

# Physician and Former Member of Australia's Parliament Reveals Devastating COVID Vaccine Injuries



A former member of Australia's parliament is breaking her silence on the serious injuries she and her wife suffered after receiving Pfizer's COVID-19 vaccine – and says other colleagues have seen similar side effects but cannot speak out for [fear of being labeled](#) anti-vaxxers.

Dr. Kerry Phelp, physician and former president of the Australian Medical Association, said she believes the rate of vaccine adverse events is far higher than acknowledged due to underreporting and "threats" from medical regulators that have kept physicians from speaking up.

Phelps revealed in a submission to a [parliamentary inquiry](#) on Long COVID that she and her wife became severely ill after getting vaccinated and suffered serious and ongoing injuries from the Pfizer shot.

Phelps, after receiving her second vaccine dose in July 2021, experienced intermittent fevers, symptoms of breathlessness, dysautonomia, cardiovascular issues, and irregular blood pressure. In addition, Phelps's wife, Jackie Stricker-Phelps, [experienced numbness](#) in her hands and feet within minutes of receiving the vaccine and was in so much pain she "felt like her head was going to explode."

"This is an issue that I have witnessed first-hand with my wife, who suffered a severe neurological reaction to her first Pfizer vaccine within minutes, including burning face and gums, paraesthesia, and numb hands and feet, while under observation by myself, another doctor and a registered nurse at the time of immunization," [Phelps said](#).

"I continue to observe the devastating effects a year-and-a-half later with the addition of fatigue and neurological symptoms, including nerve pains, altered sense of smell, visual disturbance, and musculoskeletal inflammation. The diagnosis and causation has been confirmed by several specialists who have told me that they have seen 'a lot' of patients in a similar situation."

Phelps said her diagnosis was confirmed and causally connected to the COVID vaccine by "specialist colleagues" after numerous tests, including a CT pulmonary angiogram, ECG, blood tests, cardiac echogram, transthoracic cardiac stress echo, Holter monitor, blood pressure monitoring, and autonomic testing.

Phelps and her wife reported their reactions to the [Therapeutic Goods Administration](#) (TGA), which "never followed up." The TGA regulates the quality, supply, and advertising of medicines, pathology devices, medical devices, blood products, and most other therapeutics similar to the U.S. Food and Drug Administration.

"We did a lot of homework before having the vaccine, particularly about choice of vaccine at the time," Phelps

said. “In asking about adverse side effects, we were told that ‘the worst thing that could happen would be anaphylaxis’ and that severe reactions such as myocarditis and pericarditis were rare.”

Phelps [said in an interview](#) with [The Today Show](#) on Wednesday that a “number of doctors” she’s spoken with have “felt impeded about speaking out about their concerns about vaccine adverse events.”

“Because of the statement made by the Australian Health Practitioner Regulation Agency (AHPRA) that doctors shouldn’t say anything that was going to impede the government’s vaccine rollout, and they took that to mean not to publicly raise their concerns,” Phelps said.

Phelps was referring to a statement by AHPRA in March 2021 that advised doctors not to “undermine the national vaccine rollout.”

AHPRA’s position statement said that “any promotion of anti-vaccination statements or health advice which contradicts the best available scientific evidence or seeks to actively undermine the national immunization campaign (including via social media) is not supported by National Boards and may be in breach of the codes of conduct and subject to investigation and possible regulatory action.”

In an [interview](#) with The Chronicle, Phelps said, “regulators of the medical profession have censored public discussion about adverse events following immunization, with threats to doctors not to make any public statements about anything that ‘might undermine the government’s vaccine rollout’ or risk suspension or loss of their registration.”

Phelps said she’s heard many vaccine injury stories, but

doctors fear retaliation for connecting injuries with vaccines. As a result, Phelps said the vaccine injured have had to search for their own answers.

They have to find general practitioners and specialists who can help them, “spend large amounts of money on medical investigations, isolate from friends and family, reduce work hours, lose work if required to attend in person and avoid social and cultural events,” she added.

“Within this group of vaccine-injured individuals, there is a diminishing cohort of people who have symptoms following immunization, many of which are similar to Long COVID (such as fatigue and brain fog), but who have not had a COVID infection,” Phelps explained. “These people would be an important subset or control group for studies looking into the pathophysiology, causes of, and treatments for Long COVID. It is possible that there is at least some shared pathophysiology between vaccine injury and Long COVID, possibly due to the effects of spike protein.”

Phelps said others have been slow to recognize vaccine injuries partly because of under-reporting, concerns about vaccine hesitancy, and “needing to find the balance between risks and benefits on a population level.”

“Reactions were said to be ‘rare’ without data to confirm how common or otherwise these reactions were,” she said. “In general practice, I was seeing cases, which meant other GPs and specialists were seeing cases too. Without diagnostic tests, we have to rely largely on clinical history.”

Phelps said the global focus was on vaccinating as many people as quickly as possible, and adequate studies have not been published looking into adverse events.

“The burden of proof seems to have been placed on the vaccine injured rather than the neutral scientific position of placing suspicion on the vaccine in the absence of any other cause and

the temporal correlation with the administration of the vaccine," she added.

Phelps said until there is acknowledgment and recognition of post-vaccination syndrome or vaccine injury, "there can be no progress in developing protocols for diagnosis and treatment, and it is difficult to be included in research projects or treatment programs."

"It has also meant a long and frustrating search for acknowledgment and an attempt at treatment for many individual patients," she added.