

# **The Role of Media and Human Perception on Alternative COVID-19 Protocols:**

## **A Special Interview With Dr. Vladimir Zelenko**

**By Dr. Joseph Mercola**

### **Dr. Joseph Mercola:**

Welcome, everyone. This is Dr. Mercola, helping you take control of your health. And today we are joined by Dr. Zelenko, who is a practicing physician in New York, who has really been focused on a variety of strategies to address the COVID pandemic. And he's had quite a bit of prominence in the news space and has developed a few protocols. So, we're interested in going deep with him and his experiences with addressing this pandemic. So welcome and thank you for joining us today.

### **Dr. Vladimir Zelenko:**

Thank you so much for having me.

### **Dr. Joseph Mercola:**

So before we start, why don't you for those who aren't familiar with your work, why don't you just give us a bit of your background, medical training and where you're practicing it?

### **Dr. Vladimir Zelenko:**

Yeah. So I'm a board-certified family physician. I've been working for the last 20 years in upstate New York, with a community of around 35,000 people who live within a square mile. So it's a very high-population density. I went to SUNY, State University of New York at Buffalo, School of Medicine [and Biomedical Sciences]. And I did my residency in family medicine at South Nassau Community Hospital in Oceanside, Ohio. I was born in Ukraine, and my family moved to America when I was 4 four years old. So I'm Brooklyn-raised. And in the beginning of March, the COVID pandemic hit the community who I work with. And because of the lack of-

### **Dr. Joseph Mercola:**

What community is that?

### **Dr. Vladimir Zelenko:**

Called Kiryas Joel. It's a Hasidic enclave in Orange County, New York. And that's where I was a physician for many years. And when the virus arrived, it's spread everywhere, instantaneous. And we had, without exaggerating, thousands of patients who were sick. Now unfortunately, it's a relatively younger community, with average ages around 13. Because the families there have around 10 children. But still there was enough high-risk patients that my office, one from seeing 50 patients a day to over 250 patients a day. And just I want to paint you a picture of what was going on then.

### **Dr. Vladimir Zelenko:**

All the outpatient services that we have grown accustomed to as doctors, radiology and phlebotomy, laboratory, facilities and even the hospitals were essentially closed. The hospitals were near capacity and all the outpatient services were closed. Half my staff was sick. And all of a sudden, I have a warzone. I basically started learning triage medicine, trying to save as many people as possible. And at that time, the whole world had been focusing on building respirators and hospital capacity. So zero emphasis on pre-hospital care. And I found that bizarre because that's never what we do in medicine. We always try, common sense, to intervene, in the early stages, it's much easier to fix a small problem than a large problem. For example, someone has cancer, we don't wait for it to become metastatic disease. We treat it as soon as possible. Someone has a small infection, we put the infection out.

**Dr. Vladimir Zelenko:**

If you look at the CDC (Centers for Disease Control and Prevention), they recommend, in the treatment of influenza, to start antiviral drugs within the first 48 hours, have to wait. Except when it came to COVID-19, we were told to send patients home, tell them to drink, take Tylenol. And when they get sicker, send them to the hospital, there was a good chance that we're going to get incubated, especially in March and April. And at that point in the city, they had mortality rates above 80%. So it was a death sentence. So none of that made sense to me at all. So I quickly started to brush up on my virology. I wanted to understand how this virus works, and more importantly, what I can do about it. And since I knew that it started out in the Far East, that's where I looked first. Actually, there was a series on YouTube called MedCram.

**Dr. Joseph Mercola:**

Sure. Still going on.

**Dr. Vladimir Zelenko:**

Episode 34, "Save the World." Because if you look at it, over there it explains the biology behind how zinc inhibits RNA-dependent RNA polymerase. And the fact is zinc can't get into the cells, so it needs help put for the zinc ionophore and the hydroxychloroquine is a good ionophore. It's not the only one but that it – so I said, "Oh, wow. This is really cool." So I looked around in the Far East, namely South Korea. I found some data there that they were using hydroxychloroquine and zinc with moderate success in patients. Then I looked in France, to Dr. Didier Raoult at that time in Marseille. He was using hydroxychloroquine and azithromycin with some success, now in patients. I'm an outpatient doctor, I'm a pre-hospital doctor. My job is to keep patients out of the hospital. If any of my patients end up in the hospital, I view that as a treatment failure.

**Dr. Vladimir Zelenko:**

So I was highly focused on intervening early. Now one thing I had a problem, I didn't have enough resources. So I called my colleagues at the local ICUs (intensive care units). And I said to them, "Well, who's dying?" And they told me, "The elderly, or those with medical problems." So I said, "How about the younger people?" They said, "We're not seeing them." So right away, just common sense. I said, "Okay. This virus doesn't pick on people equally. So I'm just going to cherry pick the high-risk patients, if they come into my office, I'm going to treat them as soon as possible." And this was the key here, this is what saved a lot of people. I did not wait for confirmatory testing. Because on average, a patient comes to the doctor on day four of an illness.

First two days they think it's a cold, it's going to get better. Day three, if it's not getting better, they call the doctor, they get an appointment the next day to come on day four.

**Dr. Vladimir Zelenko:**

If you look at the viral dynamics of this COVID-19, the first five days the amount of concentration of viral load of the virus is relatively constant. After five days, it's exponentially grows, it explodes like a wildfire. Now people come in to me on day four, on average. The COVID-19 PCR test took five days to get back then. So all of a sudden, I would send people home and only get the results on day nine, but then they were half-dead. So I said, "That didn't make sense." It also wasn't flu season, so it was very easy to differentiate. I could always do a flu test in my office. So if someone had loss of taste or smell, which is really pathognomonic for COVID-19, and they had flu like symptoms or they have COVID exposure, it was a no-brainer for me to think that they have COVID-19. Especially that it's five times more contagious than influenza.

**Dr. Vladimir Zelenko:**

So I just started treating these people clinically, empirically. Now in retrospect, I looked at my statistics. I was 90% right. Of all the patients who I treated clinically, when the PCR test came back, there was a correlation of over 90%. So, I knew that my clinical approach was appropriate, probably more accurate than the PCR test. So anyway, so here are the two principles, what now is kind of coined as the Zelenko Protocol, is risk-stratify patients, identify the really high-risk patients, and then intervene early within the first five days of possible with antiviral drugs. Now at that time, I was using hydroxychloroquine, zinc and azithromycin. Again, the mechanism of action is like this, it's a gun and a bullet. Zinc is the bullet that kills the virus by inhibiting the enzyme that's associated with viral replication. However, zinc cannot get into the cell because of biochemical reasons. Zinc is a cation solution, and so has a charge. The cell membrane is lipophilic. It's a biphosphate lipid membrane. So it's like oil and water.

**Dr. Vladimir Zelenko:**

So in order to get zinc inside the cell, we needed to open the door. And that's where hydroxychloroquine came in. It opened the door of the gun. So as we delivered the zinc into the cell and the azithromycin antibiotic, turns out, actually has antiviral properties, but also it prevents a secondary bacterial pneumonia which was a big issue with COVID-19. And that really worked, my patients stopped dying. Now subsequently, medicine as you know, is a living thing. It's a breathing thing. It changes with time. As more information comes out, it's important to be nimble and to be able to adjust, to better treat patients.

