

The Suppression of Ivermectin in Treating SARS-CoV-2

A Special Interview With Dr. Hector Carvalho

By Dr. Joseph Mercola

Dr. Joseph Mercola:

Welcome, everyone. This is Dr. Mercola, helping you take control of your health. We're going to continue along with the COVID-19 discussion by having a dialogue with an expert from South America, Argentina specifically, and that would be Dr. Hector Carvalho. He and I actually both graduated med school around the same time. He graduated in '81, and I graduated the following year. We've been around the block for a while.

Dr. Joseph Mercola:

His focus, recently, in the last year or so has been on ivermectin and other strategies to treat COVID-19. Welcome, and thank you for joining us today.

Dr. Hector Carvalho:

Thanks to you, Dr. Mercola. It's a pleasure for me.

Dr. Joseph Mercola:

Yeah. I gave a brief introduction, but why don't you expand on that and add anything that you'd like to help the viewers understand what your expertise is.

Dr. Hector Carvalho:

Okay. I graduated from the School of Medicine in 1981, in the same year of the outbreak of the AIDS (acquired immunodeficiency syndrome) pandemic. My first fire baptism was with AIDS, with another pandemic. I have dedicated all my professional time to both teaching and assisting. I graduated as a professor in 1996 for the first time. Then I acted as a professor for the School of Medicine in Buenos Aires, which is public. Also, as an associate professor of internal medicine for two private schools of medicine. Until, I retired a couple of years ago.

Dr. Joseph Mercola:

Okay. Did COVID-19 bring you out of retirement? Perhaps, if you can share your journey on identifying these strategies that have been vilified from the World Health Organization, and every international public health authority and agency.

Dr. Hector Carvalho:

Okay. Yes. We started regarding ivermectin even before this pandemic because it has been proved in different parts of the world that it will be helpful as virucidal compound against dengue fever. Dengue is endemic in Argentina. We had already taken a look at it and we wanted to learn a little bit more when the pandemic out broke. We came across some studies that were being conducted in Australia at the Monash University by people like Dr. Kylie Wagstaff. We supposed that it would be very useful because the virology in effect already proved and we

decided to, even before they published their first findings, we decided to replicate what they were doing but in vivo. That is, not in the laboratory but into human beings.

Dr. Hector Carvallo:

We developed two different trials, which we submitted to the National Library of Medicine in the United States. That was in early April 2020. One was for pre-exposure, that is, for prevention, and the other was for treatment. In both cases, we didn't use ivermectin as an isolated compound because we don't believe in the silver bullet. In the case of the prophylaxis, we used it together with carrageenan. Carrageenan is a very old compound. It has been used on humans for the last 500 years because it comes from an Irish algae and it is used in gastronomy. Then it-

Dr. Joseph Mercola:

It's a food emulsifier. It's common in ice cream.

Dr. Hector Carvallo:

It's a thickener, actually.

Dr. Joseph Mercola:

Right.

Dr. Hector Carvallo:

So it has been used in many medicines, that is for human medicines, for the last 10, 12 years, both in South America and in Europe. And they have come to the conclusion that it has virucidal effects by itself apart from being a thickener. For the prophylaxis we combined ivermectin together with carrageenan, topical carrageenan, of course. For treatment we-

Dr. Joseph Mercola:

Excuse me. Why would topical carrageenan work? It seems a bit unusual. I would think it would need to be swallowed.

Dr. Hector Carvallo:

It is the only way that it's available for humans, topical.

Dr. Joseph Mercola:

Really?

Dr. Hector Carvallo:

Mm-hmm (affirmative).

Dr. Joseph Mercola:

Okay. So topical. It gets into the blood? It goes transdermal?

Dr. Hector Carvallo:

It is used in the nostrils and in the mouth, and, of course-

Dr. Joseph Mercola:

So it enters mucous membranes.

Dr. Hector Carvallo:

We have seen the drug addicts use the nostrils very often.

Dr. Joseph Mercola:

Oh, sure.

Dr. Hector Carvallo:

It is easily enters the bloodstream. But the fact is, the presentations, either in South America and in Europe, are only topical. Together with our study, the Austrian people from a laboratory that's a marine and med biotech, they developed and they conducted another trial on the same direction with carrageenan, and the results were similar. When we finished our studies and we submitted them to the National Library of Medicine, we published them both the pre-exposure trial and the treatment trial. In the case of the treatment, I was saying that we combined ivermectin. We first divided the cases into mild, moderate and severe. The WHO have not already done it. For the mild cases, we used ivermectin together with aspirin, to prevent platelet aggregation, also trying to avoid the clots that were the main cause of death apart from hyper-inflammation. Because in those days there was very little known about this new virus. How do you manage to know what to do on a virus, the existence of which you have never heard before?

Dr. Hector Carvallo:

The only way to do it for us, for you, for me, for those who come from a generation that was used to thinking, the only way to do it is by establishing analogies. We established analogies with other viruses we already knew very well. With rhabdovirus for the neuro-topical effect. With the paramyxovirus for the hyper inflammation in lungs. The dengue virus for the immune amplification. By creating those analogies, we knew what we would expect from the virus. No matter how new it was for us. As I was saying, we used ivermectin together with aspirin for the mild cases. Ivermectin, aspirin and corticosteroids for the moderate. Only in the severe cases we changed aspirin for enoxaparin.

