

Today: Cloudy, snow, ice and rain.  
High 38. Low 27. Wind 12-22 mph.  
Friday: Rain early, windy.  
High 44. Low 30. Wind 15-25 mph.  
Saturday: Temp. range 28-37.  
Wind chill 5. Details, Page 12.

# The Washington Post

FINAL

Inside The Weekly News  
Today's Contents on Page A2

12th Year No. 41

THURSDAY, JANUARY 15, 1998

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House Majority Leader C. Richard Crumwell has a grip on Thomas W. Moss Jr., who managed to keep his grip on the post of House speaker.

## Va. Democrats Prevail In Wild Opening Session Speaker Reelected Amid GOP Catcalls

By Ellen Nakashima  
and Spencer S. Hsu  
Washington Post Staff Writers

RICHMOND, Jan. 14—Virginia's House, dropped all pretense of political order in today's opening session, as Democrats re-elected Speaker Thomas W. Moss Jr. while Republicans, who had hoped to seize control for the first time, jeered, chanted objections and repeatedly slammed their desks in protest.

The wild scene—which one GOP spokesman said made the state look like "the Banana Republic of Virginia"—followed a five-hour parliamentary standoff brought on by Republicans.

They were trying to force Democrats to either share power or allow three new GOP delegates who were elected Tuesday to be seated ahead of schedule so they could take part in choosing a speaker.

The new delegates give Republicans 49 seats in the 100-member House, where there also is a GOP-leaning independent. But because Republicans lost a court effort to force state elections officials to speed up their vote-verification process, the new delegates won't officially be seated until Friday.

That didn't stop Republicans from trying to seat the new delegates until Friday.

See VIRGINIA, A16, Col. 1

■ Gov. George Allen tells the legislature goodbye—for now. Page D1



Maryland Sen. Larry Young, center, with Elaine Simon and the Rev. John Lewis Wright, arrives for the beginning of the session at State Capitol.

## Move to Expel Young Tops Maryland Senate Agenda

By Charles Rabington  
and Lisa Frasier  
Washington Post Staff Writers

Maryland senators allowed embattled colleague Larry Young to take his seat as the General Assembly convened amid unusual drama yesterday, but they immediately introduced a resolution to expel him on ethics charges and vowed to dispose of the matter quickly.

As 75 supporters rallied and sang outdoors, Young (D-Baltimore) made a brief and quiet appearance on the Senate floor. Later, however, he appeared more defiant than ever.

Addressing his supporters near a statue of Thurgood Marshall, Young said he had little to

apologize for. The Senate has no business expelling him, he said, and the seat "belongs to the people of the 44th District."

In an interview, Young said that he plans to answer the ethics allegations point by point tomorrow and that if he is expelled, he will challenge in court any Senate effort to block his quick reappearance.

Lawmakers said Young's ethics case will dominate the General Assembly for the next few days and may reverberate throughout this year's statewide elections. Some African American supporters of Young, who is black, are warning of a political backlash if he's treated too sternly, and Republican and Democratic oppo-

See MARYLAND, A12, Col. 1

■ Young case spotlights a problem of part-time legislatures. Page A12

## Internal R.J. Reynolds Documents Detail Cigarette Marketing Aimed at Children

By John Mintz and Sandra Torrey  
Washington Post Staff Writers

R.J. Reynolds Tobacco, the nation's second-largest cigarette company, sought for decades to reverse the declining sales of its brands by developing aggressive marketing proposals to reach adolescents as young as 14 years old, according to internal company documents released yesterday.

The papers, which span from 1973 to 1990, include confidential marketing surveys, communications to the R.J.R. board of directors, reports by outside advertising firms, long-term planning documents and other internal memos, all of which deal with the youth smoking market.

The 81 documents contrast sharply with the company's repeated public declarations that it does not target young people, collectively sketching a picture of a company that seemed decades ago to determine that its financial future depended on recruiting a new generation of smokers.

Many of the documents outline R.J.R.'s thinking that led up to the 1988 launch of its controversial Joe Camel cartoon advertising campaign. The campaign, criticized by federal officials and public health activists who said it appealed to children, was

voluntarily ended last year by the company.

The issue of tobacco companies' marketing to youth has become the major focus of the national debate about smoking. The Food and Drug Administration has asserted authority over tobacco products to reduce youth smoking, also a primary goal of the proposed national tobacco settlement that Congress will consider when it returns.

