



NEWS

Australian GP rings alarm: Don't get the vaccine if you've had COVID-19

Dr. Mark Hobart, who has extensive experience treating coronavirus patients in nursing homes in Melbourne, wrote that it was his 'duty as a doctor' to inform health authorities of 'dangerous medial practices.'

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By Dorothy Cummings McLean

MELBOURNE, Australia, May 20, 2021 (LifeSiteNews) — An Australian GP has sounded the alarm on the dangers of the COVID-19 vaccines for people who have already had the virus.

“All patients in nursing homes in Victoria must be tested for COVID antibodies prior to getting any COVID vaccine,” Dr. Mark Hobart, 62, wrote in a May 4 letter to the state’s Chief Medical Officer (CMO).

“Patients should not receive the vaccine if they are antibody positive.”

Hobart has been treating patients who test positive for the novel coronavirus in Melbourne care homes, and he says both his “extensive experience” and the “latest literature” bear out his opinion.

“My urgent recommendation is also supported by some leading Australian and international immunologists and specialists,” he added.

Hobart directed the CMO, Professor Brett Sutton, to read a journal article called “*Self-Reported Real-World Safety and Reactogenicity of COVID-19 Vaccines: A Vaccine Recipient Survey.*” The study reported that people who had recovered from COVID-19 had a much higher risk of getting a severe side effect from a COVID-19 vaccine.

“This trial found that if you vaccinate people who have previously had Covid-19 illness there is up to 112% increase of requiring hospitalisation due to severe adverse reactions,” Hobart wrote.

“This was especially so with the [Oxford-AstraZenica] vaccine compared with Pfizer which was less risky in this study.”

The authors described non-mRNA vaccines as being more risky than mRNA vaccines, saying “our study links prior COVID-19 illness with an increased incidence of vaccination side effects and demonstrates that mRNA vaccines cause milder, less frequent systemic side effects but more local reactions.”

Hobart is concerned the well-being of the 14 of his patients who had COVID-19 in the same nursing home last July and August and now have antibodies.

“They should not receive the COVID vaccine due to health risks and because they are already immune and do not need it,” he wrote.

The doctor believes that hundreds of similar patients in Victoria’s nursing homes will have COVID-19 antibodies, and therefore they “must be tested before they are vaccinated.” He told Sutton that the patients, or their next of kin, should be informed both of their increased risk for side effects and their almost certain immunity to the coronavirus.

“Given the danger of immunising post-Covid patients and the high level of protection that follows Covid illness, which is now well documented, there is a moral and legal reason to fully inform such recipients of these realities,” Hobart wrote.

“This is basic duty of care. A failure to test affected nursing home patients or to inform them, or their ‘next of kin’, of the potential risks could be considered a dereliction of duty.”

Hobart wrote that it was his “duty as a doctor” to inform health authorities of “dangerous medical practices” and informed the CMO that he would release the information to the public if he did not receive “an appropriate reply” by May 7.

In addition, the doctor alerted the CMO to literature demonstrating that vaccination is not necessary, as alternative therapies like Ivermectin have been shown to be effective. The dangers of the vaccines for people with COVID-19 antibodies is, Hobart wrote, “especially concerning given that literature now confirms the efficacy of alternative therapies to the covid vaccine offering protection from SARS-CoV-2 and its associated Covid illness.”

He offered the article “*Review of Emerging Evidence Demonstrating the Efficacy of Ivermectin*” in the *American Journal of Therapeutics* (e299-e318 [2021]) as the latest research into the topic.

‘They’ve tried to shut down our website’

Hobart told LifeSiteNews this morning that on the Tuesday after writing the letter, he hand-delivered it to the CMO’s office. The GP gave the CMO a deadline for his response because his nursing home patients were scheduled to get a COVID-19 vaccination on May 12. Afterwards, he telephoned the next-of-kin for his patients who had tested positive for COVID-19 antibodies, and most said they didn’t want their relatives vaccinated.

“I rang up other doctors at the nursing home, to tell them what had happened, and so I did what I could.”

Hobart also wrote to politicians and media contacts and has not had a response from anyone until now.

“The only people I’ve been able to spread it out through as been [those on] social media and the underground—what do you call it? The underground resistance.”

Hobart believes he knows why civil authorities and mainstream media are not responding.

“This is about the Pfizer and other vaccine companies pushing through the vaccine no matter what,” he said.

“And the reason I have not been given any response by anyone is because this might interrupt the vaccine rollout.”

The doctor said that the Australian Prime Minister, Scott Morrison, wants everyone to get vaccinated, so that travel can resume between the island nation and the rest of the world. Most recently, there’s talk about vaccinating children.

“It’s a big battle here. A small minority of doctors who are against vaccination that is untested, experimental, don’t want to vaccinate people who are not likely to get any better from it,” he said.

The group is currently organized under the name and website “Covid Medical Network” and under attack by Australia’s Therapeutic Goods Administration (TGA), which controls all the medications that come into the country.

“They tried to shut down our website,” Hobart said.

“I’m under investigation by AHPRA, the Australian Health Practitioner Regulation Agency, because I gave an interview back in early September on a television program here on the Sky channel ... about how I treated a patient with Ivermectin for coronavirus.”

Working with coronavirus patients: ‘All the regular staff had left’

Hobart’s COVID-19 adventures began when nursing homes in the western suburbs of Melbourne suffered an outbreak of coronavirus in July and August 2020. Hobart had seven patients in one of the homes, and after not hearing from them for a week, he telephoned to find out how they were. He discovered that the nursing home was in lockdown and deserted by the staff.