Dr. Hector Carvallo:

The severe cases could not be kept at home. We knew from the very first day that, not from this pandemic, from the very first day we entered the school of medicine that the sooner you treat any illness, the more chances you will have to be successful in the treatment. [crosstalk 00:08:40]

Dr. Joseph Mercola:

COVID-19 prevention of the long-haul syndrome. Which is crucial. Absolutely crucial. You've got to get it as soon as you can. The very first day, ideal.

Dr. Hector Carvallo:

You have to treat quickly but treat it strongly. This is natural thinking. Nobody has to be a genius to know that. In this case, inexplicably, many doctors have been told to do nothing. To keep the patients in their homes on their own with just a few pills of Tylenol, which we know is good for nothing. Until they cannot breathe properly. Then they have to be referred to the hospital. That is person abandonment. Under any law in any country. That's-

Dr. Joseph Mercola:

It's criminal. I would disagree that Tylenol doesn't do anything. I'm firmly convinced it pushes the person in the wrong direction because it has to be metabolized. In its metabolism process it depletes glutathione. Glutathione is absolutely needed to treat this disease.

Dr. Hector Carvallo:

Yeah. Well, maybe I didn't explain myself correctly. I don't mean it is useless. I mean-

Dr. Joseph Mercola:

It's worse than useless. It's pernicious.

Dr. Hector Carvallo:

You cannot put all the bet on Tylenol.

Dr. Joseph Mercola:

Right, right. Let me go and attempt to understand the chronology. I think you were one of the first groups that were using ivermectin. You mentioned the Australian group. In the United States there's Dr. Pierre Kory and Dr. Paul Marik, who I'm sure you are familiar with, who've adopted that and promoted that. Were they before you or were you before them and they used your research to catalyze or implement this strategy in the United States?

Dr. Hector Carvallo:

Well, we have always said this — we were not the first ones who thought about ivermectin as a compound against COVID. Those were the Australians. We were not the first ones who developed a trial. Those were the people from Iraq. We were the first who submitted the results.

Dr. Joseph Mercola:

Good. I like to understand the sequencing. Part of your strategy is the aspirin. That's somewhat controversial. There are physicians in the United States who would disagree with that. I'm wondering if you've explored aspirin alternatives that could be very effective in the clotting process. Because you're absolutely right. That is typically what takes most people out, is the clots. Not only the macro circulation, the big blood vessels but in the micro circulation. Aspirin can help but what seems to be more effective from many people's perspective, is NAC, which as you probably know, was made illegal by the FDA (Food and Drug Administration) not too long ago. You couldn't sell it. They had this massive effort to remove its availability from the public. I'm wondering if you looked at NAC as an alternative to aspirin?

Dr. Hector Carvallo:

We didn't look for another alternative. Argentina is a very strange country in which you can't get any medicine on your own even without a prescription-

Dr. Joseph Mercola:

You mean like supplements? Supplements or medicine?

Dr. Hector Carvallo:

We didn't use supplements on the acute COVID. We didn't use it. Just in long COVID we used supplements in order to make recovery shorter. Recovery time shorter. We didn't use it. That doesn't mean we say they are not good. We adjusted ourselves to what we did. We believe in the effectiveness of hydroxychloroquine. We believe in the effectiveness of azithromycin, vitamin D, zinc, doxycycline. We believe in those compounds too. But we have not tried them, that's it.

Dr. Joseph Mercola:

Have you reached any clinical conclusion even though [inaudible 00:12:58] sounds largely because of its availability you haven't been able to implement it in your circumstances. Have you reached conclusions about NACs as an effective alternative to aspirin?

Dr. Hector Carvallo:

You mean, what we have studied or the other compounds?

Dr. Joseph Mercola:

No, no, no. Obviously, you're not implementing for logistical reasons. I'm wondering if you could, if you would. If it's available to you under different circumstances if you would implement NAC as an alternative to aspirin.

Dr. Hector Carvallo:

Absolutely, absolutely. The only thing, I mean, if you walk around a corner and you see your neighbor's house on fire, you may call 911. You may play hero and enter the house and try to save the persons. You may cry out for help. The only thing you must not do is to do nothing. I believe in any attempt in order to keep a mild patient mild. What I cannot accept, as a medical doctor, because it is against our oath, is to remain arm-folded until that person gets worse. That's criminal.

Dr. Joseph Mercola:

Yeah. That's Dr. Peter McCullough in the United States who is a well-recognized and highly credentialed physician, has been very vocal about this. He couldn't agree more. He thinks it's medical malfeasance to have these policies. They have likely contributed to the death, the premature deaths, of over half a million people in the United States alone. I don't know what the numbers are worldwide or certainly South America. It's just shocking that the brainwashing of the physician population, and the public of course, but certainly the physician population with such that they adopted this reprehensible negligent strategy. It's going to be looked at in the future not favorably, that's for certain.