**Dr. Vladimir Zelenko:**

So when it came out, that steroids are helpful, blood thinners are helpful, ivermectin is helpful, budesonide is helpful, colchicine is helpful. I incorporate absolutely everything, in order to save the person. Each person is treated uniquely and differently, because each person is unique and different. It's not a cookie cutter approach. But what is absolutely the same, is high-risk patients must be treated as soon as possible, within the first five days on onset of symptoms, and they all survive.

**Dr. Joseph Mercola:**

Well, that's terrific. So I applaud your common sense strategy. And I'm curious as to your perspective on the philosophy, as to why the vast majority of other practicing clinicians who are faced under very similar circumstances with the same set of data, chose other options and didn't understand this strategy.

**Dr. Vladimir Zelenko:**

So there was a psychological – this was a psych op. What I mean by that is, physicians were threatened, from the very beginning with the loss of their licenses, censure, being brought up before boards. And in some cases criminally liable for using hydroxychloroquine. So physicians got very scared. And also the government didn't help by issuing an emergency use authorization for hydroxychloroquine only in the hospital and not in outpatient setting, which sets up the tone in the country that physicians should not be using it in the outpatient setting, because it's going to kill people, because it's going to stop people's hearts. Now I want to tell you, physicians who I thought were intelligent and I used to look up to, would vilify me or people using hydroxychloroquine in the context of COVID-19, as they were writing prescriptions for hydroxychloroquine for patients with rheumatoid arthritis.

**Dr. Vladimir Zelenko:**

So the hypocrisy, the loss of common sense, the outright indoctrination, like Pavlovian dogs respond to stimuli, killed a lot of people. Now, the root cause of it is the way we educate people. It used to be that higher education was about teaching critical thought, about deductive reasoning and analysis. Now, we indoctrinate people into responding to stimuli like dogs, or like automatons, like robots. So common sense no longer matters. So that's my critique of higher education and why I think many physicians fell into the trap. Also, this country was traumatized. Patients were afraid. Even if a doctor was willing to give it, patients were afraid to take it. So now you have most doctors are afraid to give it, most patients are afraid to take it and the pharmacists being sanctioned if they dispensed. That's why it wasn't given.

**Dr. Joseph Mercola:**

So with that background, I'm wondering what your thoughts are on why this narrative began about hydroxychloroquine. Because clearly there's some higher-level motivation behind it, especially when you look at the studies that were published to discredit hydroxychloroquine that were absolute fraud and actually withdrawn and taken away. So there seems to be some type of force or catalyst behind this demonization of hydroxychloroquine.

**Dr. Vladimir Zelenko:**

You sound like a conspiracy theorist. They say that Noah from the Bible was a conspiracy theorist until it started to rain. So let me tell you what I know to be true. There are four components to treating any pandemic. The spread prevention, there's pre-hospital care. There's inpatient hospital care and vaccination. Now, all are important, you can't say one is more important than the other. But what happened was, in this particular case, pre-hospital care was suppressed. And you have to ask yourself, "Why?" Why an important pillar in pandemic response, which is based on common sense actually, was not allowed to thrive? So, one of the most obvious was in the end of March, President Trump announced that he believes that

hydroxychloroquine is an important aspect in treating COVID-19. And what happened, this is right before a very important presidential election. Half the country did not want him to be reelected. And there were plenty of people willing to use every single way to vilify the president and to discredit anything that might give him a win.

**Dr. Vladimir Zelenko:**

So if hydroxychloroquine, which is an important aspect to getting control of this pandemic, was proven to be effective, which it is. That would be a political win for the President. And so there were active forces suppressing – see hydroxychloroquine became politically toxic. It had political side effects. And it was being suppressed for that reason. And the studies that came out, the academic fraud that you mentioned. I'll just go through very quickly. Obviously, the first study was the VA study from Virginia, which showed that hydroxychloroquine kills people, which was true. But that one thing that they forgot to tell you was that, it was given to patients in the hospital on average of 17 days, on ventilators. And so yeah, it didn't work back then at that stage. So then what they did, which was nefarious and evil, was they extrapolated to the pre-hospital setting and said, "It must not work there as well."

**Dr. Vladimir Zelenko:**

Well, how could they make a conclusion if a drug doesn't work in the most severe stage III or IV of the disease process, that it won't work in stage I? That was the number one problem. Number two, there was the recovery and solidarity trials that came out. And they showed that hydroxychloroquine kills people. It was true. The one thing they forgot to tell you that they were using homicidal and lethal dosing of the drug. The recovery trial used 2,400 milligrams of hydroxychloroquine, I was advocating for 400 milligrams. They were using six times the recommended dose. That's enough to kill an elephant. So what all those studies did was proved that if you poison someone with lethal doses of drug, they're going to die. So that was very useful. And then you had the Lancet study, which was a meta-analysis of about 90,000 patients, which showed that hydroxychloroquine kills people.

**Dr. Vladimir Zelenko:**

The problem was that that data was fraudulent. It wasn't true. So it was retracted. The problem was, that before it was retracted, the WHO (World Health Organization), I call the World Homicide Organization, use that as the basis to sanction and basically stop all studies and recommendations for the use of – they put a moratorium on the use of hydroxychloroquine. Now when it was retracted, this study, they didn't make any noise about that. So what happened was the whole world, who bends down to the WHO, still operated as if there is a moratorium. And what's even more disgusting was our FDA (Food and Drug Administration), removed its emergency use authorization for hydroxychloroquine to make way for Remdesivir. And if you look at the justification for the removal of the emergency use authorization, they use the Lancet's fraudulent study after it was retracted. So in other words, they took a lie, which was known to be a lie, and use that as a basis to retract emergency use authorization for hydroxychloroquine. And the reason why they did that is because they think you're stupid.

**Dr. Vladimir Zelenko:**

You know, Stalin, may he burn in hell for all eternity, once did a real experiment. He took a chicken, he pulled out all its feathers while it was alive. It was bleeding and suffering terribly. Then he threw it a little bit piece of wheat, and it started following him. And he said, "Look how easy it is to govern stupid people, as long as you give them a little treat."

**Dr. Joseph Mercola:**

Yes, indeed. So quite a commentary. Do you believe that the motivation for the fraudulent Lancet study that was retracted was political? Do you think that at that level, that – I mean, the fraud is just enormous it for those who aren't familiar with these peer-reviewed studies, especially prestigious journals like Lancet. I mean, there are editorial review boards. I mean, it's not only the author's who were fraudulent, but it seems that the motivation was up until the editorial review board. Because it was so obvious that this data was, there's no way that data could have ever been accurate. I mean, at the most fundamental levels, and it was never questioned.

