BlueCross BlueShield of Utah

W. Knox Fitzpatrick, M.D.
Vice President
Medical Affairs

(801) 481-6460
Fax: (801) 481-6994

September 21, 1994

[redacted]
Sandy, Utah [redacted]

Dear Mr. [redacted]

Thank you for your studious and scholarly letter on the subject of male circumcision.

It has been known for decades that circumcision provides no demonstrably medically necessary purpose. It is rooted in our culture, however, and efforts to the contrary have done little to abolish this habit.

Blue Cross and Blue Shield of Utah does not set social policy, and while our contracts regularly exclude payment medically unnecessary services such as payment for the removal of a normal appendix, it does pay for a number of procedures which are not medically necessary. These would include tubal ligations, vasectomies, reversal of a previously performed tubal ligation or vasectomy, implantation of penile prostheses, to mention a few in the genitourinary area. Blue Cross and Blue Shield of Utah does not reimburse for these because it feels that they should be paid, but rather that the public demands that this service be included in their insurance policy.

Your points are well taken, but I feel can have their greatest impact by presenting them to those who have and demand this operation.

Thank you for your interest.

Sincerely,

W. Knox Fitzpatrick, M.D.
Vice President
Medical Affairs

/mwa

2455 Parley's Way
P.O. Box 30270
Salt Lake City, Utah 84130-0270

Group Health Cooperative HMO

Accredited by **Accreditation Association for Ambulatory Health Care, Inc.**

March 23, 1994

[redacted] Ph.D.
[redacted]
Madison, Wisconsin [redacted]

Dear Dr. [redacted]:

The purpose of this letter is to respond to your letter of February 14, 1994. As I mentioned during our recent phone conversation, I was away for the last two weeks in February; I am just having an opportunity to review your letter at this time.

You have obviously made a comprehensive and thoughtful review of this issue. We at GHC are aware that there is no medical necessity for this procedure. Every woman seen for prenatal care at GHC is given the enclosed pamphlets. We encourage our members not to be circumcised. Approximately one out of three GHC male newborns is not circumcised at the present time, which is up significantly from the five percent of several years ago.

We have continued to provide coverage for this procedure because it has been the opinion of GHC management that such coverage is preferred by the vast majority of our members. I would like you to be aware that our coverage of this procedure results in no additional cost to GHC. This is possible because of the nature of our contracts. In our contracts with our hospitals, we pay a standard daily rate for our newborns, irrespective of how much medical care is provided. Therefore, we do not pay any additional cost for a circumcision. Since circumcisions are performed by GHC physicians, no additional professional cost is incurred since GHC physicians are salaried.

Since performing these circumcisions has not resulted in any additional cost to GHC, GHC has chosen to continue to cover these procedures because GHC feels that a substantial number of our members want this to be covered. In fact, there would likely be a significant consumer negative response if we refused to preform these.

Administrative Offices
One South Park Street
Madison, Wisconsin 53715
(608) 251-4156
FAX: 257-3842

East Grove Clinic
814 Atlas Avenue
Madison, Wisconsin 53714
(608) 222-9777
FAX: 221-2646

Park-Regent Clinic
One South Park Street
Madison, Wisconsin 53715
(608) 257-9700
FAX: 258-9042

Pines Clinic
7601 Murphy Drive
Middleton, Wisconsin 53562
(608) 831-1766
FAX: 831-1562

Your technical analysis is correct. However, from a marketing and member satisfaction perspective, GHC has elected to continue providing this service to our members. The support for circumcision in this country is cultural and societal, not medical. GHC is responding to societal and cultural expectations by covering this procedure.

I will forward your letter on to our Marketing Director and Member Services Supervisor. They are responsible for reviewing our Subscriber Benefits. They will review your letter as part of the analysis for reviewing the 1995 Subscriber Benefit levels. Thank you for your input on this issue.

