

We Danced With The Devil: One Firefighter's Cancer Chronicles

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For Firehouse.com

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Editor's Note: Chief Trevino's share a brief story about his good friend Dave Jacobs in this article. Mr. Jacobs lost his battle to cancer before the article could be published. The story I'd like to share with you is deeply personal. It's also harsh, perhaps even brutal; it's meant to be. That is because I want anyone who reads it to know exactly what I went through so that, perhaps, they can take whatever steps they find possible to avoid a similar fate. Forewarned, as the saying goes, is forearmed.

Like too many cancer victims, I ignored the symptoms at first. From the beginning of the summer of 2008, I had an annoying, low-grade sore throat. After a few weeks, I realized it was not going to bloom into a cold or the flu. It just lingered. After a while, I started to think I may have had tonsillitis, as, unlike a lot of my peers, I still have my tonsils. What a pain it would be, I thought at the time, to go through surgery in the summertime. I'd heard that a tonsillectomy is a lot more complicated for adults than for children, so I went to work every day, simply ignoring the small pain in my throat and hoping it would just go away.

As the weeks passed, I started having trouble swallowing. I often had to try to swallow a mouthful of food several times before it would finally, grudgingly go down. While I thought it was a weird symptom, I continued to assume it had to do with my tonsils. "I'm going to have to see a doctor about this soon," I thought. But the weeks passed and I stayed busy and continued to think I would just go back to normal soon.

Then, one day I tried to take a vitamin pill, but simply couldn't. No matter how I tried to swallow it, or how much water I drank to try to wash it down, the pill would just pop out of my throat and back into my mouth. Frustrated, I finally just threw the pill away. Then, out of curiosity, I stuck my finger down my throat as far as I could without gagging and explored. "Is that extra tissue down there?"

Suddenly, I was nervous. I made an appointment to see my regular doctor the very next day.

"Are you a smoker?" asked my doctor after I had described my symptoms to him. I told him that I wasn't, but reminded him that I had been a firefighter for almost 36 years. He examined me as best he could in his office and told me it was probably nothing, but "just in case" he referred me to an ear, nose, and throat specialist. I went home and tried to make an appointment that same day, but found that just about every orolaryngologist was on vacation, as by now it was mid-August. So, I went down the list of other medical providers I got online from my insurance company until I found a doctor who was in town. I took the soonest appointment I could get, which was still two weeks out.

Like a dark prophesy, an article came out in the Seattle Post-Intelligencer this same week, entitled "Cancer takes a heavy toll on Seattle Firefighters." It described the disproportionate number (over one-third) of Seattle firefighters hired before 1977 who

had contracted some form of cancer. I wondered vaguely if I would add to those statistics.

For me, day one of my cancer experience will always be the day I was actually diagnosed: September 5, 2008. When the day for my appointment finally arrived, my symptoms had already progressed to the point that I had trouble even swallowing liquids. I was sure, by now, that something was seriously wrong and suspected that I may have cancer. Sure enough, when the specialist put a probe up my nose and snaked it down my throat, I heard him say "Oh!" as though he had found a surprise down there. He had.

"You have a mass in your throat," he said after examining me, "It looks malignant. And aggressive." He looked me right in the eye as he spoke, making sure I understood the gravity of his comments. My wife Mary Ann and I sat in stunned silence as he informed us of what needed to be done to complete his diagnosis. As he talked on, my mind took me back to all of those times when I entered burning buildings without breathing protection, and all of the times I worked for hours, unprotected, doing salvage and overhaul in the smoldering remains of fires over the past three decades. Like my peers, I had felt bullet-proof in those days. I had always thought that cancer was something that happened to other people. Not me. Now, for the first time, I was actually afraid for my life.

The doctor scheduled me for a surgical biopsy and a bevy of tests, including a CAT/scan, immediately. On Day Five, when the results came in, I brought my wife Mary Ann along to hear what the doctor had to say. Like me when the symptoms had begun, she was still convinced it was nothing. I, on the other hand, was now convinced that it was definitely something. "The tumor in your throat covers your epiglottis. It's about the size of a walnut, and seems to be growing quickly. It's definitely malignant."

We sat and listened as the doctor explained what his recommended course of treatment was. He said we had to get the tumor out as soon as possible, and scheduled surgery within two weeks. We asked about the process. He told us that they would go in and excise the tumor and any other affected tissue they found once inside. I would have to breathe through a stoma at the base of my throat for at least the first few months. There was a chance they could save my vocal cords, he said, but I wouldn't have an epiglottis anymore. Part of my tongue and part of my throat would also have to be removed. I would have to learn to eat and swallow again after further surgery to try to make my throat as normal as possible. I had a good chance at survival, he added, but there were no guarantees. I looked over at Mary Ann and she had tears streaming down her face. I tried to get my mind around the fact that my son might not have a father around to help raise him.

