



Australian Government
Repatriation Medical Authority

EXPLANATORY STATEMENT

**STATEMENT OF PRINCIPLES CONCERNING
NON-HODGKIN LYMPHOMA
(REASONABLE HYPOTHESIS) (NO. 90 OF 2018)**

VETERANS' ENTITLEMENTS ACT 1986
MILITARY REHABILITATION AND COMPENSATION ACT 2004

1. This is the Explanatory Statement to the *Statement of Principles concerning non-Hodgkin lymphoma (Reasonable Hypothesis)* (No. 90 of 2018).

Background

2. The Repatriation Medical Authority (the Authority), under subsection 196B(8) of the *Veterans' Entitlements Act 1986* (the VEA), repeals Instrument No. 28 of 2010 (Federal Register of Legislation No. F2017C00834) determined under subsections 196B(2) and (8) of the VEA concerning **non-Hodgkin's lymphoma**.
3. The Authority is of the view that there is sound medical-scientific evidence that indicates that **non-Hodgkin lymphoma** and **death from non-Hodgkin lymphoma** 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 **non-Hodgkin lymphoma (Reasonable Hypothesis)** (No. 90 of 2018). This Instrument will in effect replace the repealed Statement of Principles.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 non-Hodgkin lymphoma or death from non-Hodgkin lymphoma, 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 14 November 2017 concerning non-Hodgkin's

lymphoma 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;
- changing the title of the Instrument to 'non-Hodgkin lymphoma';
- revising the definition of 'non-Hodgkin lymphoma' in subsection 7(2);
- revising the factor in subsection 9(1) concerning 'infection with human immunodeficiency virus';
- revising the factor in subsection 9(2) concerning 'undergoing solid organ, stem cell or bone marrow transplantation';
- revising the factor in subsection 9(3) concerning 'an autoimmune disease';
- revising the factor in subsection 9(4) concerning 'being treated with a drug or a drug from a class of drugs';
- revising the factor in subsection 9(5) concerning 'chronic lymphoid leukaemia/small lymphocytic lymphoma', for Richter syndrome only;
- revising the factor in subsection 9(6) concerning 'infection with human T-cell lymphotropic virus type-1', for adult T-cell leukaemia-lymphoma only;
- revising the factor in subsection 9(7) concerning 'infection with *Helicobacter pylori*', for gastric lymphoma and splenic marginal zone lymphoma only;
- revising the factor in subsection 9(8) concerning 'infection with Epstein-Barr virus';
- revising the factor in subsection 9(9) concerning 'infection with Kaposi's sarcoma herpesvirus', for primary effusion lymphoma and Kaposi's sarcoma herpesvirus-positive diffuse large B-cell lymphoma not otherwise specified only;
- revising the factor in subsection 9(10) concerning 'infection with *Campylobacter jejuni*', for small intestinal mucosa-associated lymphoid tissue lymphoma only;
- revising the factor in subsection 9(11) concerning 'infection with *Chlamydia psittaci*', for ocular adnexal mucosa-associated lymphoid tissue lymphoma only;
- revising the factor in subsection 9(12) concerning 'infection with specified bacteria belonging to the *Borrelia burgdorferi* sensu lato complex', for cutaneous mucosa-associated lymphoid tissue lymphoma only;
- revising the factor in subsection 9(13) concerning 'infection with hepatitis C virus';
- revising the factor in subsection 9(14) concerning 'infection with hepatitis B virus';
- revising the factor in subsection 9(15) concerning 'infection with *Plasmodium falciparum*', for Burkitt lymphoma only;
- revising the factor in subsection 9(16) concerning 'Hodgkin's lymphoma';
- revising the factor in subsection 9(17) concerning 'inhaling, ingesting or having cutaneous contact with a phenoxy acid herbicide';
- revising the factor in subsection 9(18) concerning 'serving in Vietnam or being on board a vessel and consuming potable water supplied on that vessel, when

the water supply had been produced by evaporative distillation of estuarine Vietnamese waters';

- revising the factor in subsection 9(19) concerning 'inhaling, ingesting or having cutaneous contact with a chemical agent contaminated by 2,3,7,8-tetrachlorodibenzo-para-dioxin (TCDD)';
- revising the factor in subsection 9(20) concerning 'being exposed to benzene';
- revising the factor in subsection 9(21) concerning 'cumulative exposure to benzene';
- revising the factor in subsection 9(22) concerning 'inhaling ethylene oxide vapour';
- revising the factor in subsection 9(23) concerning 'being obese';
- revising the factor in subsection 9(24) concerning 'ionising radiation to the bone marrow';
- new factor in subsection 9(25) concerning 'chronic inflammation as specified at the affected site', for diffuse large B-cell lymphoma only;
- new factor in subsection 9(26) concerning 'a breast implant', for anaplastic large cell lymphoma of the breast only;
- new factor in subsection 9(27) concerning 'inhaling, ingesting or having cutaneous contact with lindane';
- new factor in subsection 9(28) concerning 'inhaling, ingesting or having cutaneous contact with pentachlorophenol';
- new factor in subsection 9(29) concerning 'inhaling, ingesting or having cutaneous contact with a chemical from the specified list';
- new factor in subsection 9(30) concerning 'smoking', for T-cell lymphoma only;
- new factor in subsection 9(31) concerning 'atopic dermatitis';
- new factor in subsection 9(32) concerning 'being treated with hydrochlorothiazide', for mycosis fungoides or Sezary syndrome only;
- new definitions of 'BMI', 'chemical from the specified list', 'chronic inflammation as specified', 'lindane', 'MRCA', 'pack-years of cigarettes, or the equivalent thereof in other tobacco products', 'specified bacteria belonging to the *Borrelia burgdorferi* sensu lato complex', 'specified list of autoimmune diseases', 'specified list of systemic immunosuppressive drugs' and 'VEA' in Schedule 1 - Dictionary;
- revising the definitions of 'being exposed to benzene as specified', 'being obese', and 'relevant service' in Schedule 1 – Dictionary; and
- deleting the definition of 'an autoimmune disease from the specified list'.

Consultation

8. Prior to determining this Instrument, the Authority advertised its intention to undertake an investigation in relation to non-Hodgkin's lymphoma in the Government Notices Gazette of 14 November 2017, 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, 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 during the investigation.

Human Rights

9. 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

10. The determining of this Instrument finalises the investigation in relation to non-Hodgkin's lymphoma as advertised in the Government Notices Gazette of 14 November 2017.

References

11. A list of references relating to the above condition is available to any person or organisation referred to in subsection 196E(1)(a) to (c) of the VEA. Any such request must be made in writing to the Repatriation Medical Authority at the following address:

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. 90 of 2018**

Kind of Injury, Disease or Death: **Non-Hodgkin lymphoma**

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(8) 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 linking 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 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 non-Hodgkin lymphoma;
 - 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 non-Hodgkin lymphoma with the circumstances of eligible service rendered by a person, as set out in clause 5 of the Explanatory Statement;
 - replaces Instrument No. 28 of 2010; and
 - reflects developments in the available sound medical-scientific evidence concerning non-Hodgkin lymphoma 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, ICSECR; 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, ICSECR 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.