Cancer in the Fire Service... Is this the NEW Silent Killer?

By Keith Tyson, Florida Regional Director, Firefighter Cancer Support Network

Over the next 3 months, three articles will be published with the intent of raising awareness of Cancer in the Fire Services. Data will be presented to show how prevalent it appears to be; some of the possible causes as well as changes that we as leaders should be considering.

The articles will also feature examples of what some departments are already doing as well as raising awareness of the Firefighter Cancer Support Network. This incredible organization of firefighters who have been diagnosed with some form of cancer, are ready to assist members diagnosed, as well as mentor and support them through their treatment.

F or many years firefighters have been informed that the #1 killer of "on-duty" fire-fighters has been cardiac disease-related; as noted by just a few of those articles listed.'

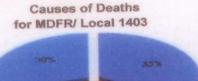
Multi-faceted research is starting to expose that

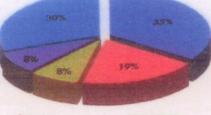
this may not be the case; but if not cardiac, what is? Data collections, albeit somewhat anecdotal at times, are now pointing to a new possible number one cause; cancer. Medical surveys are revealing more and more cancer issues as our fire-fighters age.

For years, in departments across the country, we hear about members that have developed cancer and many whom have died from it, but we don't truly think about it until it affects us directly. Within Miami-Dade Fire Rescue, (MDFR), we began to maintain a "Last Alarm" page, which is common in many departments. As the years went by and we were now able to view that group as a total population of fire- fighters that had passed on, we began to attach the cause of death to the Last Alarm page. It then became very apparent that we were dealing with a vast number of firefighters dying from cancer.

What had changed that indicated our numbers might be different than the national trend? Are we really different than the national trend? We recognize that we are not epidemiologists, medical researchers, or statisticians, but the results were blaring. Something seemed out of place. What we had been told for so long is NOT what we were seeing with our department.

So after my own diagnosis of prostate cancer, I began to do some personal research on the possible causes, as well as the causes of deaths for our own members within your department. I began by examining the death certificates of each member and collecting the following





- Cancers
 Cardiac
 Self-Inflicted
- Motor Vehicle Other Causes

information: Name, their local, department, rank, date hired, date retired, years on job, year of death, their age at death and finally, the cause of death. The results were eye-openers and shocking to many, yet the more research I did, the more the effects of cancer in the fire service revealed its lethal nature, and the more things started to make sense!

MDFR has had 255 known deaths over its history, of which after reviewing the death certificates, we have been able to determine the actual "cause of death" in 209 of those members.

Within the MDFR, the #1 cause of deaths @ 35%, were due to CANCER, cardiac arrest was #2, being a distant 19%! Yet, according to the Center for Disease Control and Prevention, CDC, the leading cause of death in the U.S is cardiac, at 22.8% and cancer follows at 22.4%.

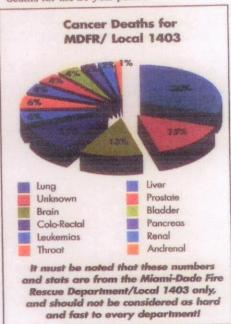
So why is there a higher incidence of cancer in our department/fire service then in the U.S. population?

While pursuing this research of our department, some other startling data was discovered. The third leading cause of death was self-inflicted @ 8%! This has been noted in other parts of the country also as noted below. Additionally, 31 % of our members (61) never even made it to their retirement, while another 6% of the deaths, (17) never made it to their fifth year of their retirement! These numbers become truly frightening when one considers that 37% of those that died never even got to enjoy five years of retirement!

Of the 72 Cancer deaths, 30% (22) were due to lung cancer. These firefighters, due to their age and the career time on the department, may have had limited use of Self-Contained Breathing Apparatus, SCBA and many were tobacco users. Additionally, 15% (11) were

unclassified cancer deaths, and brain cancers accounted for 13% (9) members. Shockingly only 1 of these 9 made it past their five year retirement! Colo-rectal followed at 11% (8) members and finally Leukemia and throat cancer tied at 6% with 4 each.

