On 9-18-20 the U.S. COVID-19 death toll for the day was 937, pushing us toward the 200,000 new total logged the next day. Yet if the U.S. adopted a *national policy* of treatment with the \$14 Zelenko Protocol of hydroxychloroquine+zinc+Azithromycin - of the elderly and those most vulnerable, along with every other COVID patient whose symptoms include shortness of breath - beginning *immediately upon the presentation of symptoms* or *clinical suspicion* of COVID-19, the number of dead could theoretically be *reduced by 99%* to 10 deaths instead of 937. This calculation is based on *RESULTS* of Dr. Vladimir Zelenko's 99.75% success rate over 2,200 OUTpatients having only lost 2, as well as the 99.5% success rate in the peer reviewed study of 1061 patients by the world's leading microbiologist/virologist/epidemiologist Dr. Didier Raoult. The absolute matter of fact success rates of Zelenko and Raoult have been repeated by hundreds of physicians throughout the U.S., and thousands worldwide, ever since March. If a policy of universal early outpatient treatment with the Zelenko Protocol could be universally instituted in the U.S., in a moment, the death toll would theoretically be reduced to 1% of current levels after a lag of just 12 days time. https://www.covid-19forum.org/index.php?topic=18.msg384#msg384

Importantly, everyone who cites a trial or study that was done in a **hospital** *IN*patient setting, as a reason to suggest that hydroxychloroquine is ineffective in treating COVID-19, suffers from abject ignorance to the stunning success of HCQ in the *early OUT* patient setting. Anyone who cites studies done with **hydroxychloroquine alone**, as a reason to suggest it is ineffective, is equally ignorant. Anyone who repeats misleading claims about danger being a reason to avoid HCQ, is obviously ignorant to the fact that millions of Americans take 400 mg of HCQ daily for years on end for Lupus and rheumatoid arthritis, which is the same dosage that the Zelenko Protocol prescribes over just 5 days. Anyone who cites results of the "Solidarity" or "Recovery" trials as reason to believe there is danger, is ignorant to the fact that they poisoned participants with dosages 6 times greater than the Zelenko Protocol prescribes. Anyone who claims HCQ becomes too dangerous when combined with Azithromycin is mathematically challenged, since according to the highly esteemed and heavily published professor of epidemiology at Yale School of Health Dr. Harvey Risch and a consensus of cardiologists he cites, the chances of dying from arrhythmia caused by HCQ+AZ are 9/100,000. Even if it were over 20 times that at 200/100,000, the chances of an elderly or high-risk patient dying of untreated COVID-19 can be as high as 15,000/100,000. Besides which, where there are cardiac concerns, Doxycycline can be substituted for Azithromycin. https://www.covid-19forum.org/index.php?topic=254.0

Hydroxychloroquine has been saving lives all around the world for 6 months now with success rates above 99%, and the Zelenko Protocol has been adopted by entire nation-states, for treatment of COVID-19. Countries that adopted widespread early treatment with HCQ, on average have a 74.8% lower death rate than countries like Mexico and the U.S. that have limited early treatment with HCQ. https://www.covid-19forum.org/index.php?topic=243.0

Even Asia's largest slum met with amazing success, in HCQ both as treatment and as prophylaxis, with a population density 6 times greater than New York City and a COVID death rate at 1/20 that of the U.S. average.

https://www.covid-19forum.org/index.php?topic=102.0

So a drug that has a 65-year history of safety, that is sold over-the-counter in many countries (as it was in France for over 50 years) and is **taken daily over the course of many years by millions of**Americans for Lupus and rheumatoid arthritis in the identical dosage that the Zelenko Protocol prescribes over just 5 days - that the AAPS claims is safer than aspirin, Tylenol or Benadryl, that enjoys a 99+% success rate in treating even elderly and high-risk patients in the *EARLY OUT* patient setting when administered immediately upon presentation of symptoms or clinical suspicion of COVID-19, for which the entire 5-day Zelenko Protocol uses \$14 worth of pills - gets the FDA Emergency Use Authorization taken away from it.

So that a marginally successful experimental drug that is delivered **intravenously** in the hospital *IN*patient setting - that already failed in treatment for ebola, **that has been implicated in damaging the liver and kidneys**, that **costs around \$3,200** per course of treatment, for which the American taxpayers have already shelled out tens millions of dollars paying the manufacturer to develop it who nonetheless gets to set the price and make all the profits from it, **that studies by Fauci's own NIH concluded regarding its efficacy that the "difference in mortality was not statistically significant" - could receive the FDA Emergency Use Authorization instead of hydroxychloroquine.**

So can Fauci's "go home and isolate" recommendation for COVID-19 perhaps be seen for what it is, since it has been tantamount to a death sentence for so many elderly and high-risk patients that took Fauci's advice and wound up being hospitalized after a matter of just days without treatment, who then became victims of a COVID stage 2 cytokine storm followed by being put on \$3,200 Remdesivir as they lay there dying, rather than having immediately sought and received EARLYOUTpatient treatment upon presentation of symptoms or "clinical suspicion" of COVID-19 with the \$14 Zelenko Protocol of HCQ+zinc+Azithromycin toward a 99+% chance of survival? Would a doctor tell a patient with a cancerous tumor to "go home and isolate" until it got big enough to block an airway?

https://www.covid-19forum.org/index.php?topic=114.0

How many COVID-19 patients have died unnecessarily? Here's a word to treating physicians by a clinician that has had broad experience with all the chloroquines and a 100% success rate in treating over 350 COVID-19 patients:

https://www.covid-19forum.org/index.php?topic=125.0

The Zelenko Protocol's 99.9% success rate over 2,200 COVID patients seen, with a 99.75% success rate over the 800 of them that were treated:

https://www.covid-19forum.org/index.php?topic=18.0

More details from distinguished Yale professor of epidemiology Dr. Harvey Risch:

https://www.covid-19forum.org/index.php?topic=254.0

https://www.covid-19forum.org/index.php?topic=169.0

https://www.covid-19forum.org/index.php?topic=52.0