

In Memory of the Heroes Fighting Medical Authoritarianism. The Legacy of Dr. Vladimir Zelenko

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Global Research, July 07, 2022

Theme: [Media Disinformation](#), [Science and Medicine](#)

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Throughout the non-mainstream media there has been a plethora of praise for the pioneering work and courageous efforts of the dissident physician Dr. Vladimir Zelenko who suddenly passed away from lung cancer on June 30 at the young age of 48. Dr. Zelenko earned a reputation for himself by treating patients testing positive for the SARS-2 virus very early during the pandemic. It may be recalled that when Covid-19 deaths spiked dramatically, particularly in New York City, there was no FDA approved treatment specifically targeting SARS coronavirus infections. People who tested positive were simply told to return home and isolate themselves. Consequently, infected individuals, especially the senior citizens, locked themselves down until their symptoms worsened and death knocked at their door. They would subsequently be rushed to hospital ICUs, placed on ventilators, and would often die in the absence of their families and loved ones. The same was witnessed throughout the nation’s nursing homes in the regions where Covid-19 cases were high.

Despite the inept efforts to treat Covid patients in hospitals and conventional medical facilities, with only a small handful of exceptions, there were nevertheless physicians who made efforts to delve more deeply into the medical literature in order to find potential FDA approved drug candidates that might effectively and safely treat SARS-2 infections. Dr. Zelenko was among the earliest of these doctors. In the absence of any forthcoming therapeutic recommendations from government health officials and the professional medical associations, he prescribed a combination of the inexpensive generic malaria drug hydroxychloroquine (HCQ), azithromycin, and a zinc supplement. Moreover, the Zelenko protocol cost a mere several dollars. He also had a very high success rate in treating Covid patients that far excelled the medical facilities that followed the Anthony Fauci rules-based doctrine minus any viable therapeutic value.

The Fauci formula was a do-nothing strategy except to distance and isolate patients until a new novel drug and/or a vaccine appears on the market. Until such a time arrived, there

was nothing an infected patient could do except pray or a recovery. Yet, very early in the pandemic, other nations, including China, were already promoting a variety of treatments. HCQ was already being widely accepted as one feasible course of SARS-2 treatment before Trump touted it publicly and was widely attacked by the liberal media.

Just two months after the first public report about the new coronavirus contagion in Wuhan, Zhejiang University School of Medicine, one China's oldest and most prestigious universities, publicly released its "Handbook of CoVid-19 Prevention and Treatment" worldwide. Having been the first on the front lines against the new SARS strain, it was perhaps the most concise document for healthcare measures to prevent and contain the spread of the virus. For example, the [Chinese report](#) recommended the use of chloroquine following a favorable electrocardiogram. In addition to conventional treatments, the Zhejiang scientists listed herbal formulas based upon Traditional Chinese Medicine studies.

Yet Fauci and the US federal health agencies would have none of that. HCQ and ivermectin were not profitable for Fauci, the NIAID/FDA, and their deep financial collaborations with the pharmaceutical industry and vaccine makers.

The New York Times and its biased reporting has been at the forefront to advance the Fauci doctrine by ridiculing and damning physicians and medical experts such as Dr. Zelenko, Dr. Paul Marik formerly at Eastern Virginia Medical School, Dr. Pierre Kory and many more. Therefore when the Times [published an obituary](#) about Dr. Zelenko, it would seem that the obituary's author continued to promote the CDC's talking points. The obituary ignores the human story about a brave outspoken physician deeply cared for the lives of his patients and wanted to save them at all costs. Dr Zelenko and many other doctors found it unconscionable to blindly follow the vague and uncertain dictates of medical bureaucrats in Washington whose delusional belief in themselves as the stalwarts of science placed their hubris above the lives of millions of frightened and confused people about a new virus waiting around every corner. Aside from begging for patience, there were no serious solutions coming forth from Washington.

