thing and everybody's anybody's welcome they they I think was once a week we met and they show a video and then you break out into these little groups and you discuss it and

Christopher Wark (01:18:37.901)

No.

Joyce Kurisko (01:18:51.605)

It was about an eight week thing or something like that. And I thought it was really interesting. It didn't give me all the answers, but inspired me to read the New Testament. I don't know, do you have a few minutes to talk about it or? Yeah, so so I started reading the New Testament. Well, actually, I should probably backtrack because this is really quite a story about how I over like 40 years finally reached this point where I realized I need to be baptized. My brother back in our 20s became a Christian.

Christopher Wark (01:19:02.124)

Yeah, please. Definitely.

Joyce Kurisko (01:19:21.077)

and we were raised in a secular household and I didn't believe any of it. I thought the Bible is about as believable as a Harry Potter book, right? It was just a bunch of stuff some people just wrote. It's just kind of a fantasy. But he got really involved and ultimately got a theology degree as well as law degree. And I didn't believe any of it, but it planted a seed because my brother was a smart guy.

and sort of planted the seed that, you know, smart people, it's not just for the naive and gullible. Smart people can be Christians. So he planted that seed and I'm to be sort of talking about this at the baptism, but there was another event that was kind of instrumental about 30 years ago that I didn't recognize as the time of being sort of part of the stepping stone towards Christianity. And at this point, I'd say I've only told people about four people about this.

And I've been thinking about the, I tell anybody else about it? But I think I should because it might help some people to know this. Hopefully listening to this interview, you realize I'm not crazy. I'm a fairly rational person, but it was almost 30 years ago. I woke up one morning in a startle because I had like a dream that a semi truck, I was in a vehicle and a semi truck was coming right towards me. And we were like just almost at the moment of impact.

And I woke up and I said, thank God that was a dream. But it turned out I had to drive a four,

make a 400 mile journey to Thunder Bay from Winnipeg that day. And I drove, drove my car and I got to my destination, my mother-in-law's place. My wife had already gone ahead. She was already there. And I thought, well, thank God I didn't get in an accident with a semi truck. So I met my wife and my brother-in-law and my mother-in-law, we were chatting in the kitchen for a little while. And then we piled into my.

brother-in-law's car and he was driving and we were going to across town to the other side of town about 25 miles out in the country to visit my parents for dinner. So we're driving along, you know, my brother-in-law was driving, my wife was in the passenger front seat, I was sort of in the middle of the back and my brother-in-law was talking to my wife at the time like this, he wasn't paying attention and I looked up and there was a semi truck.

Joyce Kurisko (01:21:47.209)

We were like microseconds from impact. He was in our lane, inappropriately in our lane. We were gonna, and we were going at least 60 miles an hour. I'm sure he was going 60 or 70 miles an hour. We would have just been obliterated, like just obliterated. And I said, Dan, look out. And he turned and we just missed death by microseconds. And it turns out my wife was pregnant with my son. And it was like, whew.

Like I actually had a vision of it happening earlier that day. I know that sounds insane, but it actually was true. And I learned there was three lessons from that thing. One, life is tenuous. It can be over in a heartbeat. Two, the materialist naturalist view of the world is false. There's much more to reality than that which we can sense with our five senses. And, you know, as I've gotten involved in this whole thing, I've done a lot of reading about the intersection of

Religion and science and you know physicists accept that there's multiple dimensions to reality You know, we all know length breadth width and time There's all these other dimensions that we can't even really conceive of what they are, but they exist and there's forms of matter and energy that We they the scientists know they exist we they have a hard time characterizing But they know they exist point is there's a whole world of reality We only see a little sliver of reality in our human existence

So it taught me that. And then it also taught me that, you know, the idea of precognition. Well, the Old Testament is a precognition of the New Testament. And so when I did start getting right, like reading the Bible and that, had, I just had no problem with the fact that there are people that could see the future, right? It just, for me, there wasn't an obstacle to believe that because I know that it's possible. And so, you know, I read the New Testament, I read all this stuff about the intersection of science.

and religion and came to the conclusion like firstly, it is impossible for us to exist without a God. It is absolutely impossible. And you know, there's the idea of the fine tune of the universe. There's almost, I think it's almost 200 variables that had to be set exactly right for us to even exist. You know, the strength of the gravitational force, the strong and weak nuclear force, our

position in the galaxy, our position in the solar system, actually even things like the amount of

Joyce Kurisko (01:24:06.457)

iron in the core of the earth affecting tectonic plates and recycling of gases. It's like there's all these things and the probability that things would be set to that level, to that level of precision is one in a number equivalent to or the entire number of atoms in the entire universe. Like it's not an accident that we're here. We were put here. There was an intelligence and there's lots of evidence for intelligent design.