Dr. Hector Carvallo:

It's very disappointing Dr. Mercola. It's very disappointing there have been many heroes who work in the front line. They have risked their lives and sometimes they have lost their lives fighting this virus. There's a big group of medical doctors who have preferred to remain in their comfort zone. Quoting Tennessee Williams, "I would say that they have matriculated in the school for the blind". Their eyes have failed them or they have failed their eyes. Their eyes, their ears and their brains. They just do what they are told to do or not to do. That's not the idea of a medical doctor. If I have been told at the school of medicine that I was going to do what somebody else, an entrepreneur, the owner of a laboratory, would say that I had to do, I would have chosen another career.

Dr. Joseph Mercola:

Yeah, yeah. It's surprising because these recommendations are coming from organizations and authorities who essentially had zero, none, no experience at all in clinically treating these patients. It's all intellectual, academic and motivated by finances.

Dr. Hector Carvallo:

Yes, but there's only one reason for all this. The reason is summarized in one word, greed.

Dr. Joseph Mercola:

Yes. Absolutely. No distinction.

Dr. Hector Carvallo:

If you put all the professionals, no matter how many diplomas they have in their offices, if you put all those professionals who gave those theoretical ideas and schemes, you put them all together and don't know if they have seen just one patient.

Dr. Joseph Mercola:

Yeah, yeah. For sure. I'm wondering if you could give us an update in Argentina, how is the infection down there? I'm particularly intrigued to understand if the medical community down there has implemented your strategies or are they just as resistant in the conventional medical community as they are in the United States.

Dr. Hector Carvallo:

Okay. Okay. We have experienced our own reluctance in order to accept these protocols. Only the five provinces out of the 24 provinces of Argentina have authorized ivermectin as an early treatment for COVID, also for prevention.

Dr. Joseph Mercola:

Well, that's good. That's 25%. It's 0% in the US.

Dr. Hector Carvallo:

Well the fact is those provinces have been doing far better. For instance, one of the provinces that started using ivermectin for COVID from the government down for early treatment, they

reduced the death rate to one-third in less than a month in the middle of the outbreak. It was not a matter they change from the winter to the summer or the people had moved somewhere else or they had been vaccinated. There were no vaccines in Argentina until the beginning of autumn. We are now entering spring.

Dr. Joseph Mercola:

To eliminate the confusion, what month were the vaccines available in Argentina in 2021?

Dr. Hector Carvallo:

The vaccines were available since March, April. Vaccination process was very slow. I would say that the population with two jabs now is no more than 40% of the expected population.

Dr. Joseph Mercola:

Okay. Four or five months after-

Dr. Joseph Mercola:

That's good. Is this because it's a logistical challenge to administer it or that the people there understand there is a concern and danger and they are specifically choosing to avoid it?

Dr. Hector Carvallo:

It's both. I guess it's both. From one side they don't have enough vaccines to vaccinate everybody, thank God. On the other side, many people have preferred to use alternative methods instead of vaccines. This is the first time that I can recall in which an experimental vaccine may become mandatory.

Dr. Joseph Mercola:

It's certainly moving that way in the U.S., for sure, and many other places in the world. If it's not already in some. I think Italy has mandated that anyone who has a job has to have a vaccine. If you aren't vaccinated, you're fired. I'm pretty certain that's the case-

Dr. Hector Carvallo:

That's correct. That's correct. Italy was one of the first. You know what? Making an experiment mandatory to everybody and using the media in order to convince everybody to use it, it's something that's not new. It was done during the Second World War. Josef Mengele and Joseph Goebbels did that. One made any experiment he wanted on people that were hopeless and at the camps. The other one was a minister of propaganda who convinced everybody that everything was okay.

Dr. Joseph Mercola:

Yeah, yeah. They were effective but I would counter that their strategies were not anywhere near as effective as they are today because they didn't have the computer technology. They didn't have social media. They didn't have a search engine that controls 93% of the searches done in the world that has completely aligned with this narrative. You cannot find anything positive on

almost any search engine to support an alternative view because it's been essentially censored and buried by Google.

Dr. Hector Carvallo:

Well, but the fact is there are billions of reasons for that. If you have billions of millions of money, you can buy any wheel anywhere. That's what we are seeing. That science, let's forget about science, common sense has been disregarded.

Dr. Joseph Mercola:

Absolutely. No question. I'm glad there's only 40% of the population there. There's some prominent physicians there like Dr. Zelenko who liked to refer the COVID jab as the “kill shot” because he's convinced and many other prominent physicians are convinced that ultimately it's going to lead to premature death. I believe you are a general physician, listening to other interviews you've done, you're pro-vaccine. Not necessarily pro-COVID jab but pro vaccine in general. Did you actually get the COVID jab?

Dr. Hector Carvallo:

Well the fact is, I've always been pro-vaccines when they are proven vaccines. Not with experimental vaccines on a massive administration. I had to receive the jab from the Chinese vaccine because I want to travel to Europe. They won't let me on the plane if I don't have the vaccine. That's what makes an experimental vaccine mandatory. They don't punish you but they won't allow you to get on a plane. I got my aspirin in order to prevent the clots.

