

2-10-12 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 have to 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, unless a need for our time arises. As the calls of concern arrive at the office, sometimes they are resolved fairly 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). This deadly disease is still considered rare but it occurs more often now. For reasons not entirely clear, the rules have changed. It used to be cyclical and leave us alone for 18 -20 years, with each visit lasting for a few years. Now it pops up here and there and hangs around for a few years in a row 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. We'll just have to find better ways to prevent and/or shorten the visit and we will always have to do our part with "personal protection" measures.

If the local board of health has somehow been spared of current difficult situations, there's 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 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 recently revived Alternative Sewerage Committee has been delving into documents of the past during Phase I: Discovery. Just as they begin Phase II: Active Discovery, with site visits, learning from others and orchestrating a trade show of septic treatment options for the ponds, my board and I have been working on responding to Halifax's terrible pollution problem resulting in algal blooms closing our beaches for the last few years.

And here's where the two dovetail: 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 recession and 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.

So, the quiet, behind-the-scenes work will result in four exciting areas of increased knowledge: diseases spread by mosquitoes, protecting the groundwater by repairing septic systems, planning a collection/treatment plant and a response to algae that will both prevent and treat it. Interesting times, these quiet times.

Cathleen Drinan is the Health Agent for Halifax, MA. She will soon be announcing a date for our "kick-off" meeting about algae solutions. You can contact her at 781 293 6768 or cdrinan@town.halifax.ma.us