Yesterday, R.J.R. repeated its denial that it had targeted young people and said it remains committed to reducing youth smoking. The documents were taken out of context, the company said.

"Our documents reflect the social attitudes of the times in which they were created. And while attitudes toward smoking have changed over the past several decades, [Reynolds'] position and policy have remained constant: that smoking is a choice for adults and marketing programs are directed at those above the legal age to smoke," the company said.

The documents, most of which have never before been made public, were released by Rep. Henry A. Waxman (D-Calif.), who obtained them from law firms that had worked with California lawyer Janet Mangini. Mangini sued R.J.R. to stop the Joe

**R.J. Reynolds**  
Tobacco Company

OUR TWO MAJOR BRANDS, WINSTON AND SALEM, SHOW COMPARATIVE WEAKNESS AGAINST MARLBORO AND KOOL AMONG THESE YOUNGER SMOKERS. WINSTON IS AT 14% IN THE 14-24 AGE GROUP VERSUS MARLBORO AT 33%. SALEM IS AT 9% VERSUS KOOL AT 17%. AGAIN, OUR BRANDS SHOW COMPETITIVE STRENGTH IN THE 25 AND OLDER AGE GROUPS.

THIS SUGGESTS SLOW MARKET SHARE EROSION FOR US IN THE YEARS TO COME UNLESS THE SITUATION IS CORRECTED.

Camel campaign in 1991. Last September, the company and Mangini settled the case, and R.J.R. agreed to release internal files on sales to young people.

One of the documents quotes from a Sept. 30, 1974, presentation to the Reynolds board of directors in Hilton Head, S.C., in which the company's marketing vice president, C.A. Tucker,

addressed the looming decline in R.J.R.'s business and the need to reorient the company's entire marketing focus on young people.

"They represent tomorrow's cigarette business," Tucker said. "As this 14-24 age group matures, they will account for a key share of the total cigarette volume for at least the next

See TOBACCO, A18, Col. 1

## Labor Secretary Is Probed by Justice Dept.

Businessman Alleges  
Herman Sold Clout

By William J. Safire  
and Charles E. Rosenberg  
Washington Post Staff Writers

The Justice Department has opened a preliminary investigation into allegations that Labor Secretary Alexis M. Herman accepted illegal funds in exchange for assisting a businessman who has told federal investigators that Herman participated in a scheme to sell the influence of her White House office on behalf of companies needing help from the federal government, officials said.

The opening of the investigation is not itself a sign that there is proof of wrongdoing by Herman. Under the Independent Counsel Act, the attorney general is required to look into any specific and credible information that a Cabinet official may have committed a crime. The inquiry will determine only whether there is enough information to justify appointment of an independent counsel who would further probe the matter.

The investigation is due to be completed in a matter of weeks, an official said. Herman's sole accuser is Laurent Yene, a 42-year-old African businessman who has told federal investigators that Herman participated in a scheme to sell the influence of her White House office on behalf of companies needing help from the federal government, officials said.

Herman's attorney, Neil Eggenston, said: "These allegations against Secretary Herman are just not true. We have not been contacted by the Justice Department. If we are, we will provide whatever information they need to help them put this to rest."

See HERMAN, A10, Col. 1



John Knight, a surgeon from Shreveport, La., says he lacked the proper emergency medical equipment to aid fellow passenger Lashann Royal.

## Cardiac Arrest in the Air —Without the Tools to Cope Emergencies Raise Issue of Airline Preparedness

By Susan O'Keefe  
Washington Post Staff Writer

"Is there a doctor on board?" John Knight, a surgeon from Shreveport, La., was on the first leg of a vacation with his family on Dec. 22 when the plane's intercom delivered that terse question. Thus began the worst medical experience of his life.

For the next 25 minutes, as the plane descended to Miami, Knight and a fellow passenger—a newly trained paramedic who had never before treated a patient—knelt in the aisle and tried desperately to resuscitate a 25-year-old woman, Lashann Royal of Deerfield Beach, Fla., who had suffered cardiac arrest.

But when Knight tore open the

medical kit that the Delta flight attendants handed him, he found a stethoscope and syringes but not the equipment he needed most: a breathing tube and a device to pump oxygen into the lungs. Despite continuous cardiopulmonary resuscitation, the two men failed to revive the young woman. She was declared dead when the plane landed.

