Washington and Lee Law Review

Volume 50 | Issue 1 Article 20

Winter 1-1-1993

Case Comments I. Federal Civil Procedure Watson V. Lowcountry Red Cross

of multilayered conduct, but their holdings do not rest on that line of reasoning. The *McHan* holding, on the other hand, rests squarely on a decision that courts should not apply the *Brown* analysis in prosecutions for multilayered criminal conduct. Circuit court cases such as *McHan* may force the Supreme Court to reexamine the *Felix* and *Garrett* dicta concerning double jeopardy protections in CCE and similar prosecutions. Until that time, the constitutionality of the *McHan* decision remains unclear.

I. Federal Civil Procedure

Watson v. Lowcountry Red Cross

974 F.2d 482 (4th Cir. 1992)

Acquired Immune Deficiency System (AIDS) is a significant health problem in the United States today.[408] One of the many consequences of the AIDS problem has been concern over the nation's blood supply. While AIDS is primarily transmitted through sexual contact and shared drug needles, it can also be transmitted through blood transfusions, blood components such as plasma, and tissue transplants.[409] The possibility of acquiring the disease through these latter means has spawned several lawsuits in which a blood recipient has sued the blood provider to collect for damages resulting from the use of tainted blood for their transfusion.[410]

Under the Federal Rules of Civil Procedure (FRCP), parties can generally obtain discovery regarding any nonprivileged matter that is relevant to the pending action or information that is reasonably calculated to lead to the discovery of such admissible evidence.[411] The discovery allowed, however, is limited. The FRCP allows the district court to issue protective orders upon the motion of a party or upon the motion of a person from whom discovery material is sought.[412] Such an order may be

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408. *See* Centers for Disease Control, HIV/AIDS Surveillance Report 9 (Dec. 1990) (revealing existence of 157,525 AIDS cases reported in United States through November 1990).

409. *See* Peter B. Kunin, Note, *Transfusion-Related AIDS Litigation: Permitting Limited Discovery From Blood Donors in Single Donor Cases*, 76 Cornell L. Rev. 927, 928 n.4 (1991) (discussing and categorizing most recent cases on blood transfusion litigation).

410. *See generally* Borzillieri v. American Nat'l Red Cross, 139 F.R.D. 284 (W.D.N.Y. 1991) (involving litigation between executrix of decedent and blood suppliers, allowing limited discovery allowed); Bradway v. American Nat'l Red Cross, 132 F.R.D. 78 (N.D. Ga. 1990) (same); Coleman v. American Red Cross, 130 F.R.D. 360 (E.D. Mich. 1990) (involving litigation by infected individual and her husband against blood supplier, denying discovery); Boutte v. Blood Sys., Inc., 127 F.R.D. 122 (W.D. La. 1989) (involving litigation between recipient of tainted blood and blood suppliers, allowing discovery); Doe v. American Red Cross Blood Servs., 125 F.R.D. 646 (D.S.C. 1989) (same, denying discovery); Mason v. Regional Medical Ctr., 121 F.R.D. 300 (W.D. Ky. 1988) (same, allowing limited discovery); Kunin, *supra* note 398, at 927 n.2 (compiling scholarly materials on transfusion-related issues).

411. Fed. R. Civ. P. 26(b)(1).

412. Fed. R. Civ. P. 26(c).

made by the district court if justice requires it to be made to protect a person or a party from annoyance, embarrassment, oppression or undue burden or expense.[413] Eight different options are available to the judge in seeking to avoid the above concerns,[414] and in making these decisions, the district court is afforded wide discretion.[415]

The application of these well-established discovery rules to recent AIDS related litigation is the setting in which the United States Court of Appeals for the Fourth Circuit decided *Watson v. Lowcountry Red Cross*.[416] The *Watson* court addressed the question of whether direct discovery from an anonymous volunteer blood donor should be prohibited under the FRCP or the United States or South Carolina Constitutions.[417]

The plaintiff in *Watson*, Cynthia Watson, gave birth to premature twins in 1985. One of the twins required numerous blood transfusions. This blood was contaminated by human immunodeficiency virus (HIV). The infected child tested positive for HIV in 1986 and died in 1988.[418] Watson brought suit as administratrix of the dead child's estate against Lowcountry Red Cross (Lowcountry) and the hospital where her son was born. Watson alleged, *inter alia*, that the screening process used by Lowcountry was inadequately and negligently carried out by Lowcountry employees present at the donor station.[419]

Of the six donors whose blood was used, Lowcountry identified one of them as the only person who could have been infected at the time that person gave the blood. Lowcountry supplied Watson with a redacted copy of the screening questionnaire—required of all blood donors—completed by the donor suspected of carrying AIDS when he gave the blood.[420] Two nurses on duty on the date of the donation were also deposed, but they were unable to recall the specific donor in question. Not satisfied with the outcome of this discovery, Watson persisted in attempting to discover information from the implicated donor about his background and the donation process.