Put into proper context, the Times agrees with Fauci's do-nothing strategy, insisting "that months of research would be needed to find an effective treatment." America waited and during those months of waiting death's mounted into the hundreds of thousands until Fauci's largely ineffective magic bullet, Remdesivir, reached the market at a whopping \$3,100 cost for a 5-day treatment.

It is important to note that the New York Times obituary to discredit Dr. Zelenko's HCQ protocol provides an excellent example of corporate media's blatant misreporting, abysmal due diligence and fact checking and perhaps shameless malfeasance. Even the sad and untimely death of a courageous and compassionate doctor who does everything within his power and medical knowledge to save lives, can be turned into a weapon against one's enemies.

In order to discredit Dr. Zelenko's HCQ protocol, the article references the highly flawed University of Minnesota study published in the August 2020 issue of the New England Journal of Medicine. This study has been thoroughly criticized and [debunked](#) by many medical experts. On the one hand, the Minnesota study relied upon excessively high doses of HCQ that to our knowledge no practicing physician would ever prescribe in their clinical practice. Second, the study did not include zinc supplementation in its course of treatment,

a key item in Dr Zelenko's protocol. Zinc is crucial for HCQ's effectiveness and against the SARS-2 virus and all HCQ advocates include zinc in their protocols. HCQ works in conjunction with zinc, as explained by Los Angeles emergency room specialist Dr. Anthony Cardillo, who like Dr. Zelenko and now thousands of other physicians are successfully treating Covid patients. [In an interview](#) Dr. Cardillo explains that "hydroxychloroquine opens a zinc channel, zinc goes into the cell, it then blocks the replication of the cellular machinery." "Every patient I've prescribed it to has been very very ill," Cardillo stated, "and within 8 to 12 hours they were basically symptom free." In many countries, zinc is now part of a standard course of treatment against SARS-2.

But there is more. Citizens expect individuals who pride themselves as responsible journalists to investigate their subject matter thoroughly. We expect journalists to at least have a somewhat knowledgeable background on the topic and to fact check any reference material used to support their argument. This makes the Time's reference to the Minnesota study all the more egregious as a weapon against the advocates of HCQ. Besides its poor design, the trial underwent several curious methodological changes. When a clinical trial is pre-registered, the researchers are confirming that the methodology will be uniform throughout the course of the study. Trial changes recorded in the National Library of Medicine's Clinical Trials data system indicate that the Minnesota study was altered as it was being conducted in order to assure that HCQ would show unfavorable results. This included changes to the actual targets the study was trying to measure. The study was originally scheduled to last a full year - until May 2021. But several days after Trump's public recommendation of chloroquine drugs, the trial timeline was reduced to two months. During that time, the trial's methodology was substantially changed at least six times, including the number treatment days being reduced from 6 days to 4.

Moreover, the clinical trial's lead corresponding author, Prof. David Boulware, reported no conflicts of interests. However, while the study was underway, the Canadian drug company Revive Therapeutics appointed Boulware as its new Scientific Advisor for infectious disease. In its March 24th [press release](#), Revive was developing "the use of Bucillamine as a potential novel treatment for Covid-19." Boulware himself stated, "I am excited to assist Revive in their objective in pursuing the clinical development of Bucillamine for infectious diseases and its prospect as a potential solution for COVID-19." According to Brad Geyer at the website [Grant Fraud](#), Boulware "reportedly advised the President [Trump] to stop taking hydroxychloroquine" and failed to disclose his other conflict of interest with Gilead, the developers of remdesivir.

In our opinion, based upon the written and reported evidence, and the unreported conflicts of interests, this entire study was a sham. Yet two years later, the New York Times continues to tout this junk study as having medical value.

HCQ, and later the more effective anti-parasite drug Ivermectin, have been prescribed for early treatment and as a prophylaxis by physicians working on pandemic's front lines with enormous success. Yet these American physicians, including Dr. Zelenko, who struggled to get the urgent message out about these drugs' success rates were marginalized and ridiculed en masse.