Sincerely,

John P. Hansen, M.D., M.S.P.H.
Medical Director
JPH/mn

Dr. Michael [redacted]
615 [redacted]
Madison, WI 53703

Feb. 14, 1994

Dr. John Hansen
GHC Medical Director
One South Park Street
Madison, WI 53715

Please do not distribute outside of NOHARMM/NOCIRC (with names/addresses on it)

(please do not mail out)

Dear Dr. Hansen:

My purpose in writing this letter is to encourage internal discussions and a change in GHC funding policy. I was circumcised as a newborn without complications or problems, nor do I have any problems to this day. Up until a few weeks ago, I was under the assumption that circumcision was the removal of a useless bit of skin. I had also assumed the operation was painless and that I was saved from numerous terrible diseases. I, however, never quite appreciated my parents for making this decision for me. Out of recent curiosity, I have spent over ten hours in the UW Health Science library becoming increasingly shocked and aware. All of my previous assumptions were very distorted prior to my time in the library. From calling GHC Member Services, I learned that GHC, my new HMO, pays for routine neonatal circumcision in the face of huge controversy[1,2,3,4,5] about this subject (only in this country). All other developed nations strongly discourage circumcision and do not pay for it within their health care systems.[3,6] It is now my conclusion as well that routine neonatal circumcision is simply not sound medicine; rather, it is cosmetic, harmful, and unnecessary. Why does GHC pay for this?

The average U.S. circumcision removes about 1/3 of total penile skin.[7] This skin is some of the most sensitive[7] on the penis, and its presence protects[8] the glans (normally an internal organ) throughout an individual's life. Circumcision creates a physiological, desensitizing[7] change throughout an individual's life: not simply cosmetic. Routine neonatal circumcision of males is in no way conclusively correlated with the frequency of sexually transmitted diseases[6,9] in either males or females, nor is it correlated with any female health concerns.[6,9] The penile "problem" of phimosis is mostly mistaken in this country for normal anatomy[4,8] (the prepuce and glans separate naturally over a period of many years), and full circumcision seems to be a ridiculous solution for real phimosis. The disease meatitis is nearly exclusively seen in circumcised males,[1,8,10] yet more research is required here.[1,2] Any form of penile cancer is quite rare,[3] approximately 1/100,000, yet the rate of breast cancer[1] is approximately 1/9. No one would ever consider routine prophylactic mastectomies for little girls. Along these same lines, decreasing urinary tract infections (UTIs) cannot be a valid reason for routine neonatal circumcision either. Even if estimates are correct for the increased risks of UTIs, the approximately 1% of males[1,11] who would get UTIs would still be at far less risk than females.[2] Since we would not use this argument for circumcising females, it has no validity for males either. Actually, there are

cases in the U.S. where physicians have performed and advocated routine circumcision of females[12,13] for the same prophylactic health concerns as with males. I believe most women would prefer simple hygiene rather than any operation. The American Academy of Family Physicians,[5] American Academy of Pediatrics,[9,14] and the American College of Obstetricians and Gynecologists[3] have all stated in some form that routine neonatal circumcision is medically unnecessary. Why does GHC fund it?

In this country, we seem to be paying lots of money for an unnecessary surgery that causes lots of pain. Up to an estimated 200 million dollars[15] are spent annually doing this operation, yet most financial analyses[16,17,18,19] consistently demonstrate that it is not cost-beneficial. This operation causes obvious pain and trauma[6,7,20,21] in infants (totally negating any concept of a non-violent childbirth), and nobody has yet performed a good scientific psychological study of this.[21] In 1/500 neonatal circumcision operations, there are significant complications,[6] some of which cause obvious physiological and reproductive problems. It is interesting to compare this risk to all other risks presented in this debate. For most of us, the mind and body have adapted just fine to this unnecessary alteration of our genitals. However, the fact that we adapt cannot be held up as a reason to continue encouraging an abusive habit. Doesn't GHC encourage this abuse by offering to pay for it?

Not only have I developed a new perspective of our culture, but I have learned that most doctors are very willing to perform unnecessary surgery even if they feel it is wrong.[3,9,21,22] Like any bad habit, we only quit by asking ourselves more fundamental questions: why is there a national obsession to create an absolutely maintenance-free penis at the cost of pain, sexual sensitivity, mistakes, and money when women deal with their equivalent anatomy just fine. The whole practice is wrought with inconsistencies and leads to some other very important contemporary issues: the cost of health care, sexism, violence, but perhaps most importantly, the level of national denial about many issues. GHC would be more of a service to its members and this community by not funding routine neonatal circumcision.

