

CEO Canceled for Calling Out Obesity Impact in COVID Outcomes

Analysis by Dr. Joseph Mercola



STORY AT-A-GLANCE

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- > Backlash quickly ensued, with media accusing Neman of fat-shaming and being "fatphobic," prompting him to apologize days later
- > The message that obesity worsens COVID outcomes is one that needs to be heard, and health officials should be sharing it widely, along with effective methods to help people lose weight and maintain it
- > There are now 16 states where at least 35% of the residents are obese, up from nine states in 2018 and 12 in 2019
- Instead of the "energy balance model," which states that people gain weight because they consume more energy than they use, researchers recommended the "carbohydrateinsulin model," which focuses on what you eat — namely avoiding ultraprocessed foods and refined carbs — instead of how much

In a now-deleted Linkedin post, Jonathan Neman, CEO and co-founder of salad chain restaurant Sweetgreen, highlighted data showing that most people hospitalized with COVID-19 are overweight or obese.¹ "Is there an underlying problem that perhaps we

have not given enough attention to? Is there another way to think about how we tackle 'healthcare' by addressing the root cause?" Neman wrote.²

Backlash quickly ensued, with media accusing Neman of fat-shaming and being "fat-phobic," prompting him to apologize days later. While stating that he regretted his choice of words, he added, "I stand behind the intent of the post."⁴

As Kim Iversen states in The Hill video above,⁵ the message that obesity worsens COVID outcomes is one that needs to be heard, and health officials should be sharing it widely, along with effective methods to help people lose weight and maintain it.

Overweight and Obesity Involved 79% of COVID Hospitalizations

Neman was "canceled" for daring to speak out against pandemic protocol, including suggesting that "no vaccine nor mask will save us" and adding:6

"What if we focused on the ROOT CAUSE and used this pandemic as a catalyst for creating a healthier future?? We clearly have no problem with government overreach on how we live our lives all in the name of 'health,' however we are creating more problems than we are solving.

What if we made the food that is making us sick illegal? What if we taxed processed food and refined sugar to pay for the impact of the pandemic? What if we incentivized health?"

Neman's message was lost in the backlash, but the fact is that obesity increases the risk for severe COVID-19 illness — significantly. A CDC study involving 148,494 U.S. adults found a nonlinear relationship between body mass index (BMI) and COVID-19 severity, with the lowest risk found among those with BMIs in the healthy weight category and nearing the threshold to overweight.⁷ Risk then increased as BMI rose.

Among the adults who were hospitalized with COVID-19 from March to December 2020, 28.3% were overweight and 50.8% were obese — over 79%.8 Both overweight and obesity were risk factors for mechanical ventilation, while obesity was a risk factor for

hospitalization and death, particularly among those aged 65 years and under. Even the CDC noted that these findings highlighted the need for "policies to support healthy behaviors."

Neman is far from the first or only person to call for efforts to focus on healthier living during the pandemic. In July 2021, Joel Hirschhorn, member of the Association of American Physicians and Surgeons and America's Frontline Doctors, also stated that governments have missed a public health opportunity by not issuing recommendations for effective and sustainable weight loss to lower your risk for severe COVID-19 infection and death:

"As someone who has spent most of my waking time for the past 17 months researching the pandemic, I started to think: Why have we not seen the public health establishment mount an aggressive national campaign to get Americans to protect themselves from COVID by losing weight?

Especially because weight gain during the pandemic limitations on food freedom as well as shutdowns and school closing being acknowledged as curtailing physical activity.

Would not fighting obesity qualify as a valid prevention approach to curbing the ill effects of the COVID pandemic? Could the reason for government's lack of aggressively pursuing an anti-obesity campaign be a bias for promoting vaccines? It seems a likely explanation."

Even Mild Obesity Doubles Risk of COVID Complications

Researchers from the Alma Mater Studiorum University of Bologna in Italy also looked into BMI and COVID-19 outcomes.¹¹ Although BMI can be misleading in determining whether or not you're at a healthy weight for your body — in part because it does not take muscle mass into account — it's the most commonly used measurement for defining obesity.

