

# Letters to the Editor (continued)

## Medical insurance suit case ruling

To the Editor:

[Re a 1988 U.S. District Court ruling, in Kunin vs. Benefit Trust, that autism is a developmental disability and not a mental illness (see ARRI 2/4)], I represented Mr. Kunin in the appeal of his trial verdict, in which a court awarded him policy benefits originally denied by the Benefit Trust Life Insurance Company.

Mr. Kunin has an autistic son who was covered under the Benefit Trust policy. The insurer attempted to limit the amount of expenses it had to reimburse the insureds for Mr. Kunin's son's care, claiming that autism was a "mental illness." Under the Benefit Trust policy, an insurer's maximum responsibility for claims was \$10,000.00 for matters that were related to a "mental illness or nervous disorder."

At trial the judge agreed with our contention that autism was not a mental illness, and awarded full policy benefits without applying the \$10,000.00 limitation.

Benefit Trust Life Insurance Company appealed the decision all the way up to the United States Supreme Court, but in each step of the appeal their pleas were denied.

Parents of autistic children may be affected by this case if they submit claims to their insurer and the claims are denied, or the amount paid is limited by a "mental illness" limitation, which is actually quite common in health insurance policies. The Court of Appeals sustained the trial court's finding that autism is not a "mental illness" and that it is instead organically based.

However, each policy must be read carefully to see if this case would be of benefit if claims are denied or limited. Some policies specifically list autism as a "mental illness" and if the policy, itself, clearly defines autism as a mental illness, then claims submitted would be subject to the limitation. Mr. Kunin's policy did not define or clarify the term "mental illness" in any way, and, therefore, the court was free to take evidence by medical professionals as to the nature of autism to determine whether it was or was not a mental illness.

The court stated, however, that if a policy defined autism as mental illness, then it is likely the mental illness limitation would apply despite the fact that autism technically is not a mental illness. It was apparent that this was an important case to the insurance industry insofar as they attempted to have the verdict overturned by not only the Ninth Circuit Court of Appeals, but also the United States Supreme Court.

Any parent whose insurance claims for treatment of autism are being denied or limited because of a "mental illness" limitation may do well to consult counsel to see if the insurer's limitations on payment are proper.

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## More on B6 and DMG

To the Editor:

On behalf of the mothers in our parent support group in Rochester, New York, I urge you to continue to spread the message about vitamin B6. Twelve parents in our group have tried vitamin B6 on their autistic children. Of these 12 children, 11 showed considerable improvement on the vitamin. Only one child showed no change, and he, ironically, was the least severely affected of the 12. The most consistently observed change was a marked improvement in awareness of surroundings and sociability. Several started looking at things around their homes as if they were seeing things for the first time. One little boy who rocked, hummed, and waved his fingers in front of his face all day long now sits down with his family and has real conversations with them. None of these children had any adverse effects. Several parents have taken their children off the B6 for a few days to a week. Every child who benefitted from B6 regressed when it was withdrawn. In our minds, the evidence is crystal clear. Vitamin therapy does make a difference!

Jean M. Curtin

To the Editor:

Our son Danny had been on vitamin B6 and magnesium since December. When we took him off to do some testing, in April, there were some very noticeable changes, confirmed for us by other people who deal with him. He was more "hyper" and agitated, less attentive and compliant, and more likely to self-stimulate, cry and cover his ears. His eating inconsistencies increased, and he showed regression in his ability to settle down and go to sleep.

Lorretta Boronat

To the Editor:

I cannot begin to tell you what a difference there has been in my four-year-old daughter since taking DMG. My little girl, who was frustrated and impulsive, with a very short attention span and very little speech, is now speaking with some sentences, is less impulsive, has a much better attention span, and is less frustrated and overall calmer and happier.

I strongly urge any mother considering DMG use to try it on your child. With little to no side effects, you really have nothing to lose and a happier child to gain.

N. Jelen

To the Editor:

I am writing to let you know that we have tried DMG on my son Aron and I can tell you it has brought about positive effects. He is rarely violent now, and tantrums have almost ceased completely. When he does start to tantrum he is able to pull it together quickly. I've received positive reports from school also.

Loni Joss

## New Books:

**AUTISTIC ADULTS AT BITTERSWEET FARMS**, Edited by Norman S. Giddan, Ph.D., and Jane J. Giddan, M.A.; The Haworth Press, 1991; hardback \$29.95; soft cover \$17.95.

Describes this innovative and internationally recognized residential/work program for autistic adults, located on an 80-acre farm in Ohio. Outlines the variety of jobs, recreational activities, and social opportunities provided by a farm setting, and offers advice on funding, regulations, and the politics of running a farm program. Describes other residential models in the U.S. and United Kingdom. An excellent resource for those interested in alternatives to urban group homes or developmental centers.

**AVERSIVE AND NONAVERSIVE INTERVENTIONS**, Edited by Sandra L. Harris and Jan S. Handleman; Springer Publishing Company, 1990; \$38.95.

Eight chapters by leading authorities on aversives, nonaversives, behavior analysis, psychopharmacology, legal aspects and other issues involved in dealing with people manifesting life-threatening behavior.

**PERSPECTIVES ON THE USE OF NONAVERSIVE AND AVERSIVE INTERVENTIONS FOR PERSONS WITH DEVELOPMENTAL DISABILITIES**, Edited by Alan C. Repp and Nirbhay N. Singh; Sycamore Publishing Company, 1990. Hardback; 500 pages; \$44.95.

Contains 33 chapters by authors representing a range of viewpoints on issues surrounding nonaversive and aversive treatments.

**UNDERSTANDING RETT SYNDROME: A PRACTICAL GUIDE FOR PARENTS, TEACHERS, AND THERAPISTS**, Barbro Lindberg (foreword by Andreas Rett), Hogrefe & Huber Publishers, 1991.

Described by Herman Fishbein of the League School of Boston as "the best comprehensive educationally-oriented text on the subject," this book offers parents and professionals easy-to-understand information on dealing with the physical and behavioral symptoms of Rett Syndrome.

**L'AUTISME DE L'ENFANT**, G. Lelord and D. Sauvage; Masson Press, 1991. Soft cover; in French.

Covers diagnosis and treatment, as well as the current state of the art of research into the causes of autism.

**THEORIES OF AUTISM; CASE STUDIES IN AUTISM; HOLISTIC INTERPRETATION OF AUTISM** (3 volume set), Cheryl D. Seifert, University Press of America, 1990; paperback, \$9.75 each.

Seifert explores the causes, symptoms and treatment of autism, with particular emphasis on the art of autistic children and what this reveals about their cognitive development.