As the doctor continued to explain, part of my mind reflected back for some reason to one of the worst calls I had ever responded to. One of those calls you can never really get out of your thoughts. It was a day long ago in Seattle, a hot and sunny summer afternoon in 1975, when a full-response assignment came in with a "go" for the house: Engine 31, Ladder 5, and Aid 31. Also responding from other north-end stations were Engines 24, 39, and from the University District, Battalion 6. The report was that some kids were playing in an abandoned construction shack, and the caller said there was smoke in the area. I was driving Aid 31. We got out of the house much sooner than the big rigs, and when I heard that kids were involved, my foot naturally went to the floor.

We got to the location minutes before the next-arriving unit. My partner Larry LaBrec and I drove through the gate of the storage yard and up to the smoking shack, where a hysterical 7-year-old boy kept yelling, "She's inside!" We clambered out of the rig and rushed in to pry the pad-locked plywood door open from the top. We literally fell into the thick smoke of a smoldering fire. The kids had crawled under the door, which had been intentionally blocked with heavy timbers to try to prevent illegal entry, and filled the space with cushions and foam-rubber pillows to create a make-shift playhouse. The fire had apparently been ignited by the candles the kids had used to light the interior. The smoke was thick, black, and obviously toxic. We went in without masks, as we always did in those days. Our protective gear consisted of only our helmets, black canvas turnout coats with green wool liners, one-layer leather gloves, and non-treated cotton work uniforms.

Visibility was zero. We found the little girl by searching with our hands through the smoldering pillows and Larry handed her out to me as I crawled out first. She was dead; literally cooked to death. She had swollen up to about twice her normal size and was disfigured beyond recognition. Her face was completely smooth, without any indication of where her mouth, eyes, ears, or nose had once been. I'd forgotten about the little boy until I heard his shrill screaming behind me. As I turned, I briefly saw the terror on his face at seeing the body of the girl, and then he ran away. We never saw him again. When the other responding units arrived, Larry and I were laying on the ground, coughing and spitting up the nasty black soot we'd been inhaling.

I feel as though we danced with the devil, each of us in turn, when first we set out to become firefighters. Each of us has our own particular experience. In some cases, the devil comes right at you; I've known rookies who were beaten down at one of their first fire calls, burned or crushed. Over the years, I've seen some survive the experience with only scars to show for it, while others were swallowed whole and just...didn't.

We went back to the station afterwards and ate our dinner in silence, as, in those days, there was no such thing as a stress-debriefing. Larry and I had our own dance with the devil that day, and the devil had exacted his due from the life of a little girl. I kept my eyes on the devil as we danced; I wasn't burned or injured. Or so I thought. But I didn't think about his poisoned-tail. At some point, whether at this fire or another, the point lanced my throat so neatly that I didn't even know I had been wounded. It lay there, dormant, possibly for decades, until the time came when it bloomed like an evil seed. Larry died of brain cancer in 2007. We will never know which exposure, or series of exposures, got him. Station 31, where we both worked at the time, had an especially high number of firefighter deaths from cancer. The station itself was the subject of a protracted investigation in the early 2000's.

And we danced...

Back to the harsh reality of 34 years later, I continued listening to the doctor as he described what we should expect. The proposed surgery sounded radical to me; I had seen lots of EMS patients over the years with stomas, and the concept of becoming one of them was a lot for me to handle. When he was finished talking, I asked, "What are my alternatives?" I sensed him disengage slightly. He told me I could get a second opinion if I wanted to, but that I had better hurry because the cancer was spreading quickly and was already in the lymph nodes on both sides of my throat. It would jump to my internal organs soon. "Who are the best doctors in the area for this?" I asked. He gave me a few

names, including Dr. Neal Futran at the University of Washington, considered one of the very best anywhere.

That afternoon on the phone, I found it was extremely difficult to get in to see any of the top-notch doctors who had been recommended as they are always in high-demand. Their staff people told me they only took some referrals, even from other doctors. The days were ticking by. I got good advice and support from my friend Dr. Mickey Eisenberg, the medical program director of King County Medic One, about the process. On Day 13, I contacted Dr. Michael Copass, medical director of Seattle Medic One and an old friend that I once worked very closely with. Besides being possibly the best-known EMS medical director in the country, Dr. Copass is also a professor of medicine at the University of Washington. To call him "well-respected" would be a gross understatement of the facts. He happened to be in Alaska on a rare, well-deserved vacation when I got a hold of him on his cell phone. After I explained my situation to him, he asked "What can I do to help you?"

