

Why Is Info on COVID and Vitamin D Deficiency Suppressed?

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✓ Fact Checked

STORY AT-A-GLANCE

- › Two new studies add to the mounting evidence that vitamin D deficiency is linked to an increased risk of COVID-19 infection, severity and death
- › The new data confirm the papers and research published throughout 2020 that found the same data, yet agencies appear intent on ensuring the public is not well-informed
- › The Center for Science in the Public Interest (CSPI), a self-proclaimed consumer advocacy group, has two decades of historically promoting and supporting big business interests
- › In the summer of 2020, the CSPI launched a campaign against Mercola.com that culminated in a warning letter from the FDA. Dr. Peter Lurie, former FDA associate commissioner, publicly took credit for this action
- › Statements highlighted in the FDA warning letter are fully referenced, cited and supported by published science. I support having a rigorous scientific debate, but cannot support unauthenticated and counterfeit accusations that fly in the face of published, peer-reviewed science

Many years of research have demonstrated the multiple benefits of vitamin D to your health. These benefits include helping to build healthy bones and teeth,^{1,2} supporting lung^{3,4} and cardiovascular function,^{5,6} influencing genetic expression,^{7,8} supporting brain and nervous system health^{9,10} and regulating insulin levels.¹¹

During 2020, scientists also discovered that the benefits of vitamin D for upper respiratory infections also includes protection against COVID-19.^{12,13} In 2021, two new studies^{14,15} confirmed what many researchers had already determined: There is an association between vitamin D deficiency and "the risk of being infected with COVID-19, severity of the disease and risk of dying from it."¹⁶

However, despite a known and safe side effect profile, benefits to patients with COVID-19 and the relative ease of acquiring the low-cost supplement, health "experts" have continued to suppress information that could very well save many lives. To achieve vitamin D toxicity, a person must take more than 40,000 international units (IU) each day and have a serum level above 500 to 600 nanograms per milliliter (ng/ml).¹⁷

In addition to this they must also be taking excessive amounts of calcium to experience vitamin D toxicity. In other words, it's more difficult to overdose on vitamin D than it is to overdose on acetaminophen (Tylenol). Taking more than 3,000 milligrams (mg) of acetaminophen in one day¹⁸ can lead to symptoms of an overdose. Signs of toxicity can begin in as little as 30 minutes after ingestion.¹⁹

Additionally, it is not difficult to overdose on acetaminophen since it is an ingredient in many over-the-counter cold preparations. Many people who take the drug each week are unaware it is found in combined products.²⁰ The drug is responsible for 500 deaths, 56,000 visits to the emergency room and 2,600 hospitalizations each year.

According to experts, 50% of these injuries are from unintentional overdoses. By contrast, research has found that vitamin D toxicity is rare²¹ and usually caused by formulation errors, inappropriate prescribing, accidental dispensing or inappropriate administration.²²

However, toxicity is not defined consistently across studies. One Irish study found a prevalence of 4.8%, but they considered an elevated result anything above 50 ng/mL (125 nmol/L),²³ which is within the normal range of 40 ng/ml to 60 ng/ml.²⁴ Another comparison is that, while studies have shown that the prevalence of vitamin D deficiency²⁵ is 41.6% in the overall population and as high as 82.1% in people with dark skin, there is no known deficiency for acetaminophen.

Vitamin D Deficiency Linked With COVID-19 Severity

One of the newer studies was published in June 2021.²⁶ The researchers sought to determine the role that vitamin D may play in mitigating the impact that SARS-CoV-2 has on morbidity and mortality. They recognized that the production of vitamin D through sensible sun exposure is often limited by geographical location.

Clothing, sunblock and skin pigmentation also limit vitamin D production in the skin. Serum levels of 25-hydroxyvitamin D have been found suboptimal in adults from many countries and are not limited to specific risk groups. The study used an ecological design to find an association and looked at complications and mortality in 46 countries.

They used data from public sources to look for and find evidence of a vitamin D deficiency, which they defined as serum levels less than 20 ng/ml. Although lower than optimal levels for vitamin D, this has been a deficiency level consistently used by researchers.

The researchers gathered data from Worldometer on the number of cases, tests and deaths in a population. They found a statistically significant correlation between deficiency and infection and fatality.

Data analyses were not limited to a specific area of the world or population group but instead included data from 46 countries. The data from this study supported a review of evidence published in *Nutrients* in 2020 that demonstrated vitamin D levels were associated with:²⁷

- A lower number of cases in the Southern Hemisphere
- An association with deficiency and the development of acute respiratory distress syndrome
- An increase in mortality rates in older adults and patients with chronic diseases that are associated with vitamin D deficiency
- Outbreaks during the winter months when serum levels of vitamin D are lowest

They concluded the data suggest²⁸ "that vitamin D deficiency is associated with an increased risk of COVID-19 infection and mortality across a wide range of countries."