**Dr. Vladimir Zelenko:**

So we only discuss politics. But of course, then there are the pharmaceutical interests. Now, just to give you some sense of scale. Remdesivir, which was really being pushed at that time. Of course, the treatment was \$3,200. And it was only in the inpatient setting. And the average inpatient stay was thousands and thousands of dollars, probably closer up to \$30,000 and \$50,000. So there was a lot of money to be made, in having patients being in the hospital. Now, the approach that I have been advocating for cost \$20 a patient. It's based on generic drugs. All drugs to whose safety profile is completely known. Hydroxychloroquine is the safest medication in the history of medicine. Azithromycin is one of the most common antibiotics used in medicine. And zinc is a mineral that's well-known and well-tolerated.

**Dr. Vladimir Zelenko:**

These drugs were available, affordable, available to take at home, which is very important. And they worked. My data, which I published in an internationally renowned peer-reviewed journal, which subsequently has been reproduced dozens of times across different continents, show the following. If you follow the Zelenko Protocol, again, early intervention of high-risk patients, there's now various combinations of treatment. I'm not talking about only hydroxychloroquine. But the point is high-risk patients being treated in time, you have 84% reduction in hospitalization and death. So just to give you a sense of scale, 440,000 dead Americans. We could have prevented 350,000 from dying. Process that for a second. 440,000 dead Americans, and the data shows not only my data but the data reproduced by top-level, world-renowned researchers, from Harvard and Yale, Baylor, from Sorbonne and many other places in Brazil, showing more than 84% reduction in hospitalization and death.

**Dr. Vladimir Zelenko:**

In medicine, we would be happy with a 5%. Eighty-four percent is something that you can't even fake. I mean, it's a lie that's so big that everyone would see it. The reason why people are dying and have died and continue to die, is not because of COVID-19. It's because of bad governance, academic fraud, pharmaceutical greed, and there are a few other elements there that we should explore. But one thing that I noticed was contacted by the White House, with Mark Meadows.

And then I spoke to Stephen Hahn, the Commissioner of FDA, who got me in contact with the NIH (National Institutes of Health), the top people in NIH. And what happened was, I had real world evidence. And I started see things a year before anyone else was going to see it. They're just now beginning to see it. And the reason why I started seeing is I was just on the frontlines, treating patients aggressively. And I realized that people stopped dying. It didn't take much to realize that here we're burying people and now we're not burying people. So you don't have to be a genius.

**Dr. Vladimir Zelenko:**

And I needed to communicate that information to the top people who make decisions. And when I presented that data to the NIH, they said, "We can't use it." "Why?" "Because we have no use for real world evidence." "Why?" Because what's happened over the last 20 years is that the academic elite and the pharmaceutical industry have bred a monopoly on medical truth. They feel the only data that is generated through randomized controlled trials, or pharmaceutical-sponsored trials, or those coming out of major academic institutions are to be viewed as truth. Anything coming out from a frontline country doctor, it must be anecdotal. That's the crime here. And they created artificial barriers that prevented the flow of common sense and life-saving information. I'll give you an example. A soldier in the frontlines discovers an enemy map. The map has the positions of the enemy and where the weapons are. He realizes that if this information gets in the right hands, they'll win the war. So he needs to get it to the five-star general.

**Dr. Vladimir Zelenko:**

So I made a video, addressed to the President of the United States. I said, "I need your help. Here, I have this information." And 16 hours later, his chief of staff contacted me. Now that information, unfortunately, got tabled. That information was not acted upon, regardless of how loud I was screaming, and that was because I was vilified, my reputation was attacked. And I was quickly made into a right wing group who – the media did a very nice job in damaging, not me, but themselves and the country because they did not take the information that I was presenting seriously. You know which countries did take it seriously? See, this is a disease of affluence. Because the rich countries could afford to waste money. The poor countries like Honduras, and even parts of Brazil, and then I was dealing with Ukraine and Chile. There were a few others, but they had no options. They couldn't afford respirators, they didn't have enough hospital capacity. And so they gravitated towards the cheap, generic approaches. And those are the ones that have the best outcomes.

**Dr. Vladimir Zelenko:**

If you look at the countries that have malaria endemic to them, they have the best outcomes. For example, Uganda, last time I checked it's a country of around 50 million people. They have around a thousand dead people from COVID. So anyway, India by the way, has a death from COVID around 40 per million. We are up to what? 800 per million. So why is the country as industrialized as we are – we train 70% of the world's specialists. Why are we having a tenfold,, if not more, death rates than India? So there's a crime here. I'll say what I think. This is a genocide against the elderly and infirm, it's a mass murder and a crime against humanity. And there are plenty of people who have blood on their hands, including the media, which has been a

puppet for their masters. And putting people like Dr. Fauci, who in my opinion, have sold their souls to their pimps, which is the pharmaceutical industry and the politics.

**Dr. Vladimir Zelenko:**

And then there's something more here. To pull off something of this scale, it's a global coordinated effort. And you have to ask yourself who benefits from a destabilized world? Who benefits from chaos on the streets? From anarchy? From financial despair? From psychological trauma on the world scale? By the way, you know the real effect of COVID-19 is anxiety on a worldwide scale, the amount of damage that anxiety has caused to the world. For example, in some parts of this country, suicide rates are up 600%. I speak to my colleagues at the emergency rooms, the amount of child abuse and spousal abuse they've seen is absolutely ridiculous. That's the real pandemic. The amount of collateral damage from preventable illnesses like heart disease and cancer are skyrocketing because people are not getting access to routine care. People aren't going for cancer screening or at least weren't going. People weren't getting cardiac care. So there are a lot of people who aren't getting elective surgeries on time.

**Dr. Vladimir Zelenko:**

So there's been a lot of collateral damage because of the shutdown. The shutdown is killing more people than the virus. So the virus is not dangerous if you approach it correctly. If you treat it in the right timeframe, it's no different than a bad flu. You can deal with it. You don't have to shut down the world.

**Dr. Joseph Mercola:**

So lots of negative consequences here was alluded to as a result of this engineered pandemic. That's a separate discussion, but assuming that it is engineered. And it seems that all of these are pushing the country and the world, at least the Westernized portion of the world towards a collapse of some sort, and increasing awareness of the general public. But maybe not so much so, because of the effectiveness of the mainstream media at really spreading the propaganda and confusing and putting a veil of confusion around their ability to see through what's really happening. But do you believe that eventually these variables will collide or come together to produce some type of collapse or awakening of the public so that this continued deterioration of the society can take about face?

**Dr. Vladimir Zelenko:**

So I see the world now with such clarity that I've never seen it before. Because it's no longer confusing. It's a binary choice. It's very clear, who's on what side. And here are the teams. There are those that want to live a life of God conscious. Meaning that there's a creator, we're endowed with and we're made in His image. We're endowed with sanctity, our lives have sanctity. And they're priceless and they should be preserved at all costs. And no one has the right to enslave another human being. That's one approach. The other is of tyranny. And this is not a new story. So I'd like to use the Bible as a paradigm for this, that this is an attempt to enslave psychologically, and even more so physically, the world population.