In biology, the concept of irreducible complexity, in cellular systems where these like little motors that run the flagella of bacteria and spermatozoa in one night, it's like they're like little motors and there's no like halfway incremental way you can create a motor that works. It either works or it doesn't. So there had to be intelligence and there's idea, there's intelligence in the genetic code, et cetera, et cetera, et cetera. I just came to the conclusion that God is absolutely real. There's just no way around it.

And then the other issue of course is, know, did Jesus Christ actually come to the earth and was he who he said he was? And was he, you know, was he crucified? Did he die? Was he resurrected and all that sort of thing? And you know, there's plenty of evidence validating that that actually did happen. I mean, I won't get too much into details, but it actually did happen. And I was at this loggerheads where I had over a course of probably about three years reading all this stuff.

And I was just at this locker head since like, know, I talking to my wife. I get it. There's a God. I get it. Like if you were to sort of try this in court as to whether or not Jesus Christ actually lived, he was actually dead, that he actually rose from the tomb, et cetera, et cetera, et cetera, that in a court of law, would actually be accepted as true. But there's just part of me, I just find it so fantastic. Like, it really possible in the grandeur of the universe?

that God would actually send his son to earth to be our savior. I mean, to me, it just didn't seem possible. So my wife said, well, why don't you pray on it? I I should just backtrack a little bit the story is, before I met my current wife, I'd been living alone for long time and just spontaneously one morning, I wasn't going to church or anything, just spontaneously, just on spur of moment.

Joyce Kurisko (01:26:31.369)

Before I started working out, it was cold and dark in my gym, it was just a little makeshift gym in my garage, was November in Minnesota. It was like five through the morning, I just said, God, know, I've been really, really lonely. Please send me someone that I'm truly compatible with. know, all it just kind of accepts me as who I am. Well, of course, God already knew about this prayer because He works outside of space and time. And just a few days later, I get this text from my now wife.

Dr. Crisco, I'm gonna be in town. Do you wanna get together for some dinner? And I said, yeah,

sure. And I had actually spoken to her about three times on the phone since the previous August. She had called me one day because she was interested in healthcare policy and she was one of the few people that actually read my book. And she wanted to interview me because she was doing a podcast on health policy with a friend of hers. So I said, yeah, sure, I'll be on your podcast. then, know, months went by and we had a few conversations. When are we gonna actually do this? And we always had just this great conversation.

And then we finally met and we just got along so great and we got married within months, you know, and it's been great. And so like, it's like, wow, God really answered my prayer. And, and turned out we, you know, we went out, we had dinner and it turned out like I was off for the next week, which I think God probably orchestrated. So we, she was living like five States away and she texts me off. thanks for dinner and blah, blah, blah. And we started texting and then we just started talking to the phone. Next thing you know, like I'm off for a week and we're talking on the phone constantly. And, she.

about three days into this, she said she's a devout Christian. thought, she's not going to want to have anything to do with me, right? But she was very accepting. We ended up getting married and, you know, she, we was looking for a church home and we ended up, and I took this course, this alpha course, which got me really thinking about things. And, I mean, I'm sort of at this stage where it's like, yes, there's God. Yes, the average supports that this really, really happened. And she said, well, you know, why don't you just

So I prayed and I said, God, I know you're real this time. Send me some kind of sign that Jesus Christ is the Savior and that this is really possible, that this is actually possible in the grandeur of the universe that you would, with our little, know, trivial little existence in the scope of the universe. And so we were, a few days later, we driving up to the cabin.

Joyce Kurisko (01:28:57.767)

In Canada, we're driving along the North Shore of Lake Michigan. And it was a sunny day, but up ahead there was these cumulus clouds. And like clear as day, I saw written in the clouds ABBA, A-B-B-A. And I said, hmm, that's really weird. I haven't thought about that rock group from the 80s and a decade, you know? It would have crossed my mind. Anyways.

