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A Manifesto from the "Gravity Center": Beyond the COVID-19 Pandemic in Italy

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Plan for scientific clarity

We are a group of doctors and scientists who want to examine how the fight against Covid-19 is developing at global level with the intention of making the situation clearer, with especial regard to new therapies that are showing themselves to be useful in saving many human lives.

In the last few months, we have seen an improper use of science presented in the media as irrefutable dogma, which is a betrayal of every true scientific spirit. We have also observed that - faced with widespread subservience in the name of science at the service of politics and money – the voice of an increasing number of free scientists and doctors on the front lines have taken a stand apart from the "truths" bandied about in talk shows that are a thousand miles removed from the operational realities in hospitals and research institutes.

These colleagues have often done so, unfortunately, individually and timidly, for fear of reprisals.
This has happened in particular in the last few weeks, thanks to the courage of a few therapists who – having realised that the clinical approach to Covid-19 had various large gaps – risked everything to save their patients by adopting innovative care treatment and refusing the use of potential harmful treatments.

We therefore believe it is tremendously urgent to exercise every effort to overcome the fragmentation of individual voices by setting up a platform on which the greatest number of scientists and doctors who have been able to set aside their own ideological differences can all contribute – based on the present document that has been shared and countersigned. The aim is to present a united front against the "official truth" - defending against outside interests – which are being rammed down our throats daily in the name of a science that in fact is being despised and violated.

The Italian experience

1. Delay

A great deal remains to be made clear about the emergency and the spread of the Covid-19 epidemic. It is not in the scope of this document to broach these issues.

This document is an analytical proposal.

Italy, and especially its regions in the North, has been one of the hardest-hit countries. We believe there are weighty and well-founded responsibilities, both in the regions and centrally, which have aggravated the situation created by the Covid-19 virus. There are grave doubts about the public health measures that were adopted in Italy. We have been taken by surprise, but we had been warned in good time, in various forms and at various times.

To sum up: the Government activated – but only in part – a programme of emergency action around 50 days late, which then revealed itself to be deadly.

The first public report from the Istituto Superiore di Sanità [Health Academy] was only made on the 16th January.

It is certainly true that the behaviour of the World Health Organization was strangely wavering, uncertain and often confused. Nevertheless, the succession of news coming out from China was already enough to be

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able to give rise to serious alarm. Instead, the Giornale della Protezione Civile [Emergency Planning Journal] dated 24th January informed readers that *"Italy has a plan against the coronavirus, but for the moment there is no cause for concern"*. It seems that nobody at the Istituto Superiore di Sanità [Health Academy] had read the Report on Health Security from the *John Hopkins Bloomberg School of Public Health*, dated September 2019. That report examined the *"state of preparedness"* when confronted with a pandemic caused by *"widespread impact respiratory pathogens"*, with a *"high potential transmissibility and high recorded death rate"*. The precision of the forecasts in such a study could only be measured a *posteriori*, that is, today. In addition, that document is worth examining with extreme care at a time when new international safety issues have to be faced. In fact, that document highlighted "if a pathogen with *high respiratory impact were to emerge, either as a result of accidental or deliberate release, it would probably have a significant impact upon public health, on the economy, on society and on politics"*. Moreover, not only. It also added a further hypothesis: "*the combined possibilities of short incubation periods and asymptomatic spread could have the effect of only having a very short window of opportunity available to act to stop transmission, making the outcome difficult to contain"*, and *"making it able to strike several countries simultaneously and to demand approaches that differ from the usual"*.

Whoever reads these forecasts cannot fail to be struck by the precision of the description, in advance of what then happened in reality.

On 20th January, China declared an increase in contagion of 60% in two days. Americans evacuated from China. On 30th January the WHO declared Coronavirus to be a *"Global Health Emergency"*. The next day, on the 31st January, the Italian Council of Ministers declared a state of emergency for six months, and set aside 5 million Euros for initial needs.

However, another fifteen days would pass before a WHO delegation went to China (on February 16th) to perform an in-depth investigation. Italy, strangely, did not take part. However, the mission report shows that in sporadic cases of abnormal pneumonia (suspected of being traceable to influenza of a Sars type) had already been reported since the previous October. Therefore, in the first fortnight of February there were already signs showing a high probability that a new virus had been in circulation for months. Similar results, of anomalous pneumonia, were later recorded in Northern Italy.