Lowcountry moved for a protective order, which was partially granted by the magistrate judge. The magistrate allowed some discovery from the

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413. *Id.*

414. *See id.* (listing as options preventing discovery: limit discovery to certain specified terms; imposing a specific mechanism by which discovery must be taken; scope or subject matter of inquiry limited; exclusion of certain persons while discovery being conducted; sealing depositions and allowing opening only on order of court; preventing disclosure of trade secrets or confidential research and development; and simultaneous filing of specified documents or information in sealed envelopes to be opened by court only).

415. *See* Amey, Inc. v. Gulf Abstract & Title, 758 F.2d 1486, 1505 (11th Cir. 1985) (allowing district court "wide discretion" in determining scope and effect of discovery), *cert. denied*, 475 U.S. 1107 (1986).

416. 974 F.2d 482 (4th Cir. 1992).

417. Watson v. Lowcountry Red Cross, 974 F.2d 482, 484-85 (4th Cir. 1992). For another summary of *Watson*, see 61 U.S.L.W. 2151 (Sept. 22, 1992).

418. *Watson*, 974 F.2d at 483.

419. *Id.* at 484.

420. *Id.* The Fourth Circuit uses masculine pronouns in its opinion. *Id.*

implicated donor but fashioned various mechanisms to ensure that his identity would not be divulged.[421] Upon Lowcountry's objection, the United States District Court for the District of South Carolina heard argument and affirmed the Magistrate's report.[422] The district court granted Lowcountry's request for an interlocutory appeal,[423] and the appeals court granted leave to file the appeal.

On these facts, the Fourth Circuit held in favor of the plaintiff. Lowcountry based its position on two main arguments. First, allowing Watson to discover the donor information in this case would endanger the adequacy of the nation's blood supply. They argued that if plaintiffs such as Watson are allowed to involve donors in tort actions, fewer people will donate blood. Obviously, fewer donors means less available blood.

The Fourth Circuit panel rejected this argument. Rather than attempting to balance the competing interests of the nation against those of the plaintiff for discovery in the instant action, the court affirmed the district court's approach. The district court ruled that Lowcountry failed to present "hard statistical data" to support the position that discovery would cause a decrease in available blood supplies.[424] To the extent that the district court made a factual determination, the clearly erroneous standard of review applies. The Fourth Circuit did not find the decision clearly erroneous.

The Fourth Circuit also rejected Lowcountry's claim that donors would lie in order to give blood. The motive to lie arises from a donor's desire to give blood. The false information would undermine the effectiveness of the present screening process. The Fourth Circuit found this fear illogical because altruistic blood donors would probably not lie in order to have needles in their arms for an hour and because lying would not remove an individual from the litigation process. Hence, the motive to lie is illusory at best.

The next argument advanced by Lowcountry was that the donor's privacy rights would be violated if the information sought by Watson was released. After declaring, without analysis, that Lowcountry had standing to raise the donor's constitutional rights, the court discussed the nature of the right for which protection was sought. Two components existed.

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421. *Id.* The magistrate proposed that the donor's identity be revealed to the court and that a lawyer be appointed, the costs of whom were to be borne by the plaintiff, to represent the donor's interests. The lawyer so appointed was to remain confidential also. Watson, in turn, would be allowed to file written interrogatories to which the Red Cross could object. These questions would then be forwarded to the donor via his appointed attorney. *Id.* The interrogatories that were finally approved are appended to the appellate decision. *Id.* at 490-91.

422. Watson v. Medical Univ., No. 9:88-2844-18, 1991 WL 406979 (D.S.C. Feb. 7, 1991).

423. *See* 28 U.S.C. § 1292(b) (1988) (describing interlocutory appeal procedure and requirements).