Second Study Has Similar Results

A second study was published in September 2021 from Trinity College and the University of Edinburgh.²⁹ These researchers also looked at the association between COVID-19 and vitamin D levels. What they found was that the level of ambient ultraviolet B light at a person's home in the weeks before infection "was strongly protective against severe disease and death."³⁰

The study was published in the journal *Scientific Reports*.³¹ The researchers identified the association from data pulled from 417,342 records stored in the U.K. Biobank. This is a large-scale database that contains in-depth information on genetics and health from a half-million participants.³²

From this cohort there were 1,746 cases and 399 deaths registered from March 2020 to June 2020. Unfortunately, on average, vitamin D levels were measured approximately 11 years before the pandemic. Therefore, the researchers looked at ambient UVB light that they found was strongly and inversely associated with hospitalization and death.³³

These studies support and confirm earlier research published in 2020 and 2021 that demonstrate a strong association between vitamin D status and infection, hospitalization and death from COVID-19. Early papers published in May 2020,³⁴ offered ample evidence that "vitamin D deficiency to address COVID-19 warrant aggressive pursuit and study."³⁵

By October 2020,³⁶ research had revealed that people with vitamin D deficiency are at higher risk during the global pandemic and that supplements should be used to maintain circulating 25 hydroxyvitamin D at optimal levels. Retrospective data demonstrated that a deficiency was also associated with an increased risk of COVID-19 infection.³⁷

In a group of frail elderly nursing home residents with COVID-19 in France,³⁸ researchers found that providing a bolus of vitamin D3 during illness or in the month prior had a significant impact on the severity of the illness and improved survival rates.

Further studies found similar results demonstrating that vitamin D deficiency was associated with increased severity and mortality³⁹ and that supplementation may increase immunity and decrease susceptibility to the infection.⁴⁰

Information Suppressed Despite Mounting Evidence

Despite mounting evidence that a simple and effective strategy was available to help reduce illness and mortality, health agencies sought to suppress the information. In the early months, many questioned the organized effort to create a situation in which more people were dying.

And yet, as the year wore on, it became more evident that U.S. health officials were intent on ensuring the highest number of people possible would take a genetic therapy experiment to protect themselves against a virus for which treatment protocols and preventive measures had been identified. The aim of some agencies was to put an end to Mercola.com. In the summer of 2020, the Center for Science in the Public Interest (CSPI) launched a social media campaign to that end.⁴¹

It's important to note that this self-proclaimed consumer advocacy group is partnered with Bill Gates' agrichemical PR group, the Cornell Alliance for Science,⁴² and is bankrolled by the Rockefeller Foundation, the Rockefeller Family Fund, Public Welfare Foundation, Tides Foundation and Bloomberg Philanthropies.⁴³

The CSPI released a press release July 21, 2020,⁴⁴ in which they falsely accused me of profiteering from the pandemic by selling "at least 22 vitamins, supplements and other products" to "prevent, treat or cure COVID-19 infection."

However, in their own Appendix of Illegal Claims, it clearly shows that there are no COVID-19 related claims that exist on any of the products themselves. Rather, the links

that CSPI uses go to Mercola articles and interviews – none of which are used to sell anything.⁴⁵

NOTE: It is wise not to click on CSPI's shortened links in the "website links" column as they do not currently point to Mercola.com product pages.

Three weeks later, CSPI president Dr. Peter Lurie⁴⁶ sent an email August 12, 2020, to CSPI's newsletter subscribers in which he repeated the spurious claim that I "profit from the COVID-19 pandemic" through "anti-vaccine fearmongering" and reporting of science-based nutrition shown to impact your disease risk.

CSPI Takes Public Credit for FDA Action

Interestingly, Lurie is a former FDA associate commissioner.⁴⁷ It's disheartening, but not surprising, that the FDA followed up with a warning letter in February 2021,⁴⁸ for "Unapproved and Misbranded Products Related to Coronavirus Disease 2019."

Lurie has publicly taken credit for this action,⁴⁹ and thereby establishes the potential that CSPI is pulling the strings under the new administration through relationships they did not have in July 2020 when they first launched their assault on my free speech.

According to the letter, the FDA lists liposomal vitamin C, liposomal vitamin D3 and quercetin products for the treatment of COVID-19 as⁵⁰ "unapproved new drugs sold in violation of section 505(a) of the Federal Food, Drug, and Cosmetic Act (FD&C Act), 21 U.S.C. § 355(a)."

