THE DISPATCH

RETIRED FIREFIGHTERS OF WASHINGTON

SEPTEMBER 2026

President's Message



When the Firehouse Was Our Social Network

Long before Facebook, texting, smartphones, and social media, we had our own social network. We called it the firehouse.

For those of us who spent our careers in the fire service, the kitchen table was our Facebook page, the apparatus floor was our message board, and shift change was our news feed. If something happened somewhere in the department, you usually didn't need an electronic notification. By the time you poured your first cup of coffee, somebody knew about it.

What I remember most is that we actually talked to one another.

We sat around the kitchen table after dinner. We talked about calls, families, department politics, sports, and just about everything else. We argued. We laughed. We complained. And sometimes, after a particularly difficult call, we talked about things that bothered us without ever calling it counseling.

Today, our world is dramatically different.

I use a smartphone. I text. I use Facebook. I send emails and participate in Zoom meetings. I can communicate instantly with hundreds and hundreds of RFFOW members across Washington and even many other states or in a few cases other countries. This, in ways, would have seemed like science fiction when many of us entered the fire service.

And now we have artificial intelligence.

AI is already changing people's lives and the way work gets done. It can research, analyze information, translate languages, create images, assist doctors, help businesses and perform tasks that once required hours of human effort.

But I also wonder where all of this is taking us.

Every major technological change replaces some old ways of doing things. AI will undoubtedly do the same. Some jobs will change. Some may disappear. Skills that were once essential may become less important, while entirely new skills will emerge.

That doesn't necessarily make technology bad. Progress has always changed the fire service too. Think about how much our profession changed with portable radios, improved breathing apparatus, thermal imaging cameras, computerized dispatching and modern medical equipment.

Most of us wouldn't want to give those advances back.

But technology can give us something without requiring us to surrender everything that came before it.

A text message is convenient, but it isn't the same as sitting across the table from someone. Facebook may connect hundreds of people, but it doesn't duplicate the relationships built during a 24-hour shift. And no matter how sophisticated artificial intelligence becomes, I don't believe it can replace the value of human experience, friendship, judgment and compassion.

Maybe there is something worth preserving from those old firehouse days.

We didn't have thousands of online "friends." We had a smaller group of people we actually knew. We ate together, worked together, disagreed with one another, depended upon one another and occasionally drove each other crazy.

Most importantly, when the alarm came in, we climbed on the rig together.

Technology will continue changing. AI will become more capable. The world our grandchildren inherit may be almost unimaginable to those of us who began our careers decades ago.

But I hope one thing survives all that progress: people still finding time to sit around a table, put the phones down, look one another in the eye—and talk.

Some social networks are simply too valuable to replace.



Retired Firefighter, Arthur Wentworth, passed away August 26, 2026, at the age of 81. Arthur joined the Seattle Fire Department in July of 1967 and retired in December of 1988 after 21 years of service.

Patrick Hart. No further information at this time.

Ann Salvesen. No further information at this time.





October General Membership Meeting

Wednesday, October 14, 2026 — 9:00 a.m. — Zoom

We've heard about "The Big One" for years. But what would actually happen if it struck Washington tomorrow?

Join us for our October General Membership Meeting as we welcome a special guest from the Earthquake/ Volcano Program of the Washington State Emergency Management Division for a fascinating and important discussion about one of the greatest natural-disaster threats facing our state.

Just offshore lies the Cascadia Subduction Zone, an enormous fault capable of producing a magnitude-9 earthquake—one of the most powerful earthquakes possible. Scientists cannot tell us when it will happen (it could be any time), but they know Cascadia has produced massive earthquakes before and will do so again.

A major Cascadia earthquake could mean several minutes of violent shaking, widespread damage to roads and bridges, extended electrical and communication outages, disrupted water and sewer systems, landslides, fires, and a devastating tsunami along portions of Washington's coast. In some areas, essential services could be unavailable for days or even weeks.

What should we expect? How prepared is Washington? And, most importantly, what should each of us be doing now to prepare ourselves and our families?

This promises to be an exceptionally interesting presentation you won't want to miss.

Watch your email! Your Zoom invitation will be sent two days before the meeting and again the morning of October 14, so it will be conveniently waiting near the top of your inbox.



