

The Proposal – And how I conceived the idea

The following suggestions that I have had on the brain for the past 10 days implies if implemented:

i) The low risk fraction (about 80%) of the working population, <65 years of age, who are at about 50x lower risk of dying or having to use a ventilator than the average population, and should be selected for work.

(ii) The high risk fraction (approximately 20%, IHD, diabetes, high blood pressure, etc.) of the working population, <65 years, has 5x higher risk than the average population of dying or having to use a ventilator, and must NOT work, should be ordered to go on sick leave and statutory quarantine.

That is approx. 250x greater risk than the low-risk population.

iii) In addition to saving ventilators over the next few months, the method enables industry, the economy and normal life to start faster for the low risk fraction of the population.

For details, see the following link:

[COVID-19: Intelligent and Economical, save ventilators!](#)

How did I get that idea? Blessing in disguise...

i) Just over 2 months ago, January 22 at 2:44 pm, a wild skier / snowboarder drove into me from behind, fell violently on my back, lost total consciousness for 5 minutes, black-out for 20 minutes, minor concussion, and compression fracture of 3 vertebrae, 3 days in the hospital in Thonon les Bains, France, and had to wear a torso brace for 2 to 3 months. I've totally recovered.

ii) When I could no longer snowboard in the Alps, I got the time and interest to follow the covid-19 epidemic in 'real time': day-by-day: confinement success first in China (beginning of February) and then in Singapore and S Korea (late February) and then the exponential explosive growth in almost every other country on the globe (started in Cordogno, Italy, late February).

iii) Since October, I had planned an Easter holiday with my Danish family on the Canal du Midi, rented two 14 m canal barges with 8 beds each and bought 13 plane tickets for children, in-laws, grandchildren with trailers and spouses and great-grandchild. Copenhagen – Toulouse - Copenhagen. Total approx. 10'000 € invested to celebrate my 75th birthday.

As you all know, there is now a ban on such pleasures!

iv) As early as March, I could see in my gloomy exponential outlook that 'shit would hit the fan' long before Easter, in fact approx. March 15th. It even happened about 1 week earlier, when France had at that time actually underestimated the number of infected by a factor of 15 times. That factor is now 100 times. For this reason, Angela

(my wife) and I (and all our neighbours who believed in my scientific projections) chose to live in voluntary quarantine from approximately 4th of March.
[However, I was at the hospital in Tarbes March 9 to have my back checked with X-rays, and the doctor put out a hand !!! I didn't take it.]

v) Around 20 March, I luckily got hold of an excellent report from COVID-19 Surveillance Group, Istituto Superiore di Sanità, Rome, which quickly gave me the idea of the above proposal:

[Report-COVID-2019_26_marzo_eng.pdf](#) (most recent version, fraction without comorbidities 2.1 %)

vi) I had also planned a DIEA (Danes in Eleonore's Aquitaine) weekend outing to St Emilion on 18/19 April, and my brother and sister-in-law from Vejle, Denmark would come in the week after Easter and join us. My 75th birthday is actually April 18th. They will have to wait for another time when this ragnarok (Nordic for end-of-the-world) is over.

It is a rather long story, but it has actually been my slightly too interesting life for the past two months.

If you know someone high up in the Public Health administration or the Ministry of Health, try to help me.

I sincerely believe that my proposal, if implemented, could save many lives and reduce the economic disaster affecting the active part of the population very hard. In any case, this crisis becomes expensive, both in human life and in damage to the economy.

An old Danish proverb, apparently from the Bible: 'Do not put your light under a bushel'.

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