



U.S. DEPARTMENT OF
ENERGY

**Republic of the
Marshall Islands
Special Medical Care
and Logistics Program
Activities
Fiscal Year 2025**

**Report to Congress
December 2025**

**United States Department of Energy
Washington, DC 20585**

Message from the Director, Office of Environment, Health, Safety and Security

As required by Title 48 of the United States Code Section 1933(k), this report details how the U.S. Department of Energy (DOE) spent funds during the previous fiscal year for the special medical care and logistical support program for Rongelap and Utrik and provides anticipated needs for the current and following fiscal years. Pursuant to statutory requirements, this report is being provided to the following members of the Congressional Committees on Appropriations of the House and Senate:

- **The Honorable Susan Collins**
Chair, Senate Committee on Appropriations
- **The Honorable John Kennedy**
Chairman, Subcommittee on Energy and Water Development
Senate Committee on Appropriations
- **The Honorable Patty Murray**
Vice Chair, Senate Committee on Appropriations
- **The Honorable Patty Murray**
Ranking Member, Subcommittee on Energy and Water Development
Senate Committee on Appropriations
- **The Honorable Tom Cole**
Chairman, House Committee on Appropriations
- **The Honorable Chuck Fleischmann**
Chairman, Subcommittee on Energy and Water Development
House Committee on Appropriations
- **The Honorable Rosa L. DeLauro**
Ranking Member, House Committee on Appropriations
- **The Honorable Marcy Kaptur**
Ranking Member, Subcommittee on Energy and Water Development
House Committee on Appropriations

Questions regarding the information provided in this report may be directed to Dr. Michael (Josh) Silverman, Director, Office of Health Programs and Environmental Radiation Protection, at (202) 586-6535, or Ms. Meg Roessing, Deputy Director for External Coordination, Office of Budget, Office of the Chief Financial Officer, at (202) 586-3128.

Sincerely,

Stephanie K. Martin
Acting Director
Office of Environment, Health, Safety and Security

Executive Summary

As required by Title 48 of the United States Code (U.S.C.) Section 1933(k), this report details how the U.S. Department of Energy (DOE) spent funds during the previous fiscal year for the special medical care and logistical support program for Rongelap and Utrik and provides anticipated needs for the current and following fiscal years.

The DOE Republic of the Marshall Islands (RMI) Special Medical Care and Logistics Program (SMCP) is administered by the DOE Office of Environment, Health, Safety and Security, Office of Health Programs and Environmental Radiation Protection, via a cooperative agreement with International Outreach Services, a Hawaii-based 501(c)(3) non-profit organization. The SMCP provides medical care and logistical support thereto for the remaining members of a defined Marshallese population as required by 48 U.S.C. § 1985(g).

SMCP funding provides annual medical screening examinations focused on cancer detection, and referrals to specialists for further testing, cancer treatment, and follow-up examinations, as needed, as well as transportation within and outside the RMI and per diem for patients and their escorts. SMCP funding also provides for the maintenance of a medical clinic on the Majuro Atoll, an office and clinic space at the United States Army Garrison on Kwajalein Atoll, and salaries, training, travel, and insurance for the program's medical and administrative staff.

At the beginning of fiscal year FY 2025, 59 RMI individuals were eligible for participation in the SMCP.

In FY 2025, annual medical screening examinations were provided to 42 individuals, which is approximately 71 percent of the eligible population. The remaining individuals were not examined for various reasons detailed in this report. In addition, SMCP staff conducted 91 home patient care visits, 70 deliveries of personal care supplies, and 72 prescription refill deliveries.

There were five referrals in FY 2025, four of which were for follow-up care. No unusual or unanticipated logistics support costs were incurred in FY 2025.

FY 2026 expenditures are projected to increase due to inflation and the projected need for referrals, cancer treatment, and follow-up services.

At the end of FY 2025, there were 51 remaining individuals eligible to participate in the SMCP.



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I. Legislative Language

The U.S. Department of Energy (DOE) is directed by Title 48 U.S. Code (U.S.C.) Section 1933(k) to:

“...provide the Committees on Appropriations of the House and Senate with a report by December 1 of each fiscal year detailing how funds were spent during the previous fiscal year for the special medical care and logistical support program for Rongelap and Utrik ... as referenced in Section 103(h) of Public Law 99-239 [48 U.S.C. §1903(h)]. The report shall also specify the anticipated needs during the current and following fiscal years in order to meet the radiological health care and logistical support program for Rongelap and Utrik....”¹

II. Introduction

This report details how the DOE spent funds during the previous fiscal year (FY) for the special medical care and logistical support program for Rongelap and Utrik, per 48 U.S.C. § 1933(k). The report also provides anticipated needs for the current and following fiscal years.