**Dr. Vladimir Zelenko:**



If you just look at, for example – do you want to know what's coming? Look at Justin Trudeau's statements. Justin Trudeau, the Prime Minister of Canada, just announced that on Friday, that anyone who tests positive – that there's only a few airports that you can fly in to Canada – anyone who tests positive will be quarantined in the government-run facility, until the government deems you safe to return back to society. And that's what [Andrew] Cuomo wants to do in New York. So what we're really seeing, and I'll tell you what I think. What I'm about to say, I'm going to be labeled as a conspiracy theorist. But you know what? I don't care. Because eventually the truth will come out and history will prove it right. If you look at the United Nations and the World Economic Forum, they have a plan. They have a 30-year plan, they have a 100-year plan. That's all spelled out in their charter. You just look at it.

**Dr. Vladimir Zelenko:**

So there's a plan, it's called the [2030Vision], or you can go to the World Economic Forum and look at their own words. It's being run by Klaus Schwab and his group. He wrote a book called "The Great Reset." That's where the term comes from. Now, all the governments are puppeting him like Justin Trudeau, Prince Charles have said it, the Australian Prime Minister and there's a myriad of other politicians calling for the Great Reset. So what is the Great Reset? So what are they asking for? So number one, I mean it's absolutely ridiculous but they're saying, "You will own nothing and you will be happy." That is their mission. Number two, America will no longer be a superpower. Number three, there will be a small group of nations that determine the direction of where the world goes. Number four, you won't eat meat except as an occasional treat.

**Dr. Vladimir Zelenko:**

Number five, there'll be a global tax on fossil fuels to eradicate the reliance on oil. Number six, there'll be a billion refugees who will be displaced. Number seven, we're going to have to incorporate them and absorb them into our society. So these are their stated goals. Now, how do you take the world's biggest country, most powerful country, richest country and make it no longer world superpower? Well, that's exactly what they're doing. The economy is in shambles. You've put in a government now that is passing foreign relief aid to China, Russia, Syria, Iran, the Palestinian Authority. They're sending billions of dollars now to financially support these countries. So you have to ask yourself, "What is going on here?"

**Dr. Vladimir Zelenko:**

And this all started many years ago, but when Trump went to Davos, in the first few years of his presidency and he said, "I'm not part of your globalist agenda. I'm going to put my national interest first." That was a poke in the eye of the globalist. That's at that point, when George Soros came out and said that Trump is one of the most dangerous people on the planet, and he needs to be brought down. He was dangerous to their agenda. So what we're really fighting for is the soul of man, whether – and God is testing us, in my opinion. Every person is being asked one simple question, either bow down to God and have the divine presence protect you or you're going to bow down to Bill Gates. Bill Gates is on record, if you look at his TED lectures. Again, it's not a conspiracy, if he said that he feels that the world population needs to be reduced.

**Dr. Vladimir Zelenko:**

And then he comes out in support of this vaccine for my health. Let me ask you a question. If someone was a eugenicist and feels that the world population needs to be reduced, why would I take his vaccine for my health? So the logical inconsistencies here are absolutely perverse. And if you want to learn about the vaccine, I'm so pro-vaccine you can't imagine. I've given tens of thousands of patients the vaccinations. I give it to myself and to my children. However, I'm not COVID-19 vaccine positive. And I'll tell you why. Because the majority of patients under the age of 45 have a near 100% recovery rate with a mild, runny nose from COVID-19. Why would I vaccinate someone with an experimental vaccine? By the way I saw a mice cartoon. Two mice were talking to each other. And one mouse says to the other, "Are you going to take the vaccine?" The other one says, "Are you crazy? They didn't finish human trials yet."

**Dr. Vladimir Zelenko:**

Why would I pay for an emergency vaccine that's considered experimental and only have an emergency use authorization that's built on experimental mRNA technology and nanoparticles, which has not been fully vetted, and give it to someone who has a near 100% chance of recovery from an infection? The answer is not for medical reasons. Another question, why would I give someone a vaccine even if they're high-risk, if you can give them prophylaxis and/or early pre-hospital treatment and have a near 100% recovery rate? And not for medical reasons. I'll give you another question. Why would I give a vaccine to someone who's already had COVID-19 and has antibodies? Not for medical reasons. And why would I give a very specific vaccine to someone who is going to be exposed to a ton of different variants and strains and mutations? Which is not going to work against those because every mutation can potentially affect the three-dimensional shape of the virus, and hence most vaccines are very specific.

**Dr. Vladimir Zelenko:**

I wouldn't. What I would use is an approach that inhibits RNA replication of RNA viruses, which works for all the strains, including potentially influenza. So that's the big dirty secret here.

**Dr. Joseph Mercola:**

Well, there's a few more behind that too, because no one who's promoting these vaccines states that it prevents infection. It does not prevent infection. It just potentially decreases the symptoms. And when you have a safe, inexpensive, well-tested approach like the one you're promoting, that seems to be a far more conservative and rational choice. And then there's the addition we have – not only is it not been tested but we have no idea of these consequences. This messenger RNA, this encapsulated in this nanoliposome with PEG, polyethylene glycol, may persist in your cells for weeks or months or even years. And who knows the consequences of reproducing this protein systemically throughout your entire body.

**Dr. Vladimir Zelenko:**

Let me tell you a story. I'm a student of history. And since I come from a communist country, my family suffered of communism and fascism. So I'm quite sensitive to it. There's a book called "The Gulag Archipelago" by Alexander Solzhenitsyn. He won a Nobel Prize for it. And he was in the Gulags in Russia and whatever. So he describes that Stalin wanted to dig a canal from Moscow to St. Petersburg. And it was in the winter and 400,000 people died digging it because he didn't give him any tools or clothes. And they took their bodies and threw them into the

cement so they became part of the canal. And not one ship ever used the canal because it was too shallow. So the question was, why was this canal built? And the answer is for 400,000 people would die.

**Dr. Joseph Mercola:**

So, possible explanation or probables, depending on your viewpoint. So do you think that the vaccine will take out more people than COVID-19?

**Dr. Vladimir Zelenko:**

I'm not attacking the vaccine. I'm attacking the need for the vaccine. I have not enough information to say it's good or bad. And I don't like to guess. But what I can tell you, I know for a fact, that 99.98% of young and healthy people under the age of 45 recover, with no treatment. I also know for a fact from my own real-world, battle-tested evidence, which has been reproduced now on hundreds of thousands of patients, that if you intervene early you essentially eliminate the need for hospitalization and death. I also know that someone who, for example I've now treated two waves. I have not seen one patient, one patient, who's had COVID-19 in the first wave get it again.

**Dr. Vladimir Zelenko:**

So I could comfortably say that once you're exposed to this variant of COVID-19, if you're re-exposed to it you have, at this point, lasting immunity. Will I say that in a year? I can't say that because I don't have enough evidence for that. But I could say what I do see that in the second wave, I saw no patients get reinfected.

**Dr. Joseph Mercola:**

Okay.

