

February 6, 2019

TO: Gov. Matt Bevin
700 Capitol Ave.
Frankfort, KY 40601

Certified Mail item:
7018 1130 0001 9899 6098

&

Dr. Karen Cost, Ph.D., Chairman
Louisville Board of Health
400 E. Gray St.

Louisville, KY 40202

Certified Mail item: 7018 1130 0001 9899 6104

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**RE: Request to Distribute White Paper on Cause of
Bacteria Outbreaks in KY & the U.S. At-large**

Dear Gov. Bevin & Chairman Cost,

Please distribute statewide the **white paper attachment** that explains the cause of the continuing outbreaks of bacteria pathogens in Kentucky and the United States at-large. The outbreaks include salmonella, Hepatitis A, coli, and other bacterial pathogens causing hazards, illnesses, and death.

The attachment is declared a white paper due to evidence of the outbreaks being **1)** "self-evident," **2)** the stated single cause is common to virtually all the outbreaks in recent years, and thus **3)** conclusive.


Respectfully submitted,

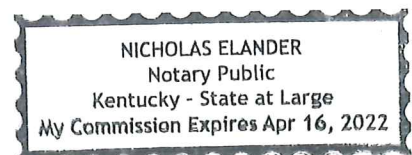

Daniel Cobble DATE

Subscribed and affirmed before me, this 6th day of February,

2019 by Daniel Cobble

My Comm. Expires (STAMP):


NOTARY



- Declared White Paper attached
- For Public Distribution (including CEOs of Princess & Royal Caribbean Cruise Lines),
Posted at: www.daniel-cobble-health.com

DECLARATION OF WHITE PAPER ON CAUSE OF BACTERIA OUTBREAKS

February 6, 2019

Page 1 of 5


BY: Daniel Cobble

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502-443-2034 - danielcobble6@gmail.com

I, Daniel Cobble, hereby declare the herein papers to be a white paper of authority for identifying the continuing outbreaks of bacteria pathogens in the United States, including in Kentucky. They include salmonella, Hepatitis A, coli, and the other bacterial pathogens causing hazards, illnesses, and death throughout communities.

The herein white paper is declared due to evidence of the stated bacteria outbreaks being **1)** "self-evident," **2)** the herein stated single cause is common to virtually all the outbreaks in recent years, and thus **3)** the evidence makes this white paper conclusive for promptly revised actions.

Respectfully submitted,

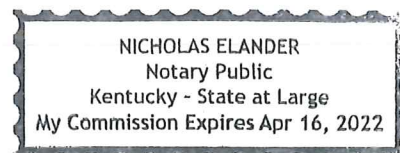

Daniel Cobble DATE

Subscribed and affirmed before me, this 6th day of February,

2019 by Daniel Cobble

My Comm. Expires (STAMP):


NOTARY



Copies to:

- D. Cobble
 - Gov. Matt Bevin & Louisville Board of Health for statewide distribution,
 - For Public Distribution (including CEOs of Princess & Royal Caribbean Cruise Lines)
- and **posted at:** www.daniel-cobble-health.com

PROTECTIVE GLOVES ARE CAUSING BACTERIA OUTBREAKS

A. The single cause of the persistent outbreaks of bacteria pathogens is the plastic and rubber protective gloves being worn by food prep personnel, cleaning crews, and health-care settings (including dentistry). I first noticed this problem approx. 4 years ago when ordering a meal at a fast food restaurant. The fry cook, wearing plastic gloves, placed my hamburger patty on the grill, lifted the paper meat-wrapper from the patty, and placed the wrapper on top the high trash heap in the large trash can located next to the grill. With her right-gloved hand, she pushed down the trash heap to make more space inside the trash can. With that gloved hand now contaminated, she grabbed the metal spatula and continued to grill the patty and handling everything else in the grill area. – I summoned the manager and informed him of what had just happened. He then brought the matter to the cook's attention. The gloves were changed & the burger discarded and replaced with a fresh patty. (I share many other recent experiences, page 3.) – In virtually all the outbreaks in recent years, wearing [protective gloves] in food prep areas, etc. were present.

