

Nepal Abroad

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Nepal Abroad

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ANS Organizes Interaction Program With Dr. Chalise



Photo: Nepalhorizons.com

Seen above are (L-R), Dr. Suresh C Chalise-Nepal's Ambassador to the US, Carleton Coon - former US ambassador to Nepal, and Prem Sangraula-president of America Nepal Society (ANS) on Saturday December 16 in a program organized by ANS to greet the newly arrived ambassador.

On Sunday December 16, the Washington DC based America Nepal Society (ANS) organized a program to greet the newly arrived Nepal's Ambassador to the US Dr Suresh C Chalise at Arlington Central Library, Arlington, VA. The program was attended by the Nepalese people and friends of Nepal from around the DC metro region.

Talking to the audiences, Ambassador Chalise assured all to work in the interests of Nepal and the Nepalese people. He further said that Nepal is going through a crucial time and is also facing several challenges from different fronts. Since his arrival to the US, he's met several Nepalese people and friends of Nepal and was impressed by the concern they expressed for Nepal, said Ambassador Chalise.

He also opined that all should work together in building a new Nepal, and at the same time he's ready to work with the US government in this regard.

Also present on the occasion was Carleton Coon - former US Ambassador to Nepal, who shared with the audiences about his experiences while in Nepal.

On the occasion, former Presidents of ANS : Pradyumna Rana, Ram Malakar and Rajendra Oli, were introduced to the audiences and were appreciated for their role in strengthening and successfully leading the ANS during their tenure.

Khem Sangraula and Manju Sangraula presented Nepal's National Anthem, while Tunga Nath Upadhyaya and his daughter presented a welcome song.

Donald Gamble, a former Peace Corp volunteer, enthralled the audiences with his song, while Krishna Niraula, Board Director-Nepal Educational and Cultural Center (NECC) briefed the audiences about the progress of the proposed Nepal Cultural Center in Washington DC.

Also on the occasion, Ram Malakar, Ram Kharel, Govinda Giri Prerana, Bipin R Upreti and Nagendra Poudel greeted the ambassador representing their organizations.

Prem Sangraula, president of ANS, chaired the program that lasted till 5:30pm.

National Investment Sought For Upper Tamakoshi Project

Kathmandu, Dec. 20 (TRN): Experts at an interaction program stressed the need of national investment in the Upper Tamakoshi Hydro project which is supposed to be the cheapest hydro project in the country.

At a program organized by the Upper Tamakoshi Hydro Infrastructure People's Concern Committee, the speakers said that the national investment would help strengthen economic development and to solve the electricity crisis.

Deepdhowj Karki, the coordinator of the committee, said that Rs. 290.72 million investment is required for the construction of 309 MW hydro power project and also presented the design for collecting the funds from the people's level for the investment. He added that involvement of the Nepali technician and manpower

would reduce the cost of the project.

Lila Nath Bhattarai, a senior technician, said foreign investment would increase the construction cost. Citing some examples, he said that a natural lake at the proposed site would reduce construction cost.

Coordinator of the committee Jitbir Lama stressed the need of political commitment for the implementation of the project. This project will be helpful in the transformation of the country and it is also a good opportunity for the Nepalese to show their ability in the international level."

Nepali Congress leader Bhim Bahadur Tamang, Kumar Ojha, Dhruva Kumar Upreti, Bal Kumar Shrestha, Hari Krishna Shah, Dharma Prasad Khanal, Lek Nath Burlakoti and Ramesh Chaudhary also spoke at the program.

Cutting Your Own Tree A Popular Christmas Tradition

- Tetiana Vorozhko, Washington DC

Christmas trees in the United States are not only a holiday tradition but big business as well. Every year Americans buy some 30 million live trees. They are grown at special farms like the 'Peper' mint Christmas Tree Farm in Virginia. VOA's Tetiana Vorozhko and Ruslan Petrychka recently went to the farm in search of the perfect tree. Jim Bertel narrates.

Joann Bartlett and her husband Bill grew up in Washington, D.C. As children both dreamed about farming. In 1972, they bought some land in Culpepper, Virginia — just a two-hour drive from the nation's capital.

"We thought it would be nice to plant some Christmas trees

for family and friends to come and cut," Joann tells us. "And as we planted more trees we found out that we had more trees than friends and family."