I very much appreciate your deep consideration of this matter. It is my strong belief that the more you investigate all forms of culturally accepted genital alteration of children (both male and female), the less you will want GHC to pay for it. If routine neonatal circumcision were proposed for the first time today, the persons proposing it would be referred to psychologists. I have no idea what body makes these financial decisions for GHC, but hopefully I am initiating some thoughtful and considerate discussions which will propagate both upward and downward.

Thank You,

[redacted]

Michael [redacted], Ph.D. in
Nuclear Engineering and
Engineering Physics

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PacifiCare®
of California

4000 Civic Center Drive
Suite 210
San Rafael, CA 94903-4133
Tel 415-472-0935

December 27, 1994

Bernhard Vey
3801 Market Street, #2
San Francisco, California 94131

Dear Mr. Vey:

Thank you for your letter of December 8 indicating your concern about PacifiCare's coverage of circumcision as a standard benefit. I am pleased you are considering our health plan's appropriateness for your family, and would like to respond to that concern.

I am familiar with much of the literature that you cite, and agree with your assessment that it is difficult to make a case for "medical necessity" for newborn circumcision. As a practicing family physician, I took pains to acquaint new parents with the risks and purported benefits of circumcision, and advised them that I felt it was more of a social decision than a health decision, and should therefore be determined by their personal values and social customs.

Though it is a prominent factor in these decisions, medical necessity is not the sole basis for benefit coverage decisions. Market factors and competition to some degree determine benefits packages. If PacifiCare offers a more restricted set of covered benefits than our competition, then in time we will cease to be attractive to employers and consumers alike, no matter what other virtues we bring to the marketplace. As you may know, a principle tenet of "managed competition" healthcare reform is that there is too much variation in the benefits packages of insurers already, making cost and quality comparisons impossible for consumers. Most reform proposals have promoted more standardized benefit packages among all accountable health plans, along with much more rigorous reporting of quality data, to allow the market to make more informed choices.

Consumer choice, shared decision-making, and an increasingly values-based orientation to healthcare play a significant role in these decisions. Where certain procedures and practices may be controversial or have marginal health benefit/risk ratios and involve social considerations as well as medical, we may be inclined to leave the choice up to the physician and patient, rather than dictate our social preferences through rigid benefit exclusions.

In other instances, social convention virtually dictates coverage for conditions which only peripherally influence health. Infertility diagnosis and treatment, and contraceptive care would fall into this category, as neither could be considered strictly "medically necessary" but play important roles in the overall well-being of many people.

Finally, we appreciate than insurers can exert significant influence on healthcare delivery, and recognize our responsibility to review our benefits coverage regularly to assure it is reasonable and consistent with current medical and scientific thought. PacifiCare spends considerable time and effort in its Technology Assessment Committee, Ethics Committee, Commercial Benefits and Government Programs Benefits Committees, and Quality Management Committee doing just that. In aggregate, we consider current medical opinion as reflected in the literature and by experts, ethical considerations, market factors, health status and health risks of our covered populations, regulatory requirements, cost-effectiveness data, provider viewpoints, and public health goals in deciding whether individual treatments or procedures should be covered by our various benefits packages.

While this may seem an unnecessarily complex and "fuzzy" way for coverage decisions to be made, it does portray our current process. I think that using a stricter "medical necessity" standard for all benefit coverage issues, while perhaps easier to administrate, would not serve our members' diverse needs as well as this more eclectic one.

I hope this adequately addresses your concern, and expect that you will find PacifiCare an excellent choice for your future healthcare, if you should so decide.

Sincerely,

Gordon K. Norman, M.D.
Regional Medical Director

Unisys Corporation
PO Box 500
Blue Bell PA 19424-0001

UNISYS

Comment from Tim Hammond:
See highlighted text on page 5 under 'Conclusion' for admission of profit motive.