Pension Law Demystified

Protecting Firefighter Pension Funds—Wherever the Threat May Come From

Over the past year, RFFOW members have heard a great deal about our efforts to protect the LEOFF Plan 1 pension fund. That work remains critically important. But our responsibility to retired firefighters does not begin and end with LEOFF 1. When we become aware of other efforts that could place firefighter pension or benefit funds at risk, we believe those issues deserve our attention as well.

Recently, RFFOW became concerned about the possibility that money associated with an older City of Seattle firefighter pension system could be transferred or redirected for general City budget purposes. These pension systems predate LEOFF and continue to provide pension, disability, and medical benefits to some of our oldest retired firefighters and their beneficiaries.

Because of those concerns, RFFOW retained attorney Phil Talmadge, a former Washington Supreme Court Justice and legislator, to examine the issue. His firm provided RFFOW with an initial written opinion on August 27, followed by an important Supplemental Opinion on September 14 addressing additional concerns that had come to our attention.

The supplemental opinion focuses particularly on Seattle's Fire Actuarial Account, which was established by a City of Seattle Ordinance to help fund pension

and medical obligations owed to retired firefighters and their beneficiaries. The Actuarial Account was created with the goal of fully funding those obligations, and the ordinance governing it provides that its funds are not to be used for pension fund purposes until it reaches a certain level of funding, which is projected to not occur until 2029 (in other words not to be used now).

That is an important point. What may appear on a government balance sheet to be a substantial pool of money does not necessarily represent money that is available to solve an unrelated budget problem. Pension and benefit funds exist for a reason: to meet obligations that may extend decades into the future.

The Supplemental Opinion also raises a second issue that deserves attention—the continuing stream of property-tax revenue under RCW 41.16.060 dedicated to firefighter pension and medical obligations. The opinion notes that Seattle continues to collect this revenue and raises questions concerning when, and under what circumstances, those revenues could properly be used for purposes other than firefighter obligations. It states that Seattle has not demonstrated that the applicable pension obligations have been fully satisfied and suggests that an accounting of how those dedicated revenues have been used could become important if pension assets are targeted.

RFFOW has provided these opinions to five different City of Seattle officials so that those responsible for City finances and decision-making are aware of our concerns BEFORE any action is taken. It is very important to note that we have provided these opinions before a budget proposal is submitted to City officials which is set to occur on September 22nd. So by the time you receive this email, we will have an answer as to how effective our strategy was and we will update you next month.

There is a larger principle involved here.

We have seen a similar issue at the state level with the Legislature's effort to redirect billions of dollars from the LEOFF 1 pension fund. In both situations, government faces significant financial pressures and sees substantial assets accumulated in a retirement system. Those assets can become an attractive source of money for other governmental priorities.

But pension funds should not be viewed simply as available government reserves.

This broader concern, observing that attempts by legislative bodies to use claimed pension "surpluses" for other purposes are not new and drawing a direct connection between the Seattle situation and the recent legislative action involving the LEOFF 1 fund.

Retired Firefighters Of Washington

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That connection is important to the RFFOW.

Our organization represents retired firefighters throughout Washington, and protecting the retirement security and benefits earned by those firefighters is one of our fundamental responsibilities. Sometimes that means responding to legislation in Olympia. Sometimes it means participating in litigation. And sometimes it means identifying a potential problem early, obtaining professional advice, and making sure public officials understand that retired firefighters are paying attention.

That is what we are doing in Seattle.

RFFOW is not waiting until money has been transferred to begin asking questions. We are attempting to identify the issue beforehand, obtain qualified legal analysis, communicate our concerns to the appropriate officials, and protect funds intended for firefighters and their families.

Whether the issue involves billions of dollars in the LEOFF 1 system or a much smaller firefighter pension account maintained by a municipality, the principle remains the same:

Money set aside to meet promises made to firefighters should remain protected for the purposes for which it was established.

RFFOW will continue working to make sure those promises are remembered—and respected.



The Firefighters Who Kept Responding

The Firefighters Who Kept Responding After September 11

It seems especially appropriate that we publish this story in September—the same month in which, 25 years ago, America experienced one of the darkest days in its history.

