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To all of the Rebbe's Shluchim worldwide ש"י:

I am writing to you about a matter that is of פיקוח נפש for your kehilla, for the Jewish and non-Jewish people at large. I am writing to you as a leader of your community who people look up to for direction.

My name is Dr. Zev Zelenko. I am a physician who practices medicine in Orange county, NY. I have been serving as the chief physician for my community, Kiryas Yoel, for 16 years. It is a Satmar community of 35,000 people all living within one square mile.

When I was notified that this horrible virus will begin to make its way to the United States, I immediately began to prepare a plan of action. This was necessary as there was no recommended treatment for this virus. I reviewed the studies that were done from some of the earliest hit countries, namely South Korea, China and France.

I studied the most effective treatments and decided to combine the results of two separate but similar approaches from South Korea and France. This led me to use the combinations of three very safe and well known drugs that have been used for decades. Hydroxychloroquine, Zinc and Azithromycin. All three of them easily administered orally in pill form.

Keep in mind that this virus is not the typical seasonal flu. This is a very terrible virus that is particularly destructive when left untreated, namely, to the high risk category of people.

The high risk category of patients is described as:

1. Anyone age 60 and older that is showing symptoms.
2. Anyone of any age that is showing symptoms while having a compromised immune system due to pre existing conditions such as diabetes, heart disease, cancer, asthma etc.
3. Anyone of any age that has shortness of breath. Shortness of breath is a particularly dangerous symptom. Any symptom consistent with covid-19 should result in beginning the treatment protocol, but shortness of breath is particularly indicative that the already small window of opportunity to begin treating this virus is rapidly closing.

If the high risk population shows symptoms and goes untreated the virus rapidly begins to destroy the lung tissue and damages other organs. Those who are lucky enough to make it out of the hospital are leaving with serious and potentially lifelong injuries.

Again, this is why it is absolutely essential that this infection be treated with this treatment protocol, at the first sign of symptoms.

The treatment protocol is:

1. Hydroxychloroquine 200mg twice a day for 5 days
2. Azithromycin 500mg once a day for 5 days
3. Zinc sulfate 220mg (or the equivalent of 50mg elemental zinc) once a day for 5 days

Again, I prescribe these three drugs at the first sign of symptoms in the outpatient setting. The 'outpatient setting' means before the patient would need to be admitted to the hospital.

I also suggest the following prophylactic regimen for Very High Risk individuals:

1. Hydroxychloroquine 200mg once a day for 5 days, and then 1 pill a week until immunity can be shown or a vaccine becomes available.
2. Zinc Sulfate 220mg (or the equivalent of 50mg elemental zinc) once a day for 5 days, and then 1 pill a week until immunity can be shown or a vaccine becomes available.

Very High Risk individuals are front-line health care providers, nursing home residents, police officers, etc.

Many New York hospitals are administering some of the medications that I use in the treatment protocol. However they are erroneously waiting until the infection advances to a secondary condition that is generally referred to as Acute Respiratory Distress Syndrome, ARDS. In other words they are using the medications at a later stage when they don't work nearly as well. This is like a firefighter waiting until a small fire spreads to become a raging inferno and only then to begin trying to put it out. This is either the height of stupidity or simply criminal negligence, I don't know which.

As stated above allowing this virus to spread untreated leads to Acute Respiratory Distress Syndrome and similar conditions. These conditions cause the large scale destruction of the lung tissue and this is the point when most patients are put on ventilators. This is a senseless approach and is the reason why so many of our precious loved ones and Torah leaders are unnecessarily dying. With this senseless approach being used, the nationwide statistic is that 5-10% of the high risk category of patients are dying. In long term care facilities this number surpasses 20%.

When I began treating patients for covid-19 in the middle of March, I had 250 testing kits. When I ran out of them I began clinically diagnosing my patients for the following reasons:

Firstly, the results were taking far too long to come back. And secondly, the standard tests that everyone was using were not accurate enough because the margin of error was too wide.

Furthermore, I began to worry since the test results that came back to me showed that more than 60% of the patients tested positive for covid-19.