Dr. Joseph Mercola:

Did you take ivermectin?

Dr. Hector Carvallo:

I keep on using ivermectin. I've been using it over a year.

Dr. Joseph Mercola:

You've used it continuously. Wow. Since you're really one of the world experts in ivermectin, I'm wondering if you could review with us the dosing schedule and please be sure to include the imperial units because most of our audience is from America. They're more used to pounds than kilograms.

Dr. Hector Carvallo:

One thing before answering the question is that ivermectin has been mocked and ridiculed in the United States. They have referred to as veterinary compound. Even people from the CDC (Centers for Disease Control and Prevention) has said, "You are not a horse. You are not a cow. Why should you use ivermectin?" I would answer them, if they consider that ivermectin is only for veterinary use they are neither horses or nor cows, they are asses. Whatever you prefer to say. Ass is associated with another word which I won't say on the air. The fact is, we use ivermectin on a weekly basis for pre-exposure, that's for prevention. On a dose that is 0.2 mg/kg. We adjust the dose to the patient's weight. We use kilograms not liters like in the United States. We

consider that one of the worst comorbidities for somebody contracting the virus is obesity. You cannot give the same dose to a skinny person and to an obese or morbidly obese person. We adjust that. We use it on a weekly basis. We have even published-

Dr. Joseph Mercola:

It's a once a week dose? Once a week dose?

Dr. Hector Carvallo:

Once a week. Once a week. Now that Delta is appearing in the horizon in South America, we are considering reducing it to three or four days between one take and the other. Do you know why we use it on a weekly basis? Because ivermectin will work for 3.5 days. For the other three days, you will be exposed. You may contract the virus. Even before the virus can replicate enough to pass from the incubation period to the invasion period, you will take ivermectin again. You won't develop the diseases. You won't even realize you have contracted the disease. Your immune system will have got in touch with the virus and will start creating immunity.

Dr. Hector Carvallo:

Another gunpowder they have discovered in the recent months is that natural immunity is stronger than artificial immunity. This has been so, always. You have to live. If you contract the virus, you have to be sure that you won't develop severe cases. You will survive the virus. The natural immunity has always been better than artificial one. It's no news. It's something out of common sense. We keep on using that for four months. We'll stop for a couple of months because ivermectin will accumulate in the fat tissue. That's what they discovered in Africa. But not now, 12 years ago. They discovered that it will accumulate in the fat tissue. After this four months of dosification and two months of not using it, we start again. There are people who have been using it in their fourth period since early April.

Dr. Joseph Mercola:

What do you mean by the fourth period? Can you go over the protocol again? You do it once a week for how long?

Dr. Hector Carvallo:

We have done it for four months.

Dr. Joseph Mercola:

Four months and then you take a break?

Dr. Hector Carvallo:

They take a break for two months and then we'll start.

Dr. Joseph Mercola:

Okay. Okay good. Did the dosing-

Dr. Hector Carvallo:

Sorry. Sorry for interrupting you. I wanted to explain that if you put all the dosification together, it is similar to the one they receive in Africa against onchocerciasis every six months.

Dr. Joseph Mercola:

Is that River Blindness?

Dr. Hector Carvallo:

River Blindness. That's correct.

Dr. Joseph Mercola:

Okay. All right. You said the dosing is 0.2 mg/kg. In the U.S. we're more familiar with the imperial units, which would be pounds. I suspect it would be double that, 0.4 mg/pound?

Dr. Hector Carvallo:

Mm-hmm (affirmative). That's correct. Another thing we would listen to is that it is quite a high dose. There have been researchers 10 years ago in Africa who have used 10 times the doses we are using. They didn't find any toxicity. What they did with hydroxychloroquine in order to discredit it was easy. Hydroxychloroquine is also very useful against COVID. The fact is the safety margin is narrow. What they did was to use three times the dose in order to cause toxicity. There were 200 studies in favor of hydroxychloroquine. One study talking about the toxicity and all the scientific community in the world attached to that one. That's crazy. That's crazy.

Dr. Hector Carvallo:

In the case of ivermectin it was so wide a gap between dose, safety and toxicity that it couldn't do that. They just disregarded it. They said we had to do it double blind. That we had to do the studies randomized. Something that has already been done. Over 70 studies in the world. Many of them randomized and double blind. But there's only one thing we didn't accept, to work against placebo. Against placebo, I may assure you, I can defeat Mike Tyson at the Madison Square Garden. The only thing I need is that Mike Tyson doesn't go to the Madison Square Garden. Against placebo, you can get anything. During a pandemic when the life at stake, you cannot put people on nothing just to prove your theory.

Dr. Joseph Mercola:

Yeah. I think that would be reprehensible, criminal, criminal. But that's the same justification that the government and I believe the vaccine manufacturers used to remove the controls from the vaccine trials. Tens of thousands of people they had enrolled. Literally after three or four months they said, "This COVID jab is so effective that it would be foolish or criminal to have a placebo control group." Now there's no control. There are no controls. The only legitimate controls are those, at least in the United States, are those that choose to avoid the COVID jab.