September 14, 1994

Mr. Wayne [redacted]
1574 [redacted]
Sunnyvale, California [redacted]

RE: COVERAGE FOR NEONATAL CIRCUMCISIONS

Dear Mr. [redacted]:

This is in response to your letter of July 20 regarding coverage for circumcisions under the Unisys Medical Plan.

Your letter was timely and arrived during the annual review for potential changes to the Unisys Medical Plan. In examining plan design issues during the annual review process, medical practice, competitive practice, social climate, and cost are considered. In looking at the issue you raised regarding circumcision, the following also were examined:

- what other companies do with respect to circumcisions
- information provided by a number of other health plans
- recent literature on the topic of circumcisions
- the amount of benefits paid in 1993 for circumcisions

Medical and Competitive Practice

Unisys contacted 10 large HMOs (Health Maintenance Organizations) to determine their practice with respect to circumcisions. Further, the practices of Ætna Health Plans for their PPO (Preferred Provider Organizations), POS (Point of Service products), HMO and indemnity offerings were examined.

Among the plans contacted were:

- Kaiser Permanente, a nationally acclaimed quality organization, regionally headquartered in Washington, D.C., which owns and operates health plans in a number of different states
- HealthPartners, a very large and prestigious Minnesota HMO
- Harvard Community Health Plan, a well-known and highly respected HMO in the Boston area which is affiliated with Harvard University
- Medica, another very large and highly respected Minnesota HMO
- Pacificare, a large and growing HMO in California and neighboring states
- FHP, a California-based HMO which has a number of plans throughout the US
- Rush-Prudential, an HMO in Chicago recently formed through the merger of Rush Health Plans and Prudential, a large national firm which owns and/or operates a number of health plans in a number of different states
- U.S. Healthcare, an east-coast HMO which has been rated as the number one private practice HMO for the last five years by the HMO Buyers' Guide
- Group Health Co-op of Puget Sound, a well-regarded HMO in Washington state
- Ætna Health Plans, a national firm which owns and/or manages HMO, POS and PPO networks throughout the US

U.S. Healthcare forwarded a copy of the "Report of the Task Force on Circumcision" released by the American Academy of Pediatrics in Pediatrics, Vol. 84. No. 4, August 1989. It is assumed that this was the study you referenced in your letter. As you indicated, the report did state that the procedure is voluntary. It also provided considerable information in support of the procedure, however, page 390 of the above document stated the following:

> "Properly performed newborn circumcision prevents phimosis, paraphimosis, and balanoposthitis and has been shown to decrease the incidence of cancer of the penis among US men. It may result in a decreased incidence of urinary tract infection.....An increased incidence of cancer of the cervix has been found in sexual partners of uncircumcised men infected with human papillomavirus..."

In a letter to Unisys dated August 8, 1994 on the topic of neonatal circumcision, Dr. Donald W. Parsons of Kaiser Permanente indicated that "there are at least three reasons for circumcision based in sound health practices.

> "First, we know that the wives of uncircumcised men are at somewhat higher risk for the development of cervical (uterine) cancer. Secondly, men themselves, when uncircumcised, fall heir to several disorders. Among these are cancer of the penis, treatable only by amputation, and certain very painful infections of the foreskin requiring circumcision later in life. Thirdly, uncircumcised male infants stand a higher risk of urinary infection which can be fatal at that young age."

In further support of their position to cover circumcisions, Kaiser also forwarded a copy of Dr. Thomas Wiswell's article from the November/December 1992 issue of Current Problems in Pediatrics, "Circumcision — An Update." The article indicates that Dr. Wiswell is Chief of the Neonatology Service in the Department of Pediatrics at Walter Reed Army Medical Center.

Dr. Wiswell begins the article by stating that he was "an outspoken opponent of neonatal circumcision and actively participated in efforts to decrease the number of foreskins removed." He goes on to indicate that his interest led him to conduct research in the area and to keep abreast of recent developments. The balance of the article goes on to discuss the reversal of his original opinion and his current support for neonatal circumcision due to potential medical benefits and advantages of the procedure.

