

## **FHS Oral History Project – Akshay Manohar**

### **Description:**

Akshay Manohar was born in New York City in 1986. Only roughly a year old, his family moved to Bombay, India, where Akshay spent most of his formative years. He particularly recollected memories of attending a boarding school in India. After completing the boarding school in 1999, Akshay returned to the United States, specifically Gaithersburg, Maryland, to finish high school. He recounted the various cultural shocks he experienced upon returning to the US as an American-born Indian. He remembered watching the September 11th, 2001, terrorist attacks in high school, and how it felt personal to him along geographical and cultural lines. As a student in a medical careers class, he interned at Bethesda Naval Hospital (now known as Walter Reed National Military Medical Center), witnessing the effects of the subsequent Iraq War. Treating soldiers who returned from the frontlines with gruesome injuries deeply affected Akshay, leading him to pursue a career in medicine—a path he never intended to pursue professionally. Akshay attended Kasturba Medical College in Karnataka, India, with the intention of returning to the United States for his residency and subsequent professional career. In addition to experiencing renewed cultural shock, Akshay described the varied experience of practicing medicine across several places in India. Relatedly, he explained the similarities and differences between the healthcare system in India and the US, especially once he returned and started practicing first across the Northeast and then in Florida. After completing his residency in 2016, Akshay moved to Tallahassee to officially begin his professional career. In 2022, Akshay relocated from North Florida to Orlando, underscoring the cultural differences between the two regions of the state. Throughout the oral history, Akshay emphasized how his constant relocation between the US and India has contributed to his fluid ethnic identity, informing his engagement with and connections to his diverse patient population. Additionally, Akshay highlighted his professional experience as an infectious disease physician during the COVID-19 pandemic and how it has fueled the growing politicization of medicine in America.

### **Transcription:**

00;00;06 - 00;00;20

**SEBASTIAN GARCIA:** This is Sebastian Garcia interviewing Akshay Manohar on May 23rd, 2025, in Orlando, Florida for the Florida Historical Society Oral History Project. Can you please restate your name, date of birth and where you were born?

00;00;20 - 00;00;24

**AKSHAY MANOHAR:** Akshay Manohar. I was born in 1986 in New York City.

00;00;24 - 00;00;32

**SEBASTIAN GARCIA:** Can you tell me about, your childhood growing up the mid-90s?

00;00;32 - 00;01;04

**AKSHAY MANOHAR:** So I was born in York, but we moved out probably, I think in '87 or '88, back to India. And I grew up in, what was called Bombay before, it is now called Mumbai. And it was a big city, very much like New York, actually, very cosmopolitan and a lot of good food at night. And I went to, what we call a day school, I say that because that is what a regular school is. And then eventually went to a boarding school in southern India.

00;01;04 - 00;01;11

**SEBASTIAN GARCIA:** Interesting. So, why were your parents in New York City at that time?

00;01;11 - 00;01;44

**AKSHAY MANOHAR:** My dad moved to the US in the 70s, like he had come here for college at UT Austin and, has worked in many places in the East Coast. And then he also went back and forth to India. My mom was with the airline in India. I think our original plan might have been to move here permanently. But I think the circumstances, we ended up going back to India for some time.

00;01;44 - 00;01;47

**SEBASTIAN GARCIA:** And what did your dad do specifically?

00;01;47 - 00;02;00

**AKSHAY MANOHAR:** He was in finance. He was one of the people who brought mutual funds to India or introduce it to India. He also was a professor at universities and such in finance.

00;02;00 - 00;02;02

**SEBASTIAN GARCIA:** And where were your parents born?

00;02;02 - 00;02;03

**AKSHAY MANOHAR:** They were born in India.

00;02;03 - 00;02;03

**SEBASTIAN GARCIA:** Where in India?

00;02;03 - 00;02;11

**AKSHAY MANOHAR:** My mom was born in a place called Madurai in Tamil Nadu. And my dad was born in Bangalore or Bengaluru in Karnataka.

00;02;11 - 00;02;15

**SEBASTIAN GARCIA:** Were they the first generation to leave India?

00;02;15 - 00;02;42

**AKSHAY MANOHAR:** Yes. I mean, leave India in the sense also just out of the country. My mom was a flight attendant. She became a flight attendant the age of 18 and traveled around the world. So that was great growing up because I used to go with her on planes to many countries. And so I had a global perspective from a very young age.

00;02;42 - 00;02;43;

**SEBASTIAN GARCIA:** Were you an only child?

00;02;43 - 00;02;45

**AKSHAY MANOHAR:** I am an only child.

00;02;45 - 00;02;52

**SEBASTIAN GARCIA:** So talk to me about when you went back to India, sort of, I know you said day school. What was that like?

00;02;52 - 00;03;41

**AKSHAY MANOHAR:** There were good schools. It was just, some of them were a long way away. I think one of them was a Catholic school. The other one was Anglican, Scottish. And the Scottish school about when was there was at least 150 years old. So it has been there for a long time. Bombay Scottish School. The good thing was the neighborhood that we grew up in had a big playing field, and I had a lot of cousins who lived in the area, so I did not really feel much like an only child because I had people around me all the time who were my cousins. And I would go stay in their houses and overnight or have sleepovers and stuff and, it was really great having family around.

00;03;41 - 00;03;54

**SEBASTIAN GARCIA:** You mentioned now during this time you would go with your mom, as a flight attendant, and travel around the world. Can you share any memorable moments from that time?

00;03;54 - 00;04;43

**AKSHAY MANOHAR:** Yeah. I think the first time I travel was to Amsterdam when I was a kid. I do not remember that of course because was about a year old. I just have pictures, Amsterdam and Paris. But there were a few memorable ones, I think recently, because of the papal election that just came to my mind that, we met a cardinal at Vatican City, and he played the piano for us, I think his name was Cardinal [Duraismy Simon] Lourdusamy, and I did not understand the significance of it. But later on, I realized rather had more of perspective of what my encounter was. And he was very sweet, very down to earth, very humble person. Much like the last pope, I guess.

00;04;43 - 00;04;47

**SEBASTIAN GARCIA:** Were there any particular challenges your family faced during this time?

00;04;48 - 00;04;53

**AKSHAY MANOHAR:** If they did, I do not think I felt it. I had a pretty good childhood.

00;04;53 - 00;05;07

**SEBASTIAN GARCIA:** I am curious. You know, even though you were very early when you left New York City, did you feel more like Indian during that time when you were growing up than American, if that makes any sense?

