

**Strong Medicine Interview with Aaron Baggish, 1 July 2014**

[00:00]

ILACQUA: So this is Joan Ilacqua and today is July 1, 2014.

I'm here with Aaron Baggish at Massachusetts General Hospital. We're going to record an interview as part of the Strong Medicine Oral History Project. Dr. Baggish, do I have your permission to record?

BAGGISH: You do indeed.

ILACQUA: Excellent. So my first set of questions for you are background questions. And could you tell me a bit about yourself, where you're from, where you trained, how you ended up at Mass General?

BAGGISH: Sure. So I am a cardiologist here on staff at the Mass General Hospital. I run a program here called the Cardiovascular Performance Program, which is a clinical and research program designed to take care of and study athletes with either cardiovascular disease or cardiac risk. I've been here at the MGH since 2002. I originally did my medical training at the University of Connecticut for medical school and then came here for residence and cardiac fellowship, and have been on staff ever since.

ILACQUA: OK and so your official title here is...?

BAGGISH: I'm assistant professor of medicine with Harvard Medical School and a staff cardiologist here.

ILACQUA: OK. And I understand that you also -- do you run the medical tents at --

BAGGISH: Yeah, I'm the medical director for the Boston Marathon. There are actually three of us. We have three co-medical directors: myself; Sophia Dyer, who's affiliated with Boston Emergency Medical Services; and Pierre d'Hemecourt, who's a sports medicine doc at Boston Children's Hospital. So the three of us share the medical directorship for the race.

ILACQUA: OK. And actually, I'm going to jump back to Mass General questions. On a day to day basis what do you do? What does your typical day look like?

BAGGISH: So my typical days are split between research activities and clinical work. All of my -- all of my time spent here, in one way, shape, or form, has to do with athletic individuals. The patients I see are athletes across the age spectrum, from young, elite, professional competitors to aging master's athletes all of whom come to me and our program because they have cardiovascular issues. And we spend a good deal of time treating them with state of the art cardiac care but also acknowledging that the care of an athlete is different from the care of a

sedentary person. And then the other half of my time I spend studying these people and trying to understand how the heart and cardiovascular system responds to high-level exercise.

ILACQUA: Excellent. So in your position as director of the Boston Marathon, could you tell me a bit about how you got involved with that?

BAGGISH: Sure. So I've been involved in the Boston Marathon for more than 15 years, first as a runner. I'm ashamed to admit it, but first and foremost, I ran it as a bandit my first time because I was too cheap to pay the entry fee. But shortly thereafter was a qualified runner and have -- and ran it for a number of years. As my medical career began to develop, it became evident to me that being involved with the medical efforts of the race were probably a better use of my time and energy than running the race. And I became involved as a volunteer first, in 2008, and shortly thereafter, given what I do here, was asked by the Boston Athletic Association to take on a role as medical director for the race, really with a focus on cardiac arrest prevention and attention to the critical care aspects of what we do at the finish line. And so I've been medical director now since 2010.

ILACQUA: Great. So on a typical Marathon Monday, before 2013, what would your position look like? What were you -- would you be doing that day?

BAGGISH: Yeah, well it's probably worth just -- before we talk about Marathon Monday specifically, kind of addressing the preparation that goes into the race before Marathon Monday. This is really a yearlong effort to get the race run the way it needs to be run, with my focus be -- really being on the medical work. But we have a committee of roughly 35 people that meet throughout the fall and winter to address all of the things that need to be put into place before Marathon Monday so that by the time that Monday morning comes, it's basically just executing the plan and everything has really been talked through and walked through in detail. So by the time Marathon Monday comes, my responsibility is really to oversee the main medical tent, which sits right in front of the Boston Public Library. We have two tents, tent A and tent B. Tent A sits roughly 100 to 150 yards past the finish line, right in front of the Public Library. And then we have a -- an - - actually a larger auxiliary tent down St. James Street, which is tent B. And I'm typically in the A tent which is where the largest critical care area is. And my job is to oversee that and to troubleshoot medical issues across the

course and the finish line area and the Boston Commons. Anywhere that there is a medical issue related to the Marathon, that's been my responsibility to help sort that out.

ILACQUA: And so usually what type of injuries are you seeing?