The entire American corporate media has used scare tactics to attack both HCQ and ivermectin. In the case of HCQ, the government attempted to flout studies emphasizing its toxicity. However, this was only at very high doses that are never recommended in a clinical setting. Otherwise, HCQ has an exemplary safety profile. The 60-year old, five-dollar drug

has been prescribed to approximately 5 million people annually for a variety of illnesses, including malaria, rheumatoid arthritis and lupus. A [study](#) conducted by Dr. Stephen Smith, a former research scientist at the National Institute of Allergy and Infectious Diseases showed that when HCQ dosage was properly adjusted to a patient's weight it improved Covid patients' survival rate by over 100 percent. Likewise the corporate media demonized ivermectin under the misleading label as a veterinarian deworming drug for horses. Corporate media tabloids such as the New York Times and Washington Post consistently repeated this talking point despite ivermectin having one of the longest safety profiles in medical history and having been prescribed to over 3.5 billion people worldwide. [Both drugs are listed](#) on the World Health Organization's essential drug list.

Hence we are providing an accurate overview and update of the current status on the medical research supporting the use of HCQ and ivermectin.

Worldwide, 421 studies, in 51 nations, have been conducted to investigate the effectiveness of HCQ against SARS-2. As of July 4, 2022, 323 studies are peer-reviewed and 348 clinical trials compare treatment and control groups. All total, the 348 clinical trials enrolled over 458,000 participants and 72 percent showed HCQ's positive effects in reducing length of symptoms, and rates of morbidity and mortality. For early Covid treatment, HCQ showed an average 63 percent improvement and 72 percent lower mortality. It is true that HCQ has been shown to be relatively ineffective for late treatment. Excessive doses, which make up the majority of the negative studies, such as the University of Minnesota trial, argue against HCQ's use. In addition, unfavorable studies were overwhelmingly retrospective, which are highly unreliable for drawing sound conclusions. American funded HCQ studies show a large bias towards publishing negative results. In fact, American studies had a 260 percent higher rate of reporting negative results than studies originating from other countries.

Ivermectin has an even more impressive success profile across the entire course of SARS-2 infection: 83 percent improvement as a prophylaxis, 63 percent improvement for early and 39 percent for late treatment. One hundred eighteen of 172 ivermectin studies have been peer-reviewed and 88 were clinical trials comparing ivermectin treatment and control groups. Only about 20 studies reported negative results and over half of these were retrospective. Forty six studies show that ivermectin lowers overall mortality by an average 52 percent. Twenty-two countries have officially adopted ivermectin for early treatment.

If we look outside the US, UK, Canada and a few other nations we will find tens of thousands of physicians and medical facilities regularly including HCQ and ivermectin in their therapeutic regimens to treat SARS-2 infections. Yet in the US and other US-aligned nations where the medical establishment has become an authoritative regime, there can be no room for dissent. What we are witnessing is a frontal assault against doctors that is unprecedented in the history of medicine. Since when does the successful clinical experience of 1000s of physicians count less than the highly politicized opinions of corporate journalists who deny outright the full scope of peer-reviewed literature and refuse to interview the physicians who use alternative therapies and their patients? The only necessary proof is that doctors prescribing HCQ, ivermectin and other repurposed drugs have saved far more lives than those physicians who simply follow the Fauci doctrine. More chilling, at the behest of Washington, state medical boards and professional medical associations are making efforts to criminalize health professionals who support and advocate alternative Covid treatments and who speak out against the life-threatening risks of the gene therapy based Covid vaccines.

Johns Hopkins University [claims](#) that over 1 million people died of Covid-19 in the US alone. Despite the numerous arguments that can be made about the actual cause of these deaths, there is a more important question to ask. How many of these people might still be alive if American medicine were not an authoritative operation creating obstacles to physicians practicing their profession? And if the majority of peer-reviewed clinical evidence validates these treatments, is the government, the pharmaceutical industry and their lobbyists and the corporate media, such as the New York Times, complicit in preventing patients from having access to life-saving drugs?

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