**Dr. Vladimir Zelenko:**

So the need for the vaccine doesn't exist. It's the need for the vaccine that's been artificially conflated. And was being used as an artificial problem, offering people an artificial false hope solution, in order to enslave them to be codependent on government. You know why my approach is so dangerous? Because not only does it treat COVID-19. It treats anxiety. It tells people you don't need to worry. My statement to the American people or whoever's listening, return to normal living. You do not need to worry. And by the way, there are non-prescription options, of course within an EGCG, which is a [crosstalk 00:37:51] force that can replace hydroxychloroquine if your government or doctor is too stupid or vicious are able to give it to you. So you don't have to rely on them. You can buy over the counter on Amazon or wherever things that will save your own life. So my point is return back to normal life.

**Dr. Vladimir Zelenko:**

I had a mother call me last week and ask me if she can go to the wedding of her daughter. So I said, "Are you already dead?" Can you imagine how traumatized people must be that they're afraid to go to their own children's weddings? So it's unbelievable the crime that's been done on the human psyche. So I'm screaming to humanity, "Don't be scared. Don't be scared. Be cautious. Be smart. Use common sense. But don't be scared, return back to life. Reengage in life. Put your

trust in God. And if you want to know where the enemy is, anyone who's fear mongering, you should understand that they're the primordial snake.”

**Dr. Joseph Mercola:**

So you had mentioned, of course it's in an EGCG. I'm wondering when you first became aware of them as alternative zinc ionophores to hydroxychloroquine which has been vilified and demonized, and very difficult to get. And yet still is a drug as opposed to a supplement, which sensibly should have significantly less side effects than any drug.

**Dr. Vladimir Zelenko:**

Exactly then. The first three weeks I was able to do what I wanted. And then the wonderful governor of New York came out with an executive order that banned pharmacies from dispensing the medication, hydroxychloroquine. So some of my patients started flipping out, going to other states and trying to figure out ways of getting medication. And then it created a huge logistical nightmare for me. Because I had an approach I was working but I couldn't get it to patients. So I had to revert to finding other options. There's a saying, "You don't go to war with army you wish you have, you go to war with army you have." So they took away my weapons, so I had to find other weapons. So I did research. I was pretty pleasantly surprised to find data out there for quercetin with vitamin C. They need to work together. Because it's a bioflavonoids and it needs C to activate it. Or EGCG, which is a natural green tea extract.

**Dr. Vladimir Zelenko:**

And not that I'm a big natural supplement guy. But whatever, this was World War III. We have more than 200 countries fighting the same invisible enemy. If that's not a World War, I don't know. And the problem is, that most people don't recognize it. So they're doing it business as usual. So even well-meaning scientists will say we should do randomized control studies, we should take some six, 12 months. When I tell you is 4,000 people a day dying in this country, and you want to take six months. I'll give you an example. Imagine Washington D.C. is being carpet-bombed. And all of a sudden, the military is told, "Don't shoot. We need to do a study on which bullets work the best. And in six months, we'll figure it out and then we'll give you those bullets." But that's pretty moronic. Rather, use whatever bullets are available and in parallel, do your research. When you come up with something better, we'll transition to using it.

**Dr. Vladimir Zelenko:**

But to not shoot back, in the middle of a carpet bomb war is being inflicted on humanity is more than criminal. So it's a genocide. I'm calling for the Hague. I'm calling for Nuremberg 2.0. These people need to be brought to justice. There's a whole list of people you can go through. We can talk about that later. But right now, we need to end the pandemic with these people will be brought to justice. If not in this world then in the next world for sure.

**Dr. Joseph Mercola:**

Yeah, definitely. So getting back to the quercetin again. I'm wondering, since you're in the frontlines and in the trenches, what your observation is with respect to the effectiveness, of quercetin/EGCG relative to hydroxychloroquine. Was it nearly as good? As good? Better?

**Dr. Vladimir Zelenko:**

It's not better. It's kind of as good.

**Dr. Joseph Mercola:**

That's good.

**Dr. Vladimir Zelenko:**

I understand it doesn't make a sense so I may have to explain. Hydroxychloroquine has more than one mechanism of action, which is beneficial. So for example, it's definitely [a] zinc ionophore. It also changes the pH and endoenzyme and lysosomes, which inhibits the viral entry into the cytoplasm. It also has anti-inflammatory properties. Everyone knows that it inhibits the cytokine storm. And I've seen data that it actually stabilizes red blood cells and improves oxygenation. So since it has four different mechanisms of action, it's a very effective drug, and it has a half-life of 60 days in plasma. So it's a very powerful drug. But if you can't get it you can't get it. So I'll take quercetin and EGCG. But however, with the caveat that you must use it in the right timeframe because once – there are two diseases here. There's the viral infection, and then the immune response or overresponse, which leads to the release of inflammatory agents, cytokines, and also things that cause blood clots.

**Dr. Vladimir Zelenko:**

And we need to intervene and prevent that from happening. Because once someone has infarcted lungs, or acute respiratory distress syndrome, or pneumonias that are out of control, they're dead. So the key is not to get to that point. So EGCG and quercetin are extremely good for prophylaxis. And they're extremely good for mild to moderate patients for symptom relief. And they're better than nothing in severely ill patients.

**Dr. Joseph Mercola:**

And why do you need the vitamin C and the bioflavonoids with the quercetin? What's the synergy there?

**Dr. Vladimir Zelenko:**

So there's a paper I saw, I'm not an expert in it. But they found the data shows that the vitamin C activates quercetin to be a zinc ionophore cofactor. So it seem to work better with it.

**Dr. Joseph Mercola:**

Okay. And what of dose, is it a few hundred milligrams?

**Dr. Vladimir Zelenko:**

I use 1,000 milligrams.

**Dr. Joseph Mercola:**

1,000 milligrams.

**Dr. Vladimir Zelenko:**

I mean, it's a water-soluble. The more you give, you just make expensive urine. So it gets wasted most of it. So, as long as you get about 1,000, between 1,000 and 2,000 of vitamin C, it's more than enough.

**Dr. Joseph Mercola:**

Yeah. There's alternative ways to do that. So you can use liposomal C and [inaudible 00:44:18] or intravenous C. Which probably is a different mechanism then.

**Dr. Vladimir Zelenko:**

But keep in mind, I'm looking for outpatient treatments.

**Dr. Joseph Mercola:**

Yeah, yeah.

**Dr. Vladimir Zelenko:**

IV. I'm looking to keep people out of hospital. It needs to be scalable, this is very important. Now I'm not against monoclonal antibodies or convalescent plasma or IL-6 inhibitors. It's fine, but it's not scalable. Not scalable in terms of logistics and cost. When we have a large population of people who need to be treated, it has to be oral, cheap, safe and effective. By the way, this is not new. This information was known in 2005, even before. There are papers with Dr. Fauci's name on it calling it a miracle drug. Dr. Fauci called hydroxychloroquine, a vaccine. There's a paper in which he called it an absolute dream treatment and vaccine. So it's conveniently forgotten but that's what it is. It's a matter of scientific record.