Considering that this virus is many times more contagious than the flu, and considering that Kiryas Yoel has approx. 35,000 people within one square mile, meant that at least 20,000 people had already been infected by the time I received the last test result.

I am nevertheless very happy to report the excellent progress of the patients under my care.

As of April 26th. I have treated well over 1600 patients with covid-19. Out of these 1600 patients I have treated more than 405 of them with my treatment protocol. These patients are in the high risk category. The ones I do not treat with this protocol are those majority of patients who are low risk. I have been using this approach since March 15th and since that time \*one patient has died and all else are recovered or are nearly recovered. Sadly, the patient who died was already battling leukemia and related complications.

These have been my consistent results since the outbreak of this virus in my region.

Statistically, my high risk patients and obviously low risk patients, have a nearly 100% recovery rate. If my community was *Chas v'Shalom*, receiving the same treatment that the rest of the country is receiving, I would have had at least 20 deaths, or as high as 40 patients dead.

Baruch Hashem that my treatment protocol has been adopted by a growing number of doctors around the United States and internationally and Baruch Hashem they are reporting identical results.

The most well known of these doctors is Dr Didier Rault, from Marseilles. He is one of the world's leading virologists, possibly the leading virologist. He is using a very similar protocol with very similar results. I have been networking with the doctors that are using my protocol and constantly comparing notes. We are all regularly updating each other with our progress and we have also been posting our updates and progress on social media.

Towards the early days of this outbreak I realized that my treatment protocol is working with near perfection, I therefore reached out directly to President Trump with a video addressing him then I posted it on youtube. The following day, President Trump's chief of staff Mark Meadows contacted me and I have been in daily contact with him since then, Baruch Hashem. Subsequently many governments have contacted me, namely the Israeli, Russian, Ukrainian, Brazilian, French, Honduran and others. Too many to list here. I should note that I have been in regular contact with Yaackov Litzman, the health minister of Israel as well.

Some of the governments that have consulted with me were kind enough to update me with their results and supporting data. Most recently Brazil has reported a 95% reduction in fatalities since they started my early treatment protocol.

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Yet, most unfortunately there is some misinformation being spread in certain media. I don't know why some outlets are misrepresenting the facts by using distorted headlines about the effectiveness of the medications I am using. I have heard all sorts of conspiracy theories, political theories and financial theories. I don't have time to dig too deeply into these theories because I am spending 18 hours a day successfully treating my patients Baruch Hashem.

Unfortunately the most current studies are all administering this medication to the sickest of patients, those patients who have already developed Acute Respiratory Distress Syndrome.

I, on the other hand am emphasizing specifically to begin treatment ii the first sign of symptoms. Additionally, those trials do not treat the patients with the entire protocol, they are most often using just the hydroxychloroquine alone. Some of these studies claim that a few of the participants experienced heart arrhythmias. What the headlines neglected to mention is that the participants were given absurdly high doses of hydroxychloroquine. My treatment protocol uses just 200 mg of hydroxychloroquine per dose. In reality, unusually high doses of virtually any medicine on the market including tylenol could result in horrible side effects. This fact is not reported in any of those articles.

In order to be safe and thorough however, in the middle of March I contacted the three best cardiologists who are electrophysiologists in the tristate area, to assess if the rare risk of heart arrhythmias on this medicine is a real concern. I am still in regular contact with them. In their over 100 years of combined experience they have never had a patient show signs of heart arrhythmias due to the use of hydroxychloroquine. Essentially, the risk is practically hypothetical, none of my many colleagues have seen this occur in their practices.

I understand that there might be physicians in our very own community that are unfamiliar with this protocol and therefore decide against prescribing it. The pressure put on physicians by the medical community's popular consensus is huge. It is a *nisayon* to try something new that is not yet mandated.

Nevertheless, the only physicians who can make claims about the success or failure of these medications, are the physicians who are observing its results in real time. I am in contact with other doctors, including from ones, who are using it with great success. I myself have prescribed it to over 400 patients.

I will add that shortly before the media began misrepresenting the facts about hydroxychloroquine this past month, the Centers for disease control (CDC), was for decades, and still does, actually recommend people to take hydroxychloroquine pills preventively, when traveling to regions of the world that have had malaria outbreaks. They recommend it to people of any age and assure the public that it is safe for even the elderly, children, pregnant women and nursing mothers.