Having gone un-noted at the time, they could mean that the virus had reached Italy and was circulating long before the epidemic exploded.

2. Data Uncertainty: Diagnostic Unreliability—Lack of Preparation and Technical Resources

Four orders of uncertainty have compromised analyses, Government choices and media narratives. The latter turned out to be catastrophic in nature and largely unreliable.

a) Data arriving from China, the number of deaths and infections, did not permit any realistic evaluation of the situation, which was then to arise in Italy. Here the responsibility of the Italian Government is limited. Much greater is that of the WHO.

b) But where instead there was an accumulation of errors, all of them serious, was the absence of a sampled screening programme; the precise initial identification of the areas struck; and the assessment of the number of people infected. In that way the extent of the infection was underestimated and gross calculation errors were made about the lethal nature of Covid-19.

c) Technical limitations influenced all aspects of data collection. The greatest confusion has characterised the criteria of assessment of causes of death. Italy adopted the *"all inclusive"* approach. The almost total absence of autopsies has hampered the understanding of the pathogen mechanisms that caused death, and in particular, impeded identifying the most important cause of death. This is in part where the enormous difference in mortality rate between Italy and Germany at the end of March 2020 derives (11,40% versus 0.9%).

d) The use of testing has been unexplainably irregular and not uniform across the territory. That makes the validity of results uncertain. Culpably, no priority was given to serologic analysis (evaluation of M & G immune-globulin) which was the only test that could give us real information on the numbers infected and those who were still hosting an active pathology.

3. Ambiguous and Confused Communications

The model for communications adopted by the Government was the least thought out possible. A mix of official notices, unofficial and casual news, spread across communiqués and individual interviews, mostly distributed by entertainment channels, television panels and various chat shows, which in turn were populated by experts, mixed in with random views from laymen, characters from show-business and people in general, so as to be indistinguishable from infotainment. The overall result of that kind of communications, instead of producing an effect of responsible alertness, has led to widespread scaremongering and concern. In this way, the habit of conveying a regular *"war bulletin"* daily – together with an endless procession of experts – each of whom was mostly concerned with providing their own personal view, often in contradiction with those of others – gave rise to worry, anxiety and confusion well beyond what was due and desirable.

4. World Health Organization: Missing Fulfilment, Political Inappropriateness, and Enormous Conflicts of Interest

1) It did not perform monitoring of the Wuhan laboratory, despite the activities of the latter having been targeted for some time by the scientific community. It should be recalled that the WHO frequently attended and inspected *Lab-4* in that Chinese region.

2) It did not raise the alarm in a timely manner, which action should have been taken as soon as the new viral strain was isolated (9th January 2020).

3) It issued pandemic warnings about 40 days late: on the 15th January, cases of Covid-19 had already been declared in Thailand, Japan and the United States, in addition to the Wuhan epicentre. By the 20th January, it was already clear that the infection was transmitted human-to-human through respiratory pathways. And yet the WHO, in its communications and final report following the inspection visit made to China (24th February), persisted in declaring the situation under control and in praising China for the measures applied. At the same time the WHO – through a statement by Walter Ricciardi, member of the WHO *Executive Board* and currently advisor to the Italian Health Ministry – calmly stated that blocking flights from China *"was an error"*. The idea was taken up again by the WHO's Director General - Tedros Adhanom Ghebreyesus – according to whom *"these indications risk increasing fear and discrimination and have little results in public heath terms"*.

4) In the meantime, the WHO ignored the warnings issued by Japan, Korea and Taiwan. It is further incredible that the WHO, who was ready to praise China, did not instead stress the efficient protocols put in action in Korea and in Taiwan to halt the epidemic, as models of good practise. It is even more incredible that the WHO deliberately ignored the alarm raised by Taiwan at the start of December with regard to the development of a possible epidemic originating in China.

To sum up, it is beyond doubt that murky relations exist between China and the WHO. It is also beyond doubt that opaque relations exist between the WHO and a few private foundations, and all the major multinational companies that can be summed up in the term *Big Pharma*. The entire episode deserves further investigation and assessment within the United Nations, with a request that on this topic a specific investigation be made. That initiative can be triggered either by the UN Security Council or by Italy itself.

At the same time, the Italian Government must reexamine all its relations with the WHO and make its own proposals, to be discussed in international forums, to replace the WHO with an international body, which is entirely public, and funded exclusively by nation States.