For those of us who spent our careers in the fire service, September 11, 2001, carries a particular weight. We remember the images of firefighters climbing the stairs of the World Trade Center while thousands of others were desperately trying to get out. We remember the apparatus covered in debris, the abandoned helmets, and the faces of exhausted firefighters searching through the ruins.

And we remember the number 343—the FDNY members who died that day.

But there is another part of the September 11 story that has continued unfolding for a quarter century. When the towers fell, they created an enormous cloud of pulverized concrete, glass, asbestos, silica, metals and other toxic materials. Fires continued to burn and flare at Ground Zero for months. Yet firefighters, police officers, EMS personnel, construction workers and countless others continued reporting to that site.

They searched. They dug. They recovered the dead. They cleared debris. And they kept coming back, shift after shift, day after day, long after the television cameras began disappearing.

More than 15,000 firefighters, EMS providers and FDNY civilian personnel—both active and retired—were exposed to dust, gases, chemicals, fibers and other contaminants at the World Trade Center site during the months following the attacks.

Think about what that means.

These were not simply the firefighters caught in the catastrophe on September 11. They included thousands who answered a different kind of alarm afterward. They knew there was work to be done, and they went. The consequences have been staggering.

According to the information reported 25 years later, approximately 49,000 people have been diagnosed with cancers related to the World Trade Center, including blood, digestive and lung cancers and mesothelioma. At least 140,000 people have enrolled in the World Trade Center Health Program, which monitors and treats people suffering from related conditions. The CDC estimates that approximately 400,000 people were exposed to toxic contaminants, physical dangers and extraordinary emotional stress during the days, weeks and months following the attacks.

Perhaps the most sobering fact is this: more people have now died from illnesses associated with September 11 than were killed in the attacks themselves.

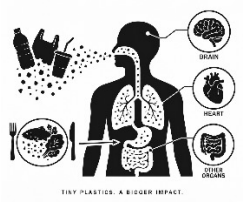
This year, for the first time, the Ground Zero commemoration includes a seventh moment of silence, specifically honoring the thousands who later died from diseases linked to the attacks.

For retired firefighters, there is something painfully familiar about this story. Sometimes the price of answering an alarm isn't known when the alarm comes in. Sometimes it isn't known when the fire is out.

Sometimes the price isn't known for decades. This September, we remember the 343. But we should

also remember the thousands who came afterward—firefighters and other responders who walked into Ground Zero because there was still a job to do.

For many of them, September 11 never really ended.



Microplastics – Hidden Risks

I found this story so incredible—and frankly so difficult to imagine—that I felt I had to share it with our readers.

We have all heard about plastic pollution in our oceans and landfills. But what caught my attention was something much more personal: tiny pieces of plastic are now being found in the air we breathe, the food we eat and even inside the human body.

The situation in Indonesia provides a remarkable example. According to research, Indonesia has the highest level of microplastic ingestion measured in the world. Researchers estimate that the average Indonesian consumes about 15 grams of plastic particles every month—the equivalent weight of three credit cards. Indonesia also ranks among the highest countries for airborne microplastics, with plastic fragments detected in the air of 18 cities.

Microplastics are generally pieces of plastic smaller than five millimeters. Even more concerning are nanoplastics, particles smaller than one micrometer that are capable of entering human blood and tissue. Researchers have already detected microscopic plastic in human brains, breast milk and amniotic fluid.

How does so much plastic get into the environment?

In Indonesia, one major source is burning garbage. About 57 percent of households burn their trash, compared with a global average of 14 percent. Burning plastic can release microscopic particles into the atmosphere. But there are surprisingly ordinary sources as well. Automobile tires shed plastic particles as they wear down, and synthetic clothing releases microscopic fibers when washed. Those fibers can enter wastewater, rivers and oceans and eventually work their way into fish, crops and the atmosphere.

Perhaps most concerning is what scientists are discovering about our health.

A 2024 study published in The New England Journal of Medicine examined patients undergoing surgery for clogged carotid arteries. Those whose removed arterial plaque contained microplastics or nanoplastics were 4.5 times as likely to suffer a heart attack or stroke, or die, during approximately the next 33 months as patients whose plaque did not contain plastic. Laboratory research has also found that exposure to these tiny plastics can trigger inflammation and cellular damage.