Doctors currently prescribe azithromycin to patients with bronchial infections that are concurrently on hydroxychloroquine. My colleagues and I have had far more patients who have experienced side effects from aspirin and ibuprofen than from hydroxychloroquine. The chance of having an episode during the five day low dose which I prescribe is almost nil. I say almost nil because only Hashem can speak in absolutes.

As a physician I do appreciate that it is preferable to prescribe medicine that has passed peer reviewed medical trials. However, trials take time, time that we don't have during this pandemic where over 250,000 people have died in just a few weeks.

Under these circumstances, we don't have the luxury of operating as we do during ordinary times. Waiting for long medical trials before dispensing a drug that many of us now know

works beautifully, is not only unethical and insane but is also proving to be largely fatal. Unfortunately in our own Anash we are seeing this up close. ר"ל

In addition to being in contact with several governments including our own president's chief of staff, I have been interviewed by newspapers, on television and radio shows including Sean Hannity, Dennis Prager and the like. The most widely viewed interview was with Mayor Rudolph Giuliani on his show 'Common Sense'. Although I have since then, done more interviews with Mayor Giuliani to update him and his audience on the progress of my patients.

Now, I would like to point out that some time back when there was a question over vaccines, the Rabbanim came out strongly about the need to vaccinate because otherwise it could result in a POTENTIAL of pekuach nefesh.

This issue at present however is not potential, it is ACTUAL. It is upon us, it is immediate, pressing and involves real pekuach nefesh! I plead with you precious Shliach י"ש, to advise and promote both in writing and announcements, to your community and healthcare providers the information that I am presenting to you in this letter.

It is unthinkable to me that as a member of Anash, while I am Baruch Hashem successfully treating my own community and advising other nations around the world to administer my treatment protocol, that in our own communities people are succumbing to this virus without this information and without these life saving drugs.

I would just like to inform you that once a person is admitted to the ER, they are often the victim of an overburdened and sometimes neglectful staff. I have heard a number of reports from New York hospitals from nurses and staff who have seen atrocious treatment to patients. Remember the patients are alone, family members are not permitted to be there with them. The patient is totally at the mercy of overburdened, tired and burnt out staff.

Most anash should be able to receive this medicine via prescription from their own health care provider.

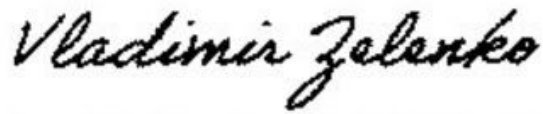
If their health care provider will not prescribe these medications to them for whatever reason or they are located in an area without a pharmacy to fill it. Upon request, I can refer them to a telemedicine option where patients can have a live consultation with a doctor who will prescribe the medication if he or she judges it to be the appropriate treatment. If the Doctor does prescribe the protocol, the medication will be mailed overnight to the patient. Please contact me if your anash member will need this service. I, in no way make any financial profit from this telemedicine service.

If there is a member of Anash who is not in the US or cannot access telemedicine I would be happy to advocate on their behalf with their doctor about this protocol.

May we only have good news in this month of Iyar with the immediate coming of Moshiach now.

As we say in Iyar-Ani Hashem Rofecha.

With much respect,



Dr. Zev Zelenko MD

*\*It was originally reported that 2 people on the medication passed away. It was recently discovered that the second person did not take their prescription as required.*

Please see:

<https://youtu.be/24ejrH7ROds>

<https://www.fox7austin.com/news/fox-26-gets-unprecedented-access-to-texas-1st-nursing-home-to-treat-covid-19-with-hydroxychloroquine>

<https://aapsonline.org/hcq-90-percent-chance/>

<https://m.youtube.com/watch?v=3m6qQmfcixU>

<https://drive.google.com/file/d/14vXNavBM9YSiJqcfoLmsW0u4xEJXN1Se/view?usp=drivesdk>

<https://newyork.cbslocal.com/2020/04/30/coronavirus-exclusive-meet-the-doctor-behind-the-hydroxychloroquine-treatment-for-covid-19/>