The Bartletts, along with their three sons, opened their "choose and cut" Christmas tree business to the public in 1994. Now the 'Peper' mint farm has 6,000 pine and fir trees.

It is an average-sized tree farm compared to their competitors in the area. Joann says the competition is rather friendly, but the income is not great, especially because sales have dropped this year. "I guess that Christmas trees are a luxury that you can go without," she thinks

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*We wish all our readers, Merry Christmas
& happy holidays.*
Nepal Abroad Team

Editorial:

The ANS Tradition

The importance of Washington based America Nepal Society (ANS) as an institution was very relevant and necessary then when it was established in 1960s. Its relevance is equally significant today and would remain so in the days ahead. As a leading Nepalese institution, its activities like, among other things, inviting ambassadors of Nepal and the US to interact with the expatriate community and friends of Nepal has remained a great tradition. Program like this gives an opportunity to express your opinion first hand without misinterpretation.

Last Sunday, ANS organized a similar program to welcome Nepal's Ambassador to the US and was attended by the people from around the DC metro area. Unlike the previous one with Ambassador Powell, it had little musical performances, probably with the hope to give extra time to the ambassador to speak and to take questions from the audiences.

However, things turned out to be little different this time. Uneasiness were clearly visible among many audiences who were there curiously waiting to listen and

question their ambassador on Nepal's political situation-as the program title suggested. The extended time taken to discuss the activities of the ANS was the primary reason for attendees' uneasiness. Expectation was that, there would be a two way formal interaction. While many were hoping to listen to ambassador's vision during his stay in the US, and the working style at Nepal Embassy, it was but a usual discourse. People had to settle this time, considering the limited time the main speaker had, and with the hope that they would have a chance to listen more in the near future.

Undeniably, the volunteers associated with ANS and those involved in Nepal Center deserve kudos for their work and the history they're making by sacrificing their time and resources. Nevertheless, if the same thing were presented little differently, considering the nature of gathering, that evening would have been a wonderful learning experience for all.

However, the argument here is not to belittle the necessity of Nepal Center and the noble efforts of its volunteers.

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Letter To The Editor

Seeking Help From Nepalese Students In Macomb, IL

Dear Editor,
I'll be attending Western Illinois University, Macomb IL from Spring 08 semester; and I don't know any body there, in spite of my effort to look around for some information. While going through your papers I found that there are Nepalese students in that University, therefore, I'd appreciate if you could provide me with the contact information/emails of any/some students currently in Macomb so that I could initiate a communication with them. I've completed my BE and will be there to pursue Master's program. I'll leave Kathmandu in January 11; will be in Chicago on Jan 12 at 1700 hrs, and to Peoria airport at 1800hrs. I'd really appreciate if anyone could write me back, as it would be a great help to me.
Thank you,
Santosh Khanal
yoursantos@hotmail.com
Nepal

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NGO Helps Children Traumatized By Conflict

Bardia Dec Dec 20 (IRIN): Many children in Nepal have mental disorders caused by the decade-long conflict between Maoists and government forces, according to the Centre for Victims of Torture (CVICT), a local non-governmental organization (NGO).

Western Nepal was the worst affected by the conflict, with the highest rates of killing, forced disappearance, displacement and torture.

"Thousands of children [in western Nepal] who witnessed and were victims of the violence, torture and killings, are unable to overcome their worst experiences and need help," CVICT's psycho-social trainer, Tilak Manandhar, told IRIN in Bardiya District, in mid-western Nepal.

CVICT specializes in the psycho-social treatment of children affected by conflict all over Nepal.

No accurate statistics

There are no accurate statistics, but according to Child Workers in Nepal (CWIN), a national children's rights NGO, thousands were affected all over Nepal during the period 1996-2006. Over 8,000 children were orphaned, around 40,000 displaced and over 30,000 abducted. In addition, 236 children were arrested by the security forces. Some 473 children (including 135 girls) were injured, and 423 children were killed (including 300 boys), according to CWIN.

Bardiya District, a major centre of Maoist activity, is believed to have seen one of the highest numbers of child victims: Local residents, especially children, became the targets of both the rebels and government security forces, according to the Dalit Welfare Organization (DWO), a local NGO supporting child victims of the armed conflict.

Neglected

The Maoist insurgency ended in November 2006 after the signing of a peace agreement, but child rights activists say the rehabilitation of children has been neglected by the government.

