Chapter 6
Coronavirus and DNA ADN:
The R1b Haplogroup

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ABSTRACT

This chapter affirms that countries with enviable indicators in development, per capita income, life expectancy, cultural level, human rights, environmental care, etc. are the most affected by the pandemic. The fact that the UK, Belgium, and Spain are failing at the hands of the coronavirus and Syria, Rwanda, or Ethiopia have had hardly any (reported) infections or deaths can be justified in many ways but none of them is convincing. The author suggests that the reason could be that those three European countries have something in common: the shared frequency of the male haplogroup R1b, which in the three aforementioned cases represents over 60% of their population and is also predominant in Western Europe and (because of historical immigration) in most of America. If we put together the map of COVID-19 and the haplogroup R1b, he concludes, we can obtain the following formula: the higher the frequency of R1b, the greater incidence, proven or probable (real or potential), of COVID-19.

To my wise friend Fernando Gómez Redondo

In February 2020, the Ethiopian Tedros Adhanom, director general of the World Health Organization (WHO), gained more and more relevance in TV news all over the world. He warned about a new infectious agent: Coronavirus or SARS-CoV-2. He said it was easily transmitted, although he also affirmed (wrongly, as it later would turn out) its derived disease, COVID-19, worked *as a mild flu*. Around the same time, Chinese authorities showed the first images (clearly shocking) of their struggle against the new disease. At first, everything seemed remote and foreign: nothing invited us to think that the disease referred to by those images would soon affect Spain and the rest of Europe. Nothing at all!

There was curiosity rather than worry, maybe because nobody anticipated that the virus would turn very aggressive after reaching some parts of Western Europe. If we were to pay attention to the directives from the WHO, there was no reason to be alarmed or to panic, provided we followed their recommendations. The talk was not abstract: China was an example of efficiency in the fight against SARS-CoV-2;

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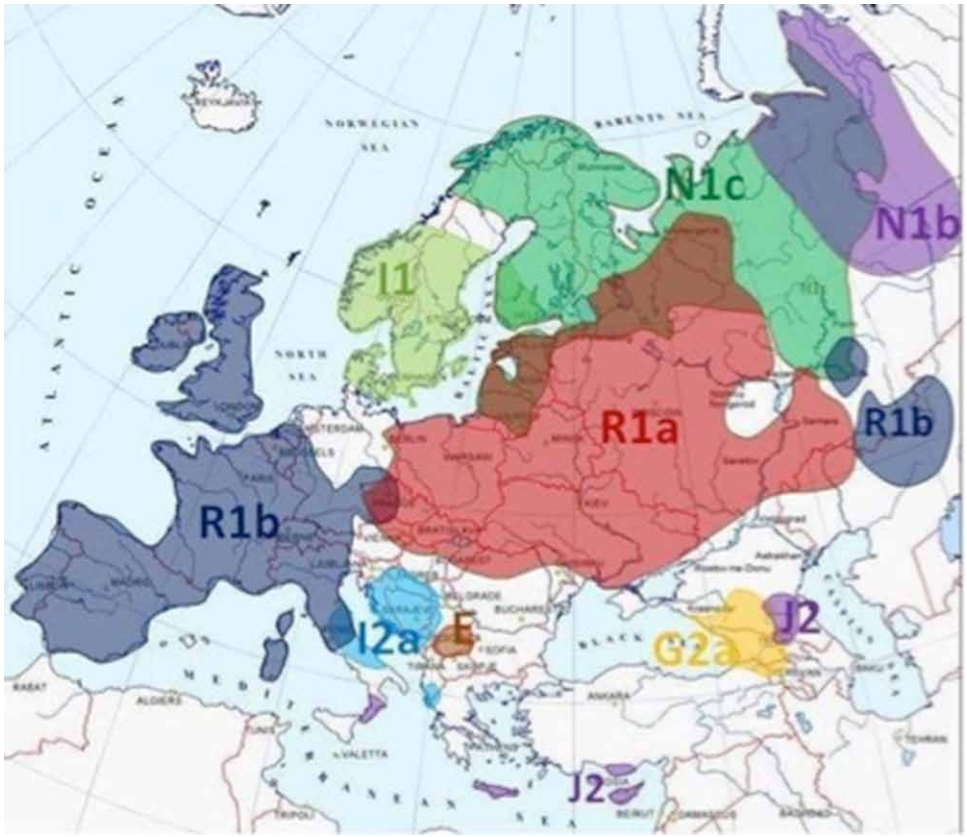
Figure 1.
Map from https://www.pinterest.es/pin/552816922994384718/ (see www.wikipedia.org)



in fact, they had taken care of the Wuhan focus in record time and had prevented its dissemination into other provinces as well as new outbreaks.

From then on, the new cases (few and between) and the new outbreaks (which have never taken root fully) come from foreigners who arrive in China or from Chinese nationals who come back from abroad. China is an example of what textbooks term *good practices*. On the contrary, the WHO was very critical with the West, using political, ethical and ecological arguments: in the midst of their good standard of living, westerners have not not paid any attention to the many warnings, and they will pay the consequences now.

At this point, the pandemic (which was official since March 11) was inevitable. The change of perception was drastic and happened overnight. There were now enough reasons to worry about. The worst was that even the most pessimistic fell short in their predictions: shortly after arriving in Europe, the coronavirus showed its destructive power, not limited to its proven lethality. In its first attack, COVID-19 was compared to old plagues such as biblical leprosy, medieval pestilence, cholera or many other 16th through 19th-century epidemics.

Songs, dances and jokes about coronavirus fell silent. Because there was no way to get rid of it, we could only hope for it to recede and disappear by itself…and the sooner the better. Now that fear was deep, some of us realized that not all the world population was equally at risk. In the West, the epidemic