5. Urgent Tasks for the Italian Government

The government has shown (and continues to show) errors and uncertainties that need to be expressly exposed.

First, as has been stated, we have seen a glaring lack of awareness of the incumbent danger of dangerous epidemics. One could use the same expression as in the *Lancet* review: "trained incapacity" to describe the behaviour of politics and of the crucial apparatus of State machinery. Political power has demonstrated that it has been unable to adapt even to the directions of the scientific community that had forecast the rise of a potentially lethal new pandemic of influenza virus over at least fifteen years.

Secondly, it is embarrassing to observe how, faced with the information available to it – both public and confidential -the Government delayed taking advantage of the Piano *Nazionale per la Prevenzione* (2014-2018) [National Prevention Plan] and above all triggering the Piano *nazionale di preparazione e risposta a una pandemia influenzale* [National Plan for Preparedness and Responding to an Influenza Pandemic], published in 2007 and later updated 2016.

We shall see later how that plan was disregarded, point by point:

- The purpose of the Plan– structured into six stages of activation – was strengthening preparedness for a pandemic at national and local level, so as to:

Identify, confirm and **rapidly describe cases of influenza caused by new viral subcategories**, in such a way as to recognise the start of a pandemic in good time (Stage 2).

This did not take place notwithstanding that in the course of the months of December and January, trouble spots of atypical viral pneumonia were recorded in several areas in Lombardy, in the Veneto and in Emilia Romagna. In particular, from the 28th December no less than 40 anomalous cases of viral pneumonia were reported in the hospital in Piacenza. A later study by Milan University enabled the debut of the epidemic in Italy to be placed between October and November, thus well before the first verified case in Codogno. The warnings sent to the Minister of Health would then form the scope of a specific circular dated 5th January 2020, in which the risk of a possible epidemic was explained, and a request was made to pay attention to the connection between viral pneumonia and China. That circular was reiterated on the 12th January, stressing once again the connection between viruses and epidemics, whilst pointing out– in a completely paradoxical way – that the WHO, based on news received from China, was by then "reassured of the quality of the investigations in progress [in China] and by the response measures implemented in Wuhan". In the circular dated 16th January we witnessed an about-face, an utter outright manipulation of the truth, given that it went back to talking of a possible epidemic, but cancelled the link to China and even picked out Japan as a source, adding the words "Japan (ex-China)"!

- During the course of *"Inter-pandemic Stages 1-2"*, as set out in the plan, the following was due to be performed: "Health information to the population to promote the adoption of common hygienic standards, which include: frequent hand-washing, cleansing domestic surfaces with the usual products, and covering the mouth and nose when sneezing or coughing. Adopting measures to limit the transmission of infection in communities (schools, rest homes and meeting places), where excessive crowding should be avoided, and providing premises with adequate ventilation. Preparing appropriate measures for controlling the spread of the influenza pandemic in hospitals. Providing Personal Protection Equipment for health workers. Checking sanitizing and dis-infecting systems are functioning. Identifying appropriate pathways for the infected or those suspected of so being. Surveying hospital bed availability and that of rooms with negative pressure. Surveying the availability of mechanical devices to assist patients. Minimizing the risk of transmission and limiting morbidity and deaths due to the pandemic. Reducing the impact of the pandemic on the health and social services and ensuring that essential services are maintained".

None of this took place, so much so, that the Italian Government actually sent out/gave away huge quantities of health equipment (including facemasks) to China and other countries.

- In the course of Stages 3-5 the Plan further recommends: "creating and implementing surveillance protocols for: travellers coming from infected areas; health workers who assist patients with suspected or confirmed influenza of a potentially pandemic strain; the laboratories that handle clinical samples at risk; defining and implementing surveillance protocols for clusters of influenza syndromes that are potentially attributable to a pandemic virus, either through general practise doctors and family paediatricians and through hospitalisation Institutions".

As is obvious, all of this was widely disregarded, especially as regards the protection of health workers and the involvement of territorial medicine, which only a few months later turned out to be a winning card in limiting the progression of the disease, and in reducing the number of patients requiring hospitalisation in intensive care units

To sum up, the Plan for Pandemic Management was ignored, disregarded, and implemented late, and then only in part.