The DOE Republic of the Marshall Islands (RMI) Special Medical Care and Logistics Program (SMCP) is administered by the DOE Office of Environment, Health, Safety and Security, Office of Health Programs and Environmental Radiation Protection, via a cooperative agreement with International Outreach Services, a Hawaii-based 501(c)(3) non-profit organization. The SMCP provides medical care and logistical support thereto for the remaining members of a defined Marshallese population as required by 48 U.S.C. § 1985(g).

At the beginning of FY 2025, 59 individuals were eligible for participation in the SMCP.

III. Medical Services

The medical services portion of the SMCP provides eligible participants annual medical screening examinations focused on cancer detection, and referrals to specialists for further testing, cancer treatment, and follow-up examinations, as needed.

Funding provides for:

- Annual Medical Screening Examinations:
 - Laboratory, imaging, and physician services,
 - Medical supplies and equipment,
 - Pharmaceuticals,
 - Charter aircraft and vessels for transportation inside the RMI,
 - Patient and escort travel, lodging, and per diem outside the RMI,

¹ While 48 U.S.C. § 1933(k) cites to the special medical care provision in the Compact of Free Association Act (COFA) of 1986, DOE is continuing to report to Congress under the equivalent provision in the Compact of Free Association Amendments Act of 2024 (*see* 48 U.S.C. § 1985(g)).

- SMCP staff travel related to medical services,
- SMCP healthcare and administrative staff salaries, and
- Medical malpractice insurance.
- Referral, Cancer Treatment and Follow-up Services, as needed:
 - Testing and laboratory services,
 - Specialist examinations,
 - Cancer treatment,
 - Follow-up care,
 - Patient and escort travel, lodging, and per diem outside the RMI, and
 - Other travel-related costs.

SMCP annual medical screening examinations, referral examinations, and cancer treatment services are conducted at clinics, hospitals, and other medical facilities throughout the RMI, Hawaii, and the continental United States (CONUS). The SMCP also provides home visits by physicians and staff to patients unable to travel to a medical facility.

In FY 2025, SMCP staff conducted 91 home patient care visits, 70 deliveries of personal care supplies, and 72 prescription refill deliveries.

The annual medical screening examinations generally consist of a review of medical records and personal history and a physical examination including the following tests and procedures, as applicable:

- Thyroid palpation,
- Mammograms,
- Complete blood count,
- Comprehensive metabolic panel,
- Hemoglobin A1c,
- Urinalysis,
- Liver cancer screening,
- Chest x-ray/computerized tomography lung cancer screening,
- Thyroid ultrasound, and
- Colonoscopy.

Some imaging services, e.g., thyroid ultrasound, mammogram, and colonoscopy are not always available in the RMI due to equipment maintenance or scarcity of medical specialists. In those cases, participants are offered partial annual medical screening examinations.

Patients receive additional examinations and testing when the annual medical screening examination results indicate the potential presence of cancer. If verified, cancer treatment is initiated. Patients are fully engaged in the development and implementation of their treatment plans and provided with access to additional services such as counseling. Cancer treatment is provided until patients are in remission or have reached end of care.

Patients are referred to other healthcare programs, such as the Section 177 Healthcare Program and the RMI National Healthcare Program, where annual medical screening examination results identify abnormalities not indicative of cancer.

Annual Medical Screening Examinations

In FY 2025, 42 of 59 eligible individuals (71.2 percent) received annual medical screening examinations: 33 receiving complete screening and 9 receiving partial screenings. The remaining eligible individuals were not examined due to personal schedules, refusal of the examination, relocation without providing a forwarding address, or death.

Referrals, Treatment, and Follow-up Services

Two patients received five referrals for suspected cancer, cancer treatment, or follow-up services in FY 2025, as detailed below:

- Patient 1
 - Referral 1 – Initial appointment with specialist for additional testing following screening.
 - Referral 2 – Follow-up exam for cancer treatment performed in FY 2024.

- Patient 2
 - Referral 3 – 3-month follow-up exam for cancer treatment in FY 2024
 - Referral 4 – 6-month follow-up exam for cancer treatment in FY 2024
 - Referral 5 – 10-month follow-up exam for cancer treatment in FY 2024

Additional Medical Support Services

DOE provided the RMI Ministry of Health and Human Services (MOHHS) with medical support in addition to that which was required to attend to SMCP participants. In FY 2025, DOE provided MOHHS with 625 hours of additional clinical support from a physician and a nurse, and these services were utilized where MOHHS had the greatest need to improve access to care.

IV. Logistics Support

The logistical support portion of the SMCP provides for infrastructure and operations support. In the RMI, medical operations are conducted at and from a clinic located in a commercial center in the Uliga Village on the Majuro Atoll, an office in the Ebeye Hospital on the Kwajalein Atoll, and a clinic space at the United States Army Garrison on Kwajalein Atoll.

