

Will COVID-19 Vaccines Doom the Population With Premature Deaths?

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 have a real treat for you. Probably one of the most important interviews I've ever done. Why? Because we're going to talk about something so unthinkable and shocking that you're likely going to be very surprised. And I've identified really one of the perfect candidates to have this discussion with is Dr. Vladimir Zelenko, who I've interviewed before. He has been a big advocate of hydroxychloroquine, and then ivermectin, and really helped seek to popularize that in the Trump administration. And I think you can correct me if I'm wrong, but Dr. Zelenko, but I believe you connected with Trump directly and probably were responsible for some of his strong advocacy for this drug.

Dr. Joseph Mercola:

But we're going to talk about something, it's just extraordinary. And I want to, there are two reputable individuals, Dr. Zelenko's the third, who believe something very serious is going to happen. The first one you've probably heard of before — I've been following this — and that's Dr. Mike Yeadon. He is the former chief scientist of Pfizer. Yes, the very same Pfizer who made one of the primary two messenger RNA vaccines. The other company, of course, being Moderna. Now, he was so disgusted with what was found when he was working at Pfizer that he quit. He said that billions are already condemned to a certain, unchangeable and agonizing death, and that each person who has received the COVID injection will certainly die prematurely.

Dr. Joseph Mercola:

Now there's another reputable individual who believes this, and that's Dr. Luc Montagnier, and if you were following the AIDS epidemic in the '80s and [inaudible 00:02:30] in the '90s, you might recognize him as the person who is attributed as the discoverer of HIV. Robert Gallo tried to steal that, but he was fortunately discredited. So he got a Nobel Prize for it. And he believes the same thing, as does Dr. Zelenko. So, three credible individuals coming up with this extraordinary claim. So we're going to dive deep into this and what it all means and what can we do to prevent it. So, with all that introduction, thank you so much for joining us today, Dr. Zelenko.

Dr. Vladimir Zelenko:

Thank you so much for having me.

Dr. Joseph Mercola:

So, when I emailed you with this statement, you quickly responded and said you thoroughly agree. So why don't you expand on that with your perspective on why this is so?

Dr. Vladimir Zelenko:

So it's not a matter of belief. It's a matter of building an argument and explaining the rationale behind my thinking, and then ultimately let people make their own decisions about what was being said. But at least people should be exposed to the full spectrum of the whole narrative of different opinions about global vaccination with COVID-19 vaccines. So for example, I categorize the risks of vaccination from the mRNA vaccines into three categories; acute, subacute and long-term. And each one has nuances that I think it's worthy of discussing.

Dr. Vladimir Zelenko:

So the first concern – we'll call the acute issue is it begins from the moment of injection to around three months. And according to the paper published by the Salk Institute in San Diego, they've discovered that the spike protein that's generated through the vaccination itself has negative health effects, and it's toxic. Not in the context of the virus per se, but just on its own. So, what we're doing when we inject mRNA vaccines into people, there's plenty of evidence that shows that it spreads from the injection site and goes to the bloodstream, and basically comes into every single cell in the body. And mRNA has a half-life of around one to two weeks, depending on which mRNA. And during that interim, each mRNA molecule makes around 2,000 to 5,000 spikes. So we're talking about trillions and trillions of spike-

Dr. Joseph Mercola:

Wait a minute how many spikes? They make that per day, per hour, per minute?

Dr. Vladimir Zelenko:

No, during their entire lifespan of two weeks.

Dr. Joseph Mercola:

The one to two weeks?

Dr. Vladimir Zelenko:

Yeah, but per mRNA molecule.

Dr. Joseph Mercola:

Right.

Dr. Vladimir Zelenko:

So, what's happening is that your entire body becomes a spike factory. Several orders of magnitude more than if you were to get COVID because COVID, it infects the airway, upper and lower airway primarily. And those are the cells that get infected and begin to produce spike proteins. But here we're injecting the vaccine and it actually travels to every single cell in your body and converts every single cell in your body into a factory for spike proteins. Now, what do these spike proteins do? Well, one obvious effect is that they migrate to the circulatory system and they coat the inner lining of the cells that line the endothelium, the inner contact surface of the blood vessels where blood cells flow. So you have all these little microscopic thorns, let's say, that are lining your entire vasculature. And there are a few theories of what it does, but if

you put the theories aside, if you look at what's actually happening, that there have been thousands, tens of thousands, probably hundreds of thousands of reports of blood clots associated with getting these mRNA vaccines.

Dr. Vladimir Zelenko:

And what's interesting is that 40% of those events occur between the first two days of injection, then it peters out, but it takes around three months to stop seeing significant vascular events. And we're talking about heart attacks, strokes and renal infarcts and pulmonary infarcts. So whatever those spikes are doing on the inside of your blood vessels, whether it's mechanical trauma through the flow of blood vessels, where usually it's smooth and now it's coming into contact with a very rough, sharp microscopic surface, or it's inflammation that's being induced through your immune system. I don't really know, but I could tell you the facts are like this. So, if you look at the VAERS system, which in my opinion is a piece of garbage, and the reason I'll say that, I'll explain in a minute. But it stands for Vaccine Adverse Event Reporting System. It's a government system that allows for people, the public, to make reports about adverse events associated with taking, with the vaccine associated in time.

Dr. Joseph Mercola:

Excuse me for a moment, but the VAERS system may be garbage, but it's the only system we've got. The government and the vaccine manufacturers by decision determined that they would not have any data collection system available to document these deaths-

Dr. Vladimir Zelenko:

Agreed. But it's better than nothing, but it needs to be interpreted in the right way. So, when the VAERS system, as of today, let's say says there's 6,000 deaths associated in time with taking the vaccine. Well, we need to understand what that actually means. If you look at the 2009 Harvard study on the VAERS system, they said only 1% of events are actually reported. So, okay, maybe rashes are different than death, but whatever the number is, it's not 6,000. Maybe only 10% are being reported. I don't know. But definitely it's being underreported. And then there's two of the big problems.

Dr. Vladimir Zelenko:

There's evidence coming out that VAERS reports that have been filed are being erased off the server. Number two-

Dr. Joseph Mercola:

Scrubbed.

Dr. Vladimir Zelenko:

Scrubbed, yeah. Number two, I know personally 2,000 cases of deaths associated across the country with vaccine related in time to the vaccine and the doctor, and or family members who tried to file a VAERS report, their reports were rejected due to technicality. For one person to know 24 cases of death, I think is so significant. And the fact that they all couldn't make a report, that raises my eyebrows. Wait a minute, but how much are we, what percentage of the

information are we actually seeing? And the answer is I calculate, I estimate they're already around 200,000 dead Americans from directly related to the vaccinations.

Dr. Joseph Mercola:

So, that's a bold statement. I mean, I've seen estimates as high as 50,000, but 200,000 is the highest I've heard of. And how do you come to that calculation?

Dr. Vladimir Zelenko:

Simple. I assume a 10% reporting rate.

Dr. Joseph Mercola:

Okay.

Dr. Vladimir Zelenko:

I'm being generous and according to the Harvard study, it's 1%. So if we have 6,000 admitted or reported deaths, so let's say 60,000. And then if things are being scrubbed and the majority of reports are not being processed, and so you can just assume that there's only a small fraction of what actually is being done. Maybe I'm wrong, maybe it's 500,000. I don't know. You know what, maybe it's 75,000. But don't you think that that's significant and why is that-

Dr. Joseph Mercola:

Absolutely. It's sure a lot more than the 6,000 that are reported.

Dr. Vladimir Zelenko:

Right.

Dr. Joseph Mercola:

There's no question.