6. Rethinking the Entire Health Structure of the Country

Over the last few years, successive governments have degraded the idea of medicine that we have inherited from the great Greco-Roman and Christian traditions. The hospital – once known as *Hotel de Dieu* – has become a Health Enterprise, where choices are made by measuring them against financial and management efficiency criteria. This has meant the abandonment of territorial medicine and the creation of multi-specialty centres of attraction, placed in large cities, deemed to be fully comprehensive terminals for health demands of entire macro-regions. The development of territorial medicine would have enabled better care and handling of patients in a home environment, responding to *"primary"* specialist demand" (neonatal care, maternity, accident and emergency), for which citizens should not of necessity be forced to turn to macro-hubs in major cities. This would also have made resources available – both economic and human – that could have been used to diversify health service offerings. In particular, the need to provide a larger number of beds in intensive care had been known for some time (especially after the Monti Government had irresponsibly cut 2/3 of the bed units then available), but nothing was done to fill this gap. This ended up causing thousands of deaths. It should also be considered that, since the 1990s, the term ***"prevention"*** - which was often referred to in the 1970s and 1980s to face up to complex issues such as environmental (and professional) pollution, degenerative (cancer) and metabolic conditions (obesity, diabetes) - has gradually disappeared from the vocabulary of health service managers. Surrendering the paradigm of prevention has resulted in underestimating the risks arising from new, foreseeable, pandemic waves.

This emergency could offer an opportunity to rethink the health model that has developed in the last decades. It would be appropriate to launch a debate and proposals on this topic, which is able to translate into a project for re-founding public health.

7. Investing in Scientific Research

This issue affects all vital sectors of the Country. For years Italian scientific research has received laughable funding, bot compared with GDP, and when compared with its levels in other European Union countries. Italy has, furthermore an absolutely prime international reputation, being three times more productive than Germany, even though it one quarter of the research funding. One would have expected, in conjunction with Covid-19 emergency, that an emergency scientific research plan would have been launched immediately, if only to start essential research to identify possible cures. None of all this has been as much as tabled. It turns out that the Health Ministry has put up a prize of 5 Million Euros, reserved exclusively for IRCSS and formally excluding any contributions from Universities. Only in July was launched an FISR program for universities, for around 20 Million Euros [1].

The status of the diesease: what should be done?

At the current stage of the epidemic, it has been established without any possible denial that Covid-19 is a disease – certainly highly contagious – that can be treated in most cases, but which at times can be serious, as unfortunately happens with many other pathologies.

Guidelines for tackling it should therefore be made up of the following points:

a) **Prevention**: great stress should be laid upon enhancing innate immunity and checking silent chronic inflammation. Such goals can be reached first by means of a suitable diet and lifestyle. In individual cases, specific supplements can be resorted to. In particular, it is necessary to take account of the psychic-emotional state of persons, in the knowledge of its fallout on the immune system. It is clear that at the moment that there are no adequate scientific studies on the impact of such approaches on the illness. On the other hand, there are harmful effects on all viral diseases of a compromised immune system, and since silent chronic inflammation occurs in the second stage of the illness, this enhances the cytokine storm.

b) Avoiding viral transmission, by **controlling areas of major contagion** (in particular assessing people without symptoms in the areas at greatest risk, intervening in a timely way for isolation, testing, and supplying all health workers and those at major risk of infection with appropriate Personal Protective Equipment.)

c) The possibility of acting early on a territory with **therapies that have already shown to be effective** even in the absence of randomised studies that are expected shortly (hydroxychloroquine, heparin, and

corticoids). The possibility of intervening in the most difficult cases with hospitalisation and second-degree care (antiviral agents, ozone therapy, hyper-immune plasma, myo-inositol, and oxygen with various approaches to its administration) should also greatly decrease the need for hospitalisation in Intensive Care Units.

d) **Increasing intensive care numbers**, even if, with data in hand, much less should be needed if there was a widespread use of therapies that have shown to be effective to date.

e) Learning to **live** with it in the same way as we live with many other diseases, paying more attention to hygiene standards. It is certain that major gatherings form a danger, also through increased viral load. Thus, they should be avoided in periods of a major virus presence. For this reason, as for other diseases, **constant monitoring** is needed.

What have we learned in the last two months?

From clinical results, it has emerged that Covid-19 is a mild disease in the majority of cases (roughly 85%). It is major but not dangerous in a further 10% of cases, in which various approaches to treatment are available. In the 5% that could have a deadly outcome, the following various therapies have been tried with success:

1) Ozone Therapy with Antiviral Agents
2) Therapy using Anti-coagulants
3) Hydroxychloroquine and Heparin
4) Hyper-Immune Plasma
5) Myo-inositol

Even if modern medicine is based on proven effectiveness (*EBM – Evidence-Based Medicine*) aimed at guaranteeing that before a newly created remedy is place on the market one is certain that the advantages outweigh the side effects, we know that this research method obviously requires very long periods.

At the same time, given that is well known that publications receive funding from Pharmaceutical Companies that pursue profit at all costs from the remedies they patent, the absence of publication is often a good approach to burying innovations that are not of interest.

Today we find ourselves before a dilemma of whether to continue researching a new molecule, which could potentially be toxic and which will require long periods in order to be approved (for example, a vaccine); or opting for a therapeutic approach which has been known for years and considered to be well tolerated (such as hydroxychloroquine for example). Another opportunity is offered by well-experimented approaches, known to be harmless and efficacious (for example, hyper-immune plasma or ozone therapy).

It is obvious that faced with grave situations, even a few cases are enough to declare a therapy as *"likely"* to be effective. That is precisely what is happening with the therapies set out above.

Furthermore, such therapies should be available in very short order, and not only in emergencies.

For this reason, it is supposed that insisting on waiting for a published scientific study is a system for burying this kind of approach, with the sole purpose of pursuing economic gain.

In addition, the desire to bet on a vaccine - *whatever it takes* – presents various criticalities as stressed by Ernesto Burgio, *"when we proceed in too much of a hurry, under the pressure of an epidemic emergency – as happened in the Philippines with Dengue – there is a risk that a new vaccine, or one that has not been tested enough can even trigger grave forms of the infection being combated: or may cause a kind of immune activation mediated by Th2 lymph cells (a kind of allergic reaction) or by a paradoxical reaction, triggered precisely by the antibodies prompted by the vaccine (ADE, Antibody Dependent Enhancement). In the foreseeable rush to a vaccine against SARS CoV2 similar incidents are possible and it is necessary to be prudent"*.

Considering the therapeutic successes – see the links shown above – which are not being made known to the public – save fleetingly and, we would say, almost unwillingly – by means of the media or official statements, by the present document we intend to request that the Ministry **convene the doctors who are already experts in these kinds of therapies.** Accordingly, in the shortest possible time, the advantages and disadvantages of each of them can be set out for colleagues, even in the absence of double blind studies. In the case of a second wave, during the course of **Stage 2** it will be necessary to be ready to act, using:

A) Public prevention and health worker training courses.
B) Effective protection systems (masks, gloves, etc.) in adequate quantities.

C) Diagnostic asseveration procedures to be implemented in case of well-founded clinical suspicion. This can avoid most infections.
D) Creation of specific centres - out and out military style *task forces* – that can act in a few hours in the case of emergency.
E) Protocols that are actionable by the *USCA* (Unità Speciali di Continuità Assistenziale) [Special Welfare Continuity Units] across the whole Country to support physicians on the territory with continuous monitoring of infected patients even if they are not hospitalised.
F) Availability of medicines that have been shown to be effective and tested by various front-line colleagues.

Whilst waiting for this, the signatories of this document commit to gathering the relevant data and making it available to everyone.

Rome, 18th May 2020

[1] Update of 10th July

Attachment 1

Plan for Scientific Clarity was drawn up by:
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Associations that have joined the Plan:
Medicina di Segnale (circa 850 associati)
www.medicinadisegnale.it
FIAMO (circa 200 associati)
http://www.fiamo.it/

The Plan has also been joined by:
Piero Priorini (Psychotherapist), Franco Lugnani (M.D.), Carmelo Samonà (M.D.), Paolo Baron (M.D.), Stefano Clauti (M.D.), Fabrizio Fiorini (M.D.), Danilo Toneguzzi (M.D.), Mauro Alivia (M.D.), Carlo Mocci (M.D.), Stefano Gasperi (M.D.), Guido Cantamessa (M.D.), Eva Rigonat (M.D.), Andrea Basili (M.D.), Anna Maria Cebrelli (Psychologist)

Attachment 2

Update as of 10th July 2020

Little more than a month after drafting the **Piano di Chiarezza Scientifica** [*Plan for Scientific Clarity*], we have been forced to assess what has happened in that period of time, given the hectic unfolding of events and of research results in the field related to the Covid-19 epidemic. During that month in fact, some major events have taken place and the epidemiological situation has changed noticeably, as can be deduced from the following points:
1) The numbers of infections are continuing to drop in Italy and in a much more significant extent; severe cases of Covid-19 have diminished, **almost to the point of reaching zero**;
2) The usefulness of certain therapeutic approaches has emerged and a few **controlled trials** have confirmed their effectiveness. Amongst these are anti-coagulant therapy, cortisone-based therapy (Dexamethasone), hyper-immune plasma and ozone therapy;
3) **Endothelium involvement** by the virus has been confirmed, with major implications for all stages of therapy, from treatment at home to intensive care;
4) In Italy, we still notice the **absence of territorial medical planning** for diagnosis and treatment guidelines for handling Covid-19, and that of a precise **prevention protocol** to avoid infections especially in healthcare surroundings, in which it is still not yet possible to have **adequate quantities of PPE available**.
We further observe inconsistencies in the handling of asymptomatic cases, who turn out to be positive for Co-

vid-19 after serological test.

5) Furthermore, we find ourselves confronted with a **proposal for wide anti-influenza vaccination, without any appropriate scientific basis** for its effectiveness against Covid-19.

To sum up the situation, today we find ourselves faced with the **lack of a common strategy** not only in Italy, but also in the rest of the world, both at the level of scientific research and that of social containment. On the other hand what is not missing – and continues still today when infections have reduced drastically (suggesting a probable 'weakening' of the viral load) – is the complete and utter **media terrorism** that tends to amplify every single case – even in the so-called "Phase 2" – without however, producing any evidence that might justify this kind of alarmism.

Totally distorted scientific information – the **Lancet / WHO case** was typical – demonstrates beyond any reasonable doubt the **enormous economic interests** that are concentrating on producing and distributing a vaccine to the entire population of the world. Incorrect information on the harmfulness of hydroxy-chloroquine, was in fact, published in the Lancet journal and confirmed by the WHO and by our ISS (National Health Institute) – but was later unmasked forcing both the journal and the WHO into a sudden U-turn. This was a decidedly striking case in the history of reference scientific journals and has demonstrated that **scientific publications cannot be trusted and the institutions in charge of public health even less so.**

Faced with the above, in our opinion there are **three main issues** that must be treated today with maximum urgency by the relevant authorities:

1) **The issue of freedom to choose treatment**

The principle of freedom to choose treatment, laid down in section 32 of the Constitution is not negotiable, and cannot be removed on the pretext of real or fictitious states of emergency. The Centre of Gravity is committed to defending this indefeasible right with all its powers.

2) **The senseless policy of social distancing in schools**

With school lessons starting in September an out-and-out assault on the humanity of our children is being planned. It is criminal to see the project for social distancing between students or the use of facemasks in classes. The harm from these measures goes beyond any possible imagination – even over the long term in the later course of life. Given that, to date, no studies exist that demonstrate with certainty that children were infected by the disease in Phase 1 at school and that they brought the infection home, the approach should be one of performing check-ups based on well-grounded suspicions and asking families not to send children to school if they are unwell. To this end, preventive medical equipment across the territory, in schools and workplaces is indispensable.

3) **A wider vision of the approach to treatment**

Lastly, a very little importance has been given by the media and the so-called "experts" to the enhancement of immune response by **prevention** thanks to **diet** and **lifestyle**, and to **supplements** about which scientific evidence exists, with vitamin D being first and foremost. On this topic, it should also be recalled that an inner attitude of **calm and courage** should also be promoted to defend against the media bombardment that has been raging during the last months. The **spiritual dimension** of humankind should not be underestimated, despite a certain world of financial interests that has today taken possession of science and politics.

In conclusion, Covid-19 is a disease that we must get to know better, a disease that is much less serious than many others but which must be handled in an appropriate way. It would therefore be suitable for physicians and for the population to receive regular technical updates on the situation. For this reason, it is considered useful to form a **group of independent experts** to work alongside those selected by the Government. That group must commit to conveying the results of its own **independent research** to the Government, including by the means of creating a website, which can be freely accessed by both doctors and citizens.