B. Since the gloves create a barrier between the hands and food (and between the hands and patients in healthcare) glove-wearers have the **two-dimensional perception** that simply wearing the gloves protects the food, etc. If the above fry cook had not worn gloves, it's very unlikely that she would've placed her bare hand in the trash can while handling food. So "glove protection" is not real. Most accordingly, when wearing gloves, the opportunities increase for spreading germs and contamination; the relationship is **three-dimensional** in spite of the barrier.

• Three Points-of-contamination by Wearing Gloves

C. As a matter of course, wearing gloves create three distinct and prevalent points-of-contamination in food prep/production areas. These hazards also exist in healthcare (including in dentistry). The three points are **1)** glove activity (when wearing gloves), **2)** germ incubation inside the gloves, and **3)** diminished hand washing. In janitorial work, points-of-contamination 2 & 3 apply. These points are summarized as follows:

1. **Glove Activity:** When wearing gloves for food prep, for example, workers go about touching everything else inclusive of the food. Per the above hamburger example, workers have the two-dimensional perception that the food is protected by wearing the gloves. So they go about touching everything else in the food-prep/work environment and then return to handling the food, patients, etc.
2. **Germ Incubation Inside the Glove:** Moisture from sweat builds-up on the hands inside the gloves due to the lack of ambient air that kill germs. This condition in **all glove-wearing** sets-up incubation for bacteria to grow. The longer the

glove is worn, then the more bacteria is grown on the hand, most especially between the fingernails and skin. When gloves are removed and the hands go unwashed, it is a prime condition for spreading germs and contamination, as further shown from the following contamination point #3.

3. **Diminished Hand Washing:** When removing and discarding the glove after usage, most wearers don't bother to wash their hands because they have the two-dimensional perception that their hands were quarantined from the outer environment. So they go about spreading and contaminating everything they touch when the gloves are removed. In January 2019, the crew in another fast food restaurant was preparing a catering order. One of the workers, with her gloves on, was the "runner" for the crew and was running around touching equipment, computer keys, utensils, etc. She would periodically remove her gloves and then don new gloves without seeking out a sink to wash her hands. As far as I could tell, this happened repeatedly. The other workers wore gloves and continued to move from the food to non-food items, too. Here again, diminished hand washing is especially problematic for the longer the gloves are worn that exacerbates the incubation of bacteria inside the gloves.

• Other Recent Experiences of Potential Outbreaks

D. In the summer of 2018, the x-ray technician at my dentist took x-rays of my teeth. She donned her plastic gloves and they remained on her hands until the x-ray event was completed. After placing the x-ray film in my mouth, she went about touching everything as though she did not have on gloves. Her two-dimensional perception was obvious. She repositioned new film inside my mouth several times, and each time she would grasp the doorway with her left-gloved hand to leverage her body to sharply turn to behind the wall to where the x-ray controls were located. She quickly returned each time with the same gloves to handle my mouth and continued touching everything.

E. In December of 2018, we were at a grocery store with a meat shop at the rear of the store. Upon requesting our meat, the meat cutter kept his gloves on from the previous customer. He opened the meat case and grabbed the meat that we requested, placed it on the table and did the necessary cuts, brought-out the styrofoam meat container to place the meat inside it. With his gloves still on, he grabbed and placed the container on the scale and pushed the buttons to weigh the meat. When we requested more meat and the same gloves still on, he grabbed the handle to reopen the meat case, grabbed more meat, grasp the handle again to close the meat case, placed the fuller meat container on the scale and pressed the buttons again. When we approved the weight and with his gloves still on, he took it back to the table, pulled out the plastic wrap from its roll, very quickly wrapped the

container, placed it on the scale again to press the button for printing-out the price label to stick on the now wrapped container. With his gloves still on, he handed the container to us. (Needless-to-say, when returning home the meat was rinsed thoroughly.)