"I need you to help me get to see Dr. Futran at the University of Washington Medical Center. Right away." Thanks to a referral from Dr. Copass, I got an appointment with Dr. Futran the very next day, five days before my scheduled surgery.

Fast-forward to Day 14: my meeting with Dr. Futran. After yet another exam and more tests, he asked about the pending surgery my other doctor had recommended. "Have you given any thought to what your quality of life would be after this surgery?" he asked. He explained that I would lose part of my throat, part of my tongue, my epiglottis, and probably my vocal cords. "Yes, I have thought about it, but what are my options?" He told me that he had seen excellent results in squamous cell tumors, which is what I had, with just radiation and chemotherapy--no surgery. "When can I start?" I said.

Never having been through a similar experience, I thought I could begin radiation therapy right away. I imagined it would be like getting an X-ray at the dentist. How complicated can it be, I thought. "By now, I was really nervous. Not only was I panicky about how fast the cancer was spreading, I was developing a lung infection. Since my epiglottis was compromised, whenever I tried to eat I choked on my food and invariably aspirated some of it into my lungs. I was having a harder and harder time just breathing. Why can't we just get going with the treatment?"

I wondered over almost three agonizingly slow weeks, waiting to begin the process. During this time I had many more tests and scans, and also had a rigid plastic-mesh mask made for my head and neck to hold me immobile so that the radiation treatments could be properly focused on the affected portions of my body without unnecessary collateral damage. I had seen no less than eight other doctors, ranging from radiation oncologists to chemotherapy specialists to swallowing specialists. I had also seen a specialty dentist who told me to expect that most of my salivary glands would be permanently destroyed by the treatment. This dentist, unlike any other I had ever been to see, was ready to pull any teeth on-the-spot that needed dental work; it seems that you can't begin radiation therapy anywhere near your mouth with any dental issues at all. Luckily, my mouth was in good shape and I went away with only cast-trays to give myself fluoride treatments for life since, due to a lack of saliva which provided it, my body would no longer be able to fluoridate my teeth to protect them.

This is also about the time I met Dr. Jay Liao, my radiation oncologist. I would get to know him a lot better over the coming months.

I also had minor surgery on Day 40 to install a stomach tube so I could eat. My "food" was to be three to six bags of liquid nutrition that would go directly from plastic IV-style bags into my abdomen via a PEG-tube, which hung from my stomach like a 10-inch, surgical-plastic umbilicus.

When the day for my first radiation treatment finally came, on Day 41, I was really nervous. My lung infection had gotten so bad that I was coughing up huge amounts of thick, green phlegm all day and all night. As soon as I lay down, the fluid in my lungs would rise to my throat and I would begin to cough and choke. The night I spent in the hospital when I had the stomach tube installed I was up all night because I simply couldn't breathe. Even when propped-up into a sitting position, my breathing was so labored it was like breathing through a small straw for each inhalation and exhalation, an exhausting process. Appropriately, I was placed on strong antibiotics for the infection before my first radiation treatment.

This was when my real nightmare began. I had been anxious to get going with treatment, but when it finally started, I found it was like entering a friendly torture chamber.

I've never been claustrophobic. I've never been afraid of confinement. I've been able to use an self-contained breathing apparatus, or be strapped down, or enter tight, dark spaces without even giving it a second thought. But getting radiation changed all of that for me. The rigid plastic mask they had made for me was designed to fit very tightly and hold my head and neck completely immobile. To administer radiation to the throat, a patient is placed on a hard table with restraints immobilizing the ankles, knees, arms, and torso. The rigid plastic mask is placed over the head and face and secured with clamps to the table. It is so restrictive, the patient can barely part his/her lips, much less open the mouth.

Once the team of technicians anchors the patient down, they all leave the room closing a huge metal, vault-like door behind them to protect from undue exposure. The room is then darkened and a large machine rotates around your upper body making strange noises in the shadows. My major fear was that I would have a coughing attack and would choke on the large amounts of phlegm in my upper respiratory system. I made this clear to the techs. They told me if I got into trouble that I should signal them by wiggling my fingers and making whatever noise I could during the procedure. They would be watching and listening from outside the room on closed-circuit television cameras, and they would come to my aid if needed. But I knew if I started choking it would take them at least a minute or two to get my signal, de-energize the radiation equipment, re-enter the room, un-strap my restraints, un-bolt my face mask, and allow me to sit up to cough and spit out the phlegm so I could breathe again. I was terrified. To try to keep from coughing as the goo rose up again in my throat, all I could do was pray to God for help. I alternated between Hail Mary's and Our Father's for 45 minutes until it was finally over, trying desperately to arrest the urge to cough which would bring on certain choking because I couldn't swallow.

