

COVID-19 ADDENDUM to *The 2018 Global Pandemic of VDD* (Vitamin D Deficiency): **King of ALL Silent Killers.**

From Dr. David C. Page,

The eBook is yours to keep, read and share. It documents over 300 ways Vitamin D Deficiency can affect your health and life. A vitamin D blood level under the normal 30-100 ng/ml range can be deadly. The 886 End Note References--mostly from the National Institutes of Health Database--provide clear evidence that those who deny the benefits of Vitamin D to overall health are mistaken. As copyright owner, I give you permission to send the eBook PDF AND this Addendum PDF everywhere for FREE until 11/1/2020, per the 5 conditions listed below.

COVID-19 ADDENDUM: LIVE or DIE in 2020? Your Personal Vitamin D "DATA" & Race May Tell.

FACT: Vitamin D Deficiency (VDD) is the main reason for COVID-19, for Co-Existing Diseases and for the Vulnerables. Vitamin D is actually a most POWERFUL HORMONE that can affect and modulate thousands of genes in the human body, as well as BOOST the IMMUNE SYSTEM--when NOT deficient.

FACT: If we finally Diagnose and Treat VDD, it is possible to STOP most COVID-19 soon! Globally over 1 billion people have VDD. Over 300 illnesses have been linked to VDD. The lower the Vitamin D blood-level, the worse COVID-19 tends to strike a person. Worldwide, 30-50% of people have VDD below 20ng/ml and 70-80% test below 30ng/ml. Both low levels increase the risk of COVID-19 and hundreds of other illnesses and infections that can kill. Before COVID-19, VDD was already found in about 83% of hospital in-patients in studies from 2005 to 2018. With COVID-19, VDD can now be even more deadly. <https://youtu.be/sfjwrlAg7W4> VDD is common even in sunny countries where Vitamin D levels should be "normal."

It is Time to Diagnose & Treat The Global Pandemic of Vitamin D Deficiency with Sunshine and OTC D3. In the battle to help You, Your Family, Your Friends and the COVID-19 Vulnerables, who will you be?

- 1) One who MAKES things happen.
- 2) One who WATCHES things happen.
- 3) One who KNOWS NOT what happens.
- 4) One who STANDS IN THE WAY of what happens.

Please help MAKE THINGS HAPPEN by reading this whole PDF Addendum and the FREE eBook in PDF format. THEN PLEASE SHARE IT EVERYWHERE ASAP (see Copyright Permissions and Conditions above & below). Then we can get back to near normal SOONER than most believe POSSIBLE.

FACT: Vitamin D Deficiency (VDD) or a low blood level of Vitamin D has been reported to be a common high-risk factor for COVID-19 in over 100 countries. April 2, 2020 -- U.S.: Vitamin D could reduce the risk of Influenza & COVID-19 infections and deaths. [PMID: 32252338] April 3, 2020 -- Ireland: Vitamin D can help build resistance to COVID-19. The Irish Medical Journal called for the immediate vitamin D supplementation of hospital in-patients, nursing home residents, older people, the wider adult population, especially healthcare workers on the front line, as it may further limit infection and flatten the COVID-19 curve. April 6, 2020 -- Ireland: Trinity College Dublin reported vitamin D plays a critical role in preventing respiratory infections, reducing antibiotic use, and boosting the immune system response to infections with direct implications for COVID-19. Italy and Spain have relatively high prevalence of vitamin D deficiency which has been shown to correlate with hypertension, diabetes, obesity, and ethnicity – all features associated with increased risk of severe COVID-19. April 26, 2020 -- Indonesia: 30-100ng/ml is a normal vitamin D blood level by 25(OH)D test. Researchers found 34 ng/ml or higher greatly increased the chance of COVID-19 survival.