Other research has found associations between higher microplastic exposure and conditions including dementia and preterm birth. Scientists emphasize, however, that association does not necessarily prove that microplastics caused those illnesses. Researchers still cannot reliably measure some of the tiniest particles entering human cells, and determining what amount of exposure becomes dangerous remains an important unanswered question.

Microplastics also travel. Wind carries them through the atmosphere; rain pulls them back to earth; rivers carry them to the ocean; fish ingest them; and the cycle continues.

We created plastic because it was durable, inexpensive and convenient. Perhaps the most troubling irony is that those same qualities have created a material that doesn't simply disappear—it just keeps breaking into smaller and smaller pieces.

And now, some of those pieces are ending up inside us.



The Fight Against Alzheimer's

A New Front in the Fight Against Alzheimer's Disease

For years, nearly every major breakthrough in Alzheimer's disease has focused on one target: amyloid plaques—the sticky protein deposits that accumulate in the brain long before symptoms appear. While recent medications that remove amyloid have shown modest success in slowing the disease, scientists have long believed that amyloid is only part of the story.

Now, researchers have announced encouraging results from an experimental drug that attacks Alzheimer's disease from an entirely different direction—and it could represent one of the most exciting advances in years.

Alzheimer's disease is the most common cause of dementia, accounting for an estimated 60% to 80%

of all dementia cases. That means millions of families are affected by this devastating disease, making every promising discovery important.

The new drug, diranersen, doesn't target amyloid plaques at all. Instead, it reduces production of tau, another protein that plays a critical role in Alzheimer's disease. When tau becomes abnormal, it forms tangled fibers inside brain cells that interfere with normal function and eventually lead to cell death. Many researchers believe these tau tangles are more closely related to the memory loss and cognitive decline that patients actually experience than amyloid plaques themselves.

That distinction is important.

Not everyone with Alzheimer's follows exactly the same pattern. Some people have significant amyloid buildup, while others have relatively modest amyloid deposits but much more extensive tau abnormalities. There are even individuals with dementia whose primary abnormal finding is excessive tau protein despite little or no evidence of abnormal amyloid. This growing understanding suggests that Alzheimer's and related dementias may require different treatments for different patients.

The newly reported study involved approximately 400 people with early Alzheimer's disease. Participants receiving diranersen showed substantial reductions in tau levels, and several measures of memory and thinking declined more slowly than in those receiving placebo. In one important measure, patients receiving the lowest dose experienced about a 26% reduction in cognitive decline, roughly comparable to the benefit reported with current amyloid-targeting therapies. Larger clinical trials are now planned to determine whether these encouraging findings hold up.

Perhaps just as exciting is what this discovery represents for the future. Researchers are now studying multiple ways to target tau, including vaccines, combination treatments that attack both amyloid and tau, and new technologies designed to deliver medications into the brain more effectively. The era of relying on a single treatment strategy may soon be giving way to a much broader and more personalized approach.

Most of us know someone who has been affected by dementia. Even if we never develop the disease ourselves, chances are that a family member, friend, or fellow firefighter will face it someday. That's why advances like this matter. Every new pathway that scientists discover brings us one step closer to treatments that may slow—or perhaps one day even prevent—one of the most feared diseases of aging.

For years, Alzheimer's research has focused primarily on amyloid plaques. Now, scientists are opening an entirely new front in the battle by targeting tau proteins. It is still early, and much work remains before this treatment could become widely available. But for millions of patients and families hoping for better answers, this represents genuine reason for optimism.



The Call You Never Forget

Ask a retired firefighter about the thousands of alarms answered during a career, and most will have disappeared into the fog of time. But then there are the calls.

You know the ones.

Decades later, you can still remember the weather, where the apparatus was positioned, who was riding with you, and sometimes even what someone said. You may remember details from that incident more clearly than what you had for dinner yesterday.

Why do those particular calls stay with us?

Perhaps because underneath the turnout gear, helmets, badges and training, we were human beings witnessing other human beings during some of the most frightening and vulnerable moments of their lives.