As I prayed, my mind again wandered back in time to June 14, 1974: my first greater-alarm fire. The Polson Building on the downtown Seattle waterfront, home of the Ace Novelty Company, was on fire. All eight stories of it. And it was packed to the gills with plastics and other combustibles.

I was working a detail at Engine 13 that day and we were called in on the second alarm. When we arrived, we were told to stretch a 2-1/2-inch hoseline up an extended aerial ladder and into a sixth floor window. Up we went, wearing only turnout coats, helmets, and gloves for protection. None of us wore masks. Within 10 minutes, we found ourselves trapped in the stairway on the eighth floor. The stairs we had come up were compromised by fire and arcing electrical lines, so we couldn't go back the way we had come to the ladder on floor six. In front of us on one side was a locked steel-clad door which we couldn't pry open since we hadn't brought along forcible-entry tools. In the other direction was an open door with huge, angry flames shooting out of it. Our 2-1/2-inch line, opened full-bore, wasn't even making a dent. We didn't have portable radios in those days, and though we tried yelling and waving down to the street level for help, we were so high-up no one on the street noticed us. At one point, I was overcome with smoke and lost consciousness. One of my fellow firefighters picked me up and thrust my head out the window for fresh air, which revived me. At last, about 45 minutes later, a much-welcomed truck crew came through the locked door behind us and allowed us to evacuate the building.

We were given oxygen at the scene by fire department paramedics and ended up returning to the firehouse after the fire to complete our shift and go home. I coughed up nasty, black soot for three days afterwards.

And we danced...

The radiation machine finally wound down and I was thrust back to the here-and-now. The lights came up and my first treatment was over. Sure enough, as soon as the mask was removed, I went into a coughing attack, spitting out a mouth-full of phlegm and choking in huge lung-fulls of air.

This continued for almost 10 weeks. I had radiation treatments every day, Monday through Friday, and even though my lung infection finally subsided with the medications, it never got much easier.

The day after my first radiation treatment, I had my first chemo-therapy treatment. I had seen other patients around the hospital in wheel chairs with electronic IV carts in tow, administering the chemicals into their bodies as they talked to people, or read, or just sat. My experience was different. The chemotherapy drug I got, called Cisplatin, is the strongest available. Getting the treatment was a full-day experience. First, I was taken to a semi-private area and given two large bags of IV fluids to hydrate my body so it could handle the drugs.

After several hours, the technician pulled the curtains and re-entered the little cubicle that contained my bed. After fully explaining what I should expect, she donned a protective plastic suit, face protection, eye protection, and gloves, all to guard against accidental spills and splashes, and hung the small bag of Cisplatin. She told me that the drug was very strong; if spilled it would literally eat through concrete. It took another hour for the chemicals to enter my body, and it was followed by another large bag of fluids to further assist with hydration.

That was when the nausea began, and it would be with me for months afterwards.

As the days went on, I became weaker and weaker. My sleep was constantly interrupted by either pain, nausea, or both. Mary Ann, ever the supportive wife, would wake up with me as many as five times a night, get up and grind whatever I needed in a pill crusher, pain meds, nausea meds, or both, dilute them with water and inject them

into my stomach tube. At one point, I was taking over 20 different medications. We were told to rotate the nausea drugs to try and stay ahead of it; if it gets away from you, we were warned, it will be bad. Eventually, I only rose from bed to go to the bathroom or to the hospital for treatment.

One morning, my voice just went away. I tried to speak and nothing came out. Not even a whisper. I had been told to expect this particular side-effect of the radiation treatments, but there is no way to prepare for such a reality when it hits you. For the next few months, I was completely mute.

Sometime near the beginning of my illness, a friend contacted the Firefighter Cancer Support Network and gave them my name. They called right away and within two weeks sent me a package containing literature and tools I would need to help get me through the ordeal. They also referred me to several fellow firefighters around the country who had the same type of cancer, and each of them contacted me for fellowship and peer-counseling. They are a Godsend and there is no way I can thank them enough for the great work they do. If you or a fellow firefighter is unfortunate enough to become a cancer victim, they are a great resource. You can reach them at 1-866-994-FCSN, or on the web at: www.FirefighterCancerSupport.org. As their name implies, they are there to help you.