Funding provides for:

- Lease/rent for the Majuro clinic,
- Utilities for the Majuro clinic,
- Facility maintenance and repair services for the Majuro clinic,
- Vehicle maintenance and repair services,

- Office supplies, equipment, and maintenance,
- SMCP staff travel not related to medical services, and
- Continuing medical education and certifications for SMCP staff.

No unusual or unanticipated logistics support costs were incurred in FY 2025.

V. Program Expenditures

SMCP expenditures for FY 2025 are presented in **Table 1**.

Program Element	FY 2025 Actual Cost
Medical Services	
• Annual Medical Screening Examinations	\$183,426
• Referral, Cancer Treatment and Follow-up Services	\$56,346
Subtotal, Medical Services	\$239,772
Logistics Support	\$664,001
Subtotal, Logistics Support	\$664,001
Total SMCP	\$903,773

Table 1. Special Medical Care and Logistics Program Costs for DOE for Fiscal Year 2025.

The number of eligible individuals has decreased from 2016 to 2025 (**Figure 1**). As the population continues to age, this trend is expected to continue or potentially accelerate over the next 5 years, which will have an impact on anticipated total costs for screening, referrals, treatment, and follow-up services. While the number of patients will decrease over subsequent years, SMCP total costs are expected to increase for FY 2026 and subsequent years (**Figure 2**). Primary factors for this projected increase are the global overall trend in increased costs for medical services and supplies, travel, and labor; the anticipated increase in the percentage of program

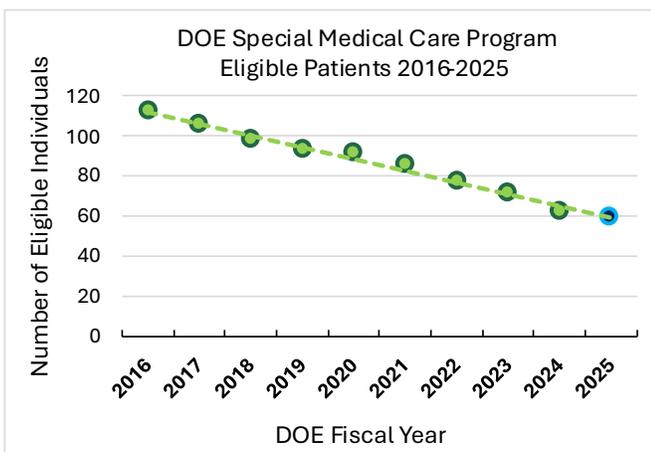


Figure 1. Number of eligible individuals in the DOE Special Medical Care Program at the beginning of each fiscal year from 2016 to 2025. Data for the reported fiscal year (2025) is indicated in blue.

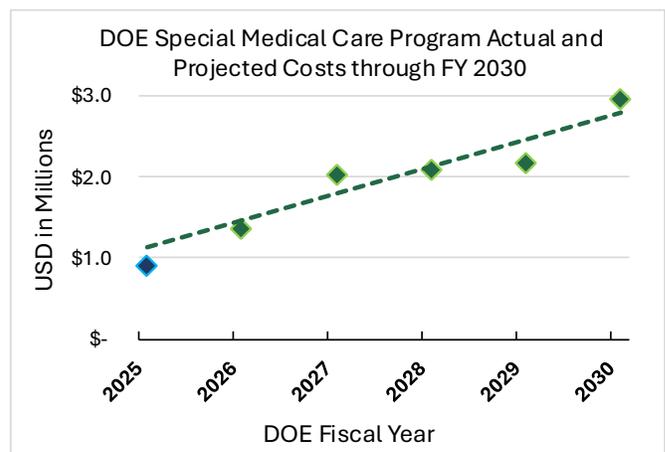


Figure 2. Projected total costs in millions of USD for the DOE Special Medical Care Program for fiscal years 2025 to 2030. Data for the reported fiscal year (2025) is indicated in blue.

participants traveling to Hawaii and CONUS for medical referrals, cancer treatment, and follow-up services; and ongoing inflation.

VI. Conclusion

In FY 2025, DOE continued operations of the SMCP, as required by 48 U.S.C. § 1985(g).

At the beginning of FY 2025, 59 RMI individuals were eligible for participation in the SMCP.

Annual medical screening examinations were provided to 42 individuals, which is nearly 71 percent of the eligible population. The remaining individuals were not examined due to personal schedules, refusal of the examination, relocation without providing a forwarding address, or death.

SMCP staff conducted 91 home patient care visits, 70 deliveries of personal care supplies, and 72 prescription refill deliveries.

Five referrals for suspected cancer, cancer treatment, or follow-up care were required in FY 2025.

No unusual or unanticipated logistics support costs were incurred in FY 2025.

FY 2026 expenditures are projected to increase due to increased overall costs, the projected need for referrals, cancer treatment, and follow-up services, and inflation.

At the end of FY 2025, there were 51 remaining individuals eligible to participate in the SMCP.