We learned to compartmentalize. The alarm sounded, we responded, handled the emergency, returned to quarters, cleaned the equipment and prepared for the next call. Often there wasn't much discussion about what we had just witnessed.

Then another alarm came in.

Years later, however, certain memories remain.

Retirement removes the uniform, the schedule and the responsibility of answering the next alarm. It doesn't erase the experiences.

Those memories are part of the price—and privilege—of having spent a career helping people on what was often the worst day of their lives.

Every retired firefighter carries a collection of stories that few others could completely understand.

And somewhere among them is that one call you will never forget.



The Amazing Use of Phototherapy!

I know that in this newsletter I provided an article dealing with health issues, and normally I would move on to something entirely different. But I came across this subject and found it so unique—and frankly so amazing—that I thought it was worth sharing with you.

Imagine being told that one of medicine's oldest tools isn't a drug, vaccine, surgical instrument, or sophisticated machine.

It's light.

Known as phototherapy, the use of light to treat illness actually reaches back thousands of years. Ancient Egyptian, Hindu, and Chinese medicine made therapeutic use of sunlight. Today, scientists are taking that ancient idea into the laboratory and discovering that specific wavelengths of light can produce remarkably different biological effects.

Different wavelengths penetrate tissue to different depths and can trigger different physiological responses. Modern phototherapy can be used to kill certain bacteria or cancer cells, help the body process cellular waste, and influence activity within mitochondria—the tiny structures inside our cells responsible for producing much of the energy cells need.

Perhaps the most fascinating chapter of this story involves NASA.

Beginning in the 1980s, NASA researchers were studying LED lights as a way of growing plants in space. Along the way, researchers noticed something unexpected: wounds on their hands appeared to heal more rapidly when exposed to the lights. That observation helped inspire additional investigation into the potential medical applications of red and near-infrared light.

But the medical use of light goes back much further.

In the late 1800s, Danish physician Niels Finsen began experimenting with concentrated ultraviolet light. In 1895, he used UV light to treat lupus vulgaris, a serious form of tuberculosis affecting the skin. His work was considered so groundbreaking that he received the 1903 Nobel Prize in Physiology or Medicine.

For a period in the early 20th century, light therapy became an important medical treatment. Its prominence declined with the arrival of antibiotics, but it never disappeared.

Today, phototherapy has established medical uses ranging from treating newborn jaundice to certain skin disorders and cancer therapies. Different wavelengths can be selected depending upon what physicians are trying to accomplish.

And researchers continue pushing the boundaries.

Scientists have investigated high-powered red light delivered directly to nerve fibers through fiber-optic technology as a possible method of suppressing pain. Researchers are also studying whether light might someday play a role in treating inflammation and neurological disorders, including Parkinson's disease and dementia.

That last part requires an important word of caution: the evidence is not equally strong for every claimed use of light therapy. Research supporting some skin and cancer treatments is well established, while many claims involving pain, inflammation, brain disorders, anti-aging treatments and consumer red-light devices remain experimental or incompletely proven.

Still, think about the remarkable journey.

Human beings began by noticing that sunlight seemed to affect health. More than a century ago, a physician won a Nobel Prize for treating disease with light. Decades later, NASA scientists trying to grow plants in space noticed something unexpected happening to human tissue.

And today, researchers are once again asking how something as ordinary as light might become an increasingly sophisticated tool of medicine.

Sometimes the most amazing discoveries aren't entirely new.

Sometimes we simply discover new ways to use something that has been shining on us all along.



September 2026

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NEXT GENERAL MEETING
Oct. 14th at 9:00 A.M. (Pacific)
Zoom Only — link to be emailed

2026 Retired Firefighters of Washington Membership Dues

Mail to: P.O. Box 12324 Mill Creek, WA 98082

[ ] Dues paid by Payroll Deduction, only updating contact information

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Name of spouse: _____

Department Retired From: _____

[ ] Prior Act [ ] LEOFF 1 [ ] LEOFF 2

Address: _____

_____ Check No: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

2026 Dues: $57 Legislative Fund Donation: $3 Amount Enclosed _____ (Date) _____

Name and date of death of former member if deceased: