



## Corona Virus Immunization, European Presidents and Minorities

Cem Turaman \*

*Department of Medical Research and Health Sciences, University of Kocaeli, Izmit, Turkey*

*\*Corresponding e-mail: c.turaman19@gmail.com*

**Received:** 13-April-2022, Manuscript No. IJMRHS-22-60734; **Editor assigned:** 15-April-2022, Pre QC No. IJMRHS-22-60734 (PQ); **Reviewed:** 29-April-2022, QC No. IJMRHS-22-60734; **Revised:** 01-March-2023, Manuscript No. IJMRHS-22-60734 (R); **Published:** 29-March-2023

### DESCRIPTION

Within the last week of 2021 and the first week of 2022, the new chancellor of Germany, and right after him, the president of France have both roared at the unwelcomed “minorities” who do not wish to be vaccinated against coronavirus, forgetting the human right to refuse medical interventions, reminding us that the shadow of Hitler is still right beside [1]. Will the next target be the other minorities? First of all, in order a viral epidemic to end, not all the individuals in a society have to encounter the wild or attenuated virus. Secondly, it is excogitative that the countries where the rate of vaccinated population is quite high show no resilience against the rapid transmission of the new variant of the virus: The more the rate of vaccination, the more the new variants? Thirdly, extensive vaccination has begun assuming the limited existing data about the effectiveness of the vaccination enough; however we do not acquire the relevant data about the reliability and the long term consequences of the vaccination, such as virologic, neurologic and immunologic effects [2]. Fourthly, those who get vaccinated might also have the tendency to be less precautionous; the political authorities are not exempt. Fifth, neither drug companies nor vaccine-producing laboratories, nor the factories of refrigerator and injector are policy or decision makers; even though ministries of health are political entities, there are also public health and other technical institutions. Sixth, no vaccination or medication can be forced on individuals, except for concentration camps. If these two gentlemen consider individuals who do not accept to be vaccinated as prisoners of war, even the prisoners of war have to be treated according to the Geneva convention, if else they would be committing a war crime and there will be consequences, then it is a different issue. Every individual has the right to decide for his/her own health [3,4].

But who are these “minorities”? Regarding the fact that the rate of vaccination in Austria, one of the wealthiest country of Europe, is one of the lowest rate in Europe, one might conclude that there is an inverse regression between high economic indicators and rate of vaccination consent. Social, economic, demographic and if possible racial specifications should be analysed [5]. Knowledge of racial specifications is especially important in Europe, the cradle of fascism; violent exercises like exclusion of unvaccinated individuals or forced vaccination (or even a vaccination refusal tax as declared recently by the Quebec PM) can easily be directed to the not-blue-eyed people: African or Asian or South American originated people, Eastern European immigrants, and finally to tzigans.

### CONCLUSION

The incredibly high debt and inflation rates of these European countries as for January 2022 might explain the unfortunate but probably intentional declarations of these two leaders. The tendency to rule their countries in a fast and easy way will reappear in Europe after a century? Quo vadis Europe? The human genius has no limits; pandemics have been used as tools of war during the course of history; but this may be the first time, a pandemic is being used as a tool of democracy; we have already witnessed its first implementation: the solution of “home-based working”, meaning flexible working hours without insurance. Depriving the unvaccinated individuals together with

retirees and unemployed individuals from social security and other social rights, using public health as an excuse might be the following step.

#### REFERENCES

- [1] Mason P, et al. Handbook of pharmacy healthcare: Diseases and patient advice. 2<sup>nd</sup> edition, Pharma Press, United States, 2002.
- [2] Torok ME, et al. Tuberculous meningitis: Advances in diagnosis and treatment. *British Med Bulletin*, Vol. 113, No. 1, 2015, pp. 117-131.
- [3] GC, et al. Tuberculous meningitis in children: A clinicolaboratory correlation of CSF findings for early diagnosis. *Indian J Pediatr*, Vol. 51, No. 6, 1984, pp. 633-666.
- [4] Alarcon F, et al. Movement disorders in 30 patients with tuberculous meningitis. *Movement Disorders: Official J Movement Disorder Society*, Vol. 15, No. 3, 2000, pp. 561-569.
- [5] Banales JL, et al. Adenosine deaminase in the diagnosis of tuberculous pleural effusions: A report of 218 patients and review of the literature. *Chest*, Vol. 99, No. 2, 1991, pp. 355-357.