Dr. Vladimir Zelenko:

So, the point is that it should definitely raise eyebrows and have the public start screaming and saying, "We want to know the truth. We want to know the accurate numbers. Stop suppressing the truth. We want to make decisions. We need informed consent and we have free choice, and I want to be able to make an informed choice whether or not I want to take this injection or not." And that's not being given to the people.

Dr. Joseph Mercola:

No.

Dr. Vladimir Zelenko:

My problem is not with the vaccine. My problem is with the government, governing bodies and certain people who are obstructing the flow of life saving information and suppressing the truth

from people, and then using coercion to force people to psychologically take this vaccine. That's the nefarious part.

Dr. Joseph Mercola:

Yeah. Interestingly, the inventor of the mRNA vaccine, Dr. Robert Malone, feels the same way and he invented the darn vaccine. He believes that the suppression of any narrative or information that disagrees with the narrative is absolutely censored. And it is absolutely impossible to have an informed consent if you're only given one side of the story.

Dr. Vladimir Zelenko:

And the suppression is so blatant and so overt that doctors with impeccable credentials are being de-platformed for just voicing an opinion. And then you couple that together with proven prehospital treatment approaches and protocols that have reduced, have been proven to reduce hospitalization and death by 85%, and that information is being suppressed. So here you have a dual censorship where the positive, hopeful lifesaving information is being suppressed and the dangerous outcomes of the vaccination approach is being suppressed. It's a perfect setup for genocide. Now that's just the acute component.

Dr. Joseph Mercola:

Yeah, the first three months.

Dr. Vladimir Zelenko:

There's a subacute concern, which is exceedingly difficult to quantify. And let me explain to you what the subacute concern is. Everyone heard of ADE or antibody-dependent enhancement, or another way of saying it is pathogenic priming. What that really means is that the antibodies that are being produced by these vaccines, because keep in mind the mRNA and the spike proteins will go away. They're short lived and they're not permanent. But the antibodies that are produced, we don't really know how long they're going to hang out but it's possible for many, many years or forever. So, these long-term antibodies are produced by your immune system, they sound like it's a good thing, but we have a big problem that since this was rushed to human use, meaning from development to human use in around a year. Never got approved, only got an emergency authorization, there are no long-term safety studies. If you look at the historical precedent, it takes around 10 years to bring a vaccine to market, just went in less than a year and under emergency circumstances.

Dr. Vladimir Zelenko:

I understand that. But the truth is we don't know the long-term consequences in human use. But if you look at the animal models, which we frequently do to get a sense of what it may look like in human use, so there's in some studies, very high percentages of animal deaths when those animals were challenged with the virus that they're being immunized against. In other words, those antibodies that were produced with the vaccination were pathologic. They were lethal and they led to an exaggerated immune response. That's what it means, antibody-dependent enhancement, enhancement of your immune response in a way that it will kill you. Let me tell the public an analogy that may be more familiar.

Dr. Joseph Mercola:

Okay. Before we go there, I just have a quick question. Another, I prefer the acronym PIE, paradoxical immune enhancement, which is really more accurately describing what's going on there because it paradoxically kills you instead of saves your life. But the studies you quoted with the animals were for the coronavirus vaccines, but those were not mRNA vaccines. Those were conventional vaccines. So, do you think that makes any difference?

Dr. Vladimir Zelenko:

It may. Again, we don't have enough experience with them to advocate for global universal use.

Dr. Joseph Mercola:

Oh, sure. Yeah, absolutely.

Dr. Vladimir Zelenko:

My concern is that since it's an unknown, we are obligated, morally, to let people know that that's the case and let them make decisions on their own if they want to be part of the experiment. But to other countries, I know for example Israel, is lying to its public and telling everyone that it's an approved, safe vaccine, which is an absolute lie. It's a play of words. What do you mean approved? They got an emergency approval, emergency use authorization. Why did they need an emergency authorization? Because it wasn't approved. Because if it was approved, they wouldn't need emergency authorization. So that's a big lie and to say that it's safe when we don't know that, and actually we know that it's not safe. You look at the at least acute setting. The question is, how safe is it long-term, or in a subacute from three months to three years? That is a big question mark. But based on animal models, it could be, and this is what Dr. Mike Yeadon is saying, it could be absolutely genocidal. It's the biggest gamble on the survival of humanity in the history of humanity.

Dr. Joseph Mercola:

Pretty powerful statement.

Dr. Vladimir Zelenko:

So the question is why is lifesaving approaches, prehospital treatments, being suppressed? Why are the toxic side effects and death rates of the actual vaccines, that information being suppressed? And why are entire continents being coerced into taking a vaccine whose safety profile has not been established? And even more importantly, why take something that is completely medically unnecessary? And let me define what that means. Even if it was safe and effective, it doesn't mean that a person needs it. There's something called medical necessity. So, let's analyze if there's any medical necessity for this vaccine, and you have to do that in a systematic way based on demographics. If you look at the CDC's (Centers for Disease Control and Prevention) data, anyone 18 and younger has a 99.998% chance of recovery of COVID-19 with no treatment. Here, I'll say that again. Anyone who's 18 or younger, basically the kids, have a 99.998% chance of recovery from COVID-19 with no treatment.

Dr. Joseph Mercola:

Basically 1 in 10,000 or 2 in 10,000?

Dr. Vladimir Zelenko:

I think it's one in a million deaths.

Dr. Joseph Mercola:

Oh, one in a million, okay.

Dr. Vladimir Zelenko:

And it's safer than influenza virus. If you gave me a choice, I would rather my kids have COVID-19 than influenza. So, why would I immunize a demographic that has 100%, or as close to 100% chance of recovery with an experimental vaccine that has already killed more kids than the virus? Number one, question number one. Question number two, if you look at the demographic between 45 and 18, or 18 years old and 45, people who are healthy, they have a 99.95% chance of recovery with no treatment. And it's according to the CDC. Same question, why would I vaccinate a demographic that recovers on its own with no treatment? Third question, if someone has antibodies and there's plenty of evidence, a plethora of evidence, natural and produced antibodies are much more effective in clearing future viruses than vaccine-induced antibodies. And that's basically the difference between, let's say facial recognition, recognizing the entire face or recognizing just the pimple on the nose.

Dr. Vladimir Zelenko:

So, the vaccines that are artificially produced, they're very specific, they're very narrow, focused on the spike protein. Whereas the antibodies produced through natural immunity have a much more robust ability to recognize an invader and clear it. So, natural immunity, which is not surprising, is much better and effective and safer, than vaccine-induced immunity. So, someone who has antibodies already from having COVID before, why would I vaccinate them? Another question, if you take the high-risk demographic, let's say 45 or older, or those with chronic medical problems, and you make a meta-analysis, the death rate in that population is 7.5%. Obviously the older you are, the higher the death rate.

Dr. Vladimir Zelenko:

Now with prehospital treatment, you see the Zelenko protocol which you referenced before. It's not about hydroxychloroquine. It's not about ivermectin. It's about identifying high-risk patients, intervening in the first few days of the onset of symptoms with a cocktail of antiviral drugs. And that cocktail consists of many different options. There are plenty of options now. In March, I had started using hydroxychloroquine, zinc and azithromycin, I never said it was the best approach, I just said it was the only approach at that time. But subsequently ivermectin-

Dr. Joseph Mercola:

This is March of 2020, not this year?

Dr. Vladimir Zelenko:

Yeah.

Dr. Joseph Mercola:

Okay.

Dr. Vladimir Zelenko:

And subsequently we figured out that ivermectin is amazing and steroids work and colchicine seems to work, luvox for some unknown reason seems to work. Monoclonal antibodies are very effective. There's over the counter options like quercetin and EGCG, which are also zinc ionophores, blood thinners. There are many different approaches to solve this problem, but the key is you need to deploy that approach in the right population and in the right timeframe. I would say COVID-19 is one of the easiest infections to clear if you do it in the right way at the right time. If you miss that opportunity, it becomes an absolute catastrophe.