Day 66. I was so debilitated from the second chemotherapy treatment I'd gotten the day before that I barely had the energy to get out of bed to go to the hospital. My entire neck area was severely burned by the radiation and had turned black like the burns you can get from hot oil in the kitchen. It was blistered, oozing fluid, and painful to the touch. The chemotherapy kept me nauseous 24-hours a day. The pain was constant. My pain medication had escalated to the point that I was on full-dose Fentanyl patches and Oxycodone, a strong opiate. Back in the friendly torture chamber, I could feel the radiation on my neck every day, like salt on open wounds. With help from Mary Ann, I could barely get back into bed after my treatment and just lay there, not asleep and not fully awake, until my next treatment the following day.

Day 74. A Friday: one of the lowest points of my treatment because of a particularly severe bout of nausea. I had been throwing-up all day and by early evening I continued to expel everything that we could put in my stomach tube. The nausea had really gotten away from us. In between dry heaves, I finally asked Mary Ann to call 9-1-1. I knew that I could not survive the weekend until my Monday appointment without IV fluids. As she phoned in, I sat for a few minutes in the living room, too weak to even sit up, and waited for the medics from my own department to come to transport me. Calling our own fire department for help was one thing I had sworn to myself I would never do. Professional pride, I guess.

Mary Ann cried again, comforted by our operations deputy chief and our medical services officer, as the medics hooked up IV's and packaged me for transport. I continued to cough into the oxygen mask as they closed the doors of the rig and we drove off into the night. I spent the next 11 hours in the emergency room and it took three bags of fluid to bring me back to "normal." The medics would later say they would not have recognized me if they hadn't known whose house they were responding to in the first place.

Day 87. I had been having hallucinations for weeks. Whenever I walked down a hallway, the bare walls seemed to be covered in horrible, black graffiti. Slash marks and designs

that I couldn't read, but which felt ominous and evil. Whenever I looked at a blank space, the markings marred my view. If I read a book, the markings were there, in the margins, haunting me.

On that particular day, at the peak of my illness, I felt close to dying. After arriving at the hospital and being fully prepped, my third chemotherapy session was cancelled at the last minute because my red and white blood cell counts were about one-half of what they should've been. They were not within safe limits necessary to proceed with the therapy without life-threatening implications. They recommended a transfusion to build my blood count back up.

I had lost 40 pounds. My head was shaved because my hair had been falling out in ugly clumps. I had sores on my face and inside of my mouth from the treatment. My breathing continued to be labored because of the persistent congestion in my airway. My strength was just about gone, and even my will to live was fading.

As I lay in bed in the middle of the day, again neither awake nor asleep, I had what I can only describe as a "waking dream." Death came, literally, to my door. I saw a dark shape fill the doorway and looked to see who it was. The black figure loomed there, just on the other side of the threshold; a vaguely female form covered in a shroud comprised of layer-upon-layer of black veils, swaying as though blown by a slight breeze. I was immobilized with terror, more scared than I have ever been in my life. I couldn't breathe. Only my eyes were capable of movement. As I looked more closely, I realized that her veils were not made of lace but rather small constellations of black stars. Larger stars for the bigger veils below and smaller stars toward the head, and the stars were all swirling slowly like thousands of black ants crawling on an anthill, giving the veils the illusion of being wind-blown. But she didn't come inside the room. She just hovered in the doorway, facing me, without making a sound. After a few minutes that felt like an eternity, she receded just as quickly as she had appeared. It took me several minutes after the episode to catch my breath and be able to move again, and then I shook uncontrollably. I was so affected by the experience that I couldn't even tell anyone about it until several months had passed; when I got up the courage to share it, more than one person suggested it may not have been a dream at all.

My radiation treatment ended on December 2, Day 88. That day, with Mary Ann's help, I brought gifts and cards to everyone at the hospital who had been treating me; the doctors, the technicians, the nurses, and the staff. They had all assisted me in my time of extreme need and had shown immense kindness and patience. They are all angels of mercy, in my view. It wasn't much, just chocolates, cookies, and other assorted treats, but I wanted each of them to know how much I appreciated their help. Since I still had no voice, it was the only way I could thank them.

As the weeks passed, the effects of the radiation and chemotherapy slowly began to diminish. Within two months, I was off the Oxycodone, much to Mary Ann's relief as she was afraid I might become addicted like other patients we knew. Another month later, I took off my last pain patch. The nausea was slower to dissipate, but finally I was off all the different medications. The burns on my neck began to peel like a severe sunburn, exposing fresh, soft, new skin.