Vitamin D level of 18 ng/ml to 33 ng/ml increased the risk of COVID-19 sickness, pain and suffering. Vitamin D levels of below 18 ng/ml greatly increased risk of COVID-19 death. April 2020 -- U.K.: Between 3/1 & 4/21, a reported 203 healthcare workers died of COVID-19 in the U.K. 94% of the doctors who died were Black, Asian, or Ethnic Minority (BAME). May 2020: After a first lengthy investigation failed to explain how and why COVID-19 seemed to discriminate, a second investigation looked at nutrition and concluded that the COVID-19 doctor's deaths were due to VDD. May 11, 2020 -- Illinois, U.S.: Researchers at Northwestern University reviewed records of patients in multiple countries including China, France, Germany, Italy, Iran, South Korea, Spain, Switzerland, the UK and the United States. The large study found a possible link between having a severe vitamin D deficiency and a greater risk of death from COVID-19. May 18, 2020 -- WebMD: Researchers from different countries found the sickest patients often have the lowest VDD levels. May 25, 2020 -- Turkey: Vitamin D can prevent COVID-19 infection induced multiple organ damage. [PMID: 32451597] May 29, 2020 -- France, Sweden, Belgium, Austria, Italy, Poland, U.S. and Romania: Vitamin D Deficiency is very common. Randomized controlled trials showed that vitamin D decreases acute respiratory infections (ARIs) a COVID-19 complication. Vitamin D deficiency is an easily modifiable factor of ARIs. Daily vitamin D supplementation with moderate doses is safe and cheap. Even a small decrease in COVID-19 infections would easily justify this intervention. [PMID: 32474141] June 14, 2020 -- British Medical Journal: A new Irish & U.K. study looked at 117 countries which had 150 or more COVID-19 cases and found more evidence that a lack of vitamin D--vitamin D deficiency--is linked to COVID-19 severity. July 2, 2020 -- U.S.: Physicians at the Complete Med Care clinic in Dallas, Texas, found the prevalence of severe vitamin D deficiency is strongly related to the coronavirus disease COVID-19 mortality rate (sickness and death)in European countries. July 3, 2020 -- Israel: VDD plasma 25(OH) vitamin D3 level below 30 ng/ml was found to increase risk of COVID-19. August 9, 2020 -- Italy: Vitamin D Deficiency is a predictor of poor prognosis in patients with acute respiratory failure due to COVID-19.

FACT: Vitamin D Deficiency (VDD) has been reported to be a common high-risk factor for COVID-19 and for Diseases that Co-Exist with COVID-19 that help define the so-called Vulnerables. This is now known in Ireland, Italy, France, Spain, Greece, Germany, China, Iran, Switzerland, United Kingdom, Philippines, Indonesia, S. Korea, the U.S. and in over 100 other countries. COVID-19 is a virus, with NO brain, that attacks some very diverse groups of people who have very high rates of VDD and VDD related weakened immune systems. Studies show these groups include diabetics, the obese, the elderly, nursing home residents, meat processors, Blacks, Hispanics and Native Americans. As VDD weakens immune systems, it increases the risks of most infectious diseases--including COVID-19. People in these groups have a much higher risk for severe COVID-19 sickness and death.

FACT: In 2020, "Almost Every Hospitalized Coronavirus Patient Has Another Underlying Health Issue," according to a Study of New York Patients. (Source: Time, April 22, 2020) **RELATED FACT: VDD increases the risks of most all COVID-19 underlying health issues.** In 2008, VDD was found common even in areas of high sun exposure and was especially worse in Blacks and Hispanics. [PMID: 18326598] In 2009, researchers looking at the H1N1 Swine Flu noted VDD can trigger Influenza Flu Virus, so they recommended strongly that all health-care workers & patients be tested & treated for VDD to prevent Respiratory Infection. [PMID: 20102323] In 2011, researchers found VDD increased the risk of Lung Infections. [PMID: 22332056] In 2011, VDD less than 30 ng/ml was found in 97% of Native American children. [PMID: 22019791] In 2012, researchers found VDD common in patients with active Tuberculosis (TB). [PMID: 22123447] In 2013, researchers found VDD increased risk of getting Pneumonia. [PMID: 23596250] In 2013, VDD was found in 83% of Chronic Kidney Disease patients. [PMID: 23209039] In 2014, VDD in Hispanics & Blacks indicated higher risk for Diabetes & Diabetic Complications [PMID: 24871915] In 2015, VDD was found to be significantly associated with Hispanic Obesity. [PMID: 25708459] In 2015, VDD in wintertime was found in non-Hispanic Whites and it was worse in Minority Populations. [PMID: 25112179] In 2015, VDD was found to be inversely associated with Adult Obesity. [PMID: 25708459] In 2015, researchers found VDD increased the risk of Sepsis – Bloodstream Septicemia Infection. [PMID: 26041306] In 2015, researchers found VDD increased Staphylococcus and MRSA Infections. [PMID: 25860535 and PMID: 26141819] In