424. *Watson*, 974 F.2d at 485. The appeals court also rejected the opinion testimony of the defendant's expert witness. *Id.* at 486. That testimony was essentially the expert making the same argument as the Red Cross's attorneys did. *Id.* It did not contain the statistical data the district court found lacking and was counter balanced by the expert testimony of the plaintiff. *Id.*

First, the donor might be exposed to grievous harm if his identity were disclosed. The court labelled this argument a "red herring" and rejected it. The court cited *Whalen v. Roe*[425] for the proposition that the risk of public disclosure of a person's identity was an insufficient basis on which to find a violation of privacy rights.[426] The court further explained that the safeguards imposed by the magistrate judge made the possibility of disclosure remote.[427]

The second component of the asserted constitutional right was the potential that the questions asked would tend to harass and embarrass the donor. The Fourth Circuit held for Watson on this point as well. Because donors must fill out prescreening questionnaires before giving blood, they are already subject to the possibility of embarrassment and harassment, provided that proper procedures are followed. Furthermore, if a constitutional right does exist, it flows from the embarrassment that occurs from the public disclosure of the donor's identity.[428] According to the Watson court, embarrassment or harassment flowing from answering questions does not implicate a protectable privacy interest. The court exaplained that any remaining privacy interest is greatly outweighed by the interest of plaintiffs such as Watson in procuring discovery and the public's interest in assuring compensation for plaintiff's injuries.

Judge Widener concurred arguing that Lowcountry lacked standing to assert the donor's constitutional rights. To the extent the constitutional question was considered, however, the concurrence dismissed the existence of any privacy right that would allow a donor or seller of blood to withhold information concerning that person's knowledge of their disease.

Judge Russell dissented, arguing three essential points. First, several other decisions have recognized that a threat to the nation's blood supply does exist and "hard statistical evidence" is not necessary to confirm this fact. Second, the dissent disagreed with the notion that the protective order goes far enough in the protection of the donor's identity. The dissent pointed out that the communication between the attorney, the court, and the donor will not go unnoticed by those around the donor. This attention threatens further exposure of the donor's personal medical information. Finally, Judge Russell argued, Watson's discovery interests do not outweigh society's interest in a safe and adequate blood supply. The "incre-

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425. 429 U.S. 589 (1977).

426. Whalen v. Roe, 429 U.S. 589, 600-01 (1977).

427. *See supra* note 410 (describing safeguards set forth in protective order). The *Watson* court specifically noted the special precautions taken to ensure the that donor's identity was protected. These included the court's order that Lowcountry reveal the name, which it already knows, only to the court and to the lawyer appointed by the court; that the revelation was to be made via hand-delivered letter directly to the judge's chambers; and that any answers of the donor would be maintained in a sealed envelope marked "Confidential." *Watson*, 974 F.2d at 487-88.

428. *See supra* notes 414-15 and accompanying text (rejecting theory of constitutionally protected right to privacy based upon potential risk of public disclosure).

mental information Watson might discover from deposing the donor" is not worth the risks to the blood supply or the constitutional right of privacy of the donor.[429]

No other circuit has addressed this issue. Three considerations may explain this fact. First, given that the scope of discovery is within the trial court's discretion, the chance of overturning that court's course of action is limited at best. Thus, little incentive exists to appeal an adverse decision. Second, the issue of revealing a blood donor's identity, while generating a lot of commentary, is still relatively new. The first reported district court opinion regarding discovery of AIDS information from an anonymous donor occurred in 1988.[430] The first reported state supreme court decision regarding the same issue occurred in 1987.[431] Third, the underlying cause of action is grounded in tort, thus, absent diversity jurisdiction, these cases are not presented to the federal courts. The combination of these three factors and the unique factual requirements necessary to present the issue makes it apparent why the issue has not arisen in another federal circuit.

The Fourth Circuit decision does, however, contrast with the approach taken by some state supreme courts in construing provisions that are the same or very similar to the FRCP provision.[432] The differences between the majority and the dissent in *Watson* are representative of the essential differences between the cases allowing discovery and those disallowing discovery. The debate focuses on the emphasis that should be put on the various interests identified and how, or whether, those interests should be balanced.[433]

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429. *Watson*, 974 F.2d 493 (Russell, J., dissenting).