00;05;07 - 00;05;54

**AKSHAY MANOHAR:** I guess I did not know the difference. I did not know what to compare with. You know, you have the sense of identity and nostalgia as you grew up, but I just knew

my world around. I knew that I was American, so it was easy to get into different countries without a visa. And, I think back then, being American had—people looked up to it, that somebody was American because anyone who has to go through a visa process for anything, realizes how much easier it is to not have to do that.

00;05;54 - 00;06;18

**SEBASTIAN GARCIA:** Right. And I am curious I know, you were born, almost forty years after the event I am referring to, but your parents or your grandparents may have—I am talking about the Partition. I am curious if your parents or your grandparents passed down stories about that event within your family.

00;06;18 - 00;07;18

**AKSHAY MANOHAR:** We were not affected at all because we were from the south. There was no Partition in the south. It was very much a northern and north eastern thing that happened. So I do not think we felt it growing up. I can tell you stories of my grandmother in Bangalore. She grew up in a very mixed neighborhood, mixed in the sense, because religion is such a talking point all over the world, but in India especially, it can come to a head. But in that neighborhood, there were Muslims, there were Christians, there were Hindus. And for festivals such as Diwali, we would go to their houses and give sweets to them, and they would come over and give us meat, and Christians would give us marzipan during Christmas. So we kind of celebrated things as a community. And we grew up in, understanding that people are different from us, and we were fine with it. There was nothing wrong with that at all.

00;07;18 - 00;07;26

**SEBASTIAN GARCIA:** What were some of the circumstances that led you to return to the States?

00;07;26 - 00;07;59

**AKSHAY MANOHAR:** I think it was job opportunities for my parents. My dad came over here for that reason, and I am not sure exactly what else happened because I was in boarding school. So, I was in my own little bubble. So, I do not know exactly what brought him back, but I think when I saw when he was here and then my mom was in India, she was trying to come back come here again, we kind of made the decision to come together as a family.

00;07;59 - 00;08;02

**SEBASTIAN GARCIA:** And talk to me about your boarding school experience.

00;08;02 - 00;09;09

**AKSHAY MANOHAR:** It was like Harry Potter without the magic. We had prefects. We had the head boys and had girls. We had competitions between schools. We had a forest that had a panther in it so that we were not allowed to go into. It was forbidden. You know, it was a lot like that. The British boarding school was an old, very old British boarding school called, Lawrence School. Henry Lawrence built a lot of boarding schools around India and Pakistan, what is now Pakistan. Of course, he served for the British at that time. And, again, very old building about, now I think now we were past, 150 years, and it was unlike anything else. We

marched in formation. We had rifles at a very young age, and learn to respect them, so we had shooting competitions, cricket, soccer, everything.

00;09;09 - 00;09;16

**SEBASTIAN GARCIA:** Were there other notable memories you have from the experience?

00;09;16 - 00;09;51

**AKSHAY MANOHAR:** I think it was just the whole culture and the bubble that it was in because it was in Tamil Nadu but did not feel like them Tamil Nadu. There was nothing else that we had, and we were not allowed to bring in phones at the time. We were limited how much cash we had. So we woke up in the morning went to class, came back and did not have parents to come back to, we came back to our friends. And so we formed very, very strong bonds to a point where we were still in touch today. And in fact, my wife is from the same school, that is how we met.

00;09;51 - 00;09;55

**SEBASTIAN GARCIA:** Nice. What years did you attend this boarding school?

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**AKSHAY MANOHAR:** I was there for three years, from six to eighth grade.

00;09;59 - 00;10;00

**SEBASTIAN GARCIA:** But what calendar year?

00;10;00 - 00;10;10

**AKSHAY MANOHAR:** Oh. I am sorry. I think it was until '99. So it would have been '97 to '99.

00;10;10 - 00;10;19

**SEBASTIAN GARCIA:** And then after your boarding school experiences, is when you left India and came to the United States? Where specifically?

00;10;19 - 00;10;24

**AKSHAY MANOHAR:** We moved to Gaithersburg, Maryland. And then Germantown.

00;10;24 - 00;10;26

**SEBASTIAN GARCIA:** And this was in '99, 2000.

00;10;26 - 00;10;34

**AKSHAY MANOHAR:** This is '99, almost 2000. Yeah. Because I came, I think in August.

00;10;34 - 00;10;37

**SEBASTIAN GARCIA:** And how long did you stay in Maryland?

00;10;37- 00;13;04

**AKSHAY MANOHAR:** I did my high school there. So I did high school in Maryland from nine to twelve and then moved to India again to do med school. So. Yeah, I went back and forth. I really like that aspect of my life because, even though I had to have culture shocks every now and then, but I really appreciated that because I can connect very, very well with the Indian community in India. And I can communicate very well with the American community here. And I have seen that disconnect between people who have moved here from other countries, and they have children in this country, and there is this cultural barrier between parents and children because of that. Parents try to instill the nostalgia and their memory of India to their children or their memory of whichever country they are from to their children. And the children know America and they know this, this sort of, simulated world of a culture from somewhere else. And I think having the deep experience of doing both, I think, really helped me.

I remember a quote from one of my teachers once he said, “You really do not understand, Indian culture until you are, or India I guess, until you are nose deep in someone's armpit on the Bombay Train during rush hour.” And it really puts a lot into perspective because I have been on those trains, plenty of times, there was to push, the rush looking out for yourself, but at the same time, you still look out for someone else. Bombay is like New York, I mean, Mumbai is like New York. It is a very rush city. Everyone doing their own thing, has their own business. And you really do not understand that perspective, because if you have not stood in line, if you have not squatted mosquitoes off of or flies off of you, or at the same time, if you have not been to an American school and know what prom, you cannot expect to connect to one or the other. And I think that experience has helped me connect to a lot of immigrants, who I treat as a doctor and also to Americans who I treat as a doctor and I can understand where they are coming from and where everyone it is kind of coming from, the hardships that they are going through, and I can kind of empathize with them a little bit because of that.

00;13;04 - 00;13;17

**SEBASTIAN GARCIA:** Yeah. Well said. That is a great point. Stored for some later questions. But the first thing you mentioned is, the cultural shocks that you experience. So let's talk about some of those cultural shocks in detail when you came back.