"There is a really crucial need to rehabilitate and heal the children, who continue to be haunted by their terrible ordeals," said psycho-social counselor Sukmaya Sunwar.

Crash training programs

Sunwar is among 17 counselors trained by CVICT, which runs psycho-social programs helping traumatized children in over 17 districts of the country, with the support of Save the Children-Norway (SCF-N).

The counselors go to villages and provide 10-day crash training programs to local teachers, social workers, health workers, community leaders, child club students and child rights activists. They are trained to work as community psycho-social workers, with the aim of extending counseling services to as many traumatized children as possible.

"Every day there is a child suffering from mental disturbances in every village and it is shocking to know that they are still living in trauma," said Sunuwar, who has helped nearly 105 children, aged 10-18 in the past three years.

One of the most difficult cases for Sunuwar was a 17-year-old girl, Gauri Devi Sharma, who became badly traumatized after her father was abducted by Maoist rebels. Sunuwar has spent nearly three years helping her in addition to arranging help from professional psychologists.

"My daughter is speaking up finally after three years and that is enough for us to feel that our

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Nepali Calendar

Sun Dec 23 / Poush 08' 64
Chaturdashi
Mon Dec 24 / Poush 09' 64
Poomima
Tue Dec 25 / Poush 10' 64
Dwitiya
Wed Dec 26 / Poush 11' 64
Tritiya
Thu Dec 27 / Poush 12' 64
Chaturthi
Fri Dec 28 / Poush 13' 64
Panchami
Sat Dec 29 / Poush 14' 64
Khsasthi

Official Nepal-India Border Map Ready

New Delhi Dec 21: The meeting of the Nepal-India Joint Level Technical Committee on Boundary that concluded here on Wednesday (19 Dec) prepared an official and scientific map of the Nepal-India border, except for the disputed areas of Susta and Kalapani.

Officials from both countries signed the border map Wednesday night.

There was no agreement over the disputed territory at Susta of Nawalparasi district owing to the rigid stances of both sides, while the issue of Kalapani was not taken up for discussion. India's official stance on Susta has been that there has been no encroachment of land by India there.

However, a source said Indian officials hinted during the meeting that India may have encroached land at Susta, but preferred to keep the issue unresolved stating that evidence was required to establish encroachment.

Nepal's border experts have been saying that India has encroached 14,000 hectares of land at Susta. Similarly, India has allegedly been occupying 372 square kilometres of land at Kalapani since the India-China war in 1962.

A source said that since Kalapani is an issue of Nepal and India as well as China, it would be

resolved by a meeting of representatives of the three countries.

The Nepal-India border map will be made public after plenipotentiaries of the two countries sign it. The map will officially mark the territorial limits of the two neighboring countries. Thus far, there has been no official map of the Nepal-India border.

"The officials signed 182 maps," said Director of India's Foreign Ministry (North) C Gururaj Rao. "We have completed 97% work on border demarcation."

After the meeting failed to resolve the Susta issue, it agreed to recommend to the governments of Nepal and India that another committee comprising the chiefs of Departments of Survey of the two countries be formed to look into the issue.

The Nepali team at the meeting was led by chief of Nepal's Department of Survey Toyanath Baral while the Indian team was led by Surveyor General M Gopal Rao.

Local committees will now be set up to regulate the border on the basis of the border map. The local committees will be led in Nepal by the Chief District Officers concerned, while the committees in India will be led by the District Magistrates concerned. (By GOPAL KHANAL/ The Kathmandu Post/ ANN)

NRN North American Coordinating Council Reorganized

PA Dec 20: Non Resident Nepal's North American Coordinating Committee (NRNACC) has been reorganized under the co-chairmanship of Mr. Suman R. Timsina (PA) and Mr. Ratan K. Jha (TX). The committee also includes Mr. Abhijeet Shrestha (CA), Mr. Anjan Shrestha (TX), Dr. Binod Shah (NY) and Mr. Raja Ghale (GA) as Vice Chairs. There are additional 34 representatives from various regions of North America. Currently there is a vacant position for the Vice Chair from Canada and will be announced soon.

NRNACC will address NRN issues within North American diasporas and be a clearinghouse for their various Nepal related issues. The NRNACC will be working as

a cell of Nepalese America Council (NAC) and will be coordinating its efforts with NRN International Coordination Council (NRN-ICC). NAC has over 30 member organizations in North America.