Dr. Vladimir Zelenko:

So, we have basically five days, five to seven days to intervene, the sooner, the better. But by doing so, my data which was first, but then it was reproduced dozens of times, showed an average 85% reduction in hospitalization and death. Just to explain to the American people what that actually means, out of 600,000 dead Americans, we could have prevented 510,000 from dying, realistically. This is not some type of imaginary number. So I'll say that again, out of 600,000 dead Americans, we could've kept out of the hospital and from dying 510,000 people. That's a half a million.

Dr. Joseph Mercola:

Excuse me, that might be inflated though, because the definition that was used to identify these individuals who died the 600,000 you're referring to, was totally bastardized. That we had people dying in motorcycle accidents, people dying from terminal cancer-

Dr. Vladimir Zelenko:

It's true.

Dr. Joseph Mercola:

-who just had a false positive test and never died of the infection. They died with the infection, or supposedly.

Dr. Vladimir Zelenko:

I know someone shot in the head, but he had COVID, so he died from COVID. I know. But, if you factor in the other sequela associated with the response, the number is going to be much higher. So for example, the lockdown response-

Dr. Joseph Mercola:

Sure.

Dr. Vladimir Zelenko:

-has resulted in skyrocketing rates of suicide, child abuse, spousal abuse, death from collateral damage in the sense of preventable illnesses like cancer screening and routine heart and diabetic

care. Things that we are exceedingly, we know how to treat well, but because of lack of access to care, or because patients aren't going for routine care as much as they used to, there's a lot of collateral death. So it's very difficult to quantify the exact carnage that has resulted from COVID and its pathogenic response, the government's pathogenic response to COVID, and so on. And then really, I don't believe that COVID-19 was ever about killing people, although that was a necessary component to it.

Dr. Vladimir Zelenko:

But I think the main goal of the artificially produced virus, and we know that to be true already, and then the question is whether it was by accident, or it was a nefarious act. That's not as relevant to the fact that the release of this virus caused global fear. And fear is an extremely useful tool in manipulating the behavior of people. And that fear has been used to create a psychological motivation and need to get vaccinated with a vaccine that in my opinion, has no medical necessity, has tremendous amount of potential, and actually not potential, actual and potential risks and very questionable efficacy.

Dr. Vladimir Zelenko:

So, what the global COVID-19 pandemic has really done was create a situation where like Bill Gates said last year, 7 billion people will get or need to get vaccinated. Now, let's do a thought experiment. If COVID-19 were to infect every single human being on this planet and was not to be treated, so what would be the overall global death rate? The answer is less than 1%, and I'm not advocating for that by the way. That's a lot of people, still. But, the reality is that the majority of low-risk individuals will clear the virus with no sequela, and the high risk population would have a 7.5% death rate. But if you average that out through the entire world population, we're looking at a death rate of less than 1%.

Dr. Vladimir Zelenko:

You have to ask a different question. What is going to be the death rate from global vaccination? And that is going to be several orders of magnitude greater. And it actually depends how far out you look. Because look, if someone's meant to live 80 years and they live 60 years, how do you quantify that? So, we spoke about acute death, spike-induced death. The subacute deaths which is three months to three years, which is pathogenically primed, or you said PIE, paradoxical-

Dr. Joseph Mercola:

Immune enhancement.

Dr. Vladimir Zelenko:

Yeah, or ADE, whatever people want to call it, but that's a big unknown. And then there's the long term sequela. By the way, there's plenty of evidence already that it affects ovarian and testicular function.

Dr. Joseph Mercola:

Fertility.

Dr. Vladimir Zelenko:

There's a paper published by the New England Journal of Medicine on vaccination and pregnancy. It was a preliminary analysis and basically concluded that there's no increased risk. But what I did was I looked into the body of the paper and I realized that most of the women in the study that they were using to make that calculation were in the third trimester. And so we could conclude that third trimester immunization did not lead to any increased risk of miscarriage.

Dr. Vladimir Zelenko:

However, if you look and you stratify to first and second trimesters, so then the risk went up by a factor of 8 to 24(x). Me and Dr. Peter McCullough having a disagreement about that. I say 8(x), he says 24(x) because I under estimated certain things. And so before I went public with that, I sent that information to Dr. Harvey Risch, M.D., Ph.D. from Yale School of Medicine and Dr. McCullough. They both came to the same conclusion that that was correct. And then they went on Laura Ingraham and reported it to the world that there is an extremely high increase in spontaneous abortions or miscarriages before 20 weeks in women that are getting vaccinated in first trimester.

Dr. Vladimir Zelenko:

But getting back to the fertility issue, sperm counts are going down. Testicular swelling is noted many times. Ovarian function is being disrupted. Women's menstrual cycles are being disrupted. There is an absolute effect on fertility. What degree we don't know yet. But to say that there's no effect is a complete lie. And then the risk of autoimmune diseases and increased risk of cancers have not yet been quantified. And that's the long-term concerns. So whether you look at the acute spike-induced death, or let's say the miscarriages, or the myocarditis in young adults, or you look at the subacute pathogenic priming issue, or you look at the potential long-term effects of infertility, autoimmune disease and cancer, you have an absolute set up for a genocide.

Dr. Vladimir Zelenko:

And that's why these world-leading thought leaders, scientists, are cautioning people. And by the way, none of this is not medically necessary. We don't need it. We would be 100 times off better not to do anything, reopen society, let every single human being get it. Not that I'm advocating for that 1% to die and we have effective strategies to deal with it, but we would be much better off that approach than the artificially imposed lockdown and all the collateral damage associated with it.

Dr. Joseph Mercola:

Okay. Well, that's a really good summary of what your beliefs are or what the evidence shows that appears to be at this point. I suspect though it may be even a bit worse than that because one of your suppositions was that the mRNA in the COVID vaccine or injection lasts a week or two. We know that mRNA is very, very perishable, which is why it has to be stored in such a really cold temperature and transported very carefully. But, the spike protein that the mRNA is designed to produce is completely different. It's a completely different mRNA than the one in the vaccine uses, I mean the one in the normal SARS-CoV-2, is genetically engineered to be more resistant to breakdown. First of all, they put in a nanoliposome. So with PEG, polyethylene

glycol, so it gets in there and there are – even in their literature, they're thinking this thing may last for six months and it may last for years or even longer.

Dr. Joseph Mercola:

So it's not lasting for a few weeks producing the trillions of spike proteins. It's lasting for longer and even worse, there's reverse transcriptase, which takes that RNA, converts it to DNA, and then it gets integrated in many people's DNA. So you turn the person into a spike protein-producing factory, which is just crazy. I mean and the spike protein produces, they engineered it – normally when the spike protein attaches to the ACE-2 receptor, it collapses and it gets engulfed into the cell. Well they put two prolines on there to make it stiff and rigid, and it stays open, which increases its ability to generate this antibody response. So, it's completely perverted spike protein they're producing. So it's even worse than your supposition was.

Dr. Vladimir Zelenko:

So it's worse than genocide?

Dr. Joseph Mercola:

Well, no at least for that – you can't get worse than genocide. But with the mechanism of it lasting a few weeks, it's lasting longer than a few weeks.