00;13;17 - 00;13;18

**AKSHAY MANOHAR:** When I came back—

00;13;18 - 00;13;29

**SEBASTIAN GARCIA:** In high school, you were in India for basically your whole life, but you were American. So how did you navigate that? How did other kids respond to that in your high school? Talk to me about that.

00;13;29 - 00;16;20

**AKSHAY MANOHAR:** So, there was this thing that the Indian say, they call kids who were born here, “ABCD.” India is a Desi country, and Desis are people from the country. So ABCD stands for “American Born Confused Desi.” And then the so called ABCD would call people who just came in as “FOB,” fresh off the boat. So I am kind of an ABCD-FOB. So even though I was born here, my confusion is where I am from, until now when people ask me where I am

from, I really do not know what they are trying to ask me. Are you trying to ask me where I am from in India? Are you trying to ask me where I am from here?

The cultural shocks I faced was socially, and again, when I came here, I jumped a grade. So I was twelve in ninth grade, which most people are fifteen. And so that level of maturity, I think that was a shock to me. About people's maturity, about relationships, about dating, about, intimate relationships, in India, at that time was very conservative in the sense that people did not date, it was not a thing. I mean, they did, but it was not talked about openly. Now, I think that has changed a lot more people do that. But there are parts of India where it was not common. The other cultural shock was the relationships I had with my teachers because I address them as, I mean, they seem more like equals to me than they were an authority figure. And the lack of respect for them, I think was appalling because, I mean, we grew up with this idea of a lot of respect for our teachers. Excuse me. Sorry. We grew up with a lot of respect for our teachers and rightly so. And having that sudden lack of it—because I remember seeing a kid in school who was kind of talking smack about the teacher, and then they had to call security to send them out. And I was sitting there, I was like, “how come the teachers has not smack him yet?” Because that was what would have happened when you were in India, you know? Going back again afterwards, now that we had this relationship, I mean, I still respected my other teachers. But going back there when the teacher walked in and expected us to stand, and a lot of us did not because it just did not strike us, we did not feel like we were disrespecting anyone, but they felt disrespected. So that was another big cultural shock because suddenly they were treating us like children when we were eighteen or as adults basically in med school.

00;16;20 - 00;16;21

**SEBASTIAN GARCIA:** That was in India?

00;16;21 - 00;16;27

**AKSHAY MANOHAR:** In India. Yeah. So in India, by the way, there is no college before med school, we do eleventh and twelfth and then go straight to med school.

00;16;28 - 00;16;29

**SEBASTIAN GARCIA:** Interesting. I did not I know that.

00;16;29 - 00;16;43

**AKSHAY MANOHAR:** Yeah, many countries in the world are like that so we do not have to spend \$40,000 and \$50,000 a year learning Shakespeare, which is great, I love Shakespeare, but I do not want to pay for it.

00;16;43 - 00;17;22

**SEBASTIAN GARCIA:** Before talking about sort of you went back—during your high school years, September 11th happened. I am curious because after September 11th there was a shift in sort of how people in this country viewed or talked about people of color, particularly brown skinned people, even though they were not from the area, the regions where the terrorists were. So I am curious if you experienced any, whether directly or indirectly, hate is strong word but, you know?

00;17;22 - 00;19;01

**AKSHAY MANOHAR:** Oh, like, yeah, I see what you are saying. So one thing about 9/11, it was a bit personal to us because we were in Maryland and very close to DC. A lot of my classmates had families who worked at the Pentagon. That was one of the places. Everyone thinks the Twin Towers, which again, was to me personal because I am from New York. I think we were more on the side of, not the side of the hate, but we were affected in a way. I think the weirdest thing I heard was, I remember I was in chemistry class when the planes hit the Twin Towers, and then they hit again in the Pentagon. The strangest thing for me was we were all called to our homerooms, which we never usually go to. And they had the thing on TV, we kept seeing the towers burning, and then they showed up a picture of Osama Bin Laden. And some guy yelled, "I knew it was a Hindu!" And I was like, "He is not Hindu." I mean, not that it matters that he was Muslim, but at least get it right. And I realize the amount of ignorance that happened in America, not just around the time, but also, I think geography is not, at least in my school, was not taught to everyone. And that is a shame, because we are, especially now in the internet age, where the entire world is connected, you really should know countries from each other and know the common geopolitics and the zeitgeist.

00;19;01 - 00;19;10

**SEBASTIAN GARCIA:** Yeah. Well said. So after high school, you went back to India. So this is what 2003, 2002?

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**AKSHAY MANOHAR:** 2003.

00;19;11 - 00;19;14

**SEBASTIAN GARCIA:** And straight to med school?

00;19;1 - 00;19;15

**AKSHAY MANOHAR:** Straight to med school.

00;19;15 - 00;19;24

**SEBASTIAN GARCIA:** So was that always your plan? You know, from an early age to go to med school to become a doctor or did something happen in between?

00;19;24 - 00;21;32

**AKSHAY MANOHAR:** No. Actually because I was a child of the airline, I always wanted to be a pilot, which I kind of attempted that later. I will tell you about that story later. But I never wanted to be a doctor. My last year of high school, I took a class called Medical Careers. And they basically made you a CNA, Certified Nursing Assistant. They gave me a BLS certificate and AED certifications for basic life support, CPR basically and the shocking. One of the places we worked in was Bethesda Naval Hospital, which is now called Walter Reed, which was the flagship hospital of the Army and Navy. And it is where the president goes for health care. And that was the best hospital I have ever been in and everything else has been downhill, nothing has meant that standard. Beautiful, beautiful hospital. This was after 9/11, though. This was during the Iraq War. Everyone watched the news about the Iraq War. I saw the people who came back. These were kids. I mean, they are eighteen, but they are kids, right? They were about two



years older than me who came back with no legs, who came back with an arm missing. And it was, here I was taking a bus to school, here they were losing a leg, fighting a war. And that stark contrast in our world was very strong. And I knew that I wanted to help. And I still have a soft spot for veterans because of it. Because these are people who went to fight a war that it was not a war that they grew up wanting to do, it was not hate in their heart. They just did what they had to do was their duty, and they did it. But even then, there was still people who have lost a leg, have lost an arm at the age of eighteen. And I think that most people do not see things on the frontlines. And not that I was on the frontlines, but I saw the effect of the frontlines, firsthand.