In a related article in the same publication, ("Introduction: Ethics, Ethics Everywhere," page 422) it is stated that "Wiswell's review raises the question of whether refusal of circumcision should also be considered sufficiently dangerous as to be beyond parental discretion and near the boundary of medical neglect."

Rush-Prudential cited that a statement released in 1988 by The Committee on The Fetus and Newborn of the American Academy of Pediatrics recognized the potential medical benefits and advantages of neonatal circumcision. This is the standard that Rush-Prudential has been following in covering these procedures.

Harvard Community Medical Plan covers neonatal circumcision for reasons similar to those cited by Kaiser and Rush-Prudential.

Ætna Health Plans considers neonatal circumcision to be a covered expense in all of the plans they own or operate. They also indicate that the vast majority of their clients with self-insured or insured indemnity coverages also cover neonatal circumcision.

With the exception of Group Health of Puget Sound, circumcision was considered a covered benefit. Even though Group Health does not cover the procedure, their participating providers perform the procedure if the parents request it.

Cost — Benefits Paid by the Unisys Medical Plan for the Procedure

An examination of health-care benefit payments for 1993 revealed that the Unisys Medical Plan paid $18,624 for 163 circumcisions, or approximately $114 each. Payments for this procedure were less than .037% of the total expenses of the Plan in 1993.

Other Covered Services Which Are Not Medically Necessary

Although the general guideline for coverage under the Unisys Medical Plan is "medical necessity," for competitive and social purposes the Plan has chosen to cover some other services which fall into the same category as circumcisions. For example, the Plan covers voluntary sterilizations, infertility treatments to the extent that they restore normal bodily function, and some cancer screening procedures.

Coverage for a procedure does not imply that Unisys either endorses or encourages any particular procedure be done. Circumcisions continue to be voluntary and the decision to have the procedure remains with the parents.

Conclusion

The group which examines plan design issues annually has considered your suggestion to cease covering voluntary neonatal circumcisions. Based on the information provided from various health plans, general medical practice in the US, the relative low cost of the procedure, and the fact that a decision not to cover these procedures would put Unisys in a non-competitive position, the Unisys Medical Plan will continue to cover these procedures.

While I can appreciate that you may be disappointed with this decision, I can assure you that your issue received considerable attention and was thoroughly discussed.

Sincerely,

Mary D. Massman
Director, Benefits
Programs & Planning

cc: M. Carpenter
B. Lucas
C. Mackinney
T. Penhale

NOHARMM
Men Organized Against Infant Circumcision

Whose body is it anyway?

National Organization to Halt the Abuse and Routine Mutilation of Males P.O. Box 460795 San Francisco, CA 94146-0795 Tel/Fax 415.826.9351

23 September 1994

Dear Wayne,

Here are some thoughts about how I would respond to the Unisys letter. Suggest that they are allowing themselves to be misled by the medical *opinions* of one or two physicians, rather than being guided by the medical *facts* ascertained by copious research and the unanimous conclusions reached by the AAP Committees who studied this issue. Suggest that Unisys' research is not as thorough as it could have been.

[You might ask them to share your response letter and copies of the enclosed medical journal articles with the other health plans they contacted.]

Remind them that the *Report of the AAP Task Force on Circumcision* (Pediatrics, Vol. 84, No. 4, August 1989) also concluded about these matters:

AAP POLICY

Newborn circumcision has *potential* medical benefits and advantages as well as disadvantages and risks. Note that AAP did not state that there are any proven benefits and recognized that there are inherent disadvantages and risks of this surgery. According to the earlier (1975) *Report of the Ad Hoc Task Force on Circumcision* (Pediatrics, Vol. 56, No. 4, October 1975): **There is no absolute medical indication for routine circumcision of the newborn.** When questioned about how the 1989 AAP policy differs from that of 1975, then-president Donald W. Schiff stated **"We have not reversed our position"** (Medical Tribune, Vol. 30, No. 16, June 8, 1989). In a letter to the editor of Pediatrics, even Edgar J. Schoen, circumcision advocate and Chairman of the 1989 *AAP Task Force on Circumcision*, clarifies, **"The report took a neutral stand and stopped short of recommending the procedure on a routine basis. This is still the official position of the American Academy of Pediatrics"** (Pediatrics, Vol. 85, No. 5, May 1990).

