

**Open letter to the Rt Hon Matt Hancock MP
[By email and hard copy]**

The Rt Hon Matt Hancock MP
Secretary of State for Health and Social Care
House of Commons
London
SW1A 0AA

29 October 2020

Dear Secretary of State

**RE VITAMIN D: THE LOWEST COST MODIFIABLE RISK FACTOR
FOR COVID-19 DISEASE?**

It is exactly 6 months to the day that I last wrote an open letter to you, along with my colleagues at the British Society for Ecological Medicine. Our letter included a request that Government ensures transparency in relation to 10 aspects of vaccine science in your efforts to produce a safe and effective vaccine against covid-19. Although I still have not had a response, despite reminders, I am now more aware than I was that you do not tend to encourage dialogue with those whose views do not resonate with your own.

Unperturbed, I write to you again, partly because I have not entirely given up hope that you might respond, and partly because I am keen to continue to build a paper trail in the event that we decide to take legal action against the current Government for its failure in its duty of care to the British public.

As the largest state funder of the World Health Organization (WHO) and as its second largest funder, behind the Bill & Melinda Gates Foundation, you will be aware of the WHO's commitment to applying the precautionary principle to human health. The WHO defines the precautionary principle as follows: *"...in the case of serious or irreversible threats to the health of humans or the ecosystem, acknowledged scientific uncertainty should not be used as a reason to postpone preventive measures."*

Your government has seized on a very limited range of measures that aim to be preventive, most especially: 1) attempts to avoid exposure to SARS-CoV-2; 2) efforts to reduce transmission of the virus, and; 3) development of vaccines. Social isolation, national and local lockdowns, NHS Test and Trace, as well as efforts to develop a vaccine, are themselves highly uncertain endeavours.

In relation to your commitment to the precautionary principle, it behooves you to assess and support those preventive measures that are the most certain.

In an article [released on our website](#) today, we have identified 52 different preventive factors that are known to reduce the the risk of severe disease or death from covid-19. These are divided into 7 groups covering health, disease, nutritional and metabolic status as well as, social, occupational and environmental determinants. Of all these groups, risk factors that relate to nutrition and metabolic health are the most readily modifiable. One of these factors pertains to achieving optimal vitamin D status, possibly the lowest cost per capita modifiable risk factor of all 52 identified (less than £0.05 per daily dose per person).

We are aware that you are under pressure from colleagues and Parliamentarians to recommend vitamin D and initiate trials to evaluate its protective effects that have now been substantiated by numerous trials in other countries, most recently in Spain. We are also aware that the Government recommendation made through Public Health England is restricted to delivering just 10 micrograms (400 IU) of vitamin D for maintenance of bones and muscles given the lack of exercise many have endured through lockdowns. While these levels are on par with those recommended in Sweden and Australia, they are the lowest recommendations of any governments in relation to covid-19. Italy, by comparison, is recommending 50 mcg (2000 IU).

As you are aware, the UK government recommendations, based on research on the role of vitamin D in calcium metabolism and bone and muscle health, are grossly inadequate adult intakes for the purpose of improving the function of the immune system when exposed to respiratory viruses, such as SARS-CoV-2. These require circulating levels of 25-hydroxy-vitamin D [25(OH)D] of 100-150 nmol/L (40-60 ng/ml). While there are no UK trials, there is ample evidence in the literature, referenced in [our campaign](#), that has demonstrated a clear association between optimal vitamin D status and low levels of disease, compared with those of similar gender, age and ethnicity who are deficient.

This higher range of circulating vitamin D, the precursor to the active 1,25-dihydroxy-vitamin D, has been agreed as the amount required for optimum immune function by consensus over many years among vitamin D researchers. The requirements, as well as recommendations to be tested for vitamin D status given great inter-individual differences, have in turn been consolidated on the vitamin D campaign website developed by vitamin D researchers, namely the D Action campaign on [GrassrootsHealth.net](#).

These levels, including testing of circulating 25(OH)D levels to verify that optimum levels have been achieved are endorsed by our colleague and the medical doctor with probably the longest clinical experience in the UK working with vitamin D, Dr Damien Downing, also president of the British Society for Ecological Medicine.

On the above basis, I ask you to consider as a matter of urgency the following two urgent requests:

1. That you adjust the UK recommendations for vitamin D for adults to a level that reflects the science in relation to immunological protection against covid-19. This will require a minimum of a 10-fold increase over your current daily recommendation which has been based on the requirements for bone and muscle health.
2. That the Government initiate a scientifically meaningful trial in which vitamin D supplements are provided to deprived communities, particularly those in the North of England that have been worst affected by local lockdowns, in order to assess the effects of supplementation on immune resilience following exposure to SARS-CoV-2. Supplementation will necessitate at least 100 mcg (4000 IU) vitamin D3 daily for adults.

In the light of existing scientific information on the role of vitamin D as a protective agent against severe covid-19 disease, failure to act on these points could amount to a civil wrong.

We have today launched a ['Test & Take: Vitamin D' campaign](#) that aims to increase the pressure on you and your Government to take action. This open letter represents part of the campaign's launch.

I look forward with great interest to your response to my letter. As with my last letter, I will resend it if I have not received a response from you within 30 days.

Yours sincerely,

[original hard copy signed]

Robert Verkerk MSc DIC PhD FACN
Executive and scientific director
Alliance for Natural Health International
www.anhinternational.org