Dr. Vladimir Zelenko:

Listen, if I come out and say, "Listen, 90% of humanity is going to be dead in a few years," no one's going to take it seriously and we don't really know for sure. And so then it's counterproductive. But if I say, let's say 20%, well we're talking about what, 2 billion people or one and a half billion people, for no reason, except the agendas of a few psychopaths or sociopaths. And why do I say that? It's because there have been people advocating for population reduction for decades. Look at, I just saw a video from Boris Johnson's father, Boris Johnson the prime minister of England. His father was advocating for the reduction of England's population to 15 million. If you look at the agenda of the eugenesis, so the Nazis for example, they wanted to kill off all the subhumans, which is basically the Jews, the slobs, the handicap, gypsies, people that politically disagreed with them.

Dr. Vladimir Zelenko:

And then subjugate the humans, the Anglo-Saxons, to the super humans, which were the Aryans, which descended from Nordic Gods. This sounds like a fairytale, except that it killed 300 million people and caused global war. So this type of ideology exists and it exists just that morphed into a different strata. So for example in this generation, it's not really anti-Semitic. What it is, is there's a small group of sociopaths that believe that they're God. They believe that they've evolved into a superhuman enlightened group of people, or super people, that entitles them with the right to dictate the course of history. So for example, when Bill Gates, in 2015, says that the world population, on TED lecture you can google it, says that the world population needs to be reduced by a certain percentage. And he gives rationale because of global warming or whatever. So my question is a very simple question. He's one of the main supporters and profiteers of global vaccination. Why would I take a vaccine for my health from someone is advocating for the reduction of the world population?

Dr. Joseph Mercola:

Well, you'd have to be irrational or psychotic I would think, either one works.

Dr. Vladimir Zelenko:

And then let me continue, if I can. And then if you look at another scary individual his name is Klaus Schwab. He is the founder of the World Economic Forum. And people may not know of him, but he's very influential. He wrote the book, "COVID-19: The Great Reset." That's where the term, the great reset, became so popular. And in 2016 in a French interview – by the way, everything I'm saying is documented and could be seen and people could come to their own conclusions. Don't make the same mistake and just take my word for it. That's what you've done with the government. Take my words and vet them, make sure that I'm not psychotic or nuts and make sure that what I'm saying is in line with truth and then make your decisions.

Dr. Vladimir Zelenko:

So in 2016, Klaus Schwab made an announcement that within 10 years, all of humanity will be tagged with an identifier. And then if you look at the UN 2030 plan, which was crafted by the World Economic Forum, it says the following, "America will no longer be a superpower." That's a stated agenda. Then my favorite is, "You'll own nothing and you'll be happy. You won't eat any meat. Fossil fuels will be prohibited. There'll be a billion refugees, which will have to be integrated into your societies," and other stuff like that. So my question is, what sociopath feels entitled to make a statement like "you will own nothing and you will be happy?" What entitles this type of individual, or group of individuals, to think that way? Well, they believe that they're enlightened far beyond the average human or subhuman.

Dr. Vladimir Zelenko:

And that is actually going on right now, and the root of it is a war against God. I'll explain to you because if you truly believe in God, if we're made in God's image, that has implications. The implication is that life has sanctity and if life has sanctity, we have rights, we have human rights. That's the source of natural law. And if we have human rights, then it's not in Bill Gates, Klaus Schwab or any other sociopath to decide how long I'm going to live and how many people should be on the planet. That's God's prerogative. However, if you take that out and view people as no different than an animal, a Darwinist perspective or eugenics perspective, and basically "survival of the fittest" is the yardstick that you measure the dominance hierarchy of humanity. So in that case, these people feel that they are on top of the pyramid and entitles them to decide if you and me should live.

Dr. Vladimir Zelenko:

So this is a recurrent, nothing new is under the sun. You know that saying? This is a recurrent historical and biblical narrative. We're just living through it now in a different – the battlefield has shifted to some invisible virus by a small group of people that have released it, manufactured and released it, to cause global havoc, chaos, anarchy, and use that fear that's produced because of the anarchy to basically herd, corral people into conceptual gas chambers and let them be slaughtered. So I call this vaccine's Zyklon B, and what I mean by that is the gas that was used to kill my relatives by the Nazis was called Zyklon B. So just to prove, explain, express my sentiments, I call it Zyklon B. It's an absolute weapon of mass destruction used to, and people are

being lied to, and they're running into the gas chambers themselves because of the pathogenic fear.

Dr. Joseph Mercola:

Yeah. That's an interesting perspective. So, thank you for sharing that and it really helps illustrate some of the central points you were bringing home early. So, pretty devastating when you think about it. But I'd like to bring it back to some hope, because there are a fair number of individuals who've taken the shot, who didn't believe in it, but were more or less intimidated into it and forced for their employers or their spouse, or even enticed by millions of dollars in a government-funded lotteries to secure them to get this shot. So, what I'd like to focus on now are the strategies that those who've already received the shot, the jab, of what they can do to stay alive.

Dr. Vladimir Zelenko:

Excellent question. And there are-

Dr. Joseph Mercola:

That's a crux. That's what I want to get out of this, the protocols that we can use and detailed protocols, as much specifics as possible, so that there is some hope for the people who were manipulated. Because they didn't go into this blindly. I mean, this was all propaganda, fear-based propaganda, totally designed to get that shot. So, now some of them are never going to buy this. I mean, they're just walking-dead zombies, and they're not going to believe this. But for those who do and realize they made a mistake, what did they do?

Dr. Vladimir Zelenko:

Don't get COVID, because if we are focusing on the subacute concern – first of all, if you survive the first three months, you most likely are out of the danger zone for the blood clot issue, most likely.

Dr. Joseph Mercola:

But that's a small percentage of people.

Dr. Vladimir Zelenko:

It is, it is. It is. And I assume that blood-thinning medication, or at least something like aspirin, obviously I'm not giving people advice. But I would think that in the first three months, if you're in that window and you have vaccine regret, that some type of anticoagulant approach may be appropriate. But again-

Dr. Joseph Mercola:

What about NAC, n-acetyl cysteine, which they've been taken off the market as a single supplement now by the FDA (Food and Drug Authority).

Dr. Vladimir Zelenko:

Right. That's the proof that it should be used.

Dr. Joseph Mercola:

Yeah. So I mean, that's in my view, especially the pathology, the vascular pathology that is induced by the spike protein, that NAC works really, really well to break up those dimers, Von Willebrand protein.

Dr. Vladimir Zelenko:

So look, none of these alphabet organizations have any credibility, in my opinion. If you look at the NIH (National Institutes of Health) as of today, they still tell you not to treat COVID in the outpatient setting, only in the hospital if your oxygen level is below 92. Not only is that malpractice, that's a recipe for death and anyone who listens to that really it's going to not do well. So I would just reject the recommendations of our, so to speak, governmental agencies, because they're highly corrupted and suspect, and their motivations are not your well-being or my well-being.

Dr. Vladimir Zelenko:

So if you do survive the first round, the acute phase, the next concern is the antibody-dependent enhancement, pathogenic priming, PIE, whatever you want to call it. And the key to survive that is not to get the trigger that will release the cascade of pathogenic immune reaction. And the only way to do that is to either prophylax ideally with different protocols that will reduce the likelihood of you getting COVID, and definitely treat if you have any symptoms in day one. I wanted to bring an analogy that people may be familiar with. Anyone who has kids, I'm sure that the children had strep throat and invariably, the child is taken to the doctor and the doctor prescribes antibiotics. So the question is why? When we say strep throat, we're being very specific about streptococcal A, that's what we call strep throat. There are other strep bugs; B, C, D, E, and a few others. But we don't treat those because the immune system gets rid of those just fine.

Dr. Vladimir Zelenko:

So the question is, why do we treat strep A? And the answer is because our immune system gets rid of it just fine. So you say what's the difference between strep A and the others? Well, it turns out for unknown reasons, the antibodies produced by your immune system for strep A also attack the heart valves of children, causing rheumatic fever or rheumatic heart disease, and many times destroying those heart valves. So in order to prevent the destruction of children's hearts, we do not want the immune reaction to happen and prefer to use antibiotics to get rid of the bacteria before the immune system wakes up. And by doing so we save the hearts of children.