PENILE CANCER & HYGIENE

The 1989 AAP policy cautions that, "Factors other than circumcision are important in the etiology of penile cancer. The incidence of penile cancer is related to hygiene." This was confirmed just last year in a medical study of penile cancer by **Christopher Maden**, which concluded, "Although this is the second case-control study to find an association between penile cancer and lack of neonatal circumcision, we report other risk factors independent of circumcision status" [hygiene, smoking, sexual activity, etc.] (Journal of National Cancer Institute, Vol. 85., No. 1, January 6, 1993) The article clarifies that they are implying only *association* and not *causality* "Little direct evidence to date links these conditions to the development of penile cancer."

Further, a study by **Heather Krueger, M.D.** supports the conclusions of the 1975 AAP Ad Hoc Task Force that "A program of good hygiene offers all the advantages of routine circumcision without the attendant surgical risk." (*Effects of Hygiene Among the Uncircumcised*, Journal of Family Practice, vol. 22, no. 4, 1986)

One must further consider this statement by **Randy M. Rockney, M.D.**, "In Sweden, where circumcision is rare but standards of hygiene are high, the incidence of penile cancer is the same as in the United States." (*Newborn Circumcision*, AFP, vol. 38, no. 4, October 1988).

David Cadman, M.D. estimates that the cost of preventing one case of penile carcinoma by circumcising all male neonates would be $13.6 million. (Can Med Assn J, vol. 131, 1984, pp. 1353-1355)

Sidney S. Gellis, M.D. points out that more deaths occur each year in the U.S. from circumcision than from cancer of the penis. (Am J Dis Child, vol. 132, 1978, 1168-1169).

CERVICAL CANCER

The '89 AAP policy states, "Evidence linking uncircumcised men to cervical cancer is inconclusive. The strongest predisposing factors in cervical cancer are a history of intercourse at an early age and multiple sexual parters." As cervical cancer is believed to be caused by the sexually transmitted Human Papilloma Virus, the AAP admits, "Evidence concerning the association of sexually transmitted diseases and circumcision is conflicting."

A study done by Nasrallah appeared in Primary Care (vol. 12, 1985, pp. 593-605) and was subsequently quoted by **Randy Rockney, M.D.**, "Israeli and Scandinavian women have an equally low incidence of this cancer, even though most Israeli men are circumcised and most Scandinavian men are not." (*Newborn Circumcision*, AFP, vol. 38, no. 4, October 1988).

URINARY TRACT INFECTION

The 1989 AAP report only states that "circumcision *may* result in a decreased incidence of UTI." It went on to say, "It should be noted that these studies in army hospitals [by Wiswell] are restrospective in design and may have methodologic flaws...and may have been influenced by selection bias." Comments by Dr. Donald W. Parsons of Kaiser Permanente that "uncircumcised male infants stand a higher risk of urinary infection which can be fatal at that young age" are blatantly misleading. Fatalities only occur when UTI is left untreated, which is true for female and circumcised male infants as well.

George H. McCracken, Jr., M.D. reminds us, "The diagnosis and [antimicrobial] management of UTI in infants and children are usually routine and outcome is generally good. Because the long term outcome of UTI in uncircumcised male infants is unknown, it is inappropriate at this time to recommend circumcision as a routine medically indicated procedure" (*Options in antimicrobial management of urinary tract infections in infants and children*, Pediatr. Infect. Dis. Journal, vol. 8, no.8, 1989).