2016, researchers found VDD greatly increased **Intensive Care Unit(ICU) Sepsis Related Mortality**. [PMID: 26721785] In 2016, VDD was found to be associated with decreased **Pulmonary Function in Obese children**. [PMID: 27273785] In 2016, VDD was found in **98.7% of children with Kawasaki Disease** that were studied. [PMID: 25994612] In 2017, VDD was deemed a significant risk factor for **Cardiometabolic Disease** in the U.S. [PMID: 28241878] In 2017, researchers found VDD **Decreased Immunity & Increased Rates of Several Infectious Diseases**. [PMID: 28672783] In 2017, VDD was found to have **inverse relationships with Hypertension (a lower D level = higher BP)**. [PMID: 27865973] In 2017, VDD was found to be common in **Nursing Home Residents and strongly associated with Dementia**. [ISSN: 1471-2318] In 2018, meta-analysis researchers "predictably" found **Inside Workers, like Food Processors**, more likely have VDD. [PMID: 30275842] In 2019, VDD was found to be associated with **high blood pressure, high body mass index, central obesity, high cholesterol, impaired blood glucose levels and a high Framingham risk score**. [PMID: 31412921] In 2019, VDD was found to be worse in those with **Hair Loss known as Alopecia**, and **Inverse to the Level of Hair Loss (meaning lower the D worse the Hair Loss)**. [PMID: 31110371] In 2020, researchers found that in adults with VDD, aged 40 years or older, 39% reported **Impaired Sense of Smell**. Elderly aged 70-80 years old were 96% more likely to report **Taste Impairment**. [PMID: 32252288] In 2020, **VDD at time of hospital admission singly related to increased risk of Mortality in Adults with Sepsis**. [PMID: 32131740]

FACT: The current flawed COVID-19 testing, contact tracing, quarantines and data bias must change. Both testing and treatment MUST switch to target Vitamin D Deficiency. By doing so, many other diseases will decrease--along with our exploding healthcare costs. The nightly "DATA" numbers, which officials have admitted to manipulating, show extreme bias. It is illogical, unscientific and maybe worse to count a death from unrelated trauma as a COVID-19 death. The BIAS and DOOM and GLOOM preaching by infectious disease experts must STOP. The BIAS and DOOM and GLOOM echoed by some in the media must STOP too. COVID-19 deaths-to-date PALE compared to MEDICAL ERROR (ME) deaths each year. COVID-19 testing can be inaccurate giving false negatives and/or false positives within hours. COVID-19 testing is mostly a waste of time and money for testers, for the tested, for tracers, etc. COVID-19 back tracing is unnecessarily destroying people and businesses unlike any disease control effort in the past. There are several other "latent" infectious diseases that would give similar 5-10% positive results. Other latent diseases include hepatitis B, HIV, EBV, VZV, Tuberculosis, Meningitis and herpes simplex. A latent disease is one where a pathogen (virus, bacteria, etc.) lies dormant in cells until conditions make it active. A person can test positive for the pathogen but have no symptoms and may not easily transmit disease. An interesting FACT is that spaceflight can weaken immune factors that keep dormant viruses at bay for up to 2 months, which can then activate latent viruses. (Source: www.popsoci.com) The COVID-19 testing "program" does NOT make logical scientific sense. It is ruining our country, depressing our moral, delaying needed medical care, and driving some to SUICIDE. **IT MUST STOP!**

FACT: August 10, 2020, "After months of condemnation for no lock-down, Sweden's COVID deaths drop to near-zero. Unlike many nations, Sweden never shut down its schools or economy & did not restrict individual freedoms to nearly the degree seen in the U. S. & much of Europe." (Source: <https://www.lifesitenews.com>)

FACT: U.S. Infectious Disease specialists appear to be hurting people, families, businesses and the economy more than history has ever recorded--when they should be helping. Waffling advice on masks, social distancing, isolation, multi-layer PPE, and now goggles have used up most options. A recent statement that "goggles can provide complete protection from COVID-19, theoretically" is a perfect example of peddling speculative fiction as fact. Some advice has violated decades-old infectious disease guidelines. Some advice is presented as fact, but then followed by the line "in theory" which reduces confidence in the advice of those "leaders." Soon they may mandate a vaccine that many scientists and they themselves have already said will NOT be safe or effective. A CDC study on the 2009 pandemic flu trivalent vaccine, a combination of 3 vaccines, concluded like "other studies" that the trivalent vaccine did not decrease or increase disease. It worked no better than a placebo or sugar pill. But then the CDC recommended the vaccine anyway. [PMID: 19910912] Sounds like CDC's 2020 vaccine plan is a 2009 Deja Vu.