The NRN NACC has also urged all NRN to keep close working relations with Nepali Diaspora at large through NRN International Coordination Council (NRN-ICC). The goal of the NRN NACC is to build synergy and a wider network of individuals and organizations in North America to help Nepal. Very soon NRNACC will be announcing some of its initiatives and programs for the next two years. More information could be found at <http://nrrn.nepalcouncil.org/index.html>

Calendar Of Events

December 23, 2007: The Human Rights Organization of Nepalis in USA (HURON-USA) invites community members and friends of Nepal to attend an interaction program with Prof. Kapil Shrestha on the current human rights situation in Nepal on Sunday Dec 23 at Kathmandu Kitchen, 22 W Allegheny Ave. Towson MD from 6:30pm to 7:30pm. For details call Rajan Tripathi 443 827 4176/ Mahendra Wagle 3017931179.

December 31, 2007: On Monday Dec 31, the Nepal Seattle Society will celebrate New Years Eve 2008 and Members Appreciation Day. For details visit www.nepalseattle.org.

December 31, 2007: Friends of Nepal have scheduled Monday Dec 31 to celebrate the New Years' Eve at Sitar Indian Cuisine, 618 E Colorado Blvd, Pasadena CA 91101 from 7pm. Details at nepalhorizons.com

January 10, 2007: World Affairs Council of Washington DC will host 'Burma: The Next Steps' with speakers like Priscilla Clapp (former Chief of Mission to Burma 1999-2002), Derek Mitchell- Senior Fellow and Director for Asia at the International Security Program of the Center for Strategic and International Studies (CSIS), Bo Hla Tint - NLD MP-Elect, Minister, Office of the Prime Minister (USA), National Coalition Government of the Union of Burma (NCGUB), Drew Thompson- Director of China Studies and Starr Senior Fellow at The Nixon Center in Washington DC. The event will take place on Thursday Jan 10 from 6:30pm to 8pm at 1800 K Street NW, Washington DC. For details visit worldaffairsdc.org

January 13, 2008: The Community Members Interested (COMMITTED) invites all to a Devotional New Year 2008 Celebration & Community Survey Results presentation at Unitarian Universalist Church, 2709 Hunter Mill Road, Oakton VA 22124 on Sunday Jan 13 from 2pm. For more information, contact Neeva Pradhan 703 944 7466, Jayjeev Hada 703 945 7258, Saroj Bhattarai 703 231 8357, Shiela Shrestha 240 506 5835.

January 19, 2008: Vishwa Parikrama-the fortnightly publication from the DC area, is celebrating its first anniversary on Saturday Jan 19 at Dolly Madison Library, 1244 Oak Ridge Ave, McLean VA 22101 from 1pm.

January 20, 2008: Greater Washington TAMU (Gurung) SAMaj cordially invites all community members and friends to celebrate Lhochhar Festival on Sunday January 20, 2008 at Best Western Hotel, 6633 Arlington Blvd, Falls Church VA 22042. For details, visit nepalhorizons.com

To list the scheduled event(s) of your organization on the Community Events above, please email us: enews@nepalabroad.com

Singing Legend Koili Devi Dies at 78

Kathmandu Dec 21 (HNS): Legendary singer Koili Devi Mathema, the first lady lyricist and composer in the Nepali music industry, passed away this morning. She was 78.

She passed away at around 11:00 am at her residence at Ghattekulo. She was suffering from heart diseases for the past six years. Born in Makawanpur in 1930, Mathema had begun her music career from Radio Nepal. Sansarko jhamela lagdacha kya yo mela was her debut song recorded in 1950. She has given voice to over 4,000 songs,

including modern and patriotic songs and albums like Sewa and Samarpan.

She was awarded with Radio Nepal's Best Musician Award, Subha Rayabhisek Padak, Gorkha Dakshin Bahu V, Chinnalata Music Award, among other awards. Mathema is also remembered for her lyrics and compositions. She has composed popular songs like Jahi ra juhi phul mala gansi duwaile launla and Jindagi bhari nachuttine gari saino jodaunla. Her last rites were performed at Pashupati Aryaghat today.

Notice

Dear Readers, we'd not be publishing on December 29, 2007.

Merry Christmas & Happy Holidays

Pankaj & Mukta Khanal
Tulsa OK

We wish all, Merry Christmas & happy holidays.