Further, **Martin S. Altschul, M.D.** studied UTI long before it become a focus in the newborn circumcision controversy, and long before Wiswell's retrospective work, which shows only association and not cause. Altschul states that most male UTIs are caused by congenital urinary tract abormalities (not the foreskin) and warns "We in the U.S. are culturally acclimated to regard the foreskin as non-essential and even pathologic. Showing disease association is not sufficient. [Circumcision advocates] must show cause and effect." Dr. Altschul also calculates that "The cost of using routine circumcision to prevent infantile UTI is $60,000 per infection prevented. The cost of preventing one ureteral reimplantation is estimated at $3 million." (AFP, vol. 41, no. 3, March 1990, pp. 817-821).

In analyzing how the Wiswell findings on UTI should be interpreted (especially by health insurers), **Robert S. Thompson, M.D.** of Group Health Cooperative of Puget Sound states, "Unequivocal proof that lack of circumcision is a risk factor for increased UTI is currently unavailable. Intervention based on risk factors differs qualitatively from treatment of already manifest disease. The standard to be met is higher; it has not been met. ...(C)ircumcision is not harmless and therefore cannot be recommended without unequivocal proof of benefit. The rate of non-event (no UTI) may be increased from 99.0% to 99.9% by circumcision. The price of a potential benefit to 9 in 1000 will be numerically overbalanced by the moderately severe to severe complications (early and late) even if the rate for early complication is as low as 0.2%" (Journal of Family Practice, vol. 31, no.2, 1990, pp. 189-196).

WISWELL'S BIAS LEADS TO OUTRAGEOUS CLAIMS OF MEDICAL NEGLECT

When considering any research by Thomas E. Wiswell, M.D., one must remember that he is coming from a perspective that does not acknowledge the function and value of the male foreskin. Because most of the world's males are uncircumcised, and hence world medical authorities understand the function and value of the male foreskin, Dr. Wiswell is out of step with world medical opinion. "I believe the foreskin is a mistake of nature." (Thomas Wiswell, M.D. to Ken Brierley at St. Vincent Hospital, Santa Fe, NM, May, 1993).

The anatomy, development, function and value of the foreskin has been repeatedly proven by respected physicians such as Gairdner (1949), Øster (1968), Taylor (1991), and Ritter (1992).

Wiswell's contention that "refusal of circumcision should be considered sufficiently dangerous as to be beyond parental discretion and near the boundary of medical neglect" is contemptuous. Adding balance to this issue are the words of **Ronald L. Poland, M.D.** who served on the same AAP Task Force in 1989 with Edgar J. Schoen, "Although the risks of routine neonatal circumcision are small, the benefits appear to be uncertain. It therefore seems prudent to consider neonatal circumcision a procedure to be performed at the discretion of the parents, not as part of routine medical care. **Omitting circumcision in the neonatal period should not be considered medical neglect.**" (New Engl J Med, vol. 322, no. 8, May 3, 1990, pp.1312-1315).

COST-BENEFITS

Every study done to date relative to cost-benefit ratios and analyses of medical value has come to the same conclusion: routine neonatal circumcision is neither medically advantageous nor cost effective.

In a study titled *Circumcision: A Decision Analysis of Its Medical Value,* **Frank H. Lawler, M.D.** concludes, "A smaller incidence of UTI is not a reason to perform circumcision, from a cost-effectiveness perspective, and future risk of penile cancer was shown to be noncritical by the sensitivity analysis. These factors have confused the issue in the past and perhaps should not be considered in further analyses." (Family Medicine, vol. 23, no. 8, 1991, pp.587-593).

In *Routine Neonatal Circumcision: A Cost-Utility Analysis* **Theodore G. Ganiats, M.D.** concludes "Circumcision has essentially no effect on either dollar costs or health. For this reason, personal factors other than health and dollars could justly be brought into the decision process. These factors may not be of interest to third-party payers." (Medical Decision Making, vol. 11, 1991, pp.282-293)

Wouldn't the $18,624 spent by Unisys on neonatal circumcision in 1993 have been better spent on preventive and therapeutic measures of ***more certain*** health or economic benefit?