BAGGISH: So on a given year, the number of injuries we see is largely dictated by the field size and the weather conditions. Our volume tends to be highest on hot days. And we [05:00] most commonly see mild orthopedic things that would represent the bulk of what we do. But a small but significant percentage of our runners actually come in quite ill with heat illnesses, or dehydration, or disorders of sodium metabolism. And we see anywhere from 100 to 200 athletes that are really quite sick and require hospital level care, most of which we can do right there on scene, not relying on our local hospitals.

ILACQUA: Excellent. Before we turn to talking about the 2013 Boston Marathon, is there anything else you wanted to add about what your role is on Marathon Monday?

BAGGISH: No, just that it's a fabulous honor to do what I do. And I think what makes Marathon Monday work so well from a medical perspective is that we just have an amazing team of volunteers. I mean literally people from all over the country, many of whom have been doing this for decades,

come every year to be a part of the medical effort. And they bring with them, you know, variable skill sets and expertise, from physicians to nurses to podiatrists to physical trainers to athletic trainers to masseuses. And it -- without each one of those kind of cogs in the wheel the medical effort would not be what it is. It's really the best in the world.

ILACQUA: Excellent. So turning to 2013, how did that day begin for you?

BAGGISH: That day began much like any other Marathon Monday would. I was up early, I went for my own run before coming into Boston. We typically assemble, as a medical committee, in the old Hancock Building on Berkeley Street for a group meeting at around 8:00 a.m. And we did that that morning. And that's an opportunity to get all the medical volunteers together to review some of the medical protocol but, more importantly, to really just get morale up and get people excited about the day. So we met there. We had our usual meeting. We talked about the fact that the day was actually looking fabulous from the runners' perspective. The temperature was good, the humidity was low, there was expected to be a tailwind. So it was really setting up to be a great day for the runners which meant a great day for us, *i.e.*, very low numbers in the medical

tent. And from the Dorothy Quincy Adams Suite we transitioned to our individual positions around the finish line. I took my team up to tent A. And you know, the first couple hours of the day are really a sit around and wait experience. The runners leave Hopkinton now kind of between 9:30 and 10:00, depending on which -- whether you're talking about the elite women or the elite men's field, followed by the masses. And we have an opportunity to get our supplies in place. But more importantly, we get to watch the runners come in on the big-screen TV and cheer them on. And you know, it was a great day. It was a beautiful, beautiful early spring day. The temperature was good. It was sunny. Everyone's spirits were high. And it just started perfectly.

ILACQUA: And... As the day went on, that sort of kept up, as the different groups of runners came in?

BAGGISH: Yeah, I mean as the runners started to arrive in larger numbers, sometime around 12:30 or 1:00, we started to get the usual business, and the medical tent started doing what it does well, which is accommodating large numbers of people that come in with various complaints. And we were overstaffed. I mean, for the number of runners we saw that day in the normal conditions we were overstaffed and our team was functioning superbly. So much

so that at about 2:30 I realized that there was little for me to do and so I decided I'd go up to the finish line, which I do from time to time just to survey the scene. And so I left the medical tent and began my walk up to the finish line.

ILACQUA: And it sounds --

BAGGISH: Well --

ILACQUA: Well, when did you know something had happened?

BAGGISH: Well, let me tell you a little bit more about that walk up to the finish line. So I was leaving tent A, making the turn up Boylston Street, and someone flagged me down. And it turns out he -- the gentleman was a reporter for the *Boston Globe*, a guy by the name of David Abel, who's now, obviously, become intimately linked with the Marathon because of his coverage of that. David has covered the Marathon in some way shape or form for a number of years before that and in 2013 was doing a story about a young woman named Juli, who was a dwarf, who was running the marathon. And I had kind of glanced at David's work in the *Globe* and knew what he did. And he introduced himself and explained to me that Juli Windsor, this woman he had been following, was about to finish and he didn't have finish line credentials. And would it be possible for me to walk him up, for him to get a video of her finishing?

You know, even before the 2013 bombing, security around the Boston Marathon finish line had always been pretty tight. And yet, I listened to his story. I was familiar with who he was and so I agreed to walk him up. So with video camera in hand, he and I walked up to the finish line, getting there at probably about 2:45. I gave him a designated place to stand on the side of the road, out of the way, whereby he would not interfere with what was happening, [10:00] but would also have an opportunity to film her. And I left him there, kept a visual on him to make sure he was staying where he was supposed to stay, and walked from the Boston Com-- Boston Public Library side of Boylston Street. I crossed in front of the grandstand to say hello to the folks up in the announcing booth, many of whom are my colleagues and friends from the Boston Athletic Association, and was standing in front of the bandstand at 2:51, when the first bomb went off.