00;21;32 - 00;21;35

**SEBASTIAN GARCIA:** Right. And so that inspired you to—

00;21;35 - 00;22;01

**AKSHAY MANOHAR:** Inspired me to say, okay, I want to do medicine. And at that time, I had options of either I go to the universities in the US, or I go to India, and I go straight to med school, or I spend four years trying to figure it out. And so to me, at that time, it made more sense to just go straight to med school. And I was privileged enough that I could do something like that, of course.

00;22;01 - 00;22;07

**SEBASTIAN GARCIA:** Right. And so what med school did you attend in India?

00;22;07 - 00;24;45

**AKSHAY MANOHAR:** I went to Kasturba Medical College, Manipal. It is called Manipal University. It is a large private university in, place called Karnataka. It is on the coast. It is a very historical region. There is an old temple called Udupi. A lot of the temples there are a thousand years old or older, even the churches are about eight hundred years old or older. There were set up by the Portuguese, way back in time. And, I should not say eight hundred or maybe six hundred. But it was a cultural shock because now I was in a different state in India. And one thing about India is, it is just like Europe. So yes, you have different languages, but it was different cultures, different ways of eating, different ways of thinking. Even the same religions vary from place to place to place within the same state. India is that diverse.

There were a bunch of us who were American kids, American kids in the sense were all Indian, but American grew up here or born here, went there and then suddenly had this cultural shock again. One was with the teachers feeling disrespected. But the weirdest thing was, I remember we were in a boys hostel or dorm, and we were asking them where are the laundry machines and the person in charge was laughing and, and we were just looking at him and he was laughing because he was like, “Oh, why would boys need laundry machines?” And I was thinking, “Have you guys never done laundry? Like have you never cook for yourself? Have you never done laundry?” And I realize in the US, we were very independent at a very young age. We do not have help the way that a lot of people in India. And having done things for ourselves, and a lot of my friends I had already gone to college, and they were independent, and they were very mature in that sense. It was a weird treatment for us, especially because one of my friends was in the military in the Canadian Army, and he was much older than us, but for

him to be also subject to the same, “why would you know how to do laundry?” I think dating was also a different you know, people were more mature, in a personal sense, emotional immature compared to kids of the same age in India at that time, who were just meeting girls from the first time because a lot of them came from only boys schools, only girls schools. And not to say I was very mature, I am just saying that amongst my friends, this is what I noticed.

00;24;45 - 00;25;10

**SEBASTIAN GARCIA:** And again, sort of because your life is very interesting the back and forth, the fluidity between Indian and the States. So I am curious when you went back to India for medical school and you just mentioned a few cultural shocks, but, how did you know people perceive you, at that time, like this duality.

00;25;10 - 00;25;12

**AKSHAY MANOHAR:** The duality.

00;25;12 - 00;25;23;

**SEBASTIAN GARCIA:** Because you were American and Indian, you were four years in the States again, four years of high school, and a lot of people, for them those [are] their formative years in a way. So talk to me about that.

00;25;23 - 00;27;00

**AKSHAY MANOHAR:** I could connect again because—so growing up, I had to speak multiple languages. I spoke Tamil, my mother tongue, I spoke Hindi, which was the language that most people spoke in Mumbai, even though Marathi was the state language. I did not learn as much Marathi as I would have I wanted, unfortunately. I took Sanskrit in school. I took French in school afterwards. And so I spoke a little bit—I should not say I spoke Sanskrit, but I spoke at least a little bit of French, and then Spanish in the US. So going back, I had to learn another language. Basically, I had to learn Kannada. In that region, they spoke Kannada. They spoke Telugu, which is a more local language. They spoke Konkani, which is from Goa. But they also spoke Konkani, Marathi. So I spoke Hindi at least. And Tamil and Kannada are kind of sister languages in the way that Spanish and Portuguese are sister languages. And so I was able to pick up Kannada very naturally and could connect, I would say a lot more than even my classmates, because my classmates came from other parts of the country. So I connected not just with them, but with the local people. And so I had friends in the local community. And I did not live on campus for most of the time. I lived off campus in a small village. And so I got to know the people in the village and became friends with them and hung out with them and celebrated New Year with them and stuff like that. I think that my friends kind of missed out on a lot of those connections with the local customs and culture.

00;27;00 - 00;27;09

**SEBASTIAN GARCIA:** And so do you think, because you mentioned earlier how even in the state where you did your medical school, it was different from where you grew up—

00;27;09 - 00;28;01

**AKSHAY MANOHAR:** Yes. It was different from where I grew up in Maharashtra in Tamil Nadu. So they have a different language altogether. I did not learn as much Telugu. I learned a

little. But I learned more Kannada because most patients spoke Kannada, and that was kind of important. So I was an unofficial translator for my classmates. And I also had a lot more patient exposure because of it. So they would maybe initially have to see a patient once a week. But I saw them every day because I would go to the hospital every day. I would speak to people every day and understand and empathize with them differently. And after doing all of that and learning Kannada, when I went to my final exam my patients spoke Tibetan.

00;28;01 - 00;28;20

**SEBASTIAN GARCIA:** Let's talk about some your medical school more specifically. So what did you specialize in as you were progressing through the finish line, and what were some memorable experiences, not just taking classes but going out in the field?

00;28;21 - 00;31;31

**AKSHAY MANOHAR:** My first ever patient—because I just mentioned someone who spoke Tibetan—my first ever patient had very high blood pressure, and he was a monk. And I think there was a place very close to my school there and so a lot of the monks from Tibet, who were in exile, would come to our university for treatment. A lot of people came from within the region and spoke Kannada and then people came from a place called Kerala, spoke Malayalam. Most of my patients spoke Kannada, so I picked it up that way. That one patient I cannot forget because he had high blood pressure, and he was supposed to be calm. But, no, he did. We used to go out into the villages to do community medicine as part of our course. And so that was when we got out, we went to factories like cashew factories. And we learned a lot about how cashew was made. And when you see broken cashews, those are the ones they are not paid to collect, when they have full cashews is what the people collecting them can actually get paid for their work. I remember just going to villages. And again, this is the disconnect between cultures because for a lot of us, this was an assignment that we had to just go and talk to these people, we did not actually influence their care, we were just learning off of them. For those people, this was their lives because one of my patients, he was admitted to the hospital for chest pain at a government hospital. And the government hospital where we were was basically just bed after bed after bed and in a big hall. There was no privacy, really. Everyone knew everyone's business. And that was where I saw the sadness, I guess, the poverty the most. Because people who came to our university, yes, they were poor, but we had nurses, we had top healthcare in that region. It was a tertiary facility. This was kind of a primary facility, run down a little bit. And two people I remember, one was this young kid who had appendicitis. His appendix had ruptured, and I had gone to see him. And I kept seeing him pick up a bottle of cotton, putting it on his belly and then putting it in a jar. And I did not realize what it was. And I realized eventually that his appendix had broken and burst and had come through his skin and was draining out. So basically stool was coming out of his abdomen. And this poor kid was in there just everyday just wiping the stool in a piece of cotton, putting in a jar. And he sat there for weeks doing that, very young, probably eighteen, nineteen years old. The other one was, I was telling you, but the person had chest pain. That was sort of on the lighter tone. He was missing and we were there like “He came in with chest pain, where is he?” They were like, “He had to go to the bank. So he went to the bank.” So it was a weird set of worlds.

