



Australian Government
Repatriation Medical Authority

EXPLANATORY STATEMENT

**STATEMENT OF PRINCIPLES CONCERNING
MALIGNANT NEOPLASM OF THE ORAL CAVITY, OROPHARYNX AND
HYPOPHARYNX
(REASONABLE HYPOTHESIS) (NO. 65 OF 2021)**

VETERANS' ENTITLEMENTS ACT 1986
MILITARY REHABILITATION AND COMPENSATION ACT 2004

1. This is the Explanatory Statement to the *Statement of Principles concerning malignant neoplasm of the oral cavity, oropharynx and hypopharynx (Reasonable Hypothesis)* (No. 65 of 2021).

Background

2. The Repatriation Medical Authority (the Authority), under subsection 196B(8) of the *Veterans' Entitlements Act 1986* (the VEA), repeals Instrument No. 1 of 2013 (Federal Register of Legislation No. F2013L00016) determined under subsection 196B(2) of the VEA concerning **malignant neoplasm of the oral cavity, oropharynx and hypopharynx**.
3. The Authority is of the view that there is sound medical-scientific evidence that indicates that **malignant neoplasm of the oral cavity, oropharynx or hypopharynx** and **death from malignant neoplasm of the oral cavity, oropharynx or hypopharynx** can be related to particular kinds of service. The Authority has therefore determined pursuant to subsection 196B(2) of the VEA a Statement of Principles concerning **malignant neoplasm of the oral cavity, oropharynx and hypopharynx** (Reasonable Hypothesis) (No. 65 of 2021). This Instrument will in effect replace the repealed Statement of Principles.

Purpose and Operation

4. The Statement of Principles will be applied in determining claims under the VEA and the *Military Rehabilitation and Compensation Act 2004* (the MRCA).
5. The Statement of Principles sets out the factors that must as a minimum exist, and which of those factors must be related to the following kinds of service rendered by a person:
 - operational service under the VEA;
 - peacekeeping service under the VEA;
 - hazardous service under the VEA;
 - British nuclear test defence service under the VEA;
 - warlike service under the MRCA;
 - non-warlike service under the MRCA,

before it can be said that a reasonable hypothesis has been raised connecting **malignant neoplasm of the oral cavity, oropharynx or hypopharynx** or death from **malignant neoplasm of the oral cavity, oropharynx or hypopharynx**, with the circumstances of that service. The Statement of Principles has been determined for the purposes of both the VEA and the MRCA.

6. This Instrument results from an investigation notified by the Authority in the Government Notices Gazette of 23 April 2020 concerning **malignant neoplasm of the oral cavity, oropharynx and hypopharynx** in accordance with section 196G of the VEA. The investigation involved an examination of the sound medical-scientific evidence now available to the Authority, including the sound medical-scientific evidence it has previously considered.
7. The contents of this Instrument are in similar terms as the repealed Instrument. Comparing this Instrument and the repealed Instrument, the differences include:
 - adopting the latest revised Instrument format, which commenced in 2015;
 - specifying a day of commencement for the Instrument in section 2;
 - revising the definition of 'malignant neoplasm of the oral cavity, oropharynx and hypopharynx' in subsection 7(2);
 - revising the factor in subsection 9(1) concerning having smoked tobacco products, for clinical onset only;
 - new factor in subsection 9(2) concerning having been exposed to second-hand smoke, for clinical onset only;
 - revising the factor in subsection 9(3) concerning the oral use of smokeless tobacco, for clinical onset only;
 - revising the factor in subsection 9(4) concerning chewing betel quid or areca nut, for clinical onset only;
 - revising the factor in subsection 9(5) concerning consuming maté, for clinical onset only;
 - revising the factor in subsection 9(6) concerning consuming alcohol, for clinical onset only;
 - revising the factor in subsection 9(7) concerning inhaling respirable asbestos fibres in an enclosed space, for clinical onset only;
 - revising the factor in subsection 9(8) concerning inhaling respirable asbestos fibres in an open environment, for clinical onset only;
 - revising the factor in subsection 9(10) concerning acquiring persistent infection of the oral cavity epithelium or oropharyngeal epithelium with human papilloma virus type 16 or 18, for clinical onset only;
 - revising the factor in subsection 9(11) concerning having infection with human immunodeficiency virus, for clinical onset only;
 - new factor in subsection 9(12) concerning taking an immunosuppressive drug for organ or tissue transplantation, for clinical onset only;
 - new factor in subsection 9(13) concerning being obese, for clinical onset only;
 - revising the factor in subsection 9(14) concerning an inability to consume fruits and vegetables, for clinical onset only;
 - revising the factor in subsection 9(15) concerning having periodontitis, for clinical onset only;
 - new factor in subsection 9(16) concerning having an oral lesion at the affected site, from the specified list of oral lesions, for clinical onset of malignant neoplasm of the oral cavity only;