Dr. Vladimir Zelenko:

So what I just illustrated to you is an unhealthy immune response, a pathogenic immune response. And that's the real concern with the subacute phase of vaccination. So, my advice just according to my understanding, is if you do not trigger those antibodies, well that's a good thing. And the only way not to trigger those antibodies, you're not going to live in a bubble for the rest of your life, is to take something that actually has been proven to prevent people from getting COVID. And if you do get COVID, you have to treat it immediately. That's the concept and obviously don't get any more boosters.

Dr. Joseph Mercola:

Well, for sure, no more boosters. But I think it's not just COVID, it's actually any coronavirus infection that would trigger this, as I understand it. At least that's what happened in the animal experiments with the coronavirus vaccines that they were using. It was a coronavirus. So it doesn't have to be COVID, or a variant of the COVID. It could be a simple coronavirus, which is typically 30% of the common cold.

Dr. Vladimir Zelenko:

That's really frightening because then the trigger is very broad and the detonation of this ticking time bomb is much more likely. But the good thing about the prophylactic approaches, and this is an important concept, unlike the vaccine approaches, which are very narrow and specific. The majority of the COVID protocols focus on inhibition of RNA virus replication. And what that means is that for a virus to make copies of itself, it can't do it on its own. It needs to enter the human cell. And in the case of RNA viruses, all the COVID, coronaviruses and even the influenza viruses, they use a common pathway called RNA-dependent, RNA polymerase. That's a very important enzyme. That enzyme is what makes copies of the viral genetic material, which then enables for new viruses to be formed and spread. So, if you inhibit the viral RNA replication process, you'll eliminate viral spreading, viral growth.

Dr. Vladimir Zelenko:

And the beautiful thing about what we found with zinc is that zinc inhibits this enzyme extremely well, if there's another zinc inside the cell. And that's where the problem arises that zinc does not get into the cell on its own well, because there's a biochemical reason. The cell membrane is lipophilic, it's a phospholipid bilayer and it's basically cholesterol, and the zinc has a charge dissolved in solution. So it's like oil and water in a sense. So zinc cannot really get into the cell on its own. So it's like having bullets without a gun. So, that's the concept where zinc ionophores come in. Zinc ionophore is a very fancy word, but what it basically means is it opens the door in the cell membrane and allows for zinc to go from outside of the cell, to inside of the cell. And when you increase the concentration of zinc inside the cell, then it can effectively inhibit this enzyme, stopping most, if not all, coronaviruses and influenza viruses from replicating. So that's the beauty of this broad, general inhibition is that it works for, it's a class effect. It's not a strain-specific effect.

Dr. Joseph Mercola:

So, all right. So why don't we go into some of the other protocols too, because I think it's really important to have these and give people a choice and have them, give them the information that they can make an informed decision as to what ones they're going to use. So zinc and the zinc ionophores, like quercetin or hydroxychloroquine, and then-

Dr. Vladimir Zelenko:

There are two others. Ivermectin actually has zinc ionophore properties and so does EGCG, which is a green tea extract.

Dr. Joseph Mercola:

Yeah. You don't need to use them all, it's just probably just one of them. As long as you have some molecule driving zinc into the cell, you don't need multiple molecules.

Dr. Vladimir Zelenko:

I agree with that, but sometimes you want to use a 0.50-caliber machine gun and not 0.22 caliber pistol. So if you're in a high-risk category, I still prefer hydroxychloroquine or ivermectin. But if you can't get it, then you have to go to plan B. Just an interesting caveat, I might've told you this before. But in April of last year, Governor Cuomo made an executive order blocking access to hydroxychloroquine for most of my patients. And so people were scrambling to try to get the drug. So I started doing research and I came across on the NIH server studies that show that quercetin and vitamin C as a unit, is an effective zinc ionophore. Now, to be honest, I'd never heard of quercetin before. I was never into nutraceuticals. My eyes have been opened, so to speak. But at that time I wasn't familiar with it. So I Googled it and I see it's over the counter. I said, "Oh my God, this is the solution for tyranny," because there are two risk factors for dying from COVID. It's the government you live under and the doctor you choose. Those are very big risk factors.

Dr. Joseph Mercola:

Wow, that's a pearl. That is a pearl.

Dr. Vladimir Zelenko:

And if we could give the option for patients to get a zinc ionophore without a prescription and without their doctor's permission, they can just go and get it online or wherever. What we've done is empowered the individual to make a choice for themselves to take their own health care into their own hands and protect themselves and their family. And I said, "Wow, this is really, it's a symbol of freedom. It's a symbol of resistance against tyranny in my opinion." So that's how I came across quercetin and I made it really – I have a big mouth. I went really public about it. And for example, in Israel, I gave five interviews. The whole country sold out, of course.

Dr. Joseph Mercola:

Congratulations.

Dr. Vladimir Zelenko:

So, my mother-in-law lives there, so she told me. Anyway, so yeah, the protocols, you have to define the phase of illness that we're addressing. It is much better to deal with the viral phase and get rid of this at that stage and not allow it to go into the inflammatory stage. It's two diseases. It's the virus and then there's the inflammation by the unhealthy inflammation caused by the immune system.

Dr. Joseph Mercola:

The viral phase is about five days?

Dr. Vladimir Zelenko:

Five to seven days, yeah.

Dr. Joseph Mercola:

Okay. All right.

Dr. Vladimir Zelenko:

And so it's so important to get this thing early and it's so easy to fix. So my advice is if you're high risk, you really should be on a prophylactic approach. And definitely if someone gets symptoms and you're high risk, you treat right away. I'm not so worried about the low-risk individuals. That's optional if they want to take something.

Dr. Joseph Mercola:

Even low risk who have been vaxed or have gotten the-

Dr. Vladimir Zelenko:

Oh yeah, sure. Well those are high risk. Anyone that's been vaccinated in my opinion, is high risk.

Dr. Joseph Mercola:

Yeah, so we switched because if you're not thinking you think, "Well, I'm low-risk. I'm normal weight. I'm 44 years old and low risk of getting this. But I've got the jab, so I'm at high risk."

Dr. Vladimir Zelenko:

You're high risk for many reasons and one is that you're not going to take prophylaxis because of a false sense of security. That's a real high risk. And so you're really prevent – you're not taking the bulletproof vest that exists because you believe that you're protected when you're not.

Dr. Joseph Mercola:

False assurance. So one of the – you are a very significant advocate for popularizing ivermectin and last year when it wasn't popular and now it's become a lot more popular. People understand it. But the challenge is, and I'm not certain of the current status, but other than I understand it's pretty difficult to get it as a prescription and many pharmacies refuse to fill it. So I'm wondering if you give us any general guidelines or advice on how to get ivermectin?

Dr. Vladimir Zelenko:

Move to Florida.

Dr. Joseph Mercola:

Like you did.

Dr. Vladimir Zelenko:

Yeah, I got out of dodge. I saw the writing on the wall. Well, first of all, one way is through telehealth options that they have pharmacies all around the country that are willing to overnight medication to people. So I know that that's one way my patients have been able to get access.

Either was it the American Frontline Doctors or speak with an MD or something. There's a few, but that's one resource.

Dr. Joseph Mercola:

They'll write a prescription and then there's pharmacies that will fill these?