**Dr. Joseph Mercola:**

Interesting. Well, I guess maybe you can tell us your experience applying this protocol. Have any patients fail to respond and require hospitalization? And of those that perhaps did have to go to the hospital, what percentage passed away from-

**Dr. Vladimir Zelenko:**

So obviously, I'm going to speak directly about my team's experience.

**Dr. Joseph Mercola:**

Yes.

**Dr. Vladimir Zelenko:**

And nothing in life is 100%. I've never seen anything in medicine always work. So with that said, the high-risk population in this country has a 7.5% mortality rate. Again, those are patients over the age of 45 with medical problems and/or medical problems. Obviously the older you are, the higher the percentage rate. So like in nursing homes, it's between 10% and 20%, unless you live in New York, in March or April it was 50% or more. But obviously, the older and sicker you are, the more at risk you are. But if you group together all commerce, the high risk category has a 7.5% mortality rate. The first wave, I'm going to comment on the first wave. My team treated 3,000 patients. Now let me define treatment because everyone's confused this. When I see

someone and I assess them and I tell them, "You're going to be okay. Go home and drink fluids." That is a treatment.

**Dr. Vladimir Zelenko:**

You have to know when to treat with medication and when not to treat. When to cut and when not to cut. That's assessment and judgment, medical judgment. A surgeon who only cuts all the time is not a surgeon. So out of those 3,000 patients, I only gave my three-drug regimen to 1,000 patients. Two thousand of them, I said, "You're in the low-risk category. Go home, you'll be fine." One hundred percent of those 2,000 survived. Out of the 1,000 high-risk patients, which had an expected death rate of 7.5%, you would have expected 75 dead people. And a multiple of that hospitalized. I had three patients died.

**Dr. Joseph Mercola:**

Wow. Impressive.

**Dr. Vladimir Zelenko:**

So, you know-

**Dr. Joseph Mercola:**

[crosstalk 00:47:43]-

**Dr. Vladimir Zelenko:**

Go ahead.

**Dr. Joseph Mercola:**

And what percentage of those required hospitalization? And once they entered the hospital, where you were in any way responsible for the therapy, or is that assigned off to a hospitalist?

**Dr. Vladimir Zelenko:**

Well, I work with hospitalists so it's a really [inaudible 00:47:58]. So the way medicine has evolved lately, you have outpatient and inpatient. It's rare to find a doctor who has a busy practice and dances in both places. So, I think it's okay. And I have very good colleagues who I have almost two decades of developed rapport with. So there's a good continuity of care also. So there was a total of 15 admissions, three died, four were into – besides those three, four were intubated but they were all extubated and did well. And the rest were admitted for IV antibiotics for pneumonia, and they all did well as well. So, basically, out of 1,000 high-risk patients, statistically we would have expected 75 dead people. Let's say 5%, 50 died people. Or 2.5%, 25 died people. I only have three dead.

**Dr. Joseph Mercola:**

Yeah. 0.3%.

**Dr. Vladimir Zelenko:**

You cannot ignore that. That's not even counting the risk-stratification patients, which I chose not to treat. In other words, I was able to tell these patients, "I know you're going to be fine. Go home, and you'll be fine." And that has value. So if you include those, the mortality rate is even less. And this has been reproduced. You don't have to listen to me. You can call it anecdotal all you want. But there are now Harvard professors of virology with 4,000 patient experiences. Dr. George Fareed, for example. Or Dr. Harvey Risch, M.D, Ph.D. from Yale Department of Epidemiology and Public Health, who has done his work and shown that it's absolutely statistically proven, that hydroxychloroquine used in the prehospital setting is absolutely effective. It's impossible for it to be statistically what the numbers show a mistake.

**Dr. Vladimir Zelenko:**

Dr. Peter McCullough, the Head of Cardiology and Internal Medicine at Baylor [University], amongst many other world-renowned and prominent physicians, who are actually treating patients who are in the empathy of care and circle of care, who are not sitting behind the desk making theoretical decisions on life and death, without having to tell patients or their families, "I'm sorry. Your mother just died for no good reason." So the people who actually care for human beings, see the truth and we're trying to communicate this to the American public, because your government is not looking out in your best interests. So that means, there's a second amendment, the right to bear arms, is for one specific reason. That if there's a tyrannical government, that the citizens of the country could defend themselves against the tyrannical government.

**Dr. Vladimir Zelenko:**

So I'm calling for a medical second amendment, where if the government is tyrannical and they're preventing life-saving information and medications, that each person in this country is responsible for their health care, and that of their families has to be preemptive, and get the life-saving medications which are available over the counter into your house, and be ready to treat if something happens. Or even take prophylaxis, if you fall into the high-risk category. That is my recommendation. I was on Twitter and – by the way, I had zero media experience before March. I was a quiet doctor who was taking care of his patients, when I was pretty living a serene life. All of a sudden, this all exploded on me. And COVID-19 chose me. I didn't choose it, you know. And I, by the way, don't take any credit for this. I really do believe that this was a gift from God. He put this idea in my head.

**Dr. Vladimir Zelenko:**

And all I'm doing is trying to share that idea with other people, because I saw it works. And I believe in the sanctity of life. I believe that every person is made in the image of God, and it's not my job to decide who lives or dies. So my job is to try to prolong and preserve life and reduce suffering as much as I can. I'm a doctor. That's my job. So that's the tragedy here. So, I was on Twitter, I was getting 10 million impressions per tweet. And they shut me down last month for platform manipulation. I'm not even sure what that means. But I was honored they shut me down before the president. I guess they condemned [crosstalk 00:52:43]-

**Dr. Joseph Mercola:**

Yeah.



**Dr. Vladimir Zelenko:**

So I had to develop my own website. And that website is free and it has my protocols in like 20 different languages.

**Dr. Joseph Mercola:**

What's the name of the website?

**Dr. Vladimir Zelenko:**

It's my name. VladimirZelenkoMD.com. VladimirZelenkoMD.com. And it has all the protocols for prophylaxis and for treatment, as all studies that document the rationale for it. So doctors could use it because it's geared for the layman and also for the researcher, and academic physician. It has patient testimonials, and it has access to telemedicine, that company like SpeakWithAnMD.com, that can overnight your medication. So if you live in a state that's tyrannical, you can have a consultation with Dr. Fields – I had to develop this because there were patients around the country who didn't have access. So I got together with some forward-thinking people and we've created a system. I'm not involved with it except for lecturing to them. But I'm just telling you that if you need medication, all you can do is schedule a consultation. If they feel it's necessary, the doctor of your state will then order it and the pharmacy will overnight it to you. It's a way to be [inaudible 00:54:04].

**Dr. Joseph Mercola:**

Is the availability of hydroxychloroquine improved? Or is it still-

**Dr. Vladimir Zelenko:**

Yes.

**Dr. Joseph Mercola:**

Okay. So is it available to most everyone in the United States now?