- new factor in subsection 9(17) concerning having an oral lesion caused by systemic lupus erythematosus, for clinical onset of malignant neoplasm of the oral cavity only;
- deleting the factor concerning being in an atmosphere with a visible tobacco smoke haze in an enclosed space, for clinical onset only, as this is now covered by the factor in subsection 9(2) concerning having been exposed to second-hand smoke, for clinical onset only;
- deleting the factor concerning undergoing stem cell or solid organ transplantation, for clinical onset only, as this is now covered by the factor in subsection 9(12) concerning taking an immunosuppressive drug for organ or tissue transplantation, for clinical onset only;
- deleting the factor concerning having leukoplakia or erythroplakia, for clinical onset of malignant neoplasm of the oral cavity only, as this is now covered by the factor in subsection 9(16) concerning having an oral lesion at the affected site, from the specified list of oral lesions, for clinical onset of malignant neoplasm of the oral cavity only;
- new definitions of 'being obese', 'BMI', 'having been exposed to second-hand smoke', 'MRCA', 'one pack-year', 'organ or tissue transplantation', 'specified list of oral lesions' and 'VEA' in Schedule 1 - Dictionary;
- revising the definition of 'relevant service' in Schedule 1 - Dictionary; and
- deleting the definitions of 'alcohol', 'pack-years of cigarettes, or the equivalent thereof in other tobacco products' and 'respirable asbestos fibres'.

Consultation

8. Prior to determining this Instrument, the Authority advertised its intention to undertake an investigation in relation to **malignant neoplasm of the oral cavity, oropharynx and hypopharynx** in the Government Notices Gazette of 23 April 2020, and circulated a copy of the notice of intention to investigate to a wide range of organisations representing veterans, service personnel and their dependants. The Authority invited submissions from the Repatriation Commission, the Military Rehabilitation and Compensation Commission, organisations and persons referred to in section 196E of the VEA, and any person having expertise in the field. No submissions were received for consideration by the Authority in relation to the investigation.
9. On 3 March 2021, the Authority wrote to organisations representing veterans, service personnel and their dependants regarding the proposed Instrument and the medical-scientific material considered by the Authority. This letter emphasised the deletion of the factor relating to *being exposed to mustard gas at least ten years before the clinical onset of malignant neoplasm of the oral cavity, oropharynx or hypopharynx* from the balance of probabilities Statement of Principles. The Authority provided an opportunity to the organisations to make representations in relation to the proposed Instrument prior to its determination. No submissions were received for consideration by the Authority. Minor changes were made to the proposed Instrument following this consultation process.

Human Rights

10. This instrument is compatible with the Human Rights and Freedoms recognised or declared in the International Instruments listed in Section 3 of the *Human Rights (Parliamentary Scrutiny) Act 2011*. A Statement of Compatibility with Human Rights follows.

Finalisation of Investigation

11. The determining of this Instrument finalises the investigation in relation to **malignant neoplasm of the oral cavity, oropharynx and hypopharynx** as advertised in the Government Notices Gazette of 23 April 2020.

References

12. A list of references relating to the above condition is available on the Authority's website at: www.rma.gov.au. Any other document referred to in this Statement of Principles is available on request to the Repatriation Medical Authority at the following address:

Email: info@rma.gov.au

Post: The Registrar
Repatriation Medical Authority
GPO Box 1014
BRISBANE QLD 4001



Australian Government
Repatriation Medical Authority

Statement of Compatibility with Human Rights

(Prepared in accordance with Part 3 of the Human Rights (Parliamentary Scrutiny) Act 2011)

Instrument No.: Statement of Principles No. 65 of 2021
Kind of Injury, Disease or Death: Malignant neoplasm of the oral cavity, oropharynx and hypopharynx

This Legislative Instrument is compatible with the human rights and freedoms recognised or declared in the international instruments listed in section 3 of the *Human Rights (Parliamentary Scrutiny) Act 2011*.

Overview of the Legislative Instrument

1. This Legislative Instrument is determined pursuant to subsection 196B(2) of the *Veterans' Entitlements Act 1986* (the VEA) for the purposes of the VEA and the *Military Rehabilitation and Compensation Act 2004* (the MRCA). Part XIA of the VEA requires the determination of these instruments outlining the factors connecting particular kinds of injury, disease or death with service such being determined solely on the available sound medical-scientific evidence.
2. This Legislative Instrument:-
 - facilitates claimants in making, and the Repatriation Commission and the Military Rehabilitation and Compensation Commission in assessing, claims under the VEA and the MRCA respectively, by specifying the circumstances in which medical treatment and compensation can be extended to eligible persons who have malignant neoplasm of the oral cavity, oropharynx or hypopharynx;
 - facilitates the review of such decisions by the Veterans' Review Board and the Administrative Appeals Tribunal;
 - outlines the factors which the current sound medical-scientific evidence indicates must as a minimum exist, before it can be said that a reasonable hypothesis has been raised, connecting malignant neoplasm of the oral cavity, oropharynx or hypopharynx with the circumstances of eligible service rendered by a person, as set out in clause 5 of the Explanatory Statement;
 - replaces Instrument No. 1 of 2013; and
 - reflects developments in the available sound medical-scientific evidence concerning malignant neoplasm of the oral cavity, oropharynx and hypopharynx which have occurred since that earlier instrument was determined.
3. The Instrument is assessed as being a technical instrument which improves the medico-scientific quality of outcomes under the VEA and the MRCA.

Human Rights Implications

4. This Legislative Instrument does not derogate from any human rights. It promotes the human rights of veterans, current and former Defence Force members as well as other persons such as their dependents, including:
- the right to social security (Art 9, *International Covenant on Economic, Social and Cultural Rights*; Art 26, *Convention on the Rights of the Child* and Art 28, *Convention on the Rights of Persons with Disabilities*) by helping to ensure that the qualifying conditions for the benefit are 'reasonable, proportionate and transparent'¹;
 - the right to an adequate standard of living (Art 11, ICESCR; Art 27, CRC and Art 28, CRPD) by facilitating the assessment and determination of social security benefits;
 - the right to the enjoyment of the highest attainable standard of physical and mental health (Art 12, ICESCR and Art 25, CRPD), by facilitating the assessment and determination of compensation and benefits in relation to the treatment and rehabilitation of veterans and Defence Force members;
 - the rights of persons with disabilities by facilitating the determination of claims relating to treatment and rehabilitation (Art 26, CRPD); and
 - ensuring that those rights "will be exercised without discrimination of any kind as to race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status" (Art 2, ICESCR).

Conclusion

This Legislative Instrument is compatible with human rights as it does not derogate from and promotes a number of human rights.

Repatriation Medical Authority

¹ In General Comment No. 19 (The right to social security), the Committee on Economic, Social and Cultural Rights said (at paragraph 24) this to be one of the elements of ensuring accessibility to social security.