00;31;31 - 00;31;38

**SEBASTIAN GARCIA:** After you completed medical school there, did you stay there and practice for a while? Did you come back to the States? What was sort of your trajectory at that point?

00;31;38 - 00;33;45

**AKSHAY MANOHAR:** My intention was to come back. So I did. As soon as you finish medical school in India, you become a doctor, you are a doctor, you see patients if you want to. And this was a year of internship. They said at that time, I could do it anywhere I wanted, so I did my rotations in the US, and it was a big change again, in the way things were run here was about documentation and talking to insurance companies and asking them to get permission. There it was “This is the bills. You are the patient. Pay the bill, or you do not get care.” However, my university was very, what I really appreciate about them was, they took care of the local people. They would provide free care a lot of times. And the only clause was we are going to give you free care, but you are going to have to let our students learn from you. And a lot of them are okay with that. And insurance was very affordable at least I mean, affordable to us, it was still expensive for people there. But the change from Indian healthcare system to here was again night and day. Not that one is better than the other in that sense, but they both have faults and they both have good things about them. I came back here to do my rotations in New York City. I did some in the in Maryland. But I had to take three exams, in order to get into a residency, a post-graduate. And so I spent another three years doing internal medicine in New Jersey, in Trenton, capital health system, and I did two years of fellowship in Buffalo and then moved to Tallahassee.

00;33;45 - 00;34;04

**SEBASTIAN GARCIA:** Okay. Piggybacking on something you said within that response and that was going to be one of my questions. You said the health care system in India in the United States, it was like night and day. And they have their faults and their benefits. Can you just specify some of those differences?

00;34;04 - 00;35;14

**AKSHAY MANOHAR:** One thing I noticed, and I do not know if it is still the case now, was the lack of privacy. People's information was sort of because we talked about them at the bedside when other people are around. So everyone kind of knew their business. That bothered me a lot. Also, like I said, my classmates saw it has as a rotation whereas, because I spoke their language and understood them, I saw it as their lives. I did not like that things were as open as they were, things like HIV. You know, it is one of the things that I treat. I think they were a little bit more sensitive about. Because they did not want people to know about it. We used different words like, we never said the word “leprosy,” but I would say “Hansen's disease,” just so people do not hear the word leprosy, but that was not much of privacy in that sense. At the bedside, where everyone heard everything.

00;35;14 - 00;35;29

**SEBASTIAN GARCIA:** And you mentioned HIV and your specialties in infectious diseases. What led you to that path? Why did you choose infectious disease?

00;35;29 - 00;37;09

**AKSHAY MANOHAR:** Do you want the real answer or the one I told in my interview? No, they are kind of both the same. So in in medicine, people tend to focus on the heart, the lungs that is their field, the organs. In my field, I have to know the human and I have to know the creature that is infecting them. In this case, the microbial world, and the microbial world is all around us. We do not think about it. It is all around us. And this is the only—because we all live in cities, right? We live in cities. We have YouTube and we do our lives the way we do it. We do not realize we live in the natural world. We do not realize we live in the jungle, and we do. And that is the microbial world. That is our last connection to nature that we cannot live without. I really found it interesting to learn about this microbial world, and the way it interacts with us at a microscopic and even further molecular level. And, initially, in my mind, I was thinking, “Oh. It is us against the bacteria, right?” That is how people think it is. But it is not. We cannot live without them. We cannot survive without them, and they cannot survive without us, a lot of them cannot. One of the talks I had gone to, they said “it is not us against them. We are not trying to eliminate something. We are not trying to exterminate bacteria. We are more like Park Rangers and keeping things the populations in a certain way.”

00;37;09 - 00;37;16

**SEBASTIAN GARCIA:** Yeah. That was interesting point of view to look at it. Yeah, more like symbiotic rather than antagonistic.

00;37;16 - 00;37;45

**AKSHAY MANOHAR:** Yeah. Yes. Our immune systems I think we do not give them enough respect. Without them bacteria would eat us up in an instant. And that is what happens at death, because at death the immune system stops working. And that is when we get eaten up from within. From the time we are born to the time we die, that immune system has kept us alive throughout that whole period.

00;37;45 - 00;37;54

**SEBASTIAN GARCIA:** Right. And so you mentioned how you did your residency in various places in the East Coast, but then you ultimately came to Tallahassee.

00;37;54 - 00;37;55

**AKSHAY MANOHAR:** Yes.

00;37;55 - 00;37;56

**SEBASTIAN GARCIA:** What year was this?

00;37;56 - 00;37;58

**AKSHAY MANOHAR:** This was 2016. And they lied to me.

00;37;58 - 00;37;59

**SEBASTIAN GARCIA:** And they lied to you?

00;37;59 - 00;38;10

**AKSHAY MANOHAR:** They told me it was Florida. I was imagining palm trees and stuff, and I came to the South.

00;38;10 - 00;38;11

**SEBASTIAN GARCIA:** That was a cultural shock, I bet.

00;38;11;17 - 00;38;15

**AKSHAY MANOHAR:** It actually was not. I actually felt more familiar in Tallahassee.

00;38;15 - 00;38;15

**SEBASTIAN GARCIA:** Really?

00;38;15 - 00;39;27

**AKSHAY MANOHAR:** Yeah. The South has a culture that you do not see so much in the North as much. They are a little bit more family oriented in that sense. And that that sense of community is there. I remember walking into a grocery store, I went to Publix, and then someone said, "good morning." I was with my mom, and mom was like, "Why is she talking to me?" This is Tallahassee. This is how we are. I really like that. Everyone was very sweet, very nice. I really like the South for that reason. It was not hustle and bustle. There was a connection with nature, people go out on trails and hikes and hunting, whatever, fishing. Whatever that they do. And I like that portion of it because when I was in boarding school, even though I grew up in the city all my life, when I was in boarding school, we were in nature again. It was 750 acres of trees and forest. And we would go cross-country through them, walk through them, hike through them, go camping, a lot of those kind of things. And so we rode horses and always surrounded by trees and coming to Tallahassee, I loved that we were surrounded by trees.