Dr. Vladimir Zelenko:

If it's medically indicated. In other words, it still requires a physician consultation, which is right. I think that's appropriate. But these physicians tend to be oriented in the right way and then do want to help people with early treatment, at least. So yeah, so a zinc ionophore is the mainstay, but you do need zinc. A gun without a bullet isn't useful. And definitely vitamin D3 is so essential. There are so many studies that have come out that people with high normal levels of vitamin D you probably know this better than me, between 50 and 70 I would say, they almost prevent, eliminate ICU admissions. It seems to prime the immune system so well that people just don't get sick. But the key here is vitamin D is not a COVID treatment. It's a general immune system, a general wellness concept. And my advice is that people should have high normal levels before they even, on a regular basis. That's why all my patients that come for routine physicals, the first one of the blood tests I check is a vitamin D level, and then guide replacement based on that.

Dr. Joseph Mercola:

What are you finding on your patients when you get the-

Dr. Vladimir Zelenko:

Well, in New York, they're all low. I mean, the average I would say is 25.

Dr. Joseph Mercola:

Oh, my gosh.

Dr. Vladimir Zelenko:

I haven't seen anyone with high levels or toxic levels. So I, as a rule, will put people on in the 50,000 once a week or 5,000 a day, whatever they want. And then I guide the dosing. I make dose adjustments based on follow-up blood work. But I've never seen anyone have any complications with taking excessive vitamin D. It just doesn't happen. So vitamin D is essential. Vitamin C, we all know is important, and especially if you're going to take quercetin. The data shows that quercetin requires vitamin C as a cofactor to be an effective zinc ionophore. And I'm sure you can recommend other things. But that's what I focused on. So it was basically zinc ionophore, zinc, vitamin C and vitamin D.

Dr. Vladimir Zelenko:

Now that's for prophylaxis and early treatment. However, if someone has serious medical problems or they're extremely high risk because of age or whatever, vaccine history, sometimes it's necessary to modify the treatment. So if someone has, let's say, a blood clotting tendency, I'll be much more aggressive in giving them a blood thinner to prevent blood clots. If someone has a

history of respiratory diseases like asthma or emphysema, chronic bronchitis or whatever, I will be more aggressive in giving them inhaled corticosteroids like decimide, or even oral steroids. And I will guide, and there are times where I use hydroxychloroquine. Other times I use ivermectin, which is usually when patients are afraid to take hydroxychloroquine because of the negative propaganda. And then sometimes I use both, depending on the severity of the illness, and depending on when the patient presents.

Dr. Vladimir Zelenko:

Unfortunately, many patients present after a week or two, and they're really sick. They already have COVID pneumonia. They're already having the inflammatory phase. So then the approach is I throw everything at them. High-dose steroids, I use colchicine, I use luvox. I'll use Regeneron, if I can get it, hydroxychloroquine, ivermectin, all the vitamins. In other words, the key is keep the person out of the hospital. Reduce the inflammatory component. Help people get through that hypoxic phase, get oxygen at home. Make sure people are well-hydrated. Keep close follow-up. I mean, this system works. I mean, I admit almost no patients in the hospital.

Dr. Joseph Mercola:

You have to admit him to the hospital though, have you ever considered integrating Dr. Paul Merrick's and Dr. Corey's MATH+ protocol?

Dr. Vladimir Zelenko:

Well, I don't practice. I'm an outpatient physician. My hospital colleagues do. What specifically are you referring to because-

Dr. Joseph Mercola:

MATH+. It's pretty much what you identified, except they use intravenous vitamin C, typically 15, or I think 1,000 to 2,000, but they will go to 25 grams heparin.

Dr. Vladimir Zelenko:

Well, yeah, I mean, those are – I actually in my explanation of the treatment approach incorporated many of MATH+ issues.

Dr. Joseph Mercola:

Right,. Right.

Dr. Vladimir Zelenko:

Because I use ivermectin, I use blood thinners. I prefer an outpatient setting, something oral.

Dr. Joseph Mercola:

Sure of course. Yeah.

Dr. Vladimir Zelenko:

But in the inpatient setting for sure Lovenox, heparin, and obviously IV steroids sometimes are more better. So IV antibiotics, I forgot to mention I use azithromycin and, or doxycycline. So

there are so many treatment approaches, but if I could just reiterate to the American public, to the humanity, just treat this thing early and treat it hard and you'll be fine. And say goodbye to fear and reintegrate. See your families, start living again.

Dr. Joseph Mercola:

Yeah. And in an effort to help make it easier for people, because you've mentioned a number of different supplements. You've put together a supplement and I don't know what you call it, but I believe it has vitamin C, quercetin, vitamin D and zinc in decent doses. The only dose I disagree with is your starting protocol for vitamin D at 5,000. If someone has a low vitamin D level and they're adult, and they're not getting sun exposure, and in our experience they'd need typically closer to 8,000 units. So you could probably add a few more thousand on that. But other than that, it seems like a phenomenal – and so why don't you tell us the name of that and where they can get to that?

Dr. Vladimir Zelenko:

So first, let me tell you how that evolved. I already mentioned it was the Cuomo thing. But I open source all that information. I really felt that this information is so important that I made it available to everyone. But what I saw is that there are some logistical problems in getting and sourcing all these things, especially now it's hard to get quercetin and many stores, they didn't have all the components and so on. So people were lost there and many people are just, I don't know, they can't put a puzzle together. They couldn't put the right dosing together. So, I was approached and I was asked because of my name, people know me, then to produce something with my name on it that would have some credibility. Because in the nutraceutical world credibility is everything. And that they have quality in the materials and so on, and put it all in one pill, and that made sense to me.

Dr. Vladimir Zelenko:

So we were able to put everything in one pill and the doses that I felt were most universal to everyone. It obviously needs to be custom-tailored to every individual. By the way according to the FDA, I'm not allowed to make any claims. So, it's a nutritional supplement and an immune booster and that's what it is. But if you look at the studies, quercetin, vitamin C in itself is an effective zinc ionophore, zinc inhibits RNA-dependent, RNA polymerase, vitamin D3 levels definitely improve your immune health. Vitamin C is essential to the functioning of quercetin and many other body biochemical processes. So they all, in synergy, seem to be a good immune booster. And yeah, that's how it evolved. So, the website is easy, it's Zstack, like Z-Pak, but Zstack, Z-S-T-A-C-K, life, L-I-F-E.com. The brand is "Don't Worry, Z healthy." I thought that was cute, but it's called ZStackLife.com.

Dr. Joseph Mercola:

Yes, indeed.

Dr. Vladimir Zelenko:

Thank you.

Dr. Joseph Mercola:

Well, thank you for putting that together. Appreciate it. I'm sure many other people will. So, I want to summarize and give you the feedback on my perspective on what would be useful. Because again, the primary focus here is to seek to lower the just devastating projections that are being made as to how many, what percentage of people might pass away from having received this COVID injection. So, if you have gotten an injection or if you're particularly curious or at a high risk for other reasons, you would implement the following protocol. Because if you did get the injection, then you automatically shift from a low-risk to a high-risk category. So, recognizing that if you've survived the first three months, you're in probably good shape. If you didn't, and you've just gotten the injection within three months, it probably is wise to take something that will thin your blood and decrease your risk of developing a clot.

Dr. Joseph Mercola:

And the best one that I know of at this point is NAC, N-acetylcysteine, which the FDA has taken off the market, but you can get it in combination with others. Typically about 500 milligrams a day would do it. Once a day is all that's required. So, when you're getting out of that phase, especially going into the fall, which is when I think we'll notice if these projections are going to happen because that's when most of the deaths will start to occur, when you get this PIE, the paradoxical immune enhancement activities. And for those people it's probably wise to initiate a daily prophylaxis protocol. And one that you didn't mention, but I'm highly fond of and I think it's every bit as effective as the ones that you mentioned and is less expensive and has less side effects, and that's nebulized hydrogen peroxide. But at a low dose, not at 3%, the dose that you get at the normal drug store, but 30 times lower like 0.1%. So, diluted by 30 times.