**Dr. Vladimir Zelenko:**

Yes. Well, if you have a doctor able to want and willing to prescribe it. And sometimes you have pharmacies that get in the way, so you have to go to another pharmacy. It may take some diligence but none of my patients go without the medication written for them.

**Dr. Joseph Mercola:**

And for those who aren't your patients directly, they can go to your website and find clinicians who are doing this consulting?

**Dr. Vladimir Zelenko:**

Correct.

**Dr. Joseph Mercola:**

Okay, perfect. So I'm wondering what your experience has been with the long-hauler syndrome, and what percentage of the patients you've seen develop this? And perhaps I suspect, if they intervened early as you recommend with your protocol that the likelihood of developing this decreases quite dramatically.

**Dr. Vladimir Zelenko:**

Okay. I have zero patients who are long-haulers.

**Dr. Joseph Mercola:**

It's quite dramatic.

**Dr. Vladimir Zelenko:**

With the caveat, if they came and receive treatment within the first five days.

**Dr. Joseph Mercola:**

Wow.

**Dr. Vladimir Zelenko:**

I had patients who were long-haulers, but they came to me after that window, and they were already advanced in the inflammatory process. So at that point, the cytokine storm had already taken hold. They had developed blood clots, some of them had pulmonary infarcts, or strokes actually. Others developed ARDS (acute respiratory distress syndrome) or catastrophic lung damage and pneumonias, and others just are not themselves. I don't know how to describe it, but it ate away part of their souls. They're not the same people. There's depression, there's lack of energy. There's a psychological impact as well. So, it's not that I don't deal with long-haulers, I do. But if the way to prevent the long-hauler syndrome is to intervene within the first five days, with appropriate antiviral medication in high-risk patients, and that is 100% successful.

**Dr. Joseph Mercola:**

Wow. Congratulations. That's phenomenal. Phenomenal. So with respect to some of the details of your protocol, you had mentioned the anticoagulants because that's clearly an issue. But I'm wondering how effective you found NAC (N-acetyl cysteine)? This seems to serve a similar purpose, as opposed to the anticoagulants.

**Dr. Vladimir Zelenko:**

No comment. I've never used it.

**Dr. Joseph Mercola:**

Okay. Interesting. Interesting.

**Dr. Vladimir Zelenko:**

And it's not that I'm against it, it's just how it evolved. I'm going to look into it. I look into everything. But I mean-

**Dr. Joseph Mercola:**

But MedCram has had been advocating that, which is what's catalyzed your interest in this to begin with, I think. Or one of the least was a catalyst initially. Wow. I mean, this is really quite impressive pieces of information that you're sharing with us. I meant to ask you initially, what are the details of your clinical practice? So it sounds like you're not a solo clinician, that you work with a team of other physicians?

**Dr. Vladimir Zelenko:**

It's a multidisciplinary group that I built.

**Dr. Joseph Mercola:**

Okay. So and you built the group, you're the founder?

**Dr. Vladimir Zelenko:**

Yeah. I've had some personal issues that my career has changed a bit. Three years ago, I was diagnosed with pulmonary artery sarcoma.

**Dr. Joseph Mercola:**

Whoa, whoa.

**Dr. Vladimir Zelenko:**

And I thought it was a saddle pulmonary embolism. And then when it didn't respond to anticoagulation, I started having coughing of blood, drowning in my own lungs. I had emergency surgery to remove the blood clot and when they opened up the pulmonary artery, they saw it was a large tumor. So it was a pulmonary sarcoma that had destroyed my right lung. So, I had to have a right laminectomy. And so imagine this, I go to sleep, thinking that I'm having a blood clot removed. I wake up, I'm missing a right lung and I'm told I have 100% fatal disease. There's only around 10 cases a year, and they're only found in autopsy. So, it's an interesting story. So there was no treatment chemo known for it. It was never treated. So, you kind of rely on the closest sarcoma treatments, but I was doing my research and the statistics was dismal.

**Dr. Vladimir Zelenko:**

So I was looking around and I saw a study that was done on patients with end-stage disease that were using doxorubicin and a drug called Alera. And those patients who have received Alera with doxorubicin had a 14-month survival benefit. So I said, "Wow, that's cool." So even though I didn't have, after they took out the lung, they couldn't find any cancer anywhere. So I might have had a microscopic disease, but I didn't have any microscopic disease. So I wasn't technically end-stage. But I came – I made a mental note to go see my oncologist and asked him about it. So when I went to Dr. Gary Schwartz in Colombia. So I brought it up. He says, "You know I was part of the team that developed this drug." I said, "What?" He goes, "Yeah, I wrote the paper." So the paper I read was his. So I said, "Listen, you're the man I want to talk to you."

**Dr. Vladimir Zelenko:**

And I said, "I want to take this for prophylaxis. He goes, "Well, we're looking to do a study in a year about it." I said, "No, I want to be around in a year." So I was patient number one actually, to kind of found my own treatment. So I took doxorubicin and Alera for 10 months. And rather unpleasant experience I should tell you.

**Dr. Joseph Mercola:**

It has serious cardiac side effects. Doesn't it?

**Dr. Vladimir Zelenko:**

Yeah.

**Dr. Joseph Mercola:**

Yeah.

**Dr. Vladimir Zelenko:**

But for three years I was clean. And then in the middle of this pandemic, in May, I went through a routine CAT scan, and they found a recurrence in my pulmonary artery attached to my pulmonic valve. And it spread to my left hip. So I had emergency heart surgery again. And they had to replace my heart valve, monovalve. And had to reconstruct my pulmonary artery, whatever is left with it, again. And then I had radiation in my hip, and now I'm on chemo. And I was on oral chemo. I mean, I was on four drugs, IV chemo, and it threw me into heart failure. And my EF (ejection fraction) is 30, so I had to stop the IV. So the reason why I'm telling you this, that this was in the middle of developing this treatment.

**Dr. Vladimir Zelenko:**

So I actually practice telemedicine now, because my doctor doesn't really want me to see patients. But I have to tell you that my experience, my own personal illness predisposed me to dealing with this pandemic in two ways. One, I learned that if there's no answer to something, you can find an answer. So there was no answer for my cancer approach. So I decided to find a way. Hard skin in the game, you know? If there's no answer for COVID-19 treatment, so go find one. Number two, I actually thought I was going to die. And I had had eight children and I started preparing, actually wrote a letter to them, which later it made it into a book, autobiographical book. They're young, and I wanted them to know who their father was. So I was psychologically and emotionally prepared to die. And then God said, "I don't want to see you yet."

**Dr. Vladimir Zelenko:**

But what's interesting is that when I thought I was going to die, I stopped fearing human beings. Because I thought I was going to be meeting God and that's pretty surreal. And so what do I care what other people think? And then I didn't die but the lack of fear of human beings stayed with me. And that is a very useful thing right now, because I have stepped on the toes, inadvertently be it, but still stepped on the toes of some very lethal people and organizations and interests. Whether it's the liberal left before presidential election or now after, or the pharmaceutical industry or the globalist or whoever.