Dr. Balram and Sarala Aryal

Camp Springs, MD USA

The Rise of Medical Tourism

Q&A with Tarun Khanna by Martha Lagace

What used to be rare is now commonplace: traveling abroad to receive medical treatment, and to a developing country at that.

So-called medical tourism is on the rise for everything from cardiac care to plastic surgery to hip and knee replacements. As a recent Harvard Business School case study describes, the globalization of health care also provides a fascinating angle on globalization generally and is of great interest to corporate strategists.

“Apollo Hospitals—First-World Health Care at Emerging-Market Prices” explores how Dr. Prathap C. Reddy, a cardiologist, opened India’s first for-profit hospital in the southern city of Chennai in 1983. Today the Apollo Hospitals Group manages more than 30 hospitals and treats patients from many different countries, according to the case. Tarun Khanna, a Harvard Business School professor specializing in global strategy, coauthored the case with Professor Felix Oberholzer-Gee and Carin-Isabel Knoop, executive director of the HBS Global Research Group.

The medical services industry hasn’t been global historically but is becoming so now, says Khanna. There are several reasons that globalization can manifest itself in this industry:

- Patients with resources can easily go where care is provided. “Historically doctors moved from Africa and India to London and New York to provide care. Now we are basically flipping it around and saying, ‘Why don’t the patients move? It’s not as difficult as it used to be.’”

- High quality care, state-of-the-art facilities, and skilled doctors are available in many parts of the world, including in developing countries.

- Auxiliary health-care providers such as nurses go where care is needed. Filipino nurses provide an example, perhaps.

“From a strategic point of view you can move the output or the input,” explains Khanna. “Applying this idea to human health care sounds a bit crude, but the output is the patient, the input is the doctor. We used to move the input around, and make doctors go to new locations outside their country of

origin. But in many instances it might be more efficient to move the patients to where the doctors are as long as we are not compromising the health care of the patients.”

Khanna recently sat down with HBS Working Knowledge to discuss the globalization of health care in the context of India and Apollo Hospitals.

Q: What led you to research and write this case?

A: I came across the company during some of my travels in South India. It was so unusual to find “first-world health care at emerging-market prices” as the case says. Often better care—by which I mean technologically first-rate care with far greater “customer service” and accessibility—is available in parts of India than in my neighborhood in Boston.

Felix Oberholzer-Gee, Carin-Isabel Knoop, and I decided to write the case just because health care is such a primal thing—it arouses a lot of emotions and insecurities. After all, it’s one’s life and health that one is dealing with. And the prospect of entrusting health care to a developing country had a pedagogical “shock value,” too.

For a long time I’ve been interested in studying world-class companies in developing countries. For me and my colleague Krishna Palepu, India has served as an intellectual laboratory. So I’ve always been anecdotally aware of the possibility that people could benefit from India’s soft assets, so to speak. In this case that means skilled health-care professionals—doctors, nurses, technicians, etc. The fact that the cost of living is so much lower in India means that the same service is possible at a fraction of the price elsewhere. For most routine issues, as well as invasive procedures that are routine, I see no reason why more people would not go to India.

Q: The term “medical tourism” is fairly new, but how new is the phenomenon of going overseas for medical treatment?

A: When I was a college student in the United States I discovered that dental care was very expensive. Even back then, many of my international

classmates essentially engaged in medical tourism—they would simply bundle up the care they needed, make a trip to their country of origin, and take care of it. India was certainly one of those countries I was aware of due to my own personal background.

We didn’t have a term for medical tourism, but in a sense it was all around us. It took a set of entrepreneurs to begin to make it happen. By the late 1990s, when I was teaching courses in global strategy, some of my Thai, Malaysian, and Singaporean students were perfectly aware of the term, because these countries of Southeast Asia already had very good tertiary-care hospitals.

Medical tourism usually refers to the idea of middle-class or wealthy individuals going abroad in search of effective, low-cost treatment. But there is another dimension of medical tourism that is not called medical tourism. Narayana Hrudayalaya, a heart hospital in India [see article], treats indigent people from neighboring countries—Pakistan, Bangladesh, Burma—who suffer from heart disease and can’t afford surgery. Treatment for them is free. The hospital is able to provide it because surgical methods are efficient enough that pro bono care doesn’t hurt the bottom line.