In March, my voice slowly began to come back. It was just a series of squeaks at first, and even now, seven months later, it is still raspy and foreign to me.

Day 203. One of my happiest days ever because I finally got to have my stomach tube removed. I had begun to eat soup and other liquids. I began a regimen which included liquid nutrition from the grocery store.

My energy started to return and I was able to drive and to take unassisted walks, unassisted. At first, even a few blocks wore me out, and I had to fight my dry mouth by constantly drinking water in small sips. By March, I could walk three miles a day.

I began the long and painstaking process of documenting my illness and my career history to go before my city's firefighter disability board. It was now up to me to prove that my illness was duty-related, and I had found that there is a big difference in benefits between duty-related and non-duty-related determinations.

I called other firefighters who had cancer. I called the International Association of Fire Fighters, and the International Association of Fire Chiefs. I called Seattle Firefighter's Local 27 and Bellevue Firefighter's Local 1904. I started researching the type of cancer I had contracted on the Internet, inquiring everywhere: "What causes throat cancer?" What I found out surprised me.

It turns out that, aside from heavy smoking and heavy drinking (neither one an issue for me), there are at least three major contributing factors to throat cancer: exposure to asbestos; exposure to formaldehyde, and; exposure to arsenic. Further research taught me that each of these carcinogens is readily found in firefighting environments.

Asbestos: over 90 percent of the buildings in a city like Seattle have asbestos within them in some form or another. Asbestos is a well-known and heavily documented carcinogen. In older construction as well as those currently under construction, it has been widely used in electrical wiring and hardware, appliances, plumbing, and many other construction materials. In its undisturbed form, asbestos is stable and safe, but when disturbed it becomes airborne. The particulate matter is so fine and light it actually becomes ambient in the local environment. It is impossible to avoid exposure to asbestos particulates in fire buildings without breathing protection. It will also permeate clothing and turnout gear during exposure, requiring immediate de-contamination after an incident and thorough cleaning prior to re-use.

Formaldehyde: one of the main by-products of combustion when drywall or plasterboard burns. The same applies to other associated products, such as the "mud" used to cover nail holes or create joints in drywall installations. Also, spray paint and other commodities commonly found in aerosol cans produce formaldehyde when they burn.

Again, so commonplace in fire buildings that exposure to firefighters should be assumed. Most basements and garages are full of these sources of contamination.

Arsenic: Arsenic? I knew it was a deadly poison, but I didn't know it was carcinogenic until I read about it in my research. I wondered where and how I would've been exposed to a compound such as this in any measurable quantity. What I discovered was that, until it was voluntarily discontinued from use by industry in 2004, over 75 percent of all treated wood in the U. S. was coated with an arsenic solution to prevent moisture damage. How much? One source indicates that there is enough arsenic (27 grams) in a 12-foot-by-2-foot-by-six-inch board to kill 200 people. The arsenic-laden ash, like asbestos, becomes airborne during combustion and is breathed-in by unwary firefighters without serious breathing protection; a paper filter mask does not constitute effective prophylaxis. Further, there is enough arsenic in the ash from treated wood after it burns that a spoonful (27 grams) of this ash, if ingested, can contain a fatal dose. Can

you think of a single fire where treated wood products, whether in furniture or construction materials, was not present?

When I reflect on the hundreds of fires I have fought over the decades, and all of the salvage and overhaul situations where I, and others, walked around without breathing protection, it is not surprising that my cancer was a result. At the Rainier Cold Storage fire alone (Seattle, November 13th, 1988), I served as a division commander for over 16 hours. For hour upon hour, I breathed in a huge amounts of smoke (which a representative of the Washington State Council of Firefighters has called a "toxic soup of carcinogens") that night. My eyes watered from the ruptured refrigerant lines full of ammonia as we fought to contain the four-alarm blaze. None of the command officers outside the building wore masks that night, as it would've made it difficult to direct our crews. I recently learned that the incident commander at this incident has himself contracted leukemia.

And we danced...

So far, I'm one of the lucky ones. The Lord has delivered me to a place where, one year later, I appear to be mostly cancer-free.

My battle is just beginning. Can you guess what one of the primary side-effects of radiation treatment is? You guessed it in one: cancer! My doctors tell me that, if secondary tumors do occur, in 80 percent of the cases they will develop within two years of the initial diagnosis, and in 90 percent of these cases they occur within the first three years. So, I count the days. On the other hand, if a patient can make it for five years without a recurrence, they are considered "golden." That means that, while they still may get cancer in the future, they probably won't get the same cancer again.