ILACQUA: And could you describe a little bit of what happened after that, or...?

BAGGISH: Yeah. I mean, I can remember it quite vividly. The explosion occurred and, as is often the case, for a very, very short period, maybe two to three seconds following the blast, everything was completely silent. There was really -- it's a silence that I'll never forget, but everything

was very silent. And then, as quickly as that silence began, it ended, and it was followed by screams. I was close enough that my pants had gotten burned and there were some rips in it from the shrapnel. The only reason I didn't get injured was because other people had taken the brunt of the blast. It took a -- maybe 15 to 20 seconds to actually locate where this had come from. Because even though I was standing so close -- I lost my right eardrum -- the echoes were bouncing off the walls and it wasn't until the smoke started to rise a little bit that it was clear that it was right there. At that point, I don't really recall having any logical, ordered thought process. What I remember is hearing people scream, and I remember putting on a pair of rubber gloves, and with two policemen who were standing there trying to pull across -- pull apart the metal barricades that had been set up to separate the runners and the crowd. And they were pulling at the plastic ties that kept these barricades together and I just jumped over and hopped in. And that's when my first contact with the blast victims began. There were no other medical people there at that point and I remember looking around and seeing probably 15 to 20 people that were lying there, most of them very sick with either partial or complete amputations, and just utter chaos.

ILACQUA: Had you ever dealt with anything like that before?

BAGGISH: Prior to becoming a physician I worked as a paramedic in the field, in an inner city environment. So I had seen lots of car accidents, a number of gunshot wound victims, some fire burn victims. And so in -- on an individual basis, I had seen sick people outside the hospital before, but never in my life had I seen that many people that ill in such a public place. So I -- aside from perhaps a field trauma surgeon who's not only trained but been one of the few unfortunate people to actually be in the field during a, you know, a war, I don't think anyone could have been prepared for that, and I certainly wasn't.

ILACQUA: And so did you begin treating these people here? Did you...?

BAGGISH: Absolutely. So fortunately, in a relatively short period of time I was joined by some other people. But in the -- in the interim, the first person that I remember coming across was a young man who had lost a leg just above the knee. I took off my belt and tied it around his right leg as a tourniquet and pulled it very tightly. And realized that there were other people that were in as bad if not worse shape as him. I turned to my left-hand side at that point and -- all of this is captured on video which can be seen. Most of which David Abel, who I walked up to

the finish line, took. I think without him a lot of this would not have been captured from a video perspective. But I found the young woman -- the young local woman who was one of the three to have died. So was a bilateral blast amputee, essentially kind of just below the level of her hips. She was still alive at that point. She was unable to talk but was still breathing. I took a piece of rope which had come from one of the barriers, a big piece of plastic tie and tried to tie it around her waist to try to stop the bleeding. I remember saying to her that everything was going to be OK, and full well knowing that it wasn't. I was wearing sunglasses at the time and I recall not being able to take off my sunglasses because I was certain she would be able to tell in my eyes that I was lying. And I stayed with her for a short period of time until several firefighters arrived. And we had -- I had started chest compressions on her because she had stopped breathing and had no pulse and they quickly took that over. And I was able to move to someone else. And basically the next 15 to 20 minutes was a series of -- (sighs) more and more people converging on the scene, more and more resources, which was great. More and more [15:00] ties for tourniquets, bandages to stop bleeding, concerned people. And then an also escalating sense that this was really one

of the biggest catastrophes that any of us could ever imagine and will hopefully ever see in our life. What's amazing is that within a relatively short period of time, I would -- I'm sure there are statistics that prove this, but within probably 30 minutes or less the entire site was cleared of people -- people that were hurt. And that was good because I remember very vividly that the bomb squad was in and was commanding all of us to get out due to concern of a second -- an unexploded device somewhere in Marathon Sports, which I don't think ended up materializing. But we were all very much shepherded off the scene. And by that time everyone had either been loaded into an ambulance and taken to a hospital or the majority had been ferried back to the medical tent which was then converted into a makeshift field trauma hospital.

ILACQUA: And so after that first wave of moving everyone out and -- what did you do? Did you stay down there?