“All the regular staff had left,” he said, “and agency staff had been brought in from outside to replace them. All the regular GPs had left. I was the only one that attended. The only other medical attendees were from the public hospital in the area, and they would send doctors to administer to the patients’ medical care.”

“I was the only one there who had the continuity of care of these patients, and while there I saw some very interesting things.”

Above all, none of the coronavirus patients had any symptoms of a respiratory illness.

“None of them were coughing,” Hobart said. “None of them had any difficulty breathing. They just looked the same. The only difference was that everything was wrapped up in plastic, and everyone was isolated. And no-one could go in or out of the place, so they had no visitors ... and no social activities.”

The doctor was at the nursing home almost every day for over six weeks, and while he was there 54 residents were positive for COVID-19. Hobart told LifeSiteNews he experienced some “rather disturbing things,” including hearing about the death of an asymptomatic patient he had recently visited and found in good health. She had died not long after another doctor injected with her with morphine and midazolam and withdrew her hydration. In another case, the local hospital refused to take in an asymptomatic but COVID-19-positive patient whom Hobart believed to have had a stroke after a fall. When he found her still at the home the next day, the patient was unconscious and paralyzed on her left side.

“They wouldn’t take her because she was coronavirus-positive,” he told LifeSiteNews.

When Hobart called an ambulance, the hospital did accept her and discovered that she had bleeding in her brain. The patients' family decided to put her in palliative care, and she died two weeks later. Hobart believes that this would not have happened, had the hospital taken her in when he first requested it. He also "absolutely" believes that COVID-19-positive patients are being mistreated and neglected.

Nursing home residents "can test positive for months," Hobart explained.

"They only do the PCR test once, and initially they used to retest them, but then they stopped testing them because so many kept on testing positive," he continued.

"The rule was this: [when] the person who has been tested for coronavirus and found positive, if after two weeks, they are asymptomatic, they are as regarded as negative."

Hobart says the test is being used in the wrong way.

— Article continues below Petition —

"They're testing way above the multiplication rate," he explained.

"It's called the CT threshold; it's the number of times you multiply the test. They're testing it up to 38 and 40 times here, and once you get beyond 30 times, the test becomes meaningless. It's reasonably accurate up to roughly 28, but the lower the multiplication rate, the more accurate it is, because you're picking up more stuff."

'You know, this is exactly how I felt when I got coronavirus.'

Hobart was inspired to write to his state's Chief Medical Officer about the dangers of vaccinating people who already have COVID-19 antibodies because of the sufferings of one of his own patients. This gentleman contracted coronavirus and was in hospital for six months. After he was discharged, Hobart suggested he take an antibody test, covered by the government health insurance scheme, because the patient was booked in to take a vaccine. The test came back positive.

"I said to him, 'Listen, you've got antibodies to coronavirus. That probably means that you're immune to coronavirus; consider not having the vaccine,'" Hobart recalled.

He suggested that the patient give the results to the doctor booked to vaccinate him and see what he said. The doctor, however, believed the patient needed the vaccine anyway and inoculated him.

"A few hours after that, he started feeling sick. When he woke up [the next morning], he was really sick," Hobart said.

"He said to me, 'You know, this is exactly how I felt when I got coronavirus.'"

The patient was in hospital for a week, and while he was there, he was diagnosed with a chest infection—even though there was no evidence that he had had a chest infection. His chest X-ray was clear, no sputum test was done, all his respiratory pathogen tests were negative, his white cell count did not go up.

“What disturbed me was that the doctors in the hospital told him ‘This has nothing to do with the vaccination; you have a severe chest infection,’” Hobart told LifeSiteNews.

“And not only that, he was told he should get the booster shot.”

Hobart became worried about his patients at the nursing home and invited all 27 – the 15 of them who had had COVID-19 and the 12 who didn't – to get antibody tests. All 14 of the coronavirus survivors who agreed tested positive for the antibodies. Around the same time, Hobart had become aware of the mid-March study he mentioned in his letter, showing that people who had had the coronavirus and then were vaccinated were found to have double the risk of severe reactions. He also spoke “to the most senior immunologist in Australia” about his fears.

“He said, ‘That’s right. If you’ve had coronavirus and you’ve got antibodies, you’ll have at least as good or better immunity than the vaccine. There’s no need to have the vaccine,’” Hobart recalled.

“He also said, ‘If they get vaccinated, they could end up with a severe reaction.’”

Hobart would not name the expert, as the immunologist has been under attack in Australia.

Given all this information, Hobart decided it was his duty to inform the Chief Health Officer of what was going on.

“And that’s why I wrote the letter.”

Hobart believes that the drive to vaccinate everyone, even those with antibodies, is motivated by financial greed on the part of the vaccine companies.

“They may have worse reasons than that, but I don’t want to speculate because I don’t know,” he said.

Hobart will be familiar to long-time LifeSiteNews readers who recall that the doctor, a GP serving Melbourne since 1985, made headlines in 2013 for refusing to refer a patient for a sex-selective abortion.

Australia’s Catholic Medical Association has circulated Hobart’s letter to the CMO, stating that “Dr Mark Hobart has unique and extensive experience treating Covid-19 positive patients in Nursing Homes in Melbourne, especially during the height of the outbreak in 2020.”

LifeSiteNews has produced an extensive COVID-19 vaccines resources page. View it here.