Dr. Joseph Mercola:

And I've got videos and instructions on how to do that. So I would do that every two days. Why? Without any symptoms, just a simple prophylaxis. I do it every day now, and I'm at low risk, and I don't do it necessarily for the – and I never certainly got a COVID jab, and don't intend to ever. But there are other benefits because it tends, and this is observed initially by Dr. Thomas Levy, who's figured this out. He's really involved in oxidative therapies and was shifted over from conventional intervention, an interventional cardiologist. But he discovered on his own that when he did this, his bowel movements improved. And if you're familiar with the Bristol stool chart, I think it's a number from zero to nine or 10, and five would be ideal, and his bowel movements improved radically. It's like the ideal, like five, when he was doing this every other day or so. And when he noticed when he stopped his bowel movements changed.

Dr. Joseph Mercola:

So I think it tends, this is observational. We don't have any studies to prove it, but it seems to be a useful benefit and I'd noticed it personally myself, that when I do it every two days, I have pretty much optimized bowel movements. So that would be one thing to do. Now, the other thing just like with the hydroxychloroquine, vitamin C is required because vitamin C is a catalyst in the process of the peroxide. It actually works to liberate some of the iron and the iron catalyzes the formation of hydroxyl free radicals, which is actually what does most of the damage with respect to killing these pathogenic organisms. So, vitamin C 500 milligrams a day, and you don't need much more than that. And in fact, taking more might be counterproductive.

Dr. Joseph Mercola:

So doing that and doing that every other day, and then doing the baseline. I should have started with the baseline first, which was making darn sure, just like you suggested and I published a paper on this last year, was a review of vitamin D for COVID and it was published in Nutrients, that you want to make darn sure that your vitamin D level is between 60 and 80 nanograms per milliliter. That's if you're in the U.S. If you're in Canada or in Europe, it's nanomoles per liter, and that would be 100 to 150. And if you're in that sweet spot, your risk radically decreases. And it's not just for acute upper respiratory infections, it's for almost every single disease. Your risk for cancer goes down by 50%. Your risk for heart disease goes down. It's crazy why you wouldn't want to do this. There's many more benefits other than lowering your risk for dying from this infectious illness.

Dr. Joseph Mercola:

So vitamin D and then getting metabolically flexible, that is optimizing your body's ability to seamlessly transition between burning fat and sugar as your primary fuel. And one of the ways you can do that, there's two. Well, there's a number of different ways you can do it. But the two really important summary things, summary strategies, are to limit the number of hours that you're eating to about six to eight hours. Most people are eating over 12 hours a day, and that doesn't help metabolic health. So, gradually phase down to six to eight hours, do it slowly, and then you'll help your body relearn and regain the capacity to seamlessly burn fat rather than just store it, which is what you don't want to do.

Dr. Joseph Mercola:

So you want to be metabolically flexible when this happens and the other marvelous thing that is in my view, and it's a topic that we're actually co-writing a book with that will hopefully be up in 2023. And that is to avoid any possible vegetable oils in your diet. And they're more accurately called seed oils. So that'd be sunflower, corn oil, safflower, avocado oils. You do not want these oils. Even olive oil because 80% of the olive oil, which is perceived as a generally healthy oil, almost a super food is adulterated with vegetable oils and these seed oils. And they have, the commonality between all of them is they have very high doses of linoleic acid, which is omega-6 fat, commonly perceived to be an essential fat. But in reality, it isn't essential because if you eat food, you get more than your requirement of omega-6 fats.

Dr. Joseph Mercola:

The only way you would ever become deficient in omega six fat is if you were on, if you went fasting for months or being fed by intravenous parenteral nutrition. It just doesn't happen in real life. So the more linoleic acid you have, the worse you are, and it's all an artifact of the industrialization of food, which was started about 1860 or so. So for about 150 years, we've had the ability to extract omega-6 painlessly and with amplification methods to provide it in very large percentages. Normally it's 1% to 2% of people's calories in their diet. Now it's like 20% to 30%, and it just sets you up for metabolic disaster. It destroys mitochondrial function and especially in these upper respiratory infections, it's the precursor for developing this leukotoxin that occurs in these infections.

Dr. Joseph Mercola:

So those are the strategies I would recommend. Again, the basis of it is the nebulized peroxide. But I think if you have gotten the jab or someone you know or love has, you've got to share this information with them. You're literally talking about saving their life. No question. And literally, I mean what is the worst case scenario if you do these things that I mentioned? Most all of them are lifestyle changes. And if you do some of the supplements, they're pretty inexpensive and there's no long-term harm or damage from them. It's just almost impossible to get any downsides of this, as opposed to – the risk-to-reward benefit, in other words, is extraordinarily high in your favor. So, I'm wondering if you have any comments on my view of an optimized strategy to prevent this?

Dr. Vladimir Zelenko:

So I'm aware of many different strategies, and yours as well. I only feel comfortable giving advice on things that I've had experience with, otherwise I definitely trust you and all your work through your career. I follow many of your recommendations myself. So I would have to rely on the expert regarding the peroxide issue. NAC for sure as a protective anti-clotting effects, which I agree with, and staying away from toxic eating habits and optimizing your diet is probably, you are what you eat. You probably optimize your immune system and live longer. So I agree with almost everything you said.

Dr. Joseph Mercola:

Yeah, you just don't have personal experience with the nebulized peroxide.

Dr. Vladimir Zelenko:

Right.

Dr. Joseph Mercola:

That's perfectly valid. I mean, your viewpoint perspective on clinical treatments is a little bit different than mine, because of our training perspective. And you were forced in this arena with this COVID.

Dr. Vladimir Zelenko:

I have, yeah.

Dr. Joseph Mercola:

But, it's interesting in my observation, clinicians who are committed, who have high integrity and committed to the truth of the fundamental basis of solving that problem that their patients come to them with, eventually come to the same conclusion. Even though they're coming from different backgrounds and perspectives, and you're a classic example of that.

Dr. Vladimir Zelenko:

I think there are so many solutions that are simple and based on millennia of information and the trend in the pharmaceutical industry and modern societies to believe that something that is new or has a patent, or is a brand name, is better for you. And sometimes it is, but sometimes it isn't. And this is the perfect example where COVID-19, we can call it death by affluence, because a

lot of the countries that could afford the vaccinations and expensive treatments, they suppressed the cheap, generic treatments and other countries had no choice. I remember the government of Honduras consulted with me. It's a very poor country and they adopted the prehospital approach very early. And even their president reported to President Trump that we're seeing tremendous results. So when I say death by affluence, it means that our own wealth, materialism and profit-driven desires sometimes end up killing us.

Dr. Joseph Mercola:

Yes, indeed. Not by design, well actually by design, but designed with people behind the scenes, as you clearly referenced earlier. So I really appreciate your framing this and put it into a proper perspective, give people an understanding, the proper understanding of what's happening so they can make informed decisions and really identify strategies that they're comfortable with. And rather than listening to the incredible 24/7 propaganda they're being exposed to. It's just, it's crazy. I mean, you refer to this as the genocidal event. I mean, it's literally, it most likely will be at least five to 10 times more deadly than what they did in World War II, unless people wake up and I don't think that's going to happen, because the propaganda is so comprehensive.

Dr. Vladimir Zelenko:

Right. So this is a battle for the consciousness of man, whether we're going to – I'll get a little theologic. Whether we're going to accept that there's a God that we're made in his image and our lives are sanctity, or whether they were going to submit to the idol worshipers and the corrupt human beings who really are looking to make themselves feel more better about themselves and more powerful by suppressing us. I have a joke that the whole world is suffering because Bill Gates couldn't find a girlfriend in high school. You know what I mean?