"The thing that's been so hard about this for me—I watched a 25-year-old girl die, essentially drown, with what I think is the ability to have made a difference," said Knight. "And I did not have the equipment."

Delta Air Lines, which carries more passengers than any other U.S. airline, said in a statement

See EMERGENCIES, A6, Col. 1

## Suharto Acts To Restore Confidence

Indonesian Leader, IMF  
Agree on Reform Plan

By Paul Blustein  
Washington Post Staff Writer

JAKARTA, Indonesia—Jan. 15 (Thursday)—Indonesia's embattled President Suharto, seeking in one grand stroke to restore confidence in his nation's battered economy, agreed today to a reform package.

Government officials familiar with the plan said before the announcement by IMF Managing Director Michel Camdessus that the reforms would include curbs on official intervention for companies controlled by Suharto's wealthy children.

The package is designed to accomplish for Indonesia what a \$43 billion bailout launched in November couldn't—stem a massive flight of capital from the world's fourth-most-populous country that has marked one of the gravest turns in Asia's financial crisis.

The plan has been eagerly anticipated this week in financial markets as a potentially crucial turning point in the crisis, and the mere fact that it was imminent helped fuel a powerful rally in Asian currencies and stock prices Wednesday. Indonesia's currency, the rupiah, which was in free fall last week, soared 10 percent against the U.S. dollar, and Jakarta's benchmark stock index rose 6 percent.

Suharto went on national television this morning to announce the program, but his speech evidently failed to inspire local investors, as

See CRISIS, A11, Col. 1

## From Austin, Regards for D.C. Administrator Admirers Praise Manager's Texas Legacy, but Others Raise Flags

By Vernon Loeb  
Washington Post Staff Writer

AUSTIN—As they heaped road fill across town in a lumpy city dump truck this week, Mario Hernandez and Manuel Garcia recalled the day Camille C. Barnett came out to rake hot asphalt with their "overlay" crew.

"It was on Foothill, off 35th," Garcia remembered, waxing nostalgic about the effort of Austin's then city manager to empower blue-collar workers through a program called Total Quality Management. "She raked asphalt, and she jumped on that steel roller, and she rolled asphalt."

"She was interested in, 'What do you have to say?'" Hernandez added. "And she was interested in, 'What will work?' That was very important. It made you feel part of a team. And we were doing a great job—nothing but the best."

Washington's residents, taxpayers

and business owners can only hope Barnett will have the same galvanizing effect on the District's demoralized work force as she began work today as the city's chief management officer.

Austin is a rapidly growing city with almost the same population as Washington. Insiders and outsiders in the politically rowdy and racially diverse Texas capital say Barnett's got the political smarts and the management skills to do the job, if only she can keep her forceful personality from overwhelming the people for whom she works.

That's the consensus that emerged in two days of interviews with those who worked with her or watched during her five years at the helm in Austin. Whether they loved or loathed her, they all had strong feelings about the city's former top manager.

See BARNETT, A14, Col. 1



Camille C. Barnett, shown in Austin, begins her Washington job today.



# Airline Medical Kits Called Inadequate as In-Flight Emergencies Rise

EMERGENCIES, From A1

yesterday that its planes are equipped with the medical emergency equipment required by the Federal Aviation Administration and that its crew followed all procedures correctly.

Reported medical emergencies aboard U.S. airliners have increased almost tenfold in less than a decade, from about three per day during the late 1980s to 29 per day in 1996, according to new data collected by the Air Transport Association.

Yet federal rules for medical equipment on large passenger airplanes have not been revised since 1986. Flight attendants are not required to be trained in basic rescue procedures such as CPR. Airlines are not even required to report medical emergencies to the FAA.