**Dr. Vladimir Zelenko:**

But whoever is using fear as a tool to intimidate and enslave humanity, my approach is a threat. And at this point – I had a mentor, I used to study his teachings. His name is Rabbi Joseph Schneerson. And he was in 1927 imprisoned and tortured by the [inaudible 01:02:54], the precursors of the KGB. And they took out a gun and they put it to his head, and they said, "This toy has made many people speak." They wanted to know where the underground synagogues were, and Jewish institutions. So he said, "Perhaps someone who has many gods in one world, but someone who has one God in two worlds, this world and the world to come, it's ineffective." So that's my answer to all my people who are threatening me. I have one God in two worlds. I live between them anyway. And probably by getting rid of me, the message will be amplified as a martyr.

**Dr. Vladimir Zelenko:**

But not that I want to go but I'm just telling you that there's some really bad people in this world who have said hello to me. But what's more important to me is that humanity becomes more God-centered, nicer to each other, common sense returns to the world, that we get rid of idolatry and slavery, and that we promote – the world will be redeemed with acts of goodness and kindness. And the way that's going to happen is you have to go back to the basics. Ten Commandments. Not to get too fancy. This society needs a foundation, a moral foundation, to ground us so that we can move in the direction of divinity and maintain the blessing of God in our country. That is my personal belief and common theory. And I think the COVID-19 has really brought that to the head that how important it is, God-conscious living.

**Dr. Joseph Mercola:**

Well you're making a dent and you're really helping many people understand the misinformation that's being directed and censorship of valuable tools, to help them with this resource and diminish the fear, which seems to be more toxic than the pandemic itself. So what is your current strategy? I mean, what are the plans? And assuming you continue to maintain your health. I mean, are you taking chemo now you said?

**Dr. Vladimir Zelenko:**

Yeah. I'm taking Sutent. It's a TKI, tyrosine kinase inhibitor. My last PET scan, which was last week was clean. Thank God. And my heart failure is better. I can walk now. Obviously, my will is stronger than what my body could do. But I have to tell you, in my book, the last chapter, I wrote something that people really freak out about. I wrote, "I thank God for giving me cancer." And the answer I got, "How can you say that?" I said, because my whole life I was running around looking for some type of inner satisfaction, serenity and peace, and it always eluded me. Until I got cancer and learn to appreciate living without pain and being able to breathe and walk. When I'm able to do that, and enjoy the act of being. Just be it. And how priceless that is.

**Dr. Vladimir Zelenko:**

I had to pay a big price for that. I've never given up either. There's a saying, "I would never want to go to prison but the fruits that I got from being there, I wouldn't want to give up." I would never go to choose to have cancer and heart surgery twice, chemo twice, radiation. But no one asked me, right? But now that I'm here, and the emotional and psychological and spiritual

development that it led to, I would never give up either. I'm in a very serene, emotional, inner place more than I've ever been in my life. And for that, I thank God for giving me cancer. My agenda is education. Because this is an information war, this is a propaganda war. And there's a lot of false narrative being pumped into the heads of people, to create fear. In the Psalms of David, it says, "With crooked people, you have to deal crookedly." It also says in the [inaudible 01:07:08], you should learn from a thief.

**Dr. Vladimir Zelenko:**

So I actually learned from the enemy, and I used their tactics to counter them. And the main tactic is to spread of truth. By the way, it's no longer dependent on me. I have second and third and fourth generation leaders who have taken on the mission, and are really spreading the knowledge worldwide. It's unstoppable. They could try to slow it down, and they are. But the truth will come out, the truth is coming out. And when the truth will be revealed, the people who try to obstruct it and use the lies to slaughter, will be destroyed by it God willing.

**Dr. Joseph Mercola:**

What are the chances of that happening? How likely you think that will be?

**Dr. Vladimir Zelenko:**

Very high. I'm a big optimist.

**Dr. Joseph Mercola:**

Really?

**Dr. Vladimir Zelenko:**

I'm a huge optimist. I am now more optimistic than I've ever been. Simply because there's no more confusion. Life was very confusing. You didn't know what was good, what was bad. Now, it's very clear. There's much more bad, that's true. But I know where it is. I know where the enemy is. And I know where the good is. And a little light pushes away a lot of darkness. Right?

**Dr. Joseph Mercola:**

Yeah.

**Dr. Vladimir Zelenko:**

There's a God in the world. Look, ultimately, our salvation depends... I don't see a natural solution here. But ultimately our salvation depends on the grace of God. And I think the world is primed to open their consciousness, their minds, heart, souls, to spirituality and to introspection, because of the psycho-trauma that we all went through. We realize what's important and what's not important.

**Dr. Joseph Mercola:**

And to facilitate this end result. What is your recommendation for the average person? What can they do to accelerate this process?

**Dr. Vladimir Zelenko:**

Jung, the psychoanalyst Carl Jung, wrote that the degradation of a society begins with the degradation of the individual. And that the leadership of a society is the embodiment of the collective moral fiber of a country. You can draw your own conclusions, [inaudible 01:09:40]. So my recommendation would be to go on the opposite direction. That if the degradation of the individual leads to damnation, then the refinement of the individual will lead to redemption. Of each person has to take responsibility for their own life. Stop blaming other people if things don't go your way. Don't compare yourself to others. But compare yourself to what your potential is. And obviously, no one's living up to their fullest potential. And you have to work on yourself to subjugate the base animalistic tendencies that we all have. And try to use them for a divine purpose.

**Dr. Vladimir Zelenko:**

And I believe that that's really – I can't control what you do. I can barely control what I do. But my realm of free choice falls upon how I think, how I speak and how I act. That's where my free will is. And I am trying personally to be better. We're all human beings. We're all imperfect. We all make mistakes. I heard a nice saying, "The definition of success is to go from failure to failure without the loss of enthusiasm." Well, okay, so you fail, you fail. But eventually perseverance, you will get to a better place. And when you get to a better place, it inspires others. It builds a momentum and an energy that is unstoppable. And because it is infused with the divine blessing, in God we trust. So then we become unstoppable.

**Dr. Vladimir Zelenko:**

But again, if we throw off the yoke of heaven – you know I thought of a statement. There's only one free person in this world, is someone who chooses, the operative word chooses, to be a slave to God, if I choose to subjugate myself to the Creator, then the yoke of other people and other nations, and my own inadequacies are taken off me. So I choose to bow down to the Creator, and try to be better every day. I mean, I'm far from perfect. Believe me, that's my life. But I'm a work in progress. Like we all are.

**Dr. Joseph Mercola:**

We're all as good as you say, we all are. Wow, this has been quite a surprise. I was not expecting this type of deep dive philosophical commentary on what we've gone through and what we could potentially expect, and practical recommendations like this. But I deeply appreciate it. Appreciate you and your efforts and your commitment, and your willingness to really spread this type of information, that despite the discrediting and vilification that has occurred as a result. And the deep information that you're providing for so many people. So thank you so much for what you do.

**Dr. Vladimir Zelenko:**

Thank you, and thank you for the platform and God bless you and God bless America.