430. Mason v. Regional Medical Ctr., 121 F.R.D. 300 (W.D. Ky. 1988).

431. Rasmussen v. South Fla. Blood Serv., Inc., 500 So. 2d 533 (Fla. 1987).

432. *See also* Kunin, *supra* note 398, at 934-42 (analyzing cases); Karen L. Ellmore, Annotation, *Discovery of Identity of Blood Donor*, 56 A.L.R.4TH 755 (1987) (discussing *Rasmussen* and compiling other cases). *Compare* Rasmussen v. South Fla. Blood Serv., 500 So. 2d 533 (Fla. 1987) (denying discovery); Laburre v. East Jefferson Gen. Hosp., 555 So. 2d 1381 (La. 1990) (same) *with* Belle Bonfils Memorial Blood Ctr. v. District Court, 763 P.2d 1003 (Colo. 1988) (allowing discovery); Most v. Tulane Medical Ctr., 576 So. 2d 1387 (La. 1991) (same); Snyder v. Mekhjian, 593 A.2d 318 (N.J. 1991) (same); Stenger v. Lehigh Valley Hosp. Ctr., 609 A.2d 796 (Pa. 1992) (same); Doe v. Puget Sound Blood Ctr., 819 P.2d 370 (Wash. 1991) (same). Kunin divides the cases into two categories: "multiple donor" cases where the plaintiff seeks discovery of the identity of numerous donors in an attempt to prove that their blood caused the plaintiff's contraction of AIDS and "single donor" cases where the fact of AIDS is admitted and the issue is instead whether the screening procedures used by the blood collector where adequate. Kunin, *supra* note 398, at 928-29.

433. *See Watson*, 974 F.2d at 486 (refusing to balance interest of plaintiff against interest of nation in adequate blood supply). A third argument has also been raised in these cases. Some blood suppliers attempt to argue that the physician-patient privilege extends, or should extend, to the information sought. Kunin, *supra* note 398, at 946-48. Because the nature of the patient-physician privilege varies according to statute in each state, a comprehensive analysis is outside the scope of this comment. *Id.* at 946. The argument has met with varying success. *Compare Stenger*, 609 A.2d at 803 (rejecting patient-physician privilege argument) *with* Krygier v. Airweld, Inc., 520 N.Y.S.2d 475, 476-77 (Sup. Ct. 1987) (accepting rationale behind patient-physician privilege in blood donor context).

The most important factor of *Watson*, as opposed to the other significant cases addressing the issue, is the *Watson* court's unwillingness to consider balancing the policy interests, as opposed to the constitutional interests, involved. It is significant that the appellate court sustained the district court on the basis of the latter's factual findings and not its legal judgment in balancing the competing interests. This is a favorable development for at least two reasons. First, unsubstantiated assertions of a national interest should be rejected. Given society's interest in adequate compensation for those who are injured by other's negligence,[434] a plaintiff's right to recovery should only be restricted upon clear proof of damage to nationwide interests. The use of the clearly erroneous standard in reviewing district court findings will provide litigants the necessary incentive to advance, by clearly defined argument supported by specific facts, the required proof.

Second, the balancing which Lowcountry sought in this case is inherently biased. By setting the interest of society against the individual, courts inevitably start with a utilitarian assumption in favor of denying discovery. Plaintiffs face an uphill battle just to get recognition of their interests on a par with those of society. The Fourth Circuit, by not even reaching the balancing stage, has enabled plaintiffs to compete more equitably with defendants on this discovery issue.

Erie Insurance Exchange v. Stark

962 F.2d 349 (4th Cir. 1992)

Generally, insurance companies are not liable for losses that the insured intentionally inflicts.[435] However, insurance policies usually cover destruction of insured items caused by mere fault or negligence.[436] Insurers can sometimes avoid liability in such situations by including policy provisions excluding coverage if specific criteria are met. For example, courts commonly have upheld policy clauses excluding coverage for fires created by a hazard within the control or knowledge of the insured.[437] Another

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434. *See Rasmussen*, 500 So. 2d at 538 (recognizing plaintiff's interest in full recovery for injuries).

435. *See, e.g.*, Ritter v. Mutual Life Ins. Co., 169 U.S. 139, 153-54 (1898) (holding life insurance company is not liable when insured directly and intentionally took own life while of sound mind); Sullivan v. American Motorist Ins. Co., 605 F.2d 169, 170 (5th Cir. 1979) (holding willful incendiarism is defense to liability of insurer even if policy does not specifically exclude coverage for willful purpose); Don Burton, Inc. v. Aetna Life & Casualty Co., 575 F.2d 702, 706-07 (9th Cir. 1978) (holding defense of arson excludes coverage if insured aided, abetted, or procured setting of fire).