FACT: Open-Air Hospitals in past pandemics, including the 1918-1919 Spanish Flu, were reported to help the sick and/or dying. Rather simple outside tent hospitals were built so they could raise the sides and move patients into sunlight. The Open-Air Hospitals had much higher heal and survival rates for Flu patients than those put inside out-of-the-sun. Better healing was also observed and reported of WWI war wounded. Check out the American Journal of Public Health 2009 October [PMID: 19461112] Our infectious disease leaders need to STOP telling people to stay inside but rather start getting outside mid-day for 1-2 hours with minimal clothing and NO sunscreen to get sensible sunshine. Vitamin D, the "Sunshine Vitamin," is actually a powerful hormone and immune booster. Vitamin D can be produced naturally when enough sunlight hits skin. Sunscreen blocks Vitamin D production and has greatly increased deadly melanoma skin cancer rates during the past 3+ decades of recommended sunscreen use. In 1995, researchers concluded that sunscreens do not protect against melanoma skin cancer. [PMID: 7790106] In 2000, researchers reported use of sunscreen increased the risk of malignant melanoma. [PMID: 10861466] In 2018, researchers noted skin cancer doubled over the past 30 years of increased sunscreen use. [Source: www.newsmax.com/health/health-news/sunscreen-cancer/2018/08/22]

FACT: The ignored decade old Global Pandemic of VDD is the main underlying reason for COVID-19. This was first discovered in early April 2020. Researchers have now confirmed this to be true in over 100 countries. VDD is rampant, common and known for over a decade to be a Global Pandemic. See page #2 of the attached FREE eBook to see a few of the hundreds of publications proclaiming it. The 47,000+ employees of NIH, CDC and FDA have a combined annual budget of about \$55 Billion. Have you ever heard a public health announcement about VDD from the NIH, CDC or FDA? Aren't they supposed to help protect Americans? Have you ever heard them announce that over-the-counter **Vitamin D3 can help protect global populations from hundreds of illnesses which would be real PREVENTION. In the U.S., the cost would only be about \$20 per person, per year, or a total of \$10 billion.**

FACT: What You Need To Know: 1) Do you know if you have ever been tested for Vitamin D Deficiency? Most people have NOT regular Vitamin D 25(OH)D tests in their lifetime. 2) Do you know the date of your last Vitamin D 25(OH)D test? It is not usually included in a blood draw at a regular check-up. 2) Do you know your 25(OH)D test result number? And the date? Your Vitamin D blood level is your most important personal "DATA." Find out and know your number. Do not accept being told "you are ok or it is not important." One accepted normal range of Vitamin D in the blood is 30 to 100 ng/ml and too many people have levels below the normal minimum of 30 ng/ml. Before COVID-19, about 83% of sick and dying people in U.S. Hospitals had VDD. With COVID-19 that number may be even higher, but only testing for Vitamin D Deficiency would tell.

FACT: Here Is The Most Important "DATA" To Know: 30-100 ng/ml = a "normal" Vitamin D blood level by 25(OH)D test. Over 34 ng/ml in the blood greatly REDUCES the risk of COVID-19 sickness and death. Under 18 ng/ml in the blood greatly INCREASES the risk of COVID-19 DEATH.

FACT: Here Is What You Can Do Now to Help Yourself, Family and Friends, and Help STOP COVID-19:

1) Check your blood lab test results and see if you have had regular 25(OH)D tests. Check if your most recent blood level test result was at least 34 ng/ml, which is within the normal range of 30-100ng/ml.

2) If your most recent test was below 34 ng/ml consider raising it ASAP. Get some over-the-counter D3 (not D2) in a bottle of 2,000, 4,000, 5,000 or 10,000 IUs. Ask your doctor if you can take the recommended D3 dosing on pages 19 and 20 of the eBook. If your doctor says no, show your doctor pages 19 and 20 recommends--2,000 IUs D3 for under 1 year of age, 4,000 IUs D3 for ages 1 to 18, and 10,000 IUs D3 for those over age 18.

3) Unless your vitamin D level is over 34 ng/ml get some mid-day sensible sunshine with NO sunscreen for 1-2 hours and few clothes on. In the age of COVID-19, annual flu and the recent Swine Flu threat higher D levels are better. See pages 69 and 70 of the eBook for how important Vitamin D is to healthcare workers and

the public. Your body may make over 5,000 IUs or more of natural vitamin D in a few hours of direct sunlight. This is extremely important before September when people spend less time outside in getting direct sun exposure.

4) Go to www.VDDKills.com (or via www.VitaminDHeals.com) Learn more about VDD and how to increase D levels in 1-2 weeks instead of the normal 2-4 months. Avoid taking prescription vitamin D2 because it is NOT as safe nor as effective as vitamin D3. Prescription D2 is also more expensive than over-the-counter D3.