00;39;27 - 00;39;35

**SEBASTIAN GARCIA:** So when you arrived in Tallahassee in 2016, was that your final residency spot or you already finished residency?

00;39;35 - 00;40;20

**AKSHAY MANOHAR:** Oh, I finished. So all my life I had been studying and studying and studying, and finally I had a job. And then, at least for some time, did not have to study. And it was kind of like, okay, now what? Because when you are in medicine, your whole world is medicine. Like, you miss weddings, you miss friend's birthdays because you are always around patients and in that medical world. And I finally I was like, I need to do something and catch up on things I wanted to do. So I actually took flying lessons. I did martial arts with Wing Chun, it is a type of kung fu, and those were my two activities for a long time.

00;40;20 - 00;40;22

**SEBASTIAN GARCIA:** There was the story of the flight.

00;40;22 - 00;40;23

**AKSHAY MANOHAR:** The flight?

00;40;23 - 00;40;24

**SEBASTIAN GARCIA:** Yeah. Tell me about it.

00;40;25 - 00;42;08

**AKSHAY MANOHAR:** I do not know if you have heard of this, and not just Florida, it is like the East Coast, there are hundreds of airports in very small places, and apparently the story is that during World War Two, this was going to be the jumping point for all the planes to hit Europe, or to defend the East coast against Germany. And so they built airports up and down the coast in the smallest of towns, which is why we have so many airports. If you look at it on a map, you can see a line all along the coast. So Tallahassee has two runways, if you compare that with the airport in Mumbai at the time, there was only one runway and all the planes landed there, and it was the busiest airport at that time in India and the world. Tallahassee had two. So I could take off and land whenever I wanted. You know, every now and then, a Delta would come by, and I would be in my small little plane, and Delta would go and be like, “Okay, okay. Now you can go” and I was like, “okay, okay,” and I take off my plane. I did instructor training with it. It was fun, especially when you are in a slow plane because when you are in a jet, you are zooming past things. When you are in a slow plane, you really take in your surroundings. One of the places we flew over was Wakulla Springs, and I remember, my instructor did a circle around, and I saw a manatee from the sky in the water, flying to the coast when the sun was setting, it was just beautiful, like, shining, orange, it is amazing. I think if you ever get an opportunity to go up in a small plane, you really should or, or a helicopter or something that goes very slow. Really take the world around you.

00;42;08 - 00;42;11

**SEBASTIAN GARCIA:** How long did you stay in Tallahassee?

00;42;11 - 00;42;17

**AKSHAY MANOHAR:** I think about six or seven years. Quite a while. And then we moved to Orlando.

00;42;17 - 00;42;19

**SEBASTIAN GARCIA:** So you have been in Orlando for like three years now?

00;42;19 - 00;42;20;

**AKSHAY MANOHAR:** Three years now.

00;42;20 - 00;42;40

**SEBASTIAN GARCIA:** When you moved to Orlando about three years ago, what were some of the similarities and differences you experienced from Tallahassee? Because North Florida has some differences and similarities from Central Florida.

00;42;40 - 00;45;23

**AKSHAY MANOHAR:** It was very different. That is why I said they lied to me when I went to Tallahassee and told me it was Florida. I have been up and down at least as far as Destin. The culture is different. It is the south over there, the American South. Here, it felt like the original Florida—when I say original, I do not mean like Miccosukee or Seminole, I mean, that is the original, but I mean, after the Spanish, because there is a big Spanish influence in southern Florida, even the names, like *Florida* and, I like that, again, because it kind of takes me even though—the unfamiliar is my familiar. So having to learn another language because I worked in

Kissimmee for a while. Where a lot of people had just were escaping from Venezuela. A lot of new people were escaping from Cuba. And after Hurricane Maria, a lot of Puerto Ricans came to Kissimmee and because of that, it brought in an influx of people to a Spanish speaking area, which makes sense because it was familiarity and ease to just go to the grocery store and buy something. So a lot of my patients had just arrived, like a month ago or a week ago. And I had to pick up Spanish again because I took it in school. But I had to take it up to connect again with them. And I like that learning for me. I liked having to learn Spanish, and I am not saying I am fluent, but I can get by pretty easily. Tallahassee does not have a lot of other languages. It is just English. And it was more picking up an accent over there, so I had to speak differently, slowly. But both places are a great, I mean, for different things. What I do not appreciate about Orlando is the lack of green space. There are some parts of East Orlando where you can still ride horses. In Tallahassee, you could do it anywhere you want. There are so many trails. I like that there is more food and culture here and mix of cultures here. And there is a lot of activities. You can still get food late at night. Everything is closed in Tallahassee after a while. I really like that I get a variety over here. I kind of get to experience the world in Orlando. Whereas compared to many other places, like Miami, I felt it was not as mixed as we are here.

00:45:24 - 00:46:01

**SEBASTIAN GARCIA:** And I am curious in terms of, you said earlier that your duality, your diverse, very nuanced immigrant experience, traveling between United States, India, East, West has informed your practice in terms of how you communicate and engage with your patients. Just talk to me about that more specifically, like today, like how you continue to do it.

00:46:03 - 00:47:23

**AKSHAY MANOHAR:** I should say all of my patients do not have the same background as I do. I mean, like, none of them. I mean, a few of them are from India, but not everybody, right? So I always have to connect with the “other” or someone else and have to be able to empathize with them and provide care for them in a very sensitive way, because a lot of people are dealing with very sensitive issues in the infectious disease world, especially when it comes to things like HIV because it is still taboo in most communities. I have to be able to connect with someone from a different gender, from a different gender identity, a different sexual orientation from me. And I think at the bottom of everything, we are all human. And we all have the same wants and needs, and the fact that we want to be able to take care of ourselves and our loved ones. We do not want to be bothered. And when they are sick with something we just want to get better. And I think when we deal with the basics of humanity, we were able to connect with people a lot better.