Christopher Wark (01:29:20.686)

That's right. Mamma Mia.

Joyce Kurisko (01:29:24.405)

We get to the cabinet cabinets like a, know, hundreds of miles of driving, got across the border, get groceries, get set up a lot. So I was really tired. So I'm to have a nap. So, you know, I often read before I go to sleep. So I picked up this very Bible, it's New Testament given to me by the church in Minneapolis. I opened it to page 65, read down a few lines and it says, Abba, father, everything is possible for you. And I just about like, I couldn't believe it, right? Like Abba is not a common everyday word.

So clearly, you know, God had orchestrated this. And so I sort of got through my disbelief. So, you know, here I am. I'm to get baptized on Sunday.

Christopher Wark (01:30:06.05)

Man, that's incredible. I agree with everything you said. You know, I think when I look, when I, when I look at science, when I look at biology, when I look at the universe, nature, I see that the hand of God in all of it. mean, the infinite complexity of a human cell, you know, of, of how a tree functions, right? mean, just how plants function, how insects function, how

Joyce Kurisko (01:30:21.717)

Mm-hmm.

Christopher Wark (01:30:35.106)

cats and dogs function. Like when I look at the infinite order, this incredible order and complexity, yeah, to me it's so easy to believe in a creator. It's so easy. yeah, I just see the hallmarks and the fingerprints of God in everything. And I love your story because, you know, there's such a simple and beautiful lesson in there and it's, Jesus said it, it's ask and you will receive.

Seek and you'll find, knock and the door will be opened. I mean, you asked for a wife, you got one, you asked for a sign, you got one, right? It's like, it, really is not that complicated. Like if you just sincerely ask, reach out and ask God for help, ask for answers, ask for help, ask for support, like ask for what you need. He will provide for you. He's our heavenly father. He loves us. And, I've just seen it so much in my life. God has answered.

Joyce Kurisko (01:31:28.329)

Right, right.

Christopher Wark (01:31:34.554)

So many of my prayers, just, I'm so humbled and overwhelmed really. It's hard for me to even talk about it without getting emotional because the Lord has been so good to me and has blessed me beyond measure. And I just, I love that. I'm so excited for you.

Joyce Kurisko (01:31:51.155)

Yeah. And the thing is, know, sometimes the prayers are not answered, but it's like not for us determined. I mean, he's in control. He knows what's going to be best in the long run. And just to sort of have some peace that, you know, when things aren't working out for you, that, you know, ultimately everything's going to be okay because the world that we live in right now is just a little sliver of our total existence. And there's great comfort in that.

Christopher Wark (01:32:06.67)

That's right.

Christopher Wark (01:32:19.598)

That's right. And, and, know, what I remind myself of too, is that God's timing is perfect, right? His timing is perfect and our timing is not. And so when we think we pray and ask for things and we want things to happen when we think they should happen. But what I've learned to do in prayer is, is when I pray and ask for something, I also just remind myself like, God, I know your timing is perfect. I'm just trusting you that this will happen in the perfect time. Right.

Joyce Kurisko (01:32:25.685)

Mm-hmm.

Christopher Wark (01:32:48.43)

Or not happen. And if it doesn't happen, I know, do you have something better for me? Right. Or there's a, there's, have a plan and a purpose that's better than my plan, my idea. Right. And so I have peace in I've been in, you know, a lot of difficult situations in my life. And I've just cancer was the first difficult situation, right. 21 years ago that I'd ever had, but since then I've had lots of difficulties and problems and all kinds of stuff like anybody. And, uh, but yeah,

Joyce Kurisko (01:32:52.661)

Mm-hmm.

Christopher Wark (01:33:17.688)

Through those, know I can confidently say that, that Romans 8 28 is true, that God works all things for the good of those who love him, who are called according to his purpose. He works all things for our good, you know, the bad things for our good. doesn't have to work the good things for our good. They're already good, right? But he works every challenge, every trial, every tribulation, every difficulty, every setback.

Joyce Kurisko (01:33:34.837)

Mm-hmm.

Right, right, yeah.