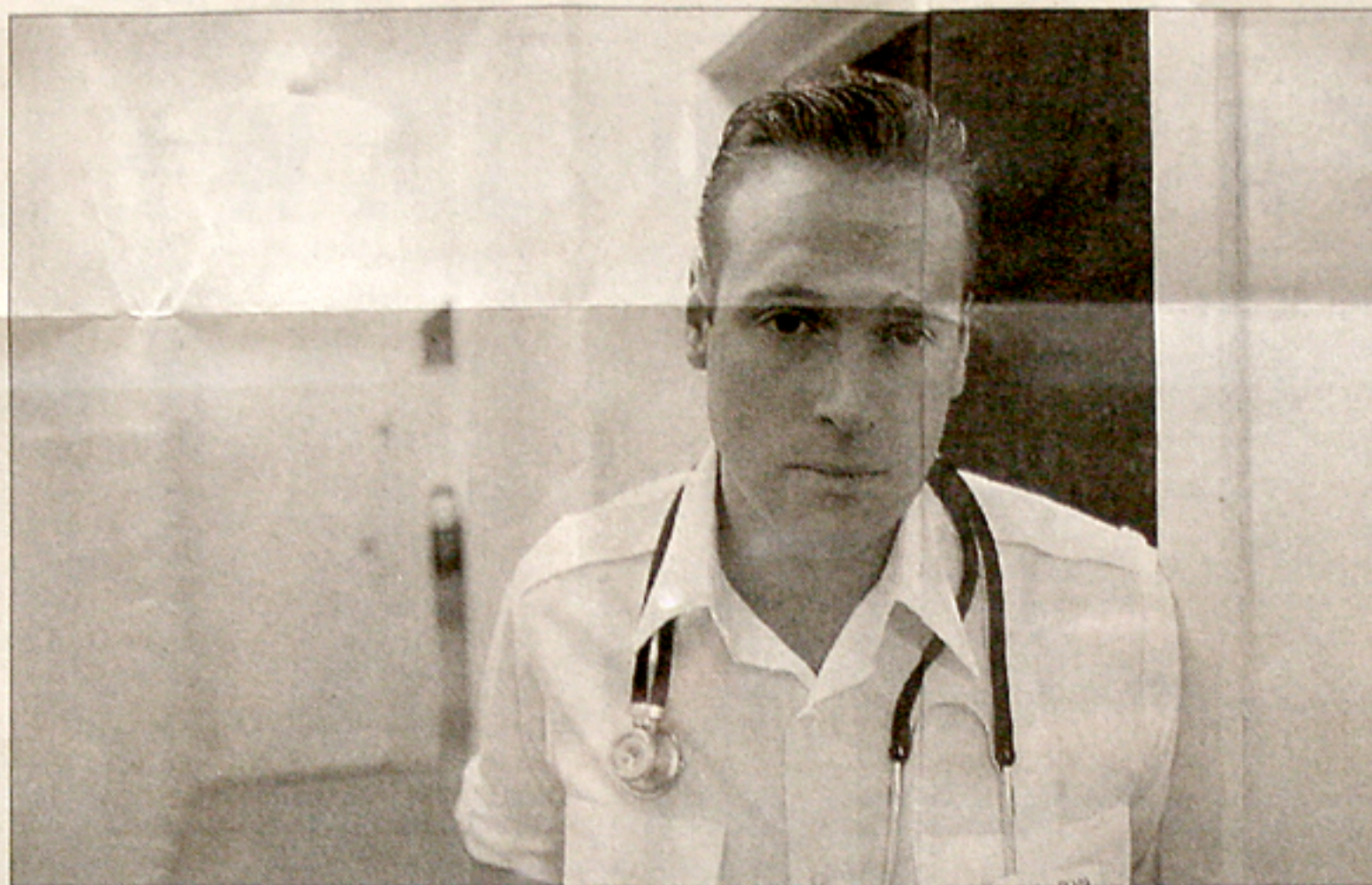
"I would say that the majority of airlines do not train their people," said James M. Atkins, a professor of internal medicine at the University of Texas Southwestern.

At a congressional hearing last May, representatives of medical organizations, a flight attendants group and members of the public urged the FAA to revise the list of standard medical equipment, to require more extensive medical training for flight attendants and to consider requiring that airliners making long or over-water flights carry defibrillators—devices that can automatically administer an electric shock to a person whose heart has stopped. Some have also asked Congress to enact a "good Samaritan" law that would protect doctors and others from being sued after trying to treat a sick or injured person during a flight.

American Airlines began carrying defibrillators on its over-water flights last July. On Tuesday, three weeks after Royal's death, Delta announced plans to put defibrillators and an expanded medical kit on all flights starting this summer. American has said it will provide defibrillators and expanded medical kits on all flights by next year.

The medical kit on Knight's flight last month contained the standard items specified by the 1986 rule. They include a stethoscope, an instrument for measuring blood pressure, needles and syringes, and plastic tubes that can be placed in the mouth to keep the tongue down, as well as a handful of drugs to treat chest pain, low blood sugar, asthma and allergic reactions.