Q: Why is India gaining prominence for medical tourism?

A: India is encouragingly less “scary” now. I think a lot of entrusting medical care to different locations is about a psychological fear of the unknown. An important strategic challenge for developing-country hospitals is to reduce the psychological fear.

In addition, India is rising because there’s just a ton of very well-trained doctors just like there is a ton of well-trained engineers. Over the decades, many engineers have relocated to Silicon Valley, but for doctors it remains the case that barriers to entering the U.S. medical profession are still large.

In India, the same depth of pool of engineering and mathematical talent for software, offshoring, and outsourcing is there for medicine, too. In the 1950s and ’60s, the Indian government invested a lot in tertiary education. By now there is at least a



Tarun Khanna is the Jorge Paulo Lemann Professor of Business Administration at Harvard Business School

small handful of medical institutes that are really first-rate, and the doctors they produce are extremely well trained.

When my colleagues and I began to research this case, some other countries had already stolen a march on India—Singapore, and Malaysia in particular, and areas of the Middle East—yet there was still a lot of room for growth. India has had a unique competitive advantage as a result of this deeper pool of technical knowledge and the fact that it is simply a large country and has more people.

I would expect to see dynamics in China similar to what is happening in other parts of Southeast Asia. China frequently makes the news for stem cell therapies that are not allowed in the West. So while I think India has some unique features it is not strictly unique.

Q: What are the recruiting challenges for staffing these hospitals with doctors?

A: In the case, Dr. Prathap C. Reddy, the founder and chairman of Apollo Hospitals, says he spent a lot of time studying specialists almost like an executive search firm would, to identify their pleasure points and pain points in terms of building a successful practice in the West and potentially in India. He wanted to understand not just medical training and specialties but also family circumstances, since it is always a family decision to relocate.

In the past, Indian doctors left India so they could multiply their incomes. But now we’re seeing the reversal of that. India is booming so why leave, and by the way, patients can go there.

As the case describes, accreditation is a pretty huge barrier

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Mahabir Pun Greeted In Baltimore, MD



Photo: nepalhorizons.com/G G Prerana

On Saturday December 15, 2007 the Myagdi Samaj, Langali Association-USA, HURON-USA & Baltimore Association of Nepalese in America (BANA) jointly organized a recognition program for Mahabir Pun-the winner of The 2007 Ramon Magsaysay Award for Community Leadership, at Mt Everest Restaurant in Baltimore, MD. Over 100 people from Baltimore, MD and the DC/VA area attended the program with great enthusiasm.

Immigrating to Canada

(Courtesy: Citizenship and Immigration Canada)

Coming to Canada as an immigrant is an exciting opportunity. However, there are several things you should consider before you apply to be a permanent resident.

In most cases, you must apply at a Canadian visa office outside of Canada. In some cases, you can apply to become a permanent resident after you arrive in Canada. For example, live-in caregivers or people granted refugee protection can apply from within Canada. If you want to immigrate to Canada, there are a few different ways to apply. You will need to decide which immigration program will work best for you and your family. Find out about the requirements and the steps to apply in each category: 1. Skilled workers and professionals; 2. Investors, entrepreneurs and self-employed persons; 3. **Sponsoring your family**; 4. Provincial nominees; and 5. Quebec-selected skilled workers.

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3. Sponsoring Your Family:

After applying

Once you (the sponsor) are notified that your application has been received, you can check the status of your application online under the Quick Find section on the right-hand side of this page. You can also contact the Call Centre

The Case Processing Centre (CPC) of Citizenship and Immigration Canada in Mississauga, Ontario, will review your sponsorship application. If it is approved, then your relative's application for permanent residence will be processed. If your relative is applying for permanent residence from outside Canada, the CPC will send the application by courier to the appropriate visa office in your relative's home country. It will be processed there.

If you fail to meet the sponsorship requirements, the CPC will inform you. The relative(s) you want to sponsor may continue with their application, but it may not necessarily be approved. For more information on this process, read the guide in the application kit.

If you are approved as a sponsor but the application of the relative(s) you are sponsoring is refused, you will receive the reason for the refusal and information about appeal rights. You may be able to appeal the decision to the Immigration Appeal Division of the Immigration and Refugee Board.