00:47:23 - 00:47:36

**SEBASTIAN GARCIA:** I met you both at the Asian American Chamber of Commerce event. I am curious, are you involved directly with that organization? What brought you to that event?

00:47:36 - 00:48:31

**AKSHAY MANOHAR:** I think we found ourselves there. We know a lot of people from the chamber who suggested that we come there for the event. I know my wife is also being interviewed later, so I will let her talk more about it, but, just briefly, my wife and I are from different parts of India. She is from the north eastern region. I am from the south. We speak



different languages. We look different. We almost are not the same country, if you think about it. But I married into that community, and I love Manipur. I mean, it has got so much good to it and so much potential, and so much talent that I feel is not represented well around the world. And so being able to help them get that platform, to me personally, is very, it is just something that I like to do, I guess.

00:48:31 - 00:48:33

**SEBASTIAN GARCIA:** And that event provided a space for it.

00:48:33 - 00:48:56

**AKSHAY MANOHAR:** That event provided the space for it. My wife is the main person involved. She and her, partner, but I help sort of the behind the scenes, like assistant director, kind of role. There is no official title, but to me, I feel it is as important. To me, to my heart, as it is to them.

00:48:56 - 00:49:16

**SEBASTIAN GARCIA:** Transitioning to some big picture final questions. You have been in Florida now for almost a decade. Next year will mark a decade. From your perspective, you know how has Florida changed since 2016?

00:49:16 - 00:50:31

**AKSHAY MANOHAR:** I do not know if it has or maybe I have not seen the difference. I have seen Orlando and the surrounding regions expanding a lot. So there is a lot a lot of trees cut down, which is very sad to see, more people coming in and I do not think the infrastructure has caught up with the rate of growth. It is getting there. I really wish we had more public transportation. Having lived in New York and Mumbai, I think having public transport is a big game changer, even though those cities are still congested not that they are not but imagine if they did not have the public transport. That is the big change I have seen, just the rate of growth. People who have been here for a long time have told me that now there is a lot more people in the villages, basically, where they used to live in the country, that it has become more suburban and they do not like that for that reason, because the country has its charm, has peace, it has quiet. And I can understand why they do not like the loss of space.

00:50:31 - 00:50:36

**SEBASTIAN GARCIA:** What challenges does Orlando face today?

00:50:36 - 00:50:57

**AKSHAY MANOHAR:** I think it is going to be overpopulation, eventually. It is going to hit us. If we have more public transport right now, if we invest in it, I think we could probably counter, the congestion that we were going to be facing.

00:50:57 - 00:51:01

**SEBASTIAN GARCIA:** And I am also curious from a medical point of view.

00:51:01 - 00:53:25

**AKSHAY MANOHAR:** Medically, unfortunately, connected politically because of it. There should never have been a political interference in medicine from whatever side right or left. Because medicine on its own does things the way naturally, scientifically we should do things. Because I treat people from all communities, I see there is a marginalization of the LGBTQ community, of the immigrant community and the lack of resources available to them. But I do want to say this, even for people with resources, insurance companies make it difficult for us to provide the right care and to do the right thing. And that has always been my struggle. And the struggle with many doctors is that we want to do the right thing for you, but we cannot because your insurance company will not let us do it. So I want to give a certain medicine which has fewer side effects, but the insurance company says, “No, this is not in our contract and therefore it is expensive.” And so you have to go through this entire process of convincing somebody else who is not a doctor or not in your field to approve of a medication for your patient. Or they are burdened with a lot of co-pays. I have patients who think they have good insurances, I prescribe the medicine, their copays is \$2,000 and they cannot afford it. And this is something that affects all of us, whether we are Americans or immigrants, it affects all of us. And it is not necessarily just a Florida thing, but it is everywhere. In Florida specifically—and I am not involved in pain management—but I feel like if we were able to prescribe, and now we are, I think, able to prescribe marijuana—but again, federally it is not allowed. So it is weird because statewide there are people who can dispense marijuana. But in order to do that even, I had to get a special license, which I do not have, but I feel like that would have been or other managements of pain other than addictive opiates, I think would have been, for Florida specifically, I am glad that we have the marijuana to help not give people opiates.

00;53;25 - 00;53;38

**SEBASTIAN GARCIA:** I appreciate you sharing the nuance between the insurance companies and the doctors and the patient and sort of how that sequence is very important but overlooked.

00;53;38 - 00;53;40

**AKSHAY MANOHAR:** Yes.

00;53;40 - 00;53;46

**SEBASTIAN GARCIA:** Because not a lot of people just know that and somewhat on purpose. Like the insurance companies muck it up.

00;53;46 - 00;53;50

**AKSHAY MANOHAR:** They do. They have words like co-pay, which is basically a fine.

00;53;50 - 00;53;51

**SEBASTIAN GARCIA:** Yeah, exactly.

00;53;51 - 00;55;23

**AKSHAY MANOHAR:** Like you see a doctor, you have to pay a fine. But what I want people to understand, and I try to educate my patients and other colleagues, is that the rules that we are following are made up rules that are made up by these multibillion dollar agencies. And this is the difference between India and here—in India, you see a doctor, you pay cash. It is done. Or you go to a place and pay a cash, and that is your payment, right? If you have insurance again,

same thing. The insurance takes care of it. But here it is so confusing. Nobody knows anything. And everybody's plan is so different. It is a lot of confusion and chaos that everything is hidden under that. People do not realize that they are paying insurance. We were being denied payments as doctors. Pharmaceutical companies are being denied their payments for medications. And so, the whole system is such a mess that if we have, I mean, that is one of the advantages of universal health care is that everyone gets the same thing, and we get the right treatment. Of course, the disadvantage is that the government is now overseeing—it should really be just doctor-patient, end of story.

00;55;24 - 00;55;43

**SEBASTIAN GARCIA:** When I asked challenges, you mentioned how politics have now interjected within medicine. Can you just—I know what you are referring to as someone living in this time—but for someone who is listening in the future.