But the plane had no defibrillator, which offers the best chance of saving someone whose heart has stopped. In the absence of one, Knight looked for



BY STEVE CASTILLO FOR THE WASHINGTON POST

Douglas Novak, a San Francisco paramedic, assisted surgeon John Knight in efforts to resuscitate a fellow passenger.

a breathing tube to administer oxygen. "The problem is, if you're going to give mouth-to-mouth [resuscitation] too long, they're going to regurgitate," he explained. A breathing tube would prevent the patient from choking.

"If they're going to call a doctor to come forward but not equip him with the right stuff," Knight said, "why call the doctor?"

Many foreign airlines provide more extensive medical kits than U.S. carriers, and several—including Qantas, Virgin Atlantic and Air Zimbabwe—carry defibrillators. Earlier this month, a Virgin Atlantic passenger became the first person to be successfully defibrillated in U.S. airspace.

The medical kit now required by the FAA "is pretty minimal," said David K. McKenas, American Airlines' corporate medical director, explaining why the company decided to add small, portable defibrillators on over-water flights. "For American Airlines, we saw that we just did not carry the medical equipment we needed for what we were seeing."

The new report by the Air Transport Association indicates that medical emergencies on airliners have become much more common in recent years. Some experts have suggested the trend may be caused by a general increase in air travel, the aging of the population, and more frequent travel by people with chronic

illnesses and disabilities. The new information comes from nine member airlines—representing 90 percent of the U.S. passenger market—that collected data on in-flight medical emergencies during 1996.

There were 10,471 emergencies reported, an average of 29 per day. Heart disease accounted for 1,020 of those. And while fainting, injuries and breathing problems were more prevalent, heart disease was the most frequent category of emergency severe enough to divert a flight.

The report contains no information on how many people die during medical emergencies on U.S. airline flights. "Nobody really knows that," said Jon L. Jordan, the FAA's federal air surgeon. A passenger who dies during a flight is not officially pronounced dead until arrival at a hospital or a coroner's office, and airlines are not required to obtain follow-up information on medical emergencies or report them to the FAA, he said.

Lashann Royal had been feeling tired for several weeks before the Delta flight, her family later told the medical examiner investigating her death. Six feet tall and lanky, Royal was a former high school basketball player who worked as a secretary. A fellow passenger told the medical examiner that shortly after boarding the plane in Atlanta, she went to sleep.

It wasn't until the woman sitting beside Royal tried to awaken her,

about a half-hour before the plane was scheduled to land, that anyone realized something was wrong and called for a physician.

Knight said he waited for about five minutes, then got up and asked some flight attendants standing at the front of the first-class cabin whether they had found a doctor. They had not, and only then did they lead him to Royal, who was lying in the aisle attended only by a fellow passenger. No one was administering CPR.

Delta Air Lines said in its statement that its flight attendants are routinely taught CPR as part of their initial training but that annual recurrent training only addresses basic first aid.

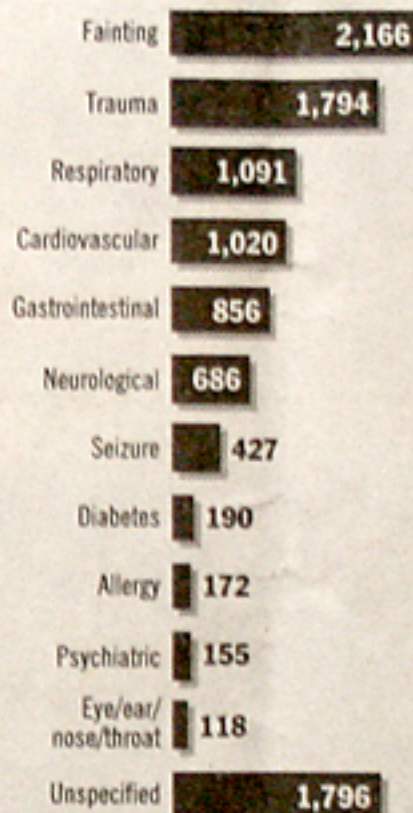
Douglas Novak, a San Francisco man who had just completed a training course as a paramedic, saw Knight hurry into the economy-class cabin. Peering down the aisle, he saw another passenger about to press on the unconscious woman's chest—but from the wrong position.