5) Ignore medical professionals and media who claim vitamin D is NOT important, or is dangerous, or is quackery, etc. MEDICAL ERROR deaths were estimated to be from 251,000 to 440,000 EACH year. [PMID: 27143499 and news.northwestern.edu] This fact and more should disqualify them from claiming safe Vitamin D3 is dangerous or toxic. A May 2020 Report of the American Association of Poison Control Centers' National Poison Data System (NPDS) told how safe Vitamin D3 really is, even in doses way above 10,000 IUs per day. The report included an analysis of NPDS data from 2000 to mid-2014 and found NO deaths reported for vitamin D toxicity. (Source: Medscape, NPDS Report May 30, 2020)

SIDE FACT: Breast Cancer is another of the many diseases which increase when VDD gets worse. [PMID: 20456946] In 2011, a vitamin D level of 47 ng/ml was found to reduce the risk of BC by 50%. [PMID: 21868547] In 2012, VDD was found in 95.6% of Breast Cancer patients. [PMID: 22629509] In 2017, researchers found VDD blood levels below 20 ng/ml increased the risk of BC by 7.8 times. [PMID: 28811787] In 2018, researchers found **a vitamin D blood level of 60 ng/ml reduced the risk of breast cancer by 80%.** [PMID: 29906273] (See eBook pages 38-39 for more on Breast Cancer and VDD). The lack of public education regarding VDD and Breast Cancer is tragic and can easily be corrected.

6) You can learn more about topics in this email by reading pages 129 and 130 of the eBook to "Learn How to Search The National Institutes of Health (NIH), National Library of Medicine's (NLM) PubMed® database via www.PubMed.gov. Start with the supplied PMID numbers which are PubMed Unique Identifiers. Then you can learn a great deal by searching through and reading some of the 30+ million NIH stored citations, abstract summaries and even some full length articles.

7) Some claim that only Double Blind Random Controlled Trials have any value in modern Evidence-Based-Medicine. For centuries, observation provided the bulk of valuable scientific discovery including in medicine. Observations made by clinicians who provide direct doctor-to-patient care still have tremendous value. This is especially true when compared to the speculation and presentation of fiction as fact by ivory tower mostly hands-off professionals.

FINAL FACTS: Vitamin D3 to treat VDD can save tremendous amounts of time, money and pain. In 2008, researchers published finding overall health care costs were 39% higher in veterans with VDD. [PMID: 19149342] In 2010, researchers found VDD in veterans increased costs of infections by 500% and length of hospital stay be 400%. [PMID: 20056018] In 2008, researchers reported finding VDD solely related to cardiovascular mortality and all-cause mortality. [PMID: 118574092] In 2011, researchers found ill patients with VDD before hospital admission had increased rates of sepsis blood infection, and VDD was a significant predictor of all-cause mortality. [PMID: 21242800] In 2014, researchers published finding VDD more common and worse in "suicide attempters." They noted their work supported past studies that already found VDD may play a role in psychiatric disorders such as depression, psychosis symptoms and schizophrenia. They called for routine VDD testing of patients with suicidal symptoms so they could have a chance to treat VDD before it was too late. [PMID: 25240206] Sadly, change can be slow. In 2016, VDD was found to be 4.7 times more common in outpatients with bipolar disorder, schizophrenia and schizoaffective disorder. [PMID: 27662458]

PLEASE help "Make Things Happen" to slow, prevent and even STOP COVID-19 early this fall by demanding urgent action to diagnose and treat VDD. Such action will also help prevent the Annual Flu and

Swine Flu Influenza [2009 PMID: 20102323 Pandemic Preparedness for swine flu influenza in the United States]. Then we can work on reducing hundreds of other ills and save lots of time, money and pain. The attached eBook's 886 End Note References, from tens of thousands possible, tell how widespread VDD is and how big and beneficial treating VDD can be and help provide the proof that immediate action to Diagnose and Treat VDD is needed. Beating COVID-19 is just the beginning. There are over 300 human illnesses more common and/or worse with VDD--the primary reason for health DISPARITIES. Most conditions are listed in the eBook while some are paraphrased and referenced in detail.

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- 4) Know that I will not hold you responsible for BAD decisions someone else makes regarding this offer.
- 5) Please start reading the book ASAP to help you see how BIG the problem of VDD is beyond COVID-19 and to know how much your help will be in solving VDD globally. That includes calling public officials and telling them to urgently act on this threat to all people. It is critical that public health officials act urgently to diagnose and treat VDD, as soon as possible, to help protect the most vulnerable populations--African Americans, Hispanics, nursing home residents, healthcare workers, etc.

IGNORING VDD MUST CHANGE. IT IS WAY PAST TIME TO DIAGNOSE AND TREAT VDD!

Smile-On!
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