Christopher Wark (01:33:47.266)

He works it for our good. so like, I've been able to, to, you know, go through a lot of storms in life, knowing that he's going to work it for my good. he, and he always has.

Joyce Kurisko (01:33:58.505)

Yeah, and that gives you a lot of peace. mean, there's been an issue that Joyce and I have been dealing with that's life altering, particularly for me. I mean, I won't get into the details, but I'm going to definitely have, there's a, have a negative effect on my life for the rest of my life. But there's some peace that comes from, this is just one challenge in the scope of eternity. And that

Christopher Wark (01:34:01.101)

Yes.

Joyce Kurisko (01:34:25.895)

Ultimately everything will be okay and know, it's hard for me to see right now, but you know, maybe some good will come from it. And just sort of sit with that, you know.

Christopher Wark (01:34:36.642)

I think it's important just to believe that good will come from it, right? Even though you don't understand what the good is yet. It's like, you know what? Something good's coming out of this. That's where I'm putting my faith and I'm not gonna worry. I'm not gonna stress. I'm just gonna trust you, right? Trust you Lord to work it out.

Joyce Kurisko (01:34:39.475)

Yeah.

Yeah.

Joyce Kurisko (01:34:50.761)

Mm-hmm.

Mm-hmm. Mm-hmm. Yeah for sure for sure So, I mean I've never like I say probably less than five people have known about that that vision that I had It was something you know, like I hardly told anybody about it because it just seems so far-fetched but and I thought about like should I be talking about this at the baptism I said, yes, I should absolutely because It may help some people help some people, you know bolster their confidence in

existence of God and that there's just so much more to the world that we perceive.

Christopher Wark (01:35:27.086)

so much more. Well, Dr. Lee Kurisko, this has been an absolute pleasure. love your mission. I love your story. I love what you're doing. Man, you are just such an incredible human and your wife as well really enjoyed the time we spent together and hope to see you again soon on a cruise or at a conference or somewhere.

Joyce Kurisko (01:35:50.629)

I am sure our paths are going to cross again. I have no doubt about that.

Christopher Wark (01:35:55.18)

Yeah. And we'll make sure, you know, when your documentary comes out, please keep me posted on that. We'll make sure and, and help get the word out about that where people can watch it and, all that too. So, in the, before we sign off, how can people connect with you?

Joyce Kurisko (01:36:00.091)

Okay.

Joyce Kurisko (01:36:10.997)

Well, you can go to chrisgoandco.com or go to our YouTube channel and just type in Chris Go and Company. And I think at this point we probably got about 130 videos out. You know, we try to put something up about once a week. We don't always manage. I mean, of course we've got a lot of irons in the fire. We've got the documentary. We've got the corporate wellness program that we're working on. Plus I've got a job. So.

But we do try to put something on approximately once a week. well, anyways, thanks, Chris. I really admire the work that you do too. think, you know, like having a diagnosis of cancer seemed like a tragedy, but it's turned out that you've helped thousands of people. yeah, yeah, for sure.

Christopher Wark (01:36:54.52)

The Lord had a plan to work it for my good. had no idea. know, I had no idea what, he had in store for me. And, I'm just, like I said, I'm just so thankful that he's preserved my life for another day. And that's today. And that you and I got to hang out and talk for almost two hours. And it's been really, really great. Yeah.

Joyce Kurisko (01:37:06.527)

Mm-hmm.

Joyce Kurisko (01:37:12.965)

wow. Yeah, we have been talking for a while. Well, hopefully the listeners will enjoy it too.

Christopher Wark (01:37:18.838)

I think so. think a lot of them are going to, we'll have made it to this point. If you made it to this point, thanks for sticking with us. And again, we'll put links in the show notes to connect with Dr. Kurisko, his YouTube channel, his website, and so you can keep up with him. And thanks. Thanks for watching. Thanks for listening everybody. Please share this video with people you care about and help us encourage more people, reach more people with the message of hope that you're not a victim.

that your choices really do affect your life and that you have the power to change your life for the better if you're just willing to change what you eat, how you take care of yourself, your relationships, even reaching out and getting right with God. You have so much power to improve your life and your health. so that's what we're here to do. Help us reach more people, spread the word.

Joyce Kurisko (01:38:11.573)

Thanks, Chris.