If your BMI is between 25 and 29.9, you are considered overweight and anything over 30 is considered obese. However, obesity is often divided into categories, with class 1 defined as a BMI of 30 to < 35, class 2 as a BMI of 35 to < 40 and class 3 defined as a BMI of 40 or higher, and considered "extreme" or "severe" obesity.¹²

Patients with mild obesity had a 2.5 times greater risk of respiratory failure and a five times greater risk of being admitted to an ICU compared to nonobese patients. Those with a BMI of 35 and over were also 12 times more likely to die from COVID-19.13

"Whereas a BMI \geq 30 kg/m2 identifies a population of patients at high risk for severe illness, a BMI \geq 35 kg/m2 dramatically increases the risk of death," the researchers explained.¹⁴

Why Obesity Raises COVID Risks

As for how obesity raises risks, the chronic, low-grade inflammation it causes is a likely factor. Inflammation triggered by obesity may be responsible for a threefold greater risk of pulmonary embolism (blood clots in the lungs) in COVID-19 patients who are obese, 15,16 according to separate research.

Dysregulated lipid synthesis triggered by obesity may also aggravate inflammation in the lungs, contributing to increased disease severity during respiratory viral infections.¹⁷ Leptin receptors are also expressed throughout your immune system, and leptin, typically associated with hunger signals, helps regulate both your innate and adaptive immune responses.¹⁸

Obesity is also frequently associated with insulin resistance, and higher blood glucose levels play a role in viral replication and the development of cytokine storms.^{19,20}

Pandemic Led to Weight Gain, Drove Up Obesity in Children

It's no secret that Americans are facing an obesity crisis. The latest figures from the CDC state that 42.4% of Americans were obese in 2017 to 2018, an increase from 30.5% in 1999 to 2000.²¹

It's possible that the pandemic has made these numbers even worse, as 42% of U.S. adults who responded to the American Psychological Association's 2021 Stress in America poll said they had gained more weight than they intended since the pandemic started.²²

The average weight gain among this group was 29 pounds, with 10% stating they gained more than 50 pounds during the pandemic.²³ Children have been similarly affected, with significant increases in the rate of BMI change noted during the pandemic among 2- to 19-year-olds, according to the CDC, which translates to weight gain. The CDC noted:²⁴

"The COVID-19 pandemic led to school closures, disrupted routines, increased stress, and less opportunity for physical activity and proper nutrition, leading to weight gain among children and adolescents.

Among persons with overweight, moderate obesity, and severe obesity, pandemic rates of BMI increase more than doubled, compared with prepandemic rates ... similar effects were observed for weight change ...

Compared with other age groups, children aged 6-11 years experienced the largest increase in their rate of BMI change ... with a pandemic rate of change that was 2.50 times as high as the prepandemic rate."

September 15, 2021, the CDC also announced that the number of states with high obesity prevalence — defined as at least 35% of residents with obesity — has nearly doubled since 2018.²⁵ There are now 16 states where at least 35% of the residents are obese, up from nine states in 2018 and 12 in 2019.

Obesity Isn't Simply a Matter of Overeating

Efforts geared toward "cutting calories" to lose weight are misguided, as obesity often stems not from overeating but rather, primarily, from eating the wrong foods. The U.S. diet is focused on ultraprocessed with a high glycemic load, which causes fundamental changes in metabolism leading to fat storage, weight gain and obesity.²⁶

Instead of the "energy balance model," which states that people gain weight because they consume more energy than they use, researchers writing in The American Journal of Clinical Nutrition recommended the "carbohydrate-insulin model," which focuses on what you eat instead of how much.²⁷

Lead study author Dr. David Ludwig, endocrinologist at Boston Children's Hospital and professor at Harvard Medical School, explained that "reducing consumption of the rapidly digestible carbohydrates that flooded the food supply during the low-fat diet era lessens the underlying drive to store body fat. As a result, people may lose weight with less hunger and struggle."²⁸

If you need to lose weight and/or want to reach optimal health, I recommend adopting a cyclical ketogenic diet, which involves radically limiting net carbs (replacing them with healthy fats and moderate amounts of protein) until you're close to or at your ideal weight, ultimately allowing your body to burn fat — not carbohydrates — as its primary fuel.