"It looked like he was going to start compressing the liver," Novak recalled. "It scared the hell out of me, so I ran over there and got him out of the way."

As the two men's families and other passengers watched in fascinated horror, Novak knelt at Royal's side and pumped on her chest while Knight blew air into her lungs after every five chest compressions. Between

## IN-FLIGHT ILLNESS

The Air Transport Association, whose carriers account for 90 percent of U.S. air traffic, reported 10,471 medical emergencies on flights in 1996, or one for every 5.8 million passengers.



THE WASHINGTON POST

breaths, Knight called for the plane's medical kit.

A flight attendant brought out a box bearing a notice that said "To be opened only by a doctor." Knight tore off the seal with his teeth but didn't find what he was looking for.

"What she really needed . . . [was] a tube down her airway" to administer oxygen and protect her from choking, Knight said.

Sure enough, after a few more breaths, vomit filled the woman's mouth and partially obstructed her airway. Knight tried to clear her throat, spat the vomit from his own mouth and kept giving her breaths. "It was just fighting an endless battle," he recalled.

Knight and Novak kept up their efforts until the plane landed and Miami paramedics took over. But Royal was declared dead on arrival at a Miami hospital. Her family declined to be interviewed for this article, saying they were still in shock over her death.

Initially, Knight was worried that Royal might have been infected with hepatitis or the human immunodeficiency virus, which causes AIDS.

"I'm thinking, did she die of a drug

overdose?" he said. "I was fearing the worst."

Royal tested negative for HIV and hepatitis viruses. Other tests found no evidence of alcohol or drugs—no cocaine, no amphetamines, no chemical reason for her heart to have stopped.

The only explanation for her death that doctors have identified so far is a relatively minor heart abnormality: mitral valve prolapse. In this condition—common in young women—the delicate flaps of the mitral valve, which separates the upper and lower chambers on the left side of the heart, are somewhat more mobile and "floppy" than usual. Most people with mitral valve prolapse have no symptoms. Some have episodes of chest pain or irregular heartbeat. On rare occasions, the condition causes sudden death.

Roger Mittleman, the chief medical examiner for Miami and Dade County, said Royal apparently died from natural causes. Pathologists are studying the conduction system of her heart, the specialized cells that carry electrical signals that coordinate the heartbeat. If no further abnormalities are found, he added, the medical examiner's office will probably ascribe the death to cardiac arrest associated with mitral valve prolapse.

Jordan, the federal air surgeon for the FAA, said that when the current rules for the in-flight medical kit were drawn up more than a decade ago, the agency proposed including more drugs and medical equipment. But he said some medical groups "cautioned us against putting a lot of sophisticated equipment or medications on board aircraft" and warned that some drugs and devices, in inexperienced hands, "could do more damage than good."

Jordan said the FAA is analyzing a new set of data on in-flight medical emergencies and has not yet decided whether to propose new rules on medical equipment.

Knight said he is encouraged by Delta's decision this week to provide defibrillators and expand its medical kit, but he thinks the FAA ought to require CPR training for all flight attendants and better medical kits on all airlines.

"This has changed my life," Knight said. "Every night since then, I have relived this. I'm not the sort of person to have nightmares, normally. You go through your training, you see people die all the time. But in a hospital, you slept at the end of the day because you knew that you had done everything you could have done. In this case, it's not that way."





BY JOE STEFANCHIK FOR THE WASHINGTON POST

**John Knight, a surgeon from Shreveport, La., says he lacked the proper emergency medical equipment to aid fellow passenger Lashann Royal.**

# *Cardiac Arrest in the Air —Without the Tools to Cope*

## **Emergencies Raise Issue of Airline Preparedness**

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**By Susan Okie**

Washington Post Staff Writer

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**"Is there a doctor on board?"**

John Knight, a surgeon from Shreveport, La., was on the first leg of a vacation with his family on Dec. 22 when the plane's intercom delivered that terse question. Thus began the worst medical experience of his life.

For the next 25 minutes, as the plane descended to Miami, Knight and a fellow passenger—a newly trained paramedic who had never before treated a patient—knelt in the aisle and tried desperately to resuscitate a 25-year-old woman, Lashann Royal of Deerfield Beach, Fla., who had suffered cardiac arrest.

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Delta Air Lines, which carries more passengers than any other U.S. airline, said in a statement

See EMERGENCIES, A6, Col. 1