

1-26-18 Quiet Times?

A pet peeve has developed over the years. I'm patient with those who have no reason to know otherwise but I admit to being a bit shocked when an insider asks the question, "So, are things pretty slow?" or "Are you very busy?"

My routine pre-prepared answer is, "A board of health is always busy." And it's the truth. If we are caught up on what we must do and on what has been thrown our way, via calls of complaints or nuisances, then it's time to give some attention to assessing, planning and prevention and it is always time to read, study and share. And, then there's year-round emergency preparedness training, a topic that barely existed for us before 9-11.

In February we begin again on the inspection of restaurants. Once begun, it goes on all year. As the calls of concern arrive at the office, sometimes they are resolved quickly with a visit, a couple conversations and a decision based on discovery and knowledge. There are other times, though, when a situation extends over weeks or months or even years. Houses needing lead paint abatement, landlords not complying with the housing code, cases of hoarding, including "cat ladies", are high up on the list of situations requiring time and attention for the health agent. Then there are the environmental concerns involving air quality of smoke or industrial activities next to commercial ones with children. Those cases usually require some assistance from State Departments. Waiting for that assistance can add to delays in resolution. Funding and staff reductions at the State level have been a primary source of reduced actions, reduced response time and an increase in unresolved problems. I am sure that what I see is only the tip of the iceberg.

Winter is also the time for reviewing what happened during the previous summer and trying to find ways to improve upon previous actions. One such topic quietly going through assessment on a local, state and national level is the review and consideration of policy change for responding to the threat of Eastern Equine Encephalitis (EEE) and to tick-borne diseases. While EEE is still considered rare, it occurs in different patterns now. It used to be cyclical and leave us alone for 18 -20 years. Now it pops up here and there, sometimes only a few years after its last visit. How can we safely get rid of that guest room and let them know they're not wanted? I have a feeling that is not an option. The same applies to tick-borne diseases. They are rising to epidemic rates. We must find better ways to prevent and we will always have to do our part with "personal protection" measures.

Then there is the ongoing horrendous opioid epidemic. So many positive changes are happening, with more support, less prescribing, information sharing by pharmacies, a different approach by police who now encourage treatment over criminalizing. My efforts have been focused on education programs into the schools. It is a work in progress.

If the local board of health has somehow been spared of current difficult situations, there's always the ongoing need for record keeping. Not many departments have a wiz of a wiz for administrative support that I am blessed with, in the form of Peggy. Peggy organizes the world with her excel charts. She has charts for beaches, complaints, nuisances, housing, restaurant inspections, disposal works permits and the monitoring of

Innovative/Alternative (I/A) septic systems, as required by MDEP (Massachusetts Department of Environmental Protection). No expensive software needed by Peggy for keeping track of the world, just excel charts.

The chart currently being expanded by Peggy is the list of septic systems, by address. It has been “on the computer” for many years now but the older septic systems are documented on paper or not at all. We are interested in updating these records for lots of reasons but two are dovetailed and imminent: eliminating algae and improving wastewater treatment around the Monponsett Ponds. Our Alternative Sewerage Committee, now defunct, spent years delving into documents and even conducted site visits and learning from others. Conclusion? We don’t have the room for a disposal area for a treatment plant. Yet, we are always improving the status of septic systems. This is especially crucial around the Monponsett Ponds which are Tributaries to the Surface Water Supply, Silver Lake. My board and I, along with many others, such as the Monponsett Watershed Association, the Monponsett Working Group, the Town Administrator and others, have been working for many years now on responding to Halifax’s unnatural stagnation and treatable pollution problems resulting in algal blooms closing our beaches.

And here’s where the two dovetails: One of the potential sources of pollution feeding the algae is failing septic systems. So, we need to document and track septic systems anyway and knowledge of the oldest, never upgraded systems will guide us in sampling the ponds for nitrates, an indication of a septic system leaching into the ground water. That information will help us to determine the areas needing attention and will also help us to determine if old septic systems alone are responsible for the increase in algae. Logic tells me they could not be solely responsible. If they were, we would have had algae problems many years ago when the ponds were all surrounded by cesspools and we would have seen the pollution decrease and the algae along with it, as systems were repaired and upgraded. Even in this time of ongoing housing foreclosures, septic systems are being inspected and repaired, as needed, improving the environment and groundwater. Yet, the gross, green algae continues its heyday of blooms each summer. Stay tuned for this topic.

So, the quiet, behind-the-scenes work will result in four exciting areas of increased knowledge: diseases spread by mosquitoes and ticks, protecting the groundwater by repairing and documenting all the septic systems, school programs teaching Life Skills to prevent substance use and a response to algae that will both prevent and treat it. Interesting times, these quiet times.

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