You cannot appeal if:

- you withdrew or abandoned your sponsorship application
- the applicant for permanent residence is not eligible to apply as your spouse, partner or dependent child
- the application was refused because you provided information that was false
- the applicant was refused because of a serious criminal offence or
- the application was refused for security reasons, or for organized crime or human rights violations.

If you do not qualify to sponsor your spouse, partner or dependent child in the Family Class,

your spouse may apply to remain in Canada on humanitarian and compassionate grounds.

Arriving

When you arrive in Canada, you must show your Confirmation of Permanent Residence (COPR) and your permanent resident visa to a Citizenship and Immigration Canada (CIC) officer at the point of entry to Canada. The officer will make sure your travel and immigration documents are correct.

- The CIC officer will check that your permanent resident visa has not expired. The expiry date is shown on the visa. You cannot use the visa after the expiry date. Permanent residence visas cannot be extended, so make sure you use it within the time limit.

- You must bring with you a valid passport or travel documents. If presenting a passport, it must be a regular, private passport. You cannot immigrate to Canada with a diplomatic government service or a public affairs passport.

- You will have to answer questions like the ones you

answered on your Application for Permanent Residence in Canada. The CIC officer asks these questions to verify certain information on the application.

- You must inform the visa officer of any funds you are bringing into Canada (cash, stocks, bonds, money orders, traveler's cheques, etc.). If there are no problems when you arrive in Canada, the CIC officer will authorize you to enter Canada as a permanent resident. The officer will also use the address on your COPR to have your permanent resident card mailed to you. Make sure your Canadian address on the COPR is correct.

Permanent residents are given the permanent resident card as proof of their status in Canada. Your card will be mailed to your Canadian address after you arrive in Canada as a permanent resident.

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NGO Helps Children...



Photo: Naresh Newar/IRIN

This 17-year-old Madhesi girl was shot in her leg and is disabled for life. She managed to overcome her trauma with the help of counsellors

.... Contd. from page 2..

daughter is not mad now," explained her 55-year-old mother, Janki Devi Sharma, who sold all the family property to pay for her daughter's medical treatment in India.

New phenomenon

Psycho-social treatment is quite a new phenomenon in Nepal. It focuses on both psychological exercises, and the involvement of the whole

community in providing a hospitable and supportive environment.

Sunwar says most of the traumatized cases she has dealt with have benefited from treatment to a great extent but she feels she wants to do more.

"There's a lot we can do to heal the children but there is a dire shortage of trained counselors and resources are limited," said CVICT's Manandhar.

Cutting Your Own Tree...

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The first two weekends of December are the busiest time for selling trees. However, clients are welcome anytime. One Bartlett is always by the phone. On this day, the weather is mild. The firs and pines are waiting for the first customers of the day. Joann Bartlett takes advantage of the lull to create Christmas garlands, talk on the phone, and patiently wait. Her husband Bill arrives just in time for the first buyers.

One family always buys live trees but has never cut one down before. The first step is finding the perfect tree. Cutting down the tree is not easy. So why do it? Dad says, "For the kids, so he can see it. For the smell that goes around the house.

It is just a new thing to do really. An adventurous thing [to do]."

But there is more to do than cut trees. Once the Christmas tree is safely secured on the car, the family spends time with the farm's pony and goats. There is even free candy for the children.

Bill Bartlett loves his job. "We meet so many nice people right here. We don't make any money but we make great friends. Nice little kid."

Caring for the farm would be impossible for the Bartlett's without the help of their family, including grandson John and his girlfriend. He says he tries to help as often as he can. "We come down like three- four times a year to help out."

But today — just a few days before Christmas — they were also choosing a tree of their own.

UTL cuts ISD rates

Kathmandu Dec 21 (HNS): United Telecom Ltd (UTL) has slashed international calling rates for USA, Canada and India. According to the company, its customers can make call to the US and Canada at eight rupees per minute, exclusive of government taxes, whereas call rate for India has been fixed at Rs 10 per

minute during off hour, Rs 12 during off peak hour and Rs 15 during peak hours. The new rates will be effective from December 21 till January 22, for a month. The new rate is available everywhere, where UTL connection is available. It plans to extend its services to Biratnagar, Dharan and Itahari soon.

Govt. of Canada Supports...

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immigration agreements, British Columbia and Manitoba have also received funding to help them improve the provision of online information for prospective immigrants and newcomers.