This includes avoiding all ultraprocessed foods and also limiting added sugars to a maximum of 25 grams per day (15 grams a day if you're insulin resistant or diabetic). KetoFasting, the program I developed and detail in my book, "KetoFast: A Step-By-Step Guide to Timing Your Ketogenic Meals," combines a cyclical ketogenic diet and intermittent fasting with cyclical partial fasting to optimize weight, health and longevity.

Experts Recommend 'Quarantine' From Ultraprocessed Foods

Dr. Matteo Rottoli, lead author of the University of Bologna study, explained, "In the midand long-term, weight loss is the definitive answer to reduce the [COVID-19] risks in people with obesity."²⁹ Toward that end, eliminating ultraprocessed foods is essential and a step that will help bolster your health not only against COVID-19 but also against other forms of chronic and infectious illness.

While the CDC and other health officials aren't sounding the alarm about the risks posed by ultraprocessed foods and other toxic exposures, the scientific community is taking note. As noted by a team of researchers in the journal Food and Chemical Toxicology, the role of toxic substance exposures, which includes ultraprocessed foods and poor diet, is under-reported in the COVID-19 pandemic.³⁰

"In short, it is the pervasive, constant exposure to toxic stressors in our environment, in combination with genetic factors, that cause us to develop diseases that impair our immune systems and make us susceptible to serious COVID-19 infection," reported the Alliance for Natural Health.

As the researchers noted, this includes lifestyle factors such as inactivity, smoking, excessive alcohol consumption, poor diet including ultraprocessed foods and refined grains and chronic sleep deprivation — all factors that also affect your weight.³¹

In order to protect the public, a "quarantine" from toxins like ultraprocessed foods, environmental chemicals and more would be far more effective than quarantining from one virus,³² and for long-term pandemic prevention, the researchers believe, and I would strongly agree, that toxicology-based approaches should be given priority over virology-based approaches.³³

The time to start protecting yourself from the toxic exposure of ultraprocessed food is now; the more you focus on healthy, whole foods instead, the faster you'll lose weight, the better your immune system will function and the healthier you'll be in the event of any viral exposure that may come your way.

Sources and References

- 1, 7, 8, 9 U.S. CDC MMWR March 12, 2021
- ^{2, 6} Vice September 1, 2021
- ³ NBC News September 2, 2021
- ⁴ Vice September 7, 2021
- ⁵ YouTube September 2, 2021
- ¹⁰ TrialSite News July 25, 2021
- 11, 14 Eur J Endocrinol. 2020 Jul 1;EJE-20-0541.R2. doi: 10.1530/EJE-20-0541. Online ahead of print
- ¹² U.S. CDC, Defining Adult Overweight and Obesity
- 13, 15, 29 U.S. News & World Report July 23, 2020
- ¹⁶ Radiology May 14, 2020
- ¹⁷ Journal of Virology July 13, 2020
- ¹⁸ Front. Physiol., 01 June 2018

- ¹⁹ Science Advances April 15, 2020
- ²⁰ The Scientist April 15, 2020
- ²¹ U.S. CDC, Adult Obesity Facts
- ^{22, 23} American Psychological Association March 11, 2021
- ²⁴ U.S. CDC, MMWR September 17, 2021
- ²⁵ U.S. CDC September 15, 2021
- ^{26, 28} Science Daily September 13, 2021
- ²⁷ The American Journal of Clinical Nutrition September 13, 2021
- ^{30, 31, 32, 33} Food and Chemical Toxicology: An International Journal Published for the British Industrial Biological Research Association August 14, 2020