Dr. Hector Carvallo:

Yes. They have gone that far. They have also given rewards to those who get the jab. Even to the children. I believe they have read the child molester manual. The child molester manual.

[crosstalk 00:32:46] No, I wish it was a comedy because this is a tragedy. According to Sigmund Freud, making jokes is a self-defense.

Dr. Joseph Mercola:

Well that's good. It helps lighten this tragic scenario that we're involved in. Thanks for the dose of humor.

Dr. Hector Carvallo:

The fact is they have now created another nonsense that the cases we have now are the cases from the unvaccinated people. That's another nonsense because in order to say so, they started collecting the cases from January. In January, no matter what country you may think of, nobody was vaccinated.

Dr. Joseph Mercola:

Right. First we know of, right. Started in late December. They are using that. Really, that's just to promote their continued narrative and propaganda and brainwashing to the population. Essentially results in two populations. One that is brainwashed, for the most part brainwashed, in many cases especially now since they've started punitive measures is the "if you don't get it, you're going to lose your job." I don't know what's going to happen to this Presidential Executive Order that mandates essentially to most companies in the U.S., at least 50% they're going to have to mandate it. That's the latest projection I've seen. It's just not a pleasant scenario if you are concerned about the consequences of the jab. We've talked a lot about the ivermectin. I think we've got a pretty good handle on it. Is there anything else you wanted to add about that before we go into the COVID injection?

Dr. Hector Carvallo:

The fact is, when we were told about using veterinarian ivermectin, something that happened, you must know that Argentina is mostly an agricultural country, people in the countryside are very familiar with veterinarian compounds containing ivermectin and we said that they shouldn't use that because it's not topical in Argentina but it is injectable. They use an anti-freezer, which is polyethylene glycol. Polyethylene glycol may be toxic. You know what? I came across an affidavit by Lieutenant Long from the United States, Theresa Long, that said one of the toxic effects of the vaccines that she was seeing in young soldiers and people from the United States Army were provoked by polyethylene glycol because it is part of the vaccines. So how come it is toxic in veterinarian compound and it is not toxic for human being?

Dr. Joseph Mercola:

I'm confused why they even put it in veterinary medicines because they're mammals just like us, most of them, the applications. Why would they put something toxic? If it's toxic to humans, it's certainly toxic to animals. I don't know the justification for that.

Dr. Hector Carvallo:

I don't know either. I guess it is just in order to keep it in storage a few degrees under zero without losing the material. The fact is, we have said don't use ivermectin with polyethylene

glycol that is veterinarian compound. We have been saying that for over a year. Now they have discovered the vaccines themselves have polyethylene glycol.

Dr. Joseph Mercola:

I haven't heard that specific name you said. Is it polyethylene glycol? Is that what you're saying?

Dr. Hector Carvallo:

Glycol, yes. Polyethylene glycol.

Dr. Joseph Mercola:

Okay. I'm sorry. It's hard for me to understand. It's polyethylene glycol or PEG as it's commonly abbreviated in the United States. We've known for a long time that's something that shouldn't be used. There's many products that promote nano-liposomes. Which is what the COVID jab is, it's a nano-liposome. Which is like 40 nanometers is why it gets into the cells so readily into virtually every tissue in your body. It just slides through like a hot knife through butter. This polyethylene glycol is essentially what is used to create these nano-liposomes. There are many, even supplement products in the United States that use that. I strongly recommend anyone avoid something that uses PEG or polyethylene glycol to do that.

Dr. Hector Carvallo:

It's an anti-freezer.

Dr. Hector Carvallo:

If you take a look at the composition of the Pfizer and Moderna vaccines. They both contain polyethylene glycol.

Dr. Joseph Mercola:

Right. 100%. No question. Yeah. They couldn't make it otherwise. Any other points on the ivermectin before we switch over to the jab?

Dr. Hector Carvallo:

No. We have already compiled the studies we have done and other articles that we shared with other medical doctors in Argentina with experience in the provinces I mentioned before. We compiled them into an eBook, which is for free to anyone who want to read it. It's both in English and in Spanish. The fact is, you can take the donkey to the barn but you cannot oblige him to eat. We offer the book to anybody who wants to read and get his or her own personal opinion. You cannot oblige the doctors to think to do that. You said that they have brainwashed a lot of people. That's understandable, it's easy to do so. They have brainwashed the medical doctors. That's discouraging. That's worrisome.

Dr. Joseph Mercola:

Yeah. I think the brainwashing of the physician community is much higher than the general population. In my perspective, I would put it somewhere about 80% to 90%, 80% to 90% of physicians are brainwashed. Whereas, the general population it's probably closer to 50%, maybe

up to 60% but way below the physicians. That includes almost all the health care professionals, including nurses and all the paraprofessionals. It's tragic. Thank you for offering that research. I am not going to let you go without telling us where to find this publication that you're offering so kindly for free.

Dr. Hector Carvallo:

I will send you the link. [crosstalk 00:40:38] interview.

