

# Death Sentence

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June 15, 2021

The citizens of the United States have been betrayed by corrupt and/or incompetent government officials. In the documentary called “Totally Under Control”<sup>1</sup>, which was an anti-Trump hit piece released before the election, Dr. Rick Bright<sup>2</sup> gleefully admits and explains how his BARDA team blocked access to Hydroxychloroquine (HCQ). This obstruction to life-saving medication was a death sentence for over 500,000 Americans.

On March 23, 2020, Dr. Rick Bright was tasked by President Trump via Secretary Azar’s legal counsel to make HCQ available to every American. This order included an aggressive program of physician-directed early outpatient use of HCQ and was based on multiple studies that showed HCQ may have antiviral properties against Covid-19.<sup>3</sup>

On March 24, 2020, in reference to what Rick Bright refers to as a “compromise”, Dr. Janet Woodcock, the FDA Director of the Center for Drug Evaluation and Research, appears to have acted in a highly questionable manner. Dr. Woodcock demonstrated insubordination of POTUS by recommending that BARDA use the FDA’s EUA process as a tool of obstruction, instead of the existing mechanism to streamline HCQ access to Americans (Expanded Access IND protocol). This protocol which is also called “compassionate use expanded access” is a pathway for severely ill patients to gain access to investigational medical therapeutics outside of clinical trials.

In an obvious conflict of interest, Dr. Woodcock assisted Dr. Bright in writing the EUA document as well as helping him to submit the application to the FDA. On March 29, Dr. Woodcock’s division of the FDA issued a carefully designed and manipulative EUA for HCQ. This EUA stated that “hospitalized patients were likely to have a greater prospect of benefit

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<sup>1</sup> [www.amazon.com/dp/B08L5P2Y63/ref=tsm\\_1\\_tp\\_tc](http://www.amazon.com/dp/B08L5P2Y63/ref=tsm_1_tp_tc). Watch minutes 101-107.

<sup>2</sup> Former director of The Biomedical Advanced Research and Development Authority (BARDA) which is a Department of Health and Human Services office responsible for the development of medical countermeasures, principally against bioterrorism

<sup>3</sup> <https://c19hcq.com/>

from HCQ (compared to ambulatory patients with mild illness).”<sup>4</sup> It is my assertion that this inaccurate statement has directly, or indirectly, contributed to the untimely death of over 500,000 Americans. In reality, the data showed that the exact opposite was true. This shameful and nefarious misrepresentation of clinical data was responsible for the false narrative against the outpatient use of HCQ.

My battlefield tested, real-world data demonstrated an 84% reduction in Covid-19 deaths when antiviral treatment with HCQ is initiated within the first 5 days of the onset of symptoms.<sup>5</sup> This reduced the rate of death in high-risk patients from 7.5% to less than 0.5%. Subsequently, dozens of studies have reproduced and confirmed my initial empirical evidence.<sup>6</sup>

As Dr. Bright admits in the documentary, his EUA was designed to restrict HCQ access to the American people. The EUA granted access to the national stockpile of HCQ to “hospitalized” patients. The EUA did not state that it restricted physicians from the off-label prescription of HCQ to patients in the prehospital setting. However, the ‘hospitalized patient’ wording created the intentional perception in the minds of physicians that use of HCQ outside the hospital was prohibited. To make matters worse, most hospital systems, physician employers, and many state medical boards sanctioned physicians who dared to prescribe HCQ. The net result was that most patients that needed HCQ did not get it.

This is the mechanism behind the decimation of life in the context of so many avoidable deaths. The revelation of this information must: 1. change the standard of care of Covid-19 to early prehospital antiviral treatment; 2. lead to the investigation and prosecution of the criminal actions of these corrupt officials and their supporters.

I am making this information public now because the evidence clearly supports HCQ<sup>7</sup> use and proves that President Trump was correct when he initially began recommending it over a year ago.<sup>8</sup>

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<sup>4</sup> [www.accessdata.fda.gov/drugsatfda\\_docs/nda/2020/EUA%20Review%20CQ%20HCQ.pdf](http://www.accessdata.fda.gov/drugsatfda_docs/nda/2020/EUA%20Review%20CQ%20HCQ.pdf)

<sup>5</sup> [www.sciencedirect.com/science/article/pii/S0924857920304258](http://www.sciencedirect.com/science/article/pii/S0924857920304258)

<sup>6</sup> <https://hcqmeta.com/>. <https://ivmmeta.com/>

<sup>7</sup> <https://www.medrxiv.org/content/10.1101/2021.05.28.21258012v1.full>

<sup>8</sup> <https://youtu.be/xAGLGbcQAPU>