F. In January of 2019, I was at another sandwich shop to only order a drink. I stood there and watched the food packer, who also did limited food prep such as the French fries. Only his right hand was gloved with a tight rubber glove. He would grab the French fry boxes with his ungloved left hand and grabbed the French fry scoop to scoop-up the fries with his right hand. When no orders came through he stood at rest with the right-hand glove still on, awaiting the next order. It's no telling how long the moisture and bacteria were growing inside that glove. I did not wait around to see when he removed the glove and for seeing if he washed his hands. But since most of the workers have two-dimensional perception of the gloves' usage, I don't think he washed his hands.

- **Rethinking Glove-use Protocols; Need Front-area Foot-peddle Sinks for Hand Washing**

G. You can see here that these protocols of protective gloves pose very dangerous hazards on the fast moving production lines of food prep/cooking, packing, and packaging in plant operations and on cruise ships/ships. And the same consequences are similar in healthcare. In effect, gloves have been allowed to essentially replace hand-washing with the three [opportunity] points of contaminating the environments, **as each of the three points-of-contamination are equally dangerous**. The protocol fully explains the mystery of why the outbreaks continue to occur that has eluded the FDA and other public health investigators. For the investigators, themselves, have this two-dimensional perception of protection by the use of gloves. The matter requires the rethinking of "glove-use protocols."

H. Front-area foot-peddle sinks. For example, in all uses of gloves, including when handling non-food items & products, the wearer should be required to wash his or her hands after removing the gloves, **without exception**. And of course, the glove must be discarded after removal. – When preparing food, and during the repetitious moving from food to handling non-food items, it may be better to not use gloves at-all. Instead, use only bare hands that require cleanly cut nails, and to have foot-peddle actuated sinks in the food/healthcare areas so workers can quickly wash/rinse their hands when moving "to-and-from" the food and patients. – To eliminate the costly and high-pollution of paper towel waste in these high-production operations, the old-style rolled cloth towel mounted on rotary spindle racks should be used for retracting the hand-soiled portion of the towel.

I. The "no-glove protocol" should especially apply to restaurants & food prep/handling environments. Compact foot-peddle actuated sinks should be placed strategically

in prep areas. This includes the serving areas where customers/patients can view workers preparing the food, etc. They should be able to view workers washing their hands. There may be two, three, four, or more compact sinks in the front serving area, so that a vacant sink will always be available. These small sinks don't need to be expensive if required for all restaurants, institutional food-handling operations, and in healthcare. The protocol should be to "wash or rinse & dry hands" each time the worker moves to handle food/the patient and then again when leaving the food, etc. After awhile, industries will become "mentally programmed" to this protocol without thinking about washing their hands. The trained repetition will program everyone in the habit of "going to" hand washing.

J. Public policy. The above recommendations are just that, recommendations. They are based on my many earlier years in the food service industry. Today, there are many smart people in the food service and healthcare industries. **This white paper is presented for pointing the experts** in the direction of the points-of-contamination when wearing protective gloves. That we have become two-dimensional thinkers though the real world is three-dimensional. The points-of-contamination apply to all environments where plastic & rubber gloves are worn to protect against the spread of germs & viruses.

K. As a matter of course, the food service industry should return to the old-time practices of "clean & dry shiny surfaces," of which bacteria are killed and cannot exist. Traditional clean white cotton towels should be visibly available for readily wiping surfaces. But these practices require on-going training and attention to guard against complacency. In past years, we have tried to replace these golden "protective practices" with protective gloves. – **In the twenty-first century**, these golden practices can be formalized into regulatory programs for ongoing training & assessments based on collaborating public policies recognized by local, State, and federal governments.

L. Conclusions: It is hoped that the authorities will not lead with hubris/arrogance in this matter but to govern on behalf of public safety. The hazards of the three points-of-contamination are immediately created when wearing protective gloves and causing the recurring bacterial outbreaks. As introduced, wearing the gloves is the improper practice in virtually all the outbreaks. The three points-of-contamination are "self-evident" and therefore the conglomeration of evidence should be recognized **as conclusive** by the authorities as the basis for promptly revising this practice.

This white paper is respectfully submitted.