People like me have to continue to get scanned every month or two to try to identify any secondary or tertiary tumors early on, as when a cancer returns it is often much more aggressive than the original form. My good friend Dave Jacobs, with the Seattle Fire Department, is an example of this. He has advanced esophageal cancer, and it may soon take his life. My heart and my prayers go out to him and his family.

And we danced...

Carcinogens are everywhere in our occupation: research will tell you, for example, that a single, severe exposure to burning creosote smoke may well result in testicular cancer a decade or two later. Remember, the devil is a deceiver. He can make you think you are unaffected and then laugh as your affliction takes you when you and your family least expect it. Dozens of firefighters I know have been stricken since my own diagnosis. One of them, a retired captain of Ladder 1 in downtown Seattle, was feeling "a little off" after a round of golf. He stopped by the doctor's office on his way home and an exam showed his body was riddled with cancer. He was sent straight to the hospital and never got home that day. He died within two weeks of his diagnosis. Farewell, Bob. I've also learned that a firefighter's medical coverage can vary widely, depending on the city and state in which he or she works. A quick-reference guide is available in the November/December 2008 International Fire Fighter that can help a cancer victim in his/her own research. I've attached a chart with some excerpts from it below, indicating state presumptive disability laws and coverages. Often, in cases such as mine, the victim is obligated to prove that his/her cancer is duty-related. In some states, maladies such as lung-cancer are considered "presumptive," but in many they are not. Also, just because lung cancer is presumptive in any particular state doesn't mean other

respiratory cancers are; even though common-sense would seem to dictate that smoke has to enter the lungs through the mouth, throat, and trachea. Throat cancer is not presumptive in Washington State for example, but one glaring bit of proof of duty-relatedness my research uncovered was a case involving three Spokane, WA, firefighters. They were all hired on the same day. They trained together and were even assigned at certain points to the same company. All three of them contracted throat cancer. It would seem hard to imagine that this was not a job-related issue, as one died from his disease, a second was forced to retire, and the third is lucky enough to still be on the job as of this writing.

And we danced, and danced, and danced...

If you do get cancer and have to prepare your own case, you will have to do your own legwork to prove duty-relatedness. But there is plenty of help out there. I've named just a few resources in this article.

State Presumptive Disability Laws: Yes/No Coverages Include

AL Yes Known carcinogen which is reasonably linked to the disabling cancer

AR, DE, KY, MY, WY No None indicated

MD Yes Leukemia, pancreatic, prostate, rectal or throat cancer that is caused by contact with a toxic substance.

NV Yes Exposed to known carcinogen as defined by the IARC.

NY Yes Cancer affecting the lymphatic, digestive, hematological, urinary, neurological, breast, reproductive, or prostate systems.

VA Yes Leukemia or pancreatic, prostate, rectal, throat, ovarian, or breast cancer.

Here I am, at Day 375 and counting. My hair has grown back and I've re-gained half of the weight I had lost. The saliva glands in my mouth have come back to life, as predicted, although the saliva glands below my jaw line are gone forever, so I continue to be plagued with dry-mouth. Eating is still a challenge, and every mouthful of food has to be ultimately washed down with some form of liquid as my epiglottis is still about four-times its normal thickness. The incision from which my stomach tube had once protruded has now healed, leaving a hole in my abdomen I call my "second navel." I still cough up mouthfuls of goo every day. All of that is alright with me. These are but small prices I willingly pay for a second chance at life.

I don't know how long I will live, but who among us really does anyway? I cherish my life more than at any other point in time. I've learned how many friends I'm lucky enough to have; more than I had ever realized. Dearest among them are the ones who insisted in seeing me even when I didn't want to be seen. Michael called almost daily and refused to take no for an answer, showing up at our door one day and insisting to drive me to the hospital for a treatment. He made bad jokes and tried to act like nothing was wrong. Later, on a trip to Paris, he made the short pilgrimage to the cathedral at Notre Dame to light a candle and say a prayer for me. Steve and Jerry also drove me to the hospital, and prayed for me daily. Warren and his wife Dana send a card every single week for six months, along with phone calls and emails. My family has always been there for me. Our department chaplain, Mike Ryan, had an entire congregation praying for me and other sick firefighters. My assistant, Gale, took it upon herself to keep everyone apprised of my condition. Not a single day went by that we didn't get flowers, or cookies, or books, or emails, or phone calls. On some days, there were 20 cards and letters in

our mailbox to open. Thanks to my friends with the Metropolitan Fire Chiefs, I got messages from chiefs across the country and even as far away as Australia. Thank you Bellevue Leadership Team. Thank you Bellevue, Seattle, Las Vegas, and San Francisco firefighters. Thank you Norm. Thank you Ron. The list goes on and on and on; I wish I could thank each one individually.