So to cross-check my Cardiac vs. Cancer death numbers I went to the IAFF LODD web-site, and went with an assumption that the average firefighter worked until age 55. After doing some research here, I found some similarly remarkable data for deaths for the 20 year period



of January 1, 1989 to December 31,2009.
There were 110 total deaths attributed to "Overexertion/Stress/Strain" ... AKA
Cardiac arrest, 90 have ages attached to their names, 75 died before 55, 87 died before 60 and 20 had unknown ages.

There were 579 total deaths attributed to Cancer of all types. Of that total, 275 have ages attached to their names, with 133 total died before 55, 184 died before 60 and 204 with unknown ages.

NOTE: Before submitting this article for publication, I checked the IAFF LODD numbers for 1/1/10 thru 6/30/10 and the numbers are still consistently overwhelming as the IAFF lost 12 members to Cancer under the age of 55, and 4

CANCER - continued members to Cardiac arrest at the same age! Usually a LODD cardiac death for an "on-duty" firefighter is considered as a death on their duty shift, or the immediate 24 hours after their shift ends. Yet how many members with CANCER are we aware of that have gone on light-duty, sick leave, "on the books but not working", to be treated for their illness, and have been in this status for months to years and yet died before returning to an active duty status? Are we classitying these members as "onduty/LODD's or are they just another member who did not make retirement?

Now let me make my caveat here! Do I think that we have been wrong in teaching that cardiac is the number one killer of on-duty fire-fighters?

The answer is possibly; but we also did NOT have the information and databases that we have now when we began teaching/learning

about the cardiac issues. So we can't, and should not, second guess what has been done in the past! Let us move forward and learn from it!

What are some of the causes of this Cancer crisis and how do we change it? What studies are out there to back up this information? Can we make meaningful changes as fire service leaders to make it safer for our personnel?

Who, and what, is the Firefighter Cancer Support Network? What resources are there for those members who develop cancer, how do we access them? These questions will be discussed in the next two issues and at the Health and Safety Symposium in Orlando in December.

It's truly important that we now seriously begin to view the data and start the research; to convince both our leadership and front-line personnel of the possible changes that are occurring, (or is it really a change); the causes of death and classifying them properly.

Without that hard and fast information we will never begin to know what prevention programs we should invest in.

Lastly, and maybe most importantly, in NO way should anyone consider these articles as critical of anyone particular person, group, department or organization, but more of a "let's get this discussion out in the open and talk about it" mentality! As we learn more, and as our equipment and knowledge base changes over time, WE MUST ALSO CHANGE! We can't keep doing the same things over and over and expect a different outcome!

Keith Tyson,58 retired from Miami-Dade Fire Rescue in 2008 after serving 34 years as a Paramedic/Firefighter. Currently he is Florida Regional Director for the Firefighter Cancer Support Network and is also involved with the Florida Professional Firefighters in collecting cancer information on Florida Firefighters, both active and retired, to present to the IAFF and the Florida Legislature to eventually work towards a Cancer Presumption Law for the Florida Firefighters. He can be reached at either 786-351-3276 or at KTyson@FCSN.net

References

1 October 24, 2002Fire Chief Magazine, Heart Attacks Leading Cause of Death for Firefighters

May 21, 2003. EHS Today, Heart

Attacks Remain Leading Killer of Firefighters

May 15, 2005...... NFPA Health promotion, screening could help prevent cardiac arrest-the top killer April 28, 2006 __.The US

Centers
for Disease Control and
Prevention (CDC) Morbidity and
Mortality Weekly Report: Sudden
Cardiac Death Is Leading Cause
of Firefighter Death and More

March 21, 2007 WEB MD Heart Disease is Firefighters' Biggest On-Duty Death Risk

March 26, 2007 ... _ .. .MSNBC Firefighting raises Heart Attack Risk

March 22, 200L New England Journal Of Medicine: Emergency Duties and Deaths from Heart Disease among Firefighters in the United States

April 1. 2003...... http://firechief.com/healthsafety/ar/fire-

fighting not without warning/ May 12, 2009 CBS 6 Chicago Suicide Among Police, Firefighters Is On The Rise