BAGGISH: Well, so certainly. So by the time I got back to the med-- I was one of the last people to leave the sc-- the actual first bomb site and get back to the medical tent. I just had a -- I couldn't leave there for some reason. And I think it was until I was forcibly pulled out of there by the bomb squad folks and told that I had to leave, I stayed. And by the time I got back to the main medical

tent, my colleagues had already done a fabulous job of setting up on the far end of the tent, closest to -- closest to the south side of the Public Library, had set up basically a triage system with different areas and aggregating people by level of sickness. And everyone was working on the wounded. And ambulances were coming in as quickly as they possibly could and we were making decisions -- there were three or four of us that were acting in a leadership role and triaging people, getting them into ambulances as quickly as possible. And that lasted for about the next, say, 30 minutes. And by that time (coughs) everyone sick was gone. And everything was quiet. (sighs) They then asked us to leave the main medical tent and so we got all of the other volunteers out of there. And myself, our medical coordinator, who's an athletic trainer by the name of Chris Troyanos, and I walked to the other medical tent, which is tent B, and then did a sweep around Boston Garden and Boston Commons to see if there were runners, people that had actually finished the race and were in need of medical attention that could not get it because the tents were occupied by the bomb-- by the blast victims. And by that point we saw no one. Everyone had really cleared out. The city was really hauntingly deserted. And we got our way back to the bravo tent and made certain that

that was clear of people. And then I came back to Mass General and started first checking into the emergency department, and then going from operating room to operating room just checking in, and kind of putting a face in there to see that everything was OK. I had little to offer at that point because the surgical teams were doing their work but certainly still felt a great sense of responsibility to be involved.

ILACQUA: And how long were you at the hospital that night?

BAGGISH: Oh, I probably left there around 11:00 p.m. and finally got home. I would have stayed longer but I knew that my wife and kids were eagerly awaiting an actual physical contact. (laughter) They knew that I was OK, but they just needed me to be home. And by that point -- my morning had started at 3:30 a.m., so I was pretty tired.

ILACQUA: So actually, as everything was going on down at the finish line, were you in contact with your family? Did...?

BAGGISH: I was able to get a cellphone text message out to my wife very quickly after this had happened. So within the first 20 minutes or so, I was able to pull aside and just shoot her a quick message saying, literally, "I am OK." And I know from many prior discussions with her that she had been down at the marathon course, further up Beacon Street, around mile 23, 22 with my two children watching

the race, and decided that they needed to get home around 1:00 for naps, which was fortunate they were still young kids. So they had gotten back home by 2:00 or so and both my two children and my wife were asleep when all this occurred. And I think my text message actually woke her up. She had no idea what had happened and then started getting messages from the rest of the world asking if she had been in contact with me, which fortunately she had. But it wasn't until about 5:00 or so that I had an opportunity to pause and call her. The cellphones were back online by that point and I was able to call her and say, "I'm OK." Physically. Not emotionally, but physically. "And I'll be home just as soon as I can."

[20:00] But it was good that I had been able to get some initial contact to her.

ILACQUA: So as the rest of the week played out, how did that look for you? Did you come back to work the next day?

BAGGISH: I came back to work the next day. As I said, I got home around 11:00. I know I slept for a few hours. I woke up early and didn't know what else to do, so I came here to this office and sat down, half expecting that I was going to be able to engage in my normal work. I didn't have any patients that I was scheduled to see, but I constantly have writing that I'm doing or grants that I'm trying to submit.

And I somehow, very naively, thought that I could come in here, sit down at the computer, and do the norm-- the things that I would be doing on a normal Tuesday after the marathon. But that was quickly clear-- it was quickly clear to me that that was not the case. And somewhat impulsively I just started typing. And I think I typed 25 pages' worth of text, thoughts about the day, and what had occurred. And some of it was factual, some of it was feeling and emotion-based. But I wanted to kind of capture what had happened to me and what my experience had been during that time. And the next thing I know it was 1:00 or 2:00 in the afternoon and I stood up and had done this and felt a profound sense of fatigue. So I left and went over to a series of meetings at the Boston Athletic Association, at that point, which were scheduled things that we had to do. And that really started the engagement in the post-bombing period, which was a long series of meetings with state and public officials, and with mental health officials, really trying to figure out, first and foremost, how to take care of myself, but at the same time trying to address the needs of all of the people that were there volunteering with us, many of whom saw and had to deal with things they never, never expected to do.