OTHER COVERED BENEFITS WHICH ARE NOT MEDICALLY NECESSARY

To place newborn circumcision in the same category as voluntary sterilization, infertility treatments to restore normal bodily function, and cancer screening does not show congruent thinking. All of the latter three are freely chosen by the person being treated; newborn circumcision is not chosen by the person who must bear the risk, the scars and the sometimes adverse consequences of this surgery. Newborn circumcision belongs in the same category as **INvoluntary** sterilization. It **destroys natural genital integrity** by amputating the protective covering of the glans and **diminishes normal penile functioning** by removing the penis' only moving part - the mobile skin sheath that functions as a lubricated gliding mechanism during sexual activity and enhances sexual pleasure. By unnaturally exposing the glans of the penis , which nature intended to be an internal organ, the process of keratinization produces a progressive sensitivity loss that many men report in their 20s, 30s and beyond.

The destructiveness of this surgery is well-documented in the Bigelow and Ritter books.

ORIGINAL LETTER

Wayne [redacted]
1574 [redacted]
Sunnyvale, CA [redacted]

20 July 1994

Corporate Benefits
Human Resources Department
UNISYS Corporation - C2-NE18
P.O. Box 500
Blue Bell, PA 19424-0001

Re: Misappropriation of Health Care Funds

Dear Benefits Administrators:

My wife is a UNISYS employee, however I am writing to you on behalf of our family. We are concerned about the way our health care dollars are spent. While I am writing to you to bring a financial problem to your attention, and that is how I would press this grievance, that is not really why I am writing.

We have had two infants born with Respiratory Distress Syndrome, and together they spent about 2 months in intensive care. Unfortunately, at our hospital the intensive care nursery is right beside the circumcision room. Consequently, every morning I went to visit my children I was treated to the screams of the babies being circumcised. (It is done without anesthesia because that supposedly "adds to the risk".) After it is done, they are kept in the intensive care nursery for observation. Then, every afternoon I got to hear them whimper as their dressings were changed. It was a truly horrible experience. Last week I found out that you will pay for their torture.

I did some research, and here is what I have learned: The operation has been declared unnecessary since 1975 by the American Academy of Pediatrics, and in 1989 they said there might be some sort of benefit to it, but reiterated that it is unnecessary surgery with attendant risks. While normally minimal, the risk can be as severe as death, and there have been some awful surgical mishaps. In 1987, a study at Harvard (NEJM 317:1321-1329) proved conclusively that babies feel severe pain from this operation. Circumcision leads to meatal ulceration, which is rare in intact boys, but affects about 20% of circumcised ones. It can cause meatal stenosis that may require more surgery later. Therefore, you are paying for problems you paid to cause. That is not sound health care policy. And finally, I've learned that there are support groups for men in most major American cities, run by the National Organization of Restoring Men (NORM), whose function is to counsel men who have sexual disfunction, or psychological problems as a result of what they consider their sexual mutilation. So this custom is hardly benign. It hurts when it is done; can have complications; can cause later medical problems; can cause psychological problems; and is unnecessary.

It states clearly in the benefits handout that no health benefits are payable for unnecessary procedures. Why do you make an exception for this one? Please stop doing so. Many other companies, and Health insurers will not pay for it (e.g.: Prudential, and Blue Cross). That puts UNISYS at a competitive disadvantage, however slight. Here is the formal grievance:

> **Since we pay premiums for our health care benefits, we have a financial interest in ensuring that these premiums are kept to a minimum. In this context, benefits payable for unnecessary medical procedures are clearly misappropriations. In the absence of proof that neonatal circumcision is necessary, or even medically beneficial, payments for it represent a senseless financial drain of our health care dollars. Accordingly, this is a formal request that payments for routine infant circumcision stop immediately.**

If you decide against us in this matter, please advise us of our rights to appeal or formal grievance procedures. I will stand up for the babies, and the damaged men.

But look at it objectively: UNISYS is short of money these days, so why not cut out a counterproductive benefit? Only 60% of American boys suffer this surgery today, so all of us are paying for an unnecessary and potentially harmful "service" that only 60% use? Is that fair? No, and neither is the pain felt by the babies. I submit to you that the procedure, and your policy regarding it are in contravention of bioethics, and sensible health care policy.

I await your reply.

Yours truly,

Wayne [redacted], B.A., B.Sc., M.Sc.