After the fact of my own shamelessly cavalier attitude toward personal protective equipment early in my career, I've become a believer. I love to watch our young son Sergio frolic on the beach with all of the joy and careless abandon of youth. But I make sure he is slathered with sun-block and wears his beach hat.

My diet is now rich in fish, vegetables, fruits, and nuts, as it should've been all along. I've discovered that there are also plenty of references available on the Internet for good, cancer-preventing diets. Plenty of books exist that, for a relatively modest price, will guide you to healthier eating habits. You may want to pay special attention to the so-called superfoods, such as salmon, chocolate, broccoli, blueberries, walnuts, and many more. Thing is, they are really pretty tasty too. Some people also swear by diet supplements, such as mangosteen; it's best to do your own investigation and then choose what you like and suits you best. The point is, think about eliminating the wrong kinds of food and focusing on eating the right kinds of food. Consider it like a police officer wearing a ballistic vest, just in case.

The same thing applies to keeping your body in shape. But, of course, you already know that.

Smoking? Not a good idea. Smokers are always worse-off when they get cancer than other patients. You can think of smoking as a force-multiplier for cancer. Remember in the old movies where smoking was made to look glamorous? Believe me, there is nothing romantic or glamorous about dying from cancer. When you are wasting away in a hospital bed, barely able to breathe, your thoughts are no longer about being "cool." Suddenly, it's all about an insidious disease that will ravage your body without mercy, often ending in a horrible and very painful death. This process is expedited (but not diminished), by smoking or the use of other tobacco products.

If you have cancer, stress is not your friend either. There are a number of ways to reduce stress in your day-to-day life, whether it's about money, work, or even your illness itself. Let's face it, some of us get so wound up in heavy traffic we go from zero to road rage the minute someone cuts us off. Trying to minimize stress might mean you have to limit your exposure to some of your friends and even family members if time around them causes stress due to arguments, jealousy, envy, relationship issues, or any number of other problems people have between them. My own approach is to direct as much energy as possible to continuing my recovery process; I'm learning to identify stress inducers and try to reduce them. In some cases, that has meant that I have to keep some people at a slight distance and limit my encounters with them to small, manageable doses. Not out of spite, but simply because I now realize how short life really is. I know that, at some point, Death will come for me again and may enter my door un-hindered the next time (well, maybe next time I'll get the white light at the end of the tunnel that some speak of, which would be a welcome change from the apparition I saw!). In any case, there just isn't much time for this kind of negativity in my life anymore. I still care about all of my family and friends, but I choose to focus instead on making the most of every day that I can share with my wife and son. Cancer patients

need to chart their own paths to wellness. What you choose to do is entirely your decision, but I strongly urge you to consider developing a stress-reduction strategy and adding it to your new lifestyle.

To my fellow firefighters, and to future firefighters who may dance with their own particular devil in the future, I offer one more piece of advice. It's simple, but it is important: wear your protective gear! All of it. No, don't try to negotiate or to rationalize alternatives in any way...just wear it. Wear it whenever you enter a hazardous environment, just like everyone (including every legal mandate) tells you to do. Don't doff your breathing protection just because the fire is out, unless you have access to a filter mask which is rated for such an application. You ought to know from your required training (and you know it as well as any expert in the field) that gasses and particulate matter permeate the local environment whenever a fire occurs. They don't subside for hours or even days after an incident. Sometimes, the toxic, carcinogenic products of combustion are actually worse after a fire than they were at the height of combustion. Fire investigators, take heed!

So wear your PPE (personal protective equipment) every time: no cheating, no excuses, and no short-cuts. No kidding. Take it from someone who's been through it, with cancer there are no second chances. You may have gotten a "do-over" on lots of things in life, but this is definitely not going to be one of them. For you, for your family, for anyone you care about, just wear it, okay?

I'm retired from firefighting now and don't ever expect to don the uniform again, but I felt an obligation to write this article in an effort to make a believer out of at least one more firefighter out there. Cancer is a very real threat; it is a modern-day blight that will kill you just as dead as a backdraft or a building collapse would. It just takes longer, and it can hurt a lot more. Don't face devil without being armed with your PPE's, a healthy diet, good physical conditioning, and a clear mind. You can learn from past mistakes made by other people...like me.

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