It's ironic that Lurie offhandedly dismisses peer-reviewed published science⁵¹ that demonstrates your immune function is dependent on certain nutrients and they help to lower your risk of severe infection, whether it's from COVID-19, the seasonal flu, the common cold or anything else.

Instead, he calls for mask-wearing⁵² that has no published scientific evidence to back universal use, as one of the most important prevention strategies against COVID-19. In a blog post, published May 18, 2021, he says, "... while mask relaxation may make sense

for most of the vaccinated most of the time, it has the potential to destroy the social norm of mask wearing."

CSPI Would Like to Censor Free Speech

I have been writing about the importance of vitamin D for your overall health for over a decade. Yet, the CSPI has chosen 2020 to censor my efforts to educate people on the importance of maintaining adequate vitamin D levels. In 2020, I co-wrote a paper with William Grant, Ph.D.,⁵³ and Dr. Carol Wagner,⁵⁴ both of whom are on the GrassrootsHealth vitamin D expert panel.⁵⁵

The paper demonstrated the clear link that exists between vitamin D deficiency and severe cases of COVID-19. You can find the paper in the peer-reviewed medical journal *Nutrients* where it was published in October 2020.⁵⁶

The FDA's warning letter has highlighted statements in articles published on my website that are fully referenced, cited and supported by published science. I am committed to providing truthful information, for free, to anyone who wants it. I support having a rigorous scientific debate but cannot support unauthenticated and counterfeit accusations that fly in the face of published, peer-reviewed science.

It should never be a crime to report the findings of scientists and researchers. When censorship becomes the foundational method of influencing public opinion and health strategies, it is sure to lead down a disastrous road.

For the record, we have fully addressed the warning letter from the FDA. It is simply against the First Amendment of the U.S. Constitution for the FDA to stop free speech that the CSPI does not like.

CSPI Has Repeatedly Violated Its Mission Statement

This is not the first time that recommendations from the CSPI have endangered public health. In the past, CSPI described trans fats as "a great boon to American arteries"⁵⁷

after heartily endorsing them years earlier by saying, "there is little good evidence that trans fats cause any more harm than other fats."⁵⁸

In the real world, this highly successful trans-fat campaign that began in 1986 resulted in an epidemic of heart disease. When the organization began reversing its decision on synthetic trans fats, it never admitted the error and simply switched the blame, erasing the previous pro-trans fat articles from its website and then posting a timeline⁵⁹ on artificial trans fats that simply skips what they previously promoted.

The timeline begins in 1993 when CSPI "suddenly" decided to urge the FDA to label trans fats, and works up to 2003 when CSPI proudly says it took out a full-page ad in The New York Times "slamming McDonald's for 'Broken McPromise' on trans fat." This, despite the fact that in 1986⁶⁰ they criticized McDonald's for not switching to trans fats sooner, like other fast-food restaurants already had.

While CSPI would prefer you to believe they've always been against trans fats, some people still remember what they and their officers said in the past, and comments their officers and members made when they switched their position have been preserved on others' websites.

For example, Weston A. Price⁶¹ details how CSPI's director of nutrition Bonnie Liebman changed her organization's tune in December 1992, when she totally ignored CSPI's support for trans fats only a few years earlier and blamed the margarine industry for promoting trans fats, writing:

"We've been crying 'foul' for some time now, as the margarine industry has tried to convince people that eating margarine was as good for their hearts as aerobic exercise ... And we warned folks several years ago that trans fatty acids could be a problem."

Continuing in their historical footsteps, the CSPI continues to recommend eating unsaturated fats like oil and canola oil,⁶² while avoiding butter and other healthy saturated fats, saying that "changing fats doesn't lower the risk of dying."⁶³

Trans fats aren't the only foods that CSPI made an about-face on something they'd promoted as healthy for years, however. It wasn't until 2013 that CSPI downgraded the artificial sweetener Splenda from the "safe" category to "caution."⁶⁴ It took another three years to downgrade it again from "caution" to "avoid."⁶⁵

Yet, the organization continues to promote diet sodas as a safer alternative to regular soda, saying it "does not promote diabetes, weight gain or heart disease in the way that full calorie sodas do"⁶⁶ — even though numerous peer-reviewed studies say otherwise.^{67,68,69}

The CSPI's support of suspected, and in some cases well verified, health hazards of trans fats, and artificial sweeteners, along with soy, GMOs, low-fat diets and fake meat, reveals that the intent of the organization to protect and advance public health is questionable to say the least.

The CSPI appears more interested in protecting profitable industries and their effort to destroy companies selling vitamins and supplements with natural antiviral effects is just more evidence of that.

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