Energy and Health—a Vital Connection

First there was the 1973 oil moratorium imposed by the Oil Producing and Exporting Countries (OPEC). Then, 6 years later, another energy crisis occurred as the result of political changes in Iran. Yet it seems there is still a national complacency about energy. Despite the recent gas lines, we have not learned how dependent we are on fossil fuels imported from abroad, nor do we understand the vital connection between that dependency and all aspects of our society, including health. For example, that dependency can ultimately result in unwanted closings of health facilities due to severe fuel shortages, and it will certainly result in dramatically increased fuel costs being added to already soaring health services costs.

The Health Resources Administration is concerned about these possibilities. The Agency has worked since 1975 to educate health care institutions about energy problems and to help facilities maintain levels of care during a difficult future when alternative energy policies and resources are being developed. Our early efforts, conducted by the Energy Action Staff, ranged from national conferences to technical assistance and data collection on health facility energy use, to starting a program of pilot solar demonstrations. When the Bureau of Health Facilities was formed in September 1978, energy activities became part of the Bureau and were elevated to the status of Division of Energy Policy and Programs (DEPP).

Despite HRA's past leadership in the energy and health field, there is still much to do. We have found that the majority of the health facilities in the nation continue to give a low priority to energy concerns. This is in spite of the fact that since 1973, direct energy costs for hospitals have risen from less than 2 percent of the total operating budget to as much as 7 percent in some areas. Costs of gas and heating oil have approximately doubled in the past year. The era of cheap energy is over.

Not only costs, but also the availability of fuel, should be a major concern. In a 1976 survey, the energy staff received use data from more than 5,000 hospitals. The data showed that a high proportion of institutions rely on a single fuel —13 percent use only oil and 32 percent use only natural gas.

One of the priorities of the energy staff has been to provide information and technical assistance to facilities on conversion to alternate energy sources. Solar energy is used by health institutions in at least 15 States. At least 12 of these solar energy systems are being installed with contract money awarded through the DEPP, using funds from the Department of Energy. We hope to continue making solar demonstration awards during the next 2 years, and we will be collecting and publishing data on the results of these pilot projects.

The effects of energy on health delivery go beyond the physical envelope of the individual facility. Energy affects health facilities and services in numerous ways. The plastics industry, which is dependent on petroleum, produces such medical products as disposable syringes and heart valves; many pharmaceuticals depend on petroleum-based solvents for their manufacture. During fuel shortages, we may have to consider multi-institution arrangements to handle patient loads, should some facilities close. These contingencies—in health resources and services—are the subject of a series of conferences being held by the Bureau. Participants from local and State governments, from health providers, and the energy industry are starting in these forums to do the much needed planning for such contingencies.

With the recently enacted National Energy Conservation Policy Act (Public Law 95–619), health planning and energy assume an even more defined partnership. That act authorizes matching grants to States, public schools, and nonprofit hospitals to assist them in identifying and implementing energy conservation procedures. Our Division of Energy Policy and Programs is working closely with the health systems agencies across the country to educate health planners on the technical review requirements of hospital energy grant applications.

Planners have traditionally viewed the past as a model for future projections. In the arena of energy and health, however, we have no precedents on which to rely. We know where we have been, but the current situation obscures the future. However, if we apply ourselves, we can determine our energy and health future and continue to provide accessible, quality health care which our citizens can afford.

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