ILACQUA: And actually, what were the outcomes of some of those meetings?

BAGGISH: I don't think that there were any outcomes other than there was a sense that we were -- we were all a part of something that was much bigger and more profound than we had even begun to understand and that the tragedy, which was turning into a trauma, was affecting many more people than any of us imagined. The initial focus was really on how many people were hurt, how many people died, how overwhelmed were the hospitals, how long was the street going to be closed, how long was the city going to be down. There were still two people running -- we didn't really even know it at that point, but we knew that there was someone responsible that was still out there at large. And so it was more an opportunity to just to start asking questions, start developing kind of a list of numerical facts about this that could start putting things into context. And then there were some opportunities within these small group settings to start actually acknowledging that there was a lot of emotional duress that was all still very much covered by adrenaline and cortisol and all these stress hormones, but that would, over time, make itself quite clear. And I think in the first three to four days after that we started to see the initial impact on people.

ILACQUA: And personally, (pause) what did that look like for you? How long did it take for you to start getting back to a sense of normal do you think?

BAGGISH: How long did it take to start? Probably better part of a month to start getting back to normal. And there wasn't any real sense of closure until this past marathon. But the process really started by mid-May, after the daily and nightly meetings had subsided, all the phone calls and emails and letters had subsided. I had an opportunity to work with some of the healthcare professionals that were sent up by the federal government which were very helpful and were -- I was able to ask some very personal questions about the process of recovering and post-traumatic stress and what that was all about, and then to kind of think about some strategies -- personal strategies -- to deal with that. And I think it was, again, probably mid-May when I was able to start taking care of myself and kind of thinking about how much work I had to do. And that was then an 11-month process of a lot of personal work, a lot of work with my wife and my close family and friends to try to understand what had happened and what sense could be made of it. But I didn't have any real sense of closure until this coming marathon season, when on the Sunday -- two Sundays before the marathon, I -- as I do almost every

year -- I ran the course from Hopkinton to Boylston. And that was a -- that was a profound experience. I don't do it to see how fast I can go; I can do that in other marathons these days. I just did it to complete the 26.2-mile run, and the emotional [25:00] experience was profound. I had my wife and kids as my support team and they were stopped, you know, every four or five miles with the car and with some water and snacks. And each time I saw them I was again reminded of how fortunate I felt to not have children that were old enough to really have understand what happened. They'll understand some day but they don't need to understand that now. And that was a really big deal for me. But to have them a part of this run, which I had hoped would put things into a good place, was really special. And when I came down the final stretch through Kenmore, and then made the dip under the highway, and the turn onto Hereford, and then finally onto Boylston, there were a couple of beat cops that were there who I think must have recognized me because they were nice enough to stop traffic on a rainy Sunday morning, allowing me to run down the final half mile on Boylston Street alone. And I -- the finish line banner had already been erected and it felt like the marathon finish, if you will. And I was able to cross the finish line and just take a quick moment to

put things into perspective. And then I walked over to the bomb site in front of Marathon Sports and sat on the pavement for a while. And waited for my wife and kids to park the car and get there. And during that period of time I started to really put a sense of closure, in a good way, to this whole experience, not that it will ever be an over and done with event. But really to be able to move on.

ILACQUA: As you -- so in 2014, you worked as -- oh, yeah.

(pause)

BAGGISH: Sorry.

ILACQUA: No, that's fine. In 2014 you came back as the medical director --

BAGGISH: Yes.

ILACQUA: -- again. What was your -- did you change the way that you prepared for that? We talked about the run, but from a...?

BAGGISH: I mean, so one of the things that people often forget is that 2012, the year before the bombings, was one of the worst years the Boston Marathon medical team has ever seen. And we had scorching temperatures, high humidity, and we were inundated. We saw so many sick people and somehow, miraculously, made it through without a single fatality that year that we actually had a dress rehearsal for a mass casualty. And so the preparation that we undertook between

