



Photo: PCI

A Journey

William N. Nickas, *Editor-in-Chief*

For most of my career, I have written and spoken about concrete, bridges, and the construction industry. Today, however, I want to talk about something far more personal—and far more important.

Two years ago, around Christmas 2024, I became sick with what seemed like a routine respiratory illness. Doctors treated it as a cold with inflammation in my lungs and prescribed antibiotics. The same thing happened again about a year later. After another urgent care visit and another round of medicine, I was told to follow up with my regular physician.

Then, suddenly, things changed.

While visiting family over the holidays, I reached a point where I could barely breathe. I had to lie down just to get air into my lungs. The day after Christmas, I went back to the doctor and was immediately sent to the emergency room. Doctors discovered that my lungs were nearly 60% filled with blood. What initially appeared to be recurring respiratory illness was actually something far more serious.

After several days of testing, specialists diagnosed me with a rare autoimmune disorder called granulomatosis with polyangiitis (GPA; formerly known as Wegener's disease). GPA can manifest at any age but is most commonly diagnosed in adults. Researchers have estimated that each year in the United States, approximately 13 cases are diagnosed for every 1 million people,¹ and it becomes an active illness in even fewer people. My case was likely triggered by occupational dust exposure over many years. As one doctor explained, I had been born with an immune disorder (although the condition is not hereditary) and repeated exposure to dust and airborne particles containing a mineral resulted in activation later in life.

I am telling this story not to gain sympathy, but to raise awareness. I hope my experience is shared in toolbox talks, company safety briefings, and leadership meetings because it offers lessons that

every worker, supervisor, and company leader needs to hear.

Lesson 1: Wear Your PPE

My diagnosis forced me to reflect on my early years in construction. Like many young workers at the time, I rarely wore respiratory protection. Whether demolishing old materials, removing tile, or working in dusty environments, we simply “coughed it out” and kept going. Wearing masks was considered inconvenient, unnecessary, or even weak.

We were wrong.

Modern safety equipment exists for a reason. Respirators, masks, and other types of personal protective equipment (PPE) may feel uncomfortable in the moment, but they are far less uncomfortable than sitting in a hospital bed wondering whether your lungs, kidneys, or you will survive.

Lesson 2: Advocate for Your Care

By the time doctors identified my condition as GPA, it had already severely affected my lungs and kidneys. Treatment required high doses of steroids followed by advanced infusion treatments, commonly used with chemotherapy in cancer care. A challenge was that these additive treatments were extremely expensive and obtaining insurance approval was overly complicated.

Despite recommendations from multiple specialists, my insurance company initially denied approval of my treatment. I subsequently faced weeks of additional insurance denials, administrative reviews, and bureaucratic delays. During that time, my kidney function deteriorated to stage 3B failure. One physician bluntly warned me that waiting much longer for medical intervention could become life threatening.

Eventually, one pulmonologist took decisive action. He readmitted me to the hospital, restarted aggressive steroid treatment, and personally confronted the insurance company by challenging

Editor-in-Chief

William N. Nickas • wnickas@pci.org

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Technical Editors

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Associate Editor

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Workers set wide-flange prestressed concrete deck girders for the Arden Bridge no. 253 replacement project in Stevens County, Wash. Ultra-high-performance concrete joints were later field cast. Photo: Nicholls Kovich Engineering.

Ad Sales

Scott Cunningham • scunningham7@aol.com
(678) 576-1487 (mobile)
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Reprints

lisa scacco • lscacco@pci.org

Publisher

Precast/Prestressed Concrete Institute
Bob Risser, President

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the qualifications of those overriding the recommendations of multiple specialists and Mayo Clinic consultants. Within minutes, the treatment was finally approved.

That experience taught me a second critical lesson: Patients must actively advocate for their own healthcare. We cannot assume that the system will automatically work in our favor. Instead, we must ask questions, gather information, follow up constantly, challenge delays, and find doctors willing to advocate alongside us. Medicine continues to advance rapidly, and insurance systems and regulatory processes often struggle to keep pace. Without persistent advocacy from both patients and healthcare professionals, critical treatments can be delayed when time matters most.

Advocating for yourself includes making preparations and having conversations that many of us would like to avoid. This situation forced my family and I to have conversations we never expected to have so suddenly. We began organizing legal documents, updating medical directives, and discussing end-of-life wishes. As someone raised in a traditional Greek household, where the husband is often expected to simply “handle everything,” I found those conversations to be uncomfortable. However, once we finally started talking openly, it became easier for our family to face the situation together.

Lesson 3: Stop “Toughing It Out”

Throughout my illness, one truth became increasingly clear: ignoring symptoms and “toughing it out” only make things worse. The construction industry, in particular, has long struggled with a culture that can reward silence over honesty. Too many workers pride themselves on pushing through pain, avoiding doctors, or hiding health concerns. We often treat vulnerability as weakness.

That mentality has to change.

The men and women in our industry are some of the hardest-working people in America. But real strength is not measured by how long someone ignores a problem. Real strength means paying attention to your health, speaking up when something feels wrong, and supporting coworkers who may be struggling physically or mentally.

Asking for help is okay. As one colleague told me, “You have to tell us what you need. We cannot take the medicine for you, but we can help with everything else.” Once I asked for help, the support was immediate and generous.

As leaders, supervisors, and coworkers, we have a responsibility to look out for one another. Sometimes, the strongest thing you can say to a colleague is simply, “You don’t look well. Go get checked out.” Safety culture is not only about preventing falls or accidents but also creating an environment where

people feel comfortable discussing their health before small problems become catastrophic ones.


Concluding Remarks

Many illnesses develop gradually over years before suddenly becoming severe. My engineering journey started outdoors. Although I later shifted to more of a desk job, my history of quiet exposures, untreated symptoms, and delayed action eventually had life-altering consequences.

If my experience encourages even one worker to wear proper protection, write and share an end-of-life plan, schedule a medical appointment, follow through on testing, or advocate for necessary care, then sharing this story will have been worthwhile.

Your health is not something to gamble with. Protect it early, protect it consistently, and never assume that you can simply “push through” forever.

Reference

1. Panupattanapong, S., D. L. Stwalley, A. J. White, M. A. Olsen, A. R. French, and M. E. Hartman. 2018. “Epidemiology and Outcomes of Granulomatosis with Polyangiitis in Pediatric and Working-Age Adult Populations in the United States: Analysis of a Large National Claims Database.” *Arthritis & Rheumatology*. 70 (12): 2067–2076. <https://doi.org/10.1002/art.40577>. 

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