Dr. Joseph Mercola:

Yeah. Yeah. Yeah. That's one of the things we do is, provide free resources. We love that. Thank you for compiling that. I'm looking forward to reviewing it myself. So much to talk about. Just to summarize briefly, as we're doing this interview, we've had over 15,000 fastly approaching 16,000, deaths at least in the United States reported in the VAERS (Vaccine Adverse Event Reporting System) database. There are some professionals who dispute that because they think it's being rigged or gained but the reality is, it is most likely a very small fraction. Steve Kirsch did some recent analysis compiling from using a variety of different methods including polling and objective message that had nothing to do with the VAERS database, and came to the conclusion that the numbers reported in VAERS are probably 1 in 40, which puts the number of deaths from the COVID jab at over 200,000 in the United States, 200,000 deaths already. The number of injuries somewhere between 2 million and 5 million. It's just-

Dr. Hector Carvallo:

I know that. That's so discouraging. It's absolutely discouraging. I come into despair when I received those figures. I know the fact is, if we compare this pandemic with the pandemic that happened 100 years ago, the world had 1.7 billion inhabitants [crosstalk 00:42:25]-

Dr. Joseph Mercola:

Are you talking about the 1918 influenza pandemic?

Dr. Hector Carvallo:

The Spanish influenza. The Spanish influenza. Okay? 1.5 billion inhabitants in the world, 50 million people dead. Now we have 7 billion inhabitants in the world, and less than 5 million people dead. That is almost 50% less lethal than the previous pandemic. By prolonging this pandemic, we are in the wake of turning it into an endemic issue. Now let's compare it with an immediate previous pandemic. It was the AIDS pandemic. It was not declared as a pandemic in the world. It was not declared as a pandemic. But it was because an expected outbreak of a not earlier known virus and affected many continents. It was a pandemic. It killed 2 million people during the first two years. Then it became endemic. Until now since 1981 to now, it has killed 35 million people. That's the problem of making a pandemic, of turning a pandemic endemic. Besides, trying to reduce it by using an experimental vaccine is crazy. We all have experienced a night when we have a mosquito in our room. We want to get our sleep and the mosquito was flying around us. It's disturbing but we won't try to kill the mosquito with a grenade. You won't use a bazooka to kill the mosquito.

Dr. Joseph Mercola:

Or a nuclear bomb.

Dr. Hector Carvallo:

Or a nuclear bomb. It's crazy. This world is upside down. It's upside down absolutely.

Dr. Joseph Mercola:

Yeah. It's a classic imitation of George Orwell's "1984." It's Orwellian doublespeak. Everything, almost everything they say is the exact opposite of the truth. Right is left. Up is down. Black is white. It's crazy. It's surreal. It's a dystopian nightmare.

Dr. Hector Carvallo:

They have a double standard. Whatever is said about vaccines is almost sacred. It's like a Bible. Whatever we say not exactly against vaccines but in favor of early treatment is a sin. People, Nobel Prizes of Medicine, like Luc Montagnier and Satoshi Omura have been censored on the media. They have been censored by comparatively nobody scientifically speaking, maybe billionaires, medically speaking, nobody's. They have censored the Nobel Prizes. It's crazy.

Dr. Joseph Mercola:

Yeah it is. It's just really sad. You've obviously thought about this quite a bit and I'm wondering what your reflections are on anticipations, on what's going to happen in the next year or two?

Dr. Hector Carvallo:

I wish I knew. I guess those who promote vaccines are running out of Greek letters by now. They will have to get another alphabet in order to name the new variants. The truth is the virus also wants to live. The virus also wants to survive. So by changing a little, they dodge the vaccines. What is the answer they give? Give them a third jab. A fourth jab, a 27th jab. If you give a medicine to anybody and you don't get the positive results in a few days, you reconsider either your diagnosis or your treatment. You don't insist on the same thing because it's insane to insist on the same thing trying to get different results.

Dr. Joseph Mercola:

Yeah. Yeah. In the U.S. just last week, there was a meeting of the new practices, ACIP (Advisory Committee on Immunization Practices), it's an advisory panel to the CDC. They conclusively recommended that the boosters only be given to those over 65. That's it, period. Then Rochelle, who is the head of the CDC, overrode that. It's only happened once previously in the history of the CDC. She says for anyone over 65 and anyone who's at risk. Essentially that makes it open to virtually the entire population. It's so just egregious. Aligned with that, you mentioned earlier that this pandemic is evolving into a viral endemic. I'm wondering if you can comment on your views on the actual COVID jab as a reason or a variable that's pushing it in that direction because it's a leaky vaccine. It's non-sterilized. It certainly does not kill. It actually highly promotes the development of these variants.

Dr. Hector Carvallo:

Absolutely. That's my opinion. They used just a little bit of the virus in order to include into the vaccines. No matter which ones-

Dr. Joseph Mercola:

No, it's not the virus.

Dr. Hector Carvallo:

Whatever.

Dr. Joseph Mercola:

It's the spike protein. Instructions to-

Dr. Hector Carvallo:

It's the spike, yes. I'm talking about the spike protein. The virus only changes that small part of the spike, not from the core, not from the inside, just a small part of the spike in order to dodge the vaccine. That's all the virus has to do in order to be safe. That's what makes it more crazy. We are acting on the outer appearance of the virus instead of acting against the pathogenesis of the virus. That's another thing that's crazy about this situation.

Dr. Joseph Mercola:

Maybe you can talk a little bit about the differences between naturally acquired immunity and vaccine induced immunity, which is sort of a tangent on what you just mentioned. Because there's a variety of different analysis but it's a minimum of 10 to 13 times as high as 20 to 50 times more effective if you have natural immunity. This is because largely it's not just humoral immunity induced from the COVID jab, which generates an antibody, a B Cell response to produce these things but naturally acquired immunity has cellular-induced immunity which is far more comprehensive. It's a combination of those two systems that creates a far more effective shield and barrier to future reinfections.

Dr. Hector Carvallo:

I think that not so much has been studied about that because if you only attach to the humoral immunity, you will find out that even those persons who have contracted the virus, that immunity decreases with months. When we come to cellular immunity, there's a difference there. We haven't been so far because we don't have the means to study that on our group. The fact is, the secret is in the cellular immunity, not in the humoral immunity. The cellular immunity is constantly moved by vaccines. At least for these kinds of vaccines. We have to get cellular immunity. That's where- [crosstalk 00:51:24]

Dr. Joseph Mercola:

Mm-hmm (affirmative). The COVID jab doesn't change that. As most vaccines, they don't touch cellular immunity.

Dr. Hector Carvallo:

They don't at all. That's it. We cannot ever think of getting herd immunity if we don't apply to cellular immunity.

Dr. Joseph Mercola:

Right. That's the key. That's the way God designed us. This whole comprehensive complete package that was developed. It's intrinsic. It's been around since our species was ever present on this planet. As long as we give our body the nutrients and the exposures it requires to stay healthy, that's going to be active and it's going to insulate you and present such an effective shield. Exponentially better than any possible COVID jab.

Dr. Hector Carvallo:

You are absolutely right, Dr. Mercola. The fact is, I have already stated this pandemic is almost 50 times less lethal than the Spanish Flu. I have to consider any pandemic is war. In this war, the virus is the weakest of our enemies. The virus is the weakest enemy we are facing now.

Dr. Joseph Mercola:

Mm-hmm (affirmative). For sure. I would agree. It's not that lethal a virus. It's the propaganda and the whole system or organization around the approach to address the virus as enemy. That's enemy number one.

Dr. Hector Carvallo:

You're right. Absolutely. One hundred percent agree.

Dr. Joseph Mercola:

Yeah. Yeah. It's a war. I agree it's a war. It's interesting. I'll tell you that's one thing this problem does, it makes life interesting. Every day you wake up and you're probably going to find some new crazy, new fact about what's happening. Almost every day becomes surreal. You are like living in a dystopian nightmare. You just cannot believe this is happening.

Dr. Hector Carvallo:

You know what? I received some news reels from Australia yesterday, Sunday. People who were demonstrating against mandatory vaccines were treated as terrorists.

Dr. Joseph Mercola:

Sure. That's the push in this country. If you don't get a COVID jab, you're going to be looked at as a domestic terrorist. Potentially even farmed off and put into concentration camps. It could get that bad. It could absolutely get that bad.

Dr. Hector Carvallo:

There are billions of reasons for doing so.

Dr. Joseph Mercola:

It's one thing this thing has done is made life interesting. Oh boy, what are they going to throw at us next? What's the new strategies? I don't know, in my context of experience and network, I don't know that anyone has a really good solution at this point. They're changing it every day. But I do know we'll come up with a solution. I just have no clue what that solution is going to be. My guess is, this whole system is going to implode on itself. It's going to self-destruct. This along with the way they've manipulated the financial system, eventually has got to crumble. It's a mathematical inevitability. I think the same thing is going to happen with what they're doing. I think it's going to self-destruct. It's David versus Goliath and Goliath is going to collapse at some point from some self-inflicted wound. You just do not want to be underneath Goliath when he falls. You're going to get crushed.

Dr. Hector Carvallo:

You're right. You're right. I wish there were more things we could do. The fact is, when Germany invaded France, most of the people accepted to create a puppet government in Vichy there was just a branch of the Nazi's. A few people disagreed with that. They became outcasts. They were La Résistance . I sometimes believe we, all of us, we F-L-C-C-C with the B-I-R-D in United Kingdom and with many other groups, we are just La Résistance .

Dr. Joseph Mercola:

Mm-hmm (affirmative). Yeah, we are. It's the Order of the Remnants. It's becoming increasingly clear that we're going to be the minority. There's no question. Just because of the effectiveness of the propaganda combined with the threats and the fear and the scenario that they create that essentially makes it literally impossible to survive. You cannot earn a living. You cannot earn money to pay for your rent and food unless you choose to get the job. I mean, that's what they've done. They're in Italy, they're fastly going there in the United States and many other countries in the world. Most of the people, this resistance is going, the number in that group is getting small. It's 80 million people in the United States. I hope it stays above 50. I don't know if it can though.

Dr. Hector Carvallo:

That's why most of the researchers who have studied early treatments are over 60. We are retired. If we were working, we would have been threatened to stop researching.

Dr. Joseph Mercola:

Oh yeah. Your credentials removed. Funding gone. They would have crushed you. Classic strategy.

Dr. Hector Carvallo:

Mm-hmm (affirmative)

Dr. Joseph Mercola:

Well, you're one of the good guys, Dr. Carvallo. I appreciate all you're doing down there in South America. Standing your ground. Helping educate those who have evaded the most effective propaganda campaign in the history of the world. I mean, it's the minority of the

population. So much of the population if they heard what you said, they'd absolutely discount it and would believe you're a flake and you don't know what you're talking about. For those who still have the conscientiousness and the knowledge and the brain power to understand the truth, we deeply appreciate your work and what you're providing for us.

Dr. Hector Carvallo:

Thanks to you, Doctor, for allowing us to tell our truth. I hope with time, more doctors will go back to thinking by themselves. It takes time. The worst thing about that is this time not measured in terms of minutes but in terms of human lives. That's the worst thing about it.

Dr. Joseph Mercola:

Yeah, that is. There's no question. Some of the projections are that we are literally looking at billions of people dying from this COVID jab. It's not impossible. I don't know that it will happen but it's certainly within the realm of possibility based on the speculations and implementation of antibody-dependent enhancement or paradoxical immune enhancement. The long-term consequences especially if you wind up getting long COVID. You may not die, but you essentially are going to be almost worse than death because you're going to be crippled and disabled. You're going to require one, two, three caretakers to keep you alive. You can't have the majority population in that state and expect society to evolve. It will crumble. It'll collapse on itself. There's not enough people providing the resources we need as a society. There's a whole infrastructure that has to be maintained. If most of the people are dead or disabled, it collapses. You're essentially on your own. If you can't grow your own food or catch it, you're going to starve. That's what we're moving towards.

Dr. Hector Carvallo:

It's so sad but the fact is, we cannot support this kind of nonsense, this kind of craziness just to be politically correct or socially correct. We will be abjuring from our oath.

Dr. Joseph Mercola:

Yeah. Yeah. Yeah. It occurred to me too, I think, I probably was a little bit too pessimistic but one of the things we can do, this is an action item now, is that we can implement what we know to stay healthy. We know when your body is healthy, it's going to resist any type of illness, including infections. If you're healthy and your friends, your family, your relatives look at you and see that you are sort of immune to what's happening, they're going to start questioning what they've been told. You can be a light to them in that respect. It's not by what you tell them or what you try to share with them. They're immune to that. They're not going to listen. You are a light because of your behavior. That's when they'll wake up. If they ever wake up.

Dr. Joseph Mercola:

I couldn't more strongly encourage everyone listening to this, I've been teaching you guys this for a quarter of a century, this really simple, optimize your vitamin D, optimize your diet along the lines of I've been teaching for two decades, time-restricted eating, sleep/circadian optimization, all these things optimize your health. You stay away from toxins. You will stay healthy and you'll become a light to these other people. They'll say, "How come you're not sick?" Hopefully, they'll wake up and figure it out. You can be a catalyst for that. I think the hope here

is just keep yourself healthy. Make sure you're part of the 80 million that continues to remain unjabbed. I mean, that's all we can do for now. As we figure things out as things go along, we'll have more insights. For now, those are the marching orders.

Dr. Hector Carvallo:

Well, you are right. You're 100% right. I would add something. Our time, in this pandemic, our time as researchers is a little bit over. I think it's a time for lawyers.

Dr. Joseph Mercola:

I don't know. The law isn't worth the paper it's written on. They've so controlled the system. That's one of the ways around this. In the United States you've got three branches of government: the executive, judicial and legislative. They've been turning the whole judicial bench around for the last few decades. Essentially when there's an egregious violation of the law, it cannot be prosecuted. Essentially we'll have two branches now.

Dr. Hector Carvallo:

They are immune to it.

Dr. Joseph Mercola:

They totally-

Dr. Hector Carvallo:

They're immune to any prosecution. They have made it sure, absolutely sure, they are immune to any prosecution. I guess the lawyers may start asking publicly, what are the real results? They're segregating the numbers. Given the right numbers. They have started doing that in the United Kingdom. They have started doing that in India and in Israel.

Dr. Joseph Mercola:

Yeah. I don't discourage people from trying a legislative approach. It may work but more than likely it's going to fail. We just got to lead by example and maintain. If anyone is willing to listen, you can dialogue with them and show them this information. More than likely, it's like beating your head against a brick wall. It's not going to be effective at all. The brainwashing has been so crazy effective. They've covered every basis. They didn't just think of this at the last minute. This has been going on for decades in planning. They are clever and sophisticated and they've done their homework. You can see by the results. Anyway, it's been a delight to connect with you. Someone who understands the truth and it really is seeking to help their local community, in your case in a different hemisphere. Really appreciate what you're doing and providing our readers and viewers with the resource that you wrote about the ivermectin.

Dr. Hector Carvallo:

It's been my pleasure, Dr. Mercola. Whatever maybe helpful for, that's what we're meant for.

Dr. Joseph Mercola:

That's right. 100%. All right. Well, thanks a lot. Keep up the good work.