Dr. Vladimir Zelenko:

So, I think that there's a lot of this narcissistic sociopathic wannabe deity mentality by the woke global intellectual that think that they know better. And in my understanding, they've devolved into the most base, primitive human beings that you can imagine, by their rejection of the divine nature of humans. So my advice to anyone, wherever you feel that fear is being induced, whoever is trying to scare you with, "Oh, the Delta variant is coming. Oh my God, we're all going to die again." You should know that they're a mouthpiece for evil, and I would stay away from that as far as possible. And just purge fear from your mentality and just do the right – do simple preventive measures and your life will be a much more meaningful and safer and fulfilling.

Dr. Joseph Mercola:

Yes, indeed. Yeah. I've come to the perspective that there's really only two emotions that are out there. The one that you mentioned, which is fear, which they've used. It's the most effective motivator activating that reptilian brain. But the other emotion that counters that is love. And that certainly you're an example of what applying that is in this context and spreading truth and information, so people can understand and really rescue themselves from this tyrannical intervention. So on a person – and this is all in spite of personal challenges and tragedies to your own health. So if you're comfortable, maybe give us an update from what you shared with us last time and where you're at now?

Dr. Vladimir Zelenko:

So, thank you. I was diagnosed with pulmonary artery sarcoma three and a half years ago. It's a very deadly cancer. I had open heart surgery and I lost my right lung. Then I was on chemo and I was okay for a few years. And then in the middle of the summer of last year, in the middle of this COVID battle, I went for a routine screening test and the cancer had come back and it was growing on my pulmonary valve, pulmonic valve, and had spread to my hip. So I needed another emergency heart surgery where they replaced my heart valve. And then I had radiation to my hip. And then I went on very aggressive chemo. And the chemotherapy, what it did is it threw me into heart failure. I developed something called cardiomyopathy, and my ejection fraction, my heart's ability to pump dropped below 40, it was like 35. And I got water in my lungs, or heart failure.

Dr. Vladimir Zelenko:

So that was very frightening. I was drowning in my own lungs. And so I ended up in the hospital for a week or so, and they changed all the chemo and I was only on oral chemo, and the heart function gradually improved, thank God. And then six weeks ago, I wasn't feeling well. And then I went for a blood test. So my immune, the chemo that I was on had suppressed my bone marrow, and I had very little small white count, low white blood cells and essentially no immune system. And at that point I got COVID pneumonia in my one remaining lung. My oxygen dropped into the 70s.

Dr. Joseph Mercola:

How'd you know it was COVID pneumonia, because the [inaudible 01:16:47] appearance?

Dr. Vladimir Zelenko:

Well actually indirectly my wife wasn't feeling well. She went to the urgent care and was diagnosed with COVID. So I knew that this was COVID.

Dr. Joseph Mercola:

Okay.

Dr. Vladimir Zelenko:

And I had symptoms of a low-grade fever, body aches. My taste and smell was intact. I had a really productive cough, and I was fortunately, I was taking prophylaxis and I started treating myself aggressively. I even had Regeneron at home. But my oxygen level was dropping and my pulmonologist got very upset at me. So I ended up in the hospital where I got the high-dose steroids and slowly improved. Then the CAT scan did show ground-glass changes in my left, my only lung, in both lobes and it was only a little bit of lung tissue that was left, functioning lung tissue. So in my context of having all these comorbidities, having no immune system, one lung, it's really miraculous that I survived and I credit that to God's grace and also that I was in early treatment and prophylaxis.

Dr. Vladimir Zelenko:

And let me tell you the whole year I didn't wear a mask. I was seeing patients. I was fine on prophylaxis. But when the chemo suppressed my bone marrow, I became very vulnerable. And that's what everyone's saying, that's why I got sick.

Dr. Joseph Mercola:

Yeah.

Dr. Vladimir Zelenko:

So that's my story. Now I feel really well, thank God. I just walked four miles the other week. I'm building up my stamina and my will has always been strong. So, I don't worry about things I can't control. I worry about things that are within my scope and that's how I think, how I speak, how I act. I think the world will be redeemed with small acts of goodness and kindness. You mentioned love and the Hebrew word for love is ahabah. And the root of that word is hab, which means to give, which means that the essence of love is giving and self-transcendence, which is what God is doing with us.

Dr. Vladimir Zelenko:

So I think by emulating the attributes of the divine, which is self-transcendence and sharing and giving, and self-sacrifice is the key to enlightening humanity and bringing a little light, which pushes away a lot of darkness. And there's a lot of darkness. So it's within our, it's within each individual's capability to make a choice to reject fear and to live with love, and to spread goodness. And I think that that ultimately will defeat the enemies of humanity. Good will always prevail. Truth will always prevail. To ask how quick that will be, will depend on how many people come on board on that path. So hopefully it will end very quickly and we will all see how love, light, goodness, divinity is the ultimate solution to this tyranny and evil.

Dr. Joseph Mercola:

Well, thank you for sharing your personal story and expanding out with that great summary, because I couldn't agree more. It is the solution. It's got to be love and it's difficult to do when they're doing so many, diabolical strategies to decimate and destroy humanity. So it's a challenge, but it doesn't mean we aren't capable of it. So, interesting too with your own personal story, your prophylaxis strategy, it seems to have been of great benefit to you. You didn't get this because this illness, this COVID because your strategy and the work. It probably mitigated considerably.

Dr. Joseph Mercola:

You got it because you were using pharmacologic therapy, admittedly for decent reasons. You had a life-threatening illness that you chose to use that strategy. But in my experience people with cancer, most of them, most all of them don't die from the cancer. They die from the treatment. And I've got one of our team members has been with us for 15 or 18 years now and basically, he's not going to be with us much longer as a result of making that choice, choosing the cancer therapy rather than natural strategy. So it's sad, but you just got to be careful and not to say that you made a mistake, but these are not magic bullets. They come at a big price and hopefully-

Dr. Vladimir Zelenko:

I paid that price and I'm coming along in that direction too. I mean, I'm very grateful to the medical team that's really kept me alive.

Dr. Joseph Mercola:

Of course, yeah. Yeah, they're well-intentioned for sure.

Dr. Vladimir Zelenko:

I had heroic surgery and then another intervention. So that's kept me going. But this last year, my appreciation for the art of nontraditional Western medicine and the nutraceutical approach and lifestyle modification and healthy living and exercise, a balanced frame of mind. I think if anything, is just as important, if not more important, to general health. And ultimately also it comes down to human relationships. There's the Harvard longitudinal study that showed people that are healthiest at 80 are those that have loving relationships at the age of 50. And I think that it's a sum total, the multifactorial approach of how to live an integrated, fully actualized life. So it's the hybridization of the physical to emotional, intellectual, psychological and spiritual into one point of unity, and that's a human being.

Dr. Joseph Mercola:

All right. Well, thanks so much. And then maybe if I think you have a website, I believe don't you? And maybe some of your other interviews are posted and people can go for more information other than for the supplement. What is your regular website?

Dr. Vladimir Zelenko:

Yeah. It's my name. VladimirZelenkoMD.com. VladimirZelenkoMD.com and it has the protocols they can download free. And it has all the studies that I've referenced in my interviews. It has a good resource for doctors also.

Dr. Joseph Mercola:

All right. Well, thanks again. Really appreciate your commitment to serving, spreading love in the world and giving people the truth information about this, because they're not certainly getting in the conventional mainstream propaganda. So, I hope you're able to come through and everything will work out for the best. But really appreciate what you're doing and thanks for taking the time with us today.

Dr. Vladimir Zelenko:

Thank you so much. God bless.