00;55;43 - 00;58;29

**AKSHAY MANOHAR:** Sure. I could talk about also probably COVID, which for us was very recent, which in the future will be a thing of the past. That came upon us and that was in my world of medicine, because I am an infectious disease physician. Have you ever seen those movies about the apocalypse or this disease destroying the world or the zombie apocalypse? The way the governments acted in those situations was the fiction because they were very inefficient. What happened was it became a politicized thing when it really should not have been. It should have been, “let’s take care of our people.” It became about “they are forcing me to wear masks [and] getting a vaccine.” I feel like it was poorly handled by many countries, pointing fingers at each other, denying that came from them and even the questionnaires that were there, “Have you traveled?” This is into 2022. Why does it matter? You get COVID from next door. You know, the idea that this is a foreign disease, or this does not exist, and it was a virus. And this is what I kind of wanted to tell people was “You may not believe in COVID, but COVID believes in you.” I think we lost too many people unnecessarily, people until their dying breath were denying that it was real, which is very sad. This was actually the frontlines in a way, because I was actually in Pembroke Pines at the time and helping out a hospital in South Florida. And I was seeing people in front of me, normal people, people without coexisting conditions, these were people off the street, who were on machines that they had to breathe in not intubations, but they just mass, they could not get up to pee. They could not get up for weeks on end, had to be stuck to the bed. This is what people did not see. They saw death, but they did not see dying. And there were a lot of people who were dying for a long time, in the process of dying, some of them improved, but the lasting effects on their health is still there. That was where I felt the worst of the politics interfering with medicine is that, with something like a pandemic, this was our response. It was very irresponsible of us as humanity in the face of such an adversity.

00;58;29 - 00;58;37

**SEBASTIAN GARCIA:** Well said. From your perspective, how will Orlando change the next twenty five years.

00;58;37 - 00;59;18

**AKSHAY MANOHAR:** I see bigger buildings come up. I feel like that is what is going to happen. It is going to be more metropolitan. The thing about Orlando, though, is that we do not have a port, right? New York has a port; Miami has a port. For us to develop as a society, the only thing bringing money in are the theme parks. And they play a very central role in our economy. I think we were going to have more theme parks. And then the city is going to grow as a result of them. Because what was Orlando before Disney, right?

00:59:19 - 00:59:28

**SEBASTIAN GARCIA:** How has your Indian heritage influenced your perspective on life generally and living in Central Florida specifically?

00:59:31 - 01:02:33

**AKSHAY MANOHAR:** That is a tough question to answer because India is so diverse that any opinion you have can be truly Indian. So you could be Christian and truly Indian because Christianity in India is as old as Christianity. Same thing with Islam. Islam came many hundred years ago. Hinduism has grown there. But Hinduism again is not one construct. You can have atheism and be Hindu. Or you can be polytheistic and can be Hindu or monotheistic and can be Hindu or spiritual and be Hindu and that is why it is a hard question to answer, because I have been exposed to all of them, all the religions growing up and even native religions like Sikhism or Buddhism, the Jainism. And so I do not know if the culture has really influenced me as much as my in life exposure to all these different cultures have influenced me. I think they have made me more grounded and understanding that we are not the same. And that is actually something to be celebrated because it is very interesting. I love cultures, and especially wherever I go, I make it a point to see what the native cultures are, especially in the US, where native cultures are forgotten, they are sort of sidelined, and in history started with the Mayflower—even though we have St. Augustine—but that was where history starts in America. And history did not start there. The same kind of emotions I feel with Manipur, where people's culture is not noticed, and their skills and their stories are not celebrated. I feel that even more over here because of the cultural genocide of the native people. I have been to the Miccosukee reservation and the museum, and it is amazing to see Florida through that lens, because you look out and we see oak trees or something. But those oak trees have meanings. The raccoons have meanings and the stories to them. And there is so much that we do not know about native Florida. One example I would say is tea because we think tea comes from the East, right? We have our own tea here from Florida. It is a native caffeinated plant that there is only one or two companies that actually—it is called yaupon. I think yaupon is a Spanish word for, I am not sure if it may be a native word from either Seminole or Miccosukee name, but the stories of yaupon was that the Spanish—I am not sure what we call them, immigrants or I mean, when are talking about the original? [**SEBASTIAN GARCIA:** Indigenous?] No, no, no, when the Spanish came.

01:02:33 - 01:02:35

**SEBASTIAN GARCIA:** Oh, colonizers.

01:02:35 - 01:03:09

**AKSHAY MANOHAR:** Okay, sure. Yeah. Technically, yeah. So, they would eat this plant and then just be awake all night because it had that much caffeine in it. And your yaupon is a local Florida plant. And I feel like we import so much potatoes—I mean, that is from Peru—but we

import all this, our diets from Europe and Asia. But Florida diets are so rich and have so much history in them, we can actually do more from here without having to spend so much on import.

01;03;09 - 01;03;18

**SEBASTIAN GARCIA:** Lastly, if someone is listening to this recording fifty or hundred years from now, what do you want them to know about your culture and the state of Florida?

01;03;18 - 01;05;35

**AKSHAY MANOHAR:** My culture in the sense like, “where am I from?” Culture changes and having studied history, and even, recent history, hundred years ago, there was no penicillin, and that is my world of infectious diseases. But there was no penicillin, no one had antibiotics. I have treated people right now who have never experienced an antibiotic before or did not experience antibiotics in their childhood. They only know it as a new thing, like the internet for them. I think we put most of our lives online now. Before things were written in stone. And so there is going to be a lot that is lost on people. I think the way society moves forward, they would look back on us and think of us as barbarians and think of us as backward thinking and stuff. The best example of this because it happens now, is that our culture today in America is very influenced by the people who came in the 1700s, our beliefs and things like that. Europe has moved on. We were still holding on to a lot of things, like we held onto slavery a lot longer than Europe because Europe realized this is bad, we should get rid of it, but we hold onto it because that was our culture and our knowing of the world. Slavery is an extreme example, but I can talk about Indians who came in that in the 70s, their mindset and their ideas about India, people who came when I did, and then going back to India now, it is a different world. The world changes in different ways. And I think America is just slower to grow, to progress in that sense because we are very nostalgic about a lost cultures. And depending on where the people who are hearing this are from, if they are in America, they may still be holding on to that gradually moving glacial pace of progression of culture. Or if they are from another part of the world, they may see us as archaic.

01;05;35 - 01;05;42

**SEBASTIAN GARCIA:** Yeah. Well said. Thank you so much, Akshay, for taking some time out of your busy day—

01;05;42 - 01;05;47

**AKSHAY MANOHAR:** Oh, no. Thank you.

01;05;47 - 01;05;48

**SEBASTIAN GARCIA:** —to share your life story with me. I really appreciate it.

01;05;48 - 01;05;48

**AKSHAY MANOHAR:** Thank you. Appreciate it.