This is not intended to offer medical advice, or recommend any course of treatment for COVID-19, but simply to present some widely available information.

Dr. Vladimir Zelenko and his team saw 2,200 COVID-19 patients in New York. They sent about 2/3 of the younger and healthier patients home to get better on their own, with close monitoring by phone, to check for worsening of symptoms. The remaining 1/3 that were in the elderly and high-risk category, ***were treated immediately*** upon the presentation of symptoms or "clinical suspicion", of COVID-19. It is imperative that treatment begin within the first 5-7 days without waiting 3 days for the results of (unreliable) tests to be returned. **Out of 2,200 patients, Dr. Zelenko and his team only lost 2**, one of which had advanced leukemia and the other whose infection was already too advanced when he initially sought treatment. That's a 99.9% success rate overall, or 99.7% success rate over *treated* patients, with a $20 treatment protocol. Dr. Zelenko points out that one of the more important qualities of a good clinician is knowing when to treat and also when not to. **Studies or trials regarding the efficacy of hydroxychloroquine, administered after the 5-7 day window following initial onset of symptoms, are irrelevant.** https://www.covid-19forum.org/index.php?board=3.0

What has become known as the "Zelenko Protocol", is administered daily to elderly and high-risk patients over a 5 day period, and consists of hydroxychloroquine+ZINC+Azithromycin.
Dr. Stella Emmanuel treated over 350 COVID patients with the same formula with 100% success.
World renowned and highly esteemed French physician and microbiologist Dr. Didier Raoult, led the way early on when he administered hydroxychloroquine+Azithromycin with 99.5% survival.

The Zelenko Protocol is being employed very successfully, all around the world, and has been adopted by entire nation-states. While appallingly, the U.S. FDA rescinded its "Emergency Use Authorization" for hydroxychloroquine, as a result of heavily flawed "studies", with one published in "The Lancet" that contained fictional data, while the WHO "Solidarity" and UK "Recovery" trials used toxic dosages of hydroxychloroquine of up to 2400 mg in a day, which is 6 times that needed to treat COVID-19 with the Zelenko Protocol (400 mg daily for 5 days). In France hospitalization for poisoning is directed if an 1800 mg dose is consumed. Other irrelevant trials administered hydroxychloroquine alone, without zinc or without azithromycin, but more importantly involved hospitalized patients. According to Yale epidemiologist Dr. Harvey A Risch: "Early outpatient illness is very different than later hospitalized florid disease and the treatments differ. **Evidence about use of hydroxychloroquine alone, or of hydroxychloroquine+azithromycin in *in*patients, *is irrelevant* concerning efficacy of the pair in early high-risk outpatient disease.**"
https://www.covid-19forum.org/index.php?topic=168.0

When the FDA rescinded the Emergency Use Authorization for HCQ they wrote: "Additionally, in light of ongoing serious cardiac adverse events and other potential serious side effects, the known and potential benefits of chloroquine and hydroxychloroquine no longer outweigh the known and potential risks for the authorized use."
Yet in that same document the FDA followed with: "Chloroquine and hydroxychloroquine are both FDA-approved to treat or prevent malaria. Hydroxychloroquine is also approved to treat autoimmune conditions such as chronic discoid lupus erythematosus, systemic lupus erythematosus in adults, and rheumatoid arthritis. Both drugs have been prescribed for years to help patients with these debilitating, or even deadly, diseases, and **FDA has determined that these drugs are safe and effective when used for these diseases** in accordance with their FDA-approved labeling. Of note, **FDA approved products may be prescribed by physicians for off-label uses if they determine it is appropriate for treating their patients, including during COVID.**"
https://www.covid-19forum.org/index.php?topic=159.0

So Hydroxychloroquine is **"safe and effective" when used at a dosage of 400 mg (even 600 mg) per day by millions of people, for years on end, to treat Lupus and rheumatoid arthritis**, but when prescribed for ***approved*** off-label use for COVID-19 **at the same 400 mg per day dosage but for only 5 days**, we suddenly find that ".....in light of ongoing serious cardiac adverse events and other potential serious side effects, the known and potential benefits of chloroquine and hydroxychloroquine no longer outweigh the known and potential risks....." Hmmmm. Really?

Esteemed Yale professor and epidemiologist Dr. Harvey A Risch sums up the increased risk of heart issues that may be attributed to the combination of HCQ+AZ:
"Early outpatient illness is very different than later hospitalized florid disease and the treatments differ. **Evidence about use of hydroxychloroquine alone, or of hydroxychloroquine+azithromycin in *inpatients*, is irrelevant concerning efficacy of the pair in early high-risk *outpatient* disease. Five studies, including two controlled clinical trials, have demonstrated significant major outpatient treatment efficacy.** Hydroxychloroquine+azithromycin has been used as standard-of-care in more than 300,000 older adults with multicomorbidities, with estimated proportion diagnosed with **cardiac arrhythmias attributable to the medications 47/100,000 users, of which estimated mortality is <20%, 9/100,000** users, compared to the 10,000 Americans now dying each week. **These medications need to be widely available and promoted immediately for physicians to prescribe.**"
https://www.covid-19forum.org/index.php?topic=169.0

By way of comparison a 15% mortality rate among elderly and high-risk patients with COVID-19, equates to a **15,000/100,000 chance of mortality from untreated COVID-19, compared to a 9/100,000 chance of arrhythmia related mortality from HCQ+AZ.** Put another way, a 1666 times greater risk of dying of untreated COVID, than of arrhythmia related issues from HCQ+AZ. Dr. Risch and Dr. Zelenko also suggest that Doxycyclene may sometimes be used in place of Azithromycin.

Besides ignoring the toxic dosages that were administered in the WHO and UK studies, the FDA also failed to mention the fact that the COVID-19 virus itself causes heart injury in up to 1 in 5 patients, without any medication being involved. https://www.covid-19forum.org/index.php?topic=182.0

Compare FDA rescinding Emergency Use Authorization for the safe 60¢ per pill HCQ, while the FDA granted EUA to the relatively new experimental drug Remdesivir that has considerable side effects and about which an NIH study concluded the "**difference in mortality was not statistically significant**", yet it costs $3,200 per patient. https://www.covid-19forum.org/index.php?topic=19.0

Hydroxychloroquine has a 65-year record of safety that the AAPS suggests demonstrates it to be safer than aspirin, Tylenol or Benadryl. It is available over the counter in many countries and should be in the U.S., as it was in France for over 50 years. Thousands of Americans have died and continue to die of COVID-19 unnecessarily, because they are not being prescribed a commonly administered, up to 99% effective, $20 treatment for COVID-19 - ***on a timely basis*** - that has been saving lives all around the world since at least March of 2020. https://www.covid-19forum.org/index.php?topic=102.0
Yet hospitals and some cowardly CYA doctors in the U.S. have been frightened away from prescribing this life saving remedy for their patients - because of false publicity generated by fraudulent studies and toxic and irrelevant later stage trials - from fear of the (misguided - or worse?) FDA and NIH as well as a few state governments.
Echoing Dr. Harvey Risch: **"These medications need to be widely available and promoted immediately for physicians to prescribe."**
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