2012 and 2013, unbeknownst to us, put the resources in place to be able to deal with the bombings the way we did. So by 2014, although the field size was larger and there was a heightened sense of security and awareness, we didn't really have to change much. I mean, we worked very hard to make certain that we were going to be integrate with the public service providers and with the police and fire and EMS and hospitals, but our medical engine was up and running and was ready to go. I mean, we did make some changes. There was a special operations center that was erected inside the Boston Public Library, which really served, for the first time, as a focal point of command on scene. Previously, that had been done at the bunkers in Framingham -- the MEMA bunkers -- but now that was largely in the Boston -- downtown Boston area which was a huge step forward for us. But preparation for 2014 was kind of business as usual. And it ended up being a fabulously successful year. The field size was the largest -- again, I think the second largest in the race's history after the 100-year running -- close to 35,000 runners. We had a good day weather-wise, but we saw a lot of sick people. It was hotter than we expected and our tents were full for the better portion of the day. But again, the team executed really well and I think we were all really satisfied to

have a good marathon come and go with a lot of great stories, both in terms of the elite competitors but also kind of from a behind-the-scenes medical perspective to have everything run just like we would have expected it and hoped it to.

ILACQUA: So, I have two more questions --

BAGGISH: Shoot.

ILACQUA: -- and we can... So the first one is a little deep, but you talked about moving on. Do you think this event changed how you perceive your profession?

BAGGISH: The answer is I'm still not sure. The event, for me, definitely highlighted some of the aspects of our profession -- when I say our profession, I mean everyone that's involved with the care of people -- that I think I might have known in the past but didn't really think about on a day to day basis. And to be more specific, what happened on Marathon Monday 2013 is that a team of people -- that began with bystanders who were willing to jump over a fence on Boylston Street, through to a medical unit in a field hospital at the finish line, through to paramedics and EMTs, to nurses and emergency room doctors, to trauma surgeons, to physical therapists, [30:00] speech therapists, occupational therapists, rehab hospitals -- a team of people over not just the day but over weeks and

months worked together to make outcomes good. And I don't think I've ever been reminded, nor will I ever need a reminder again in my career, of how important the team approach to caring for people really is. And anyone who thinks that there was one person or one group that was more important in this outcome than all of the other stakeholders is sadly mistaken. It was a team effort. The doctors on scene did their job, the doctors in the hospital did their job, the non-physician care providers all across the spectrum did their job. And that was, for me, the lasting lesson in this, is that no one person makes an outcome; it's a teamwork effort.

ILACQUA: Excellent. So finally, do you have any other thoughts or stories about any of this that you wanted to share with me today?

BAGGISH: Well, I think there are two parts. One is that what happened in 2013 can and never should be forgotten. And I think what you are doing, what your program is doing -- capturing this historically -- is really hugely important. Because history is made by the people that record it. I and some of my close colleagues within the Boston Athletic Association, who are very tightly affiliated with the marathon, made a decision early on, within hours of this, that we were not going to be public in the media. And

within the first couple of days, you know, I'd been inundated by requests from every major news syndicate across the country to speak to them. I've got a lot of experience studying deaths during marathons when they happen for medical reasons, so whenever there's a marathon death, I get called to comment on it. And so when this occurred, it was logical to come to me and ask for input and made a decision, for a couple of reasons, not to talk about this publicly. And that really lasted for the better part of the entire annual calendar after the first -- during the first calendar year after the marathon in 2013. And to some degree, although I think that was the appropriate decision, I regret not being more a part of the early dialogue. Because a lot of what was said, a lot of what was told was missing some of the elements that those of us that were really there on scene needed to convey factually. There was a lot of misconception, a lot of misconstrued fact. And the few people that actually had hands-on experience, for a number of reasons, chose to be silent. And I regret that. Or at least I look back and would have potentially done things differently now. And so having the opportunity to share with this -- with you and with the group that will be listening to this some of the facts and some of the reflections, I think is great. At

the same time, I think one of the things that I personally and many of the folks that I share the honor of being involved in this race with are committed to doing is moving on. Boston Marathon and the concept of people getting together to move their bodies and to be healthy and fit in a communal way has been around for a long, long time. And our race here in Boston is among the most special in the world because it's the oldest, because it attracts a competitive field, but most importantly because it brings the entire community -- runners and non-runners -- together on a single day to celebrate health, fitness, and the concept of shared experience. And 2014 represented a huge step toward getting this race back to what it's really known for, and that's good feelings, good people, and something that we as a city and we as a country can be proud of. So while there's a lot to be taken away from 2013, perhaps to me the most important thing is to remember that 2013 was an isolate episode with some learned lessons, but not one that should in any way, shape, or form dictate what this race is all about for, literally, decades and centuries to come.

ILACQUA: Excellent. Thank you so much for talking with me today.

BAGGISH: It's been my pleasure.

ILACQUA: Great.

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