436. *See* Waters v. Merchants' Louisville Ins. Co., 36 U.S. 213, 221 (1837) (holding policy insuring against fire covered loss caused by insured's negligence).

437. *See* Charles Stores, Inc. v. Aetna Ins. Co., 490 F.2d 64, 69 (5th Cir. 1974) (holding that insured must have control and knowledge of incendiary device for increase in hazard provision to apply); American Mfrs. Mut. Ins. Co. v. Wilson-Keith & Co., 247 F.2d 249, 259 (8th Cir. 1957) (holding that increase in hazard must be both within insured's control and knowledge for coverage to be excluded under increase in hazard policy provision).

common insurance provision voids coverage if the insured party neglects to use all reasonable means to save property after a fire has begun.[438]

In *Erie Insurance Exchange v. Stark*,[439] the United States Court of Appeals for the Fourth Circuit considered whether a homeowner's policy covered a loss caused by the insured's setting fire to his home in an alleged attempt to commit suicide by self-immolation. Ray Stark was suffering from severe depression caused by his son's recent death in an automobile accident. On July 25, 1988, he returned to his home in Lonaconing, Maryland after consuming a large amount of alcohol. He was very violent, and his wife called the police. Ray fled before the police arrived. The police told his wife and their daughter to leave the house. Stark returned later that evening, and the house caught on fire. Firefighters found him lying 100 yards from the house suffering from second and third degree burns on his legs and feet. Based on conversations with Stark, Dr. Veluppillai Nagulendran, Stark's treating physician, postulated that Stark set fire to the house while attempting to commit suicide by spreading gasoline on himself and igniting it. Thereafter, Stark's wife filed an insurance claim with Erie Insurance Exchange (Erie) pursuant to a homeowner's insurance policy. The company denied coverage. Not being able to settle the dispute amicably, Erie filed an action for declaration of noncoverage in the United States District Court for the District of Maryland. Erie claimed that Stark's act of setting fire to the premises voided Erie's liability pursuant to increase in hazard, neglect, and intentional loss provisions in the insurance policy. The Starks counterclaimed for breach of contract, conversion, and tortious interference with prospective advantage.

The district court dismissed the Starks' counterclaims, but ruled in favor of the Starks on cross-motions for summary judgment on Erie's noncoverage claim. The district court reasoned that each of Erie's policy provisions required a particular state of mind that Stark was incapable of possessing due to insanity. The court apparently accepted Dr. Nagulendran's testimony regarding Stark's purpose and mental state as conclusively establishing Stark's state of mind before the fire. Dr. Nagulendran believed Ray was able to form the intent to commit suicide, but was suffering from a mental disorder such that he could not distinguish right from wrong and could not conform his behavior to the requirements of the law. Due to Erie's failure to present its own expert opinion on this subject,

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438. *See* Beavers v. Security Mut. Ins. Co., 90 S.W. 13, 14 (Ark. 1905) (holding that fire insurance policy clause excluding coverage for losses caused by neglect of insurer to save property prevented recovery for damage of so much of property as could have been averted had insured exercised due care); First Nat'l Bank v. German Am. Ins. Co., 134 N.W. 873, 876-77 (N.D. 1912) (holding that insured cannot recover under fire insurance policy when evidence indicates insured did not exercise proper diligence to save property and policy excluded coverage for losses caused by insured's neglect to use all reasonable means to save and preserve property).

439. 962 F.2d 349 (4th Cir. 1992).

the court found no genuine issue of material fact as to Stark's intent and mental state at the time of the fire.

Erie appealed from the judgment on policy coverage, and the Starks cross-appealed the district court's dismissal of their conversion and tortious interference claims. The Fourth Circuit found that two genuine issues of material fact precluded the district court from deciding the issue of Erie's liability as a matter of law on summary judgment. First, the appeals court found Ray Stark's purpose in starting the fire was disputable. Secondly, the Fourth Circuit held that even assuming Stark possessed a suicidal purpose, the district court must determine whether the specific characteristics of Stark's insanity would negate application of any of Erie's noncoverage provisions.

As to the first issue, the Fourth Circuit stated that the lower court incorrectly accepted Dr. Nagulendran's opinion as indisputably establishing Stark's intent and mental state. The court explained that the mere absence of countering expert testimony does not automatically establish the factual assumptions underlying an expert's opinion or an expert's inferences from assumed facts. Moreover, the Fourth Circuit found that inconsistencies in Stark's own account of the crucial evening and the sworn testimony of a deputy fire marshal contradicted Stark's claim of suicidal purpose. In an account given to Dr. Nagulendran two days after the event, Stark stated that he splashed gasoline on himself inside the house and started the fire. However, in his deposition, Stark could not recall the events leading up to the fire. In addition, in their motion for summary judgment, the Starks asserted that Ray Stark had obtained gasoline, spread it about the house, and ignited the fire. Furthermore, Fire Marshal Corolla, who investigated the damage to the house shortly after the fire, testified that flammable liquid was splashed freely about the basement of the home and that separate fires had been set on a screen porch on the ground level of the home. The Fourth Circuit reasoned that one could possibly conclude from this evidence that Stark's express purpose was to damage his home rather than to commit suicide by self-immolation.

The Fourth Circuit held that if the district court resolved the issue of Ray Stark's purpose against the Starks, their argument must fail. However, the court recognized that another legally valid argument existed. Theoretically, Ray Stark's mental state could have negated Erie's noncoverage provisions even if his intent was not solely to commit suicide. Nonetheless, the Fourth Circuit found that because the Starks had argued throughout that Ray Stark's only purpose was suicide, they could not prevail on this theory.

Furthermore, the Fourth Circuit expressed that if the district court determined that Stark possessed a suicidal purpose, the lower court must still confront the second issue of whether the characteristics of Stark's insanity would negate all of Erie's noncoverage provisions. The Fourth Circuit first contemplated the language of the three clauses that Erie asserted excluded liability and found they all required Stark to possess some degree of volitional and cognitive capacity. The "increased hazard"

clause provided that Erie would suspend coverage if any means within the insured's control or knowledge substantially increased the hazard that caused the property damage. The court concluded that an insured must have the mental capacity to control a hazard or have knowledge of a means by which a hazard is increased to enact this provision.

The Fourth Circuit then examined the "neglect" provision, which excluded coverage for losses resulting from the failure of an insured to use all reasonable means to protect covered property at the time of loss. The court construed this clause as implying that the insured must possess the capacity to recognize and choose between alternative courses of conduct after identifying the risks each poses. Finally, the court examined the "intentional act" provision, which excluded liability for damages arising from any actions of the insured party undertaken with the intent to cause such a loss. The Fourth Circuit found that this provision clearly required the formation of a specific purpose—the actual intention to cause damage to the insured home.

Having decided the mental capacity an insured party must possess to enact each of Erie's noncoverage provisions, the court addressed the district court's conclusion that any state of insanity would demonstrate the absence of the mental capacity required by these provisions. The Fourth Circuit specifically focused on whether a suicidal purpose would negate the "intentional act" clause under the controlling law of Maryland. Of the three noncoverage clauses, the court felt this provision was the most applicable to the facts of the case. Furthermore, the Fourth Circuit disagreed with the district court's finding that Stark's suicidal purpose clearly voided the "intentional act" provision because Stark's suicidal purpose implicitly demonstrated a lack of volitional capacity.

Relying on prior Fourth Circuit precedent construing Maryland law,[440] the appellate court explained that, in Maryland, only two types of insanity prevent an individual from entertaining intentionality. The first type of insanity is a "delusional" insanity under which the person does not understand the physical consequences of an act. The second type of insanity is an "insane impulse" where the individual is unable to resist engaging in the suicidal act or, in other words, lacks volitional capacity. Thus, the applicability of an "intentional act" clause to a suicidal person hinges on whether the injured's mental state at the time in question precluded the ability to choose between committing suicide or not committing suicide. Consequently, the Fourth Circuit determined that the district court erred in finding any state of insanity would necessarily negate all of the noncoverage provisions.

The Fourth Circuit concluded from this analysis that the Starks' argument would fail under the "intentional act" exclusion unless they established

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440. *See* Reinking v. Philadelphia Am. Life Ins. Co., 910 F.2d 1210, 1215-16 (4th Cir. 1990) (holding that insurance company is liable for medical expenses resulting from treatment of insured's self-inflicted injuries despite policy clause excluding coverage for intentionally self-inflicted injuries).