Provincial and territorial portals will link to the government's Going to Canada immigration portal (www.goingtocanada.gc.ca), which provides online information and services to help immigrants make informed decisions about coming to Canada, and assists them in their integration and settlement once they arrive.

In addition to this funding, the Government of Canada is also investing more than \$1.4 billion over five years in settlement funding to help newcomers succeed.

In May 2007, the Foreign Credentials Referral Office was also launched. Foreign credential referral services are now available in 320 Service Canada centres across Canada, including 11 in Saskatchewan. These services are helping prospective immigrants get the information they need on the foreign credential recognition process and the Canadian labor market.

Breast Cancer Also Strikes Men

- Erika Celeste, Central Mississippi

More than half a million women around the world die each year from breast cancer. But while it has received attention as one of the major killers of women, the disease also hits men. Erika Celeste reports from Mississippi, which has one of the highest rates of breast cancer in the U.S.

Entertainer and radio host Paul Ott is known across the country as an outdoorsman and conservationist. Though his wife died of cancer 25 years ago and his daughter was diagnosed with breast cancer just two years ago, the thought never crossed his mind that he might develop cancer, especially not breast cancer.

"I get a yearly check up," he says, "and have for 30 years, but my general practitioner has never checked my breasts. It took him all of two seconds to find that nodule and suggest that I have it taken out."

Ott found the lump by accident one day during a live radio broadcast with his daughter. "She just happened to brush across me to hand me a pencil or tablet and hit my breast and it hurt," he recalls. "She made a little statement. We have a lot of fun on the show and she joked and said 'Now Dad, you don't have breast cancer, for goodness sake'."

But that was exactly what Ott did have. While pain is not usually a symptom of breast cancer, the fact that Ott was sore from playing tennis in combination with the inflamed nodule made him think something wasn't right.

"Breast cancer is a disease that knows no boundaries," according to Dr. Cheryl Perkins. The senior

clinical advisor at the Susan G. Komen For the Cure Foundation says it's a common misconception that men can't get breast cancer. It's rare - only about 1 percent of men will be diagnosed with breast cancer - but Perkins says it's important to get the word out, "because it does happen in men and oftentimes men do not appreciate the fact that it's not just a women's disease."

More importantly, she notes, because most men are unaware of their risk, their cancer is often not found until it's too late to treat, or in a more advanced stage, making treatment more difficult. Just as with women, early detection is the key to longevity.

Paul Ott was able to use the same oncologist as his daughter. With his family by his side, he went in for a full mastectomy of his left breast. Then, he says, the wait began. "Let me tell you something that's really hard," he admits, "it's to wait from the Thursday of a biopsy surgery to the next Tuesday to see if you're going to die of cancer. That is a very trying wait."

To Ott's great relief, the results were favorable. And because his cancer was in an early stage, no other treatment was necessary. "I've seen some very strong miracles and I'm one of them as far as I'm concerned," he says.

His close call made Ott realize that if he didn't know men could get breast cancer, even with all the exposure to the disease in his own family, then a lot of men probably

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CRA Informs Canadians On Tax Relief Measures

Ottawa Dec 17 (CRA): Minister of National Revenue Gordon O'Connor today assured Canadians that the Canada Revenue Agency (CRA) is ready to support taxpayers to ensure that they understand the new tax measures passed by Parliament on Friday and are able to take full advantage of them.

"Canadians will start to see the impact of these tax cuts on January 1, 2008 because of the proactive steps being taken by the Canada Revenue Agency to implement rate reductions", said Minister O'Connor. "The CRA is taking action to ensure all businesses have the information they need to implement the rate reductions so that Canadians can start benefiting from the GST/HST tax cut on January 1, 2008."

The CRA has set up a toll-free GST/HST rate reduction line for businesses and consumers at 1-866-959-7797 (1-866-959-7798 in French), which is available from 8:15 a.m. to 8:00 p.m. (local time), Monday to Friday, across Canada.

In addition, the Agency has already begun to communicate with business stakeholder groups and is in the process of mailing information to every business in Canada to update them on new tax measures, including the GST/HST rate reduction. Information on the new tax measures is already available on the CRA Web site at www.cra-arc.gc.ca/economic and on the Government's GST/HST Web site at www.gst.gc.ca.

Individual taxpayers will see that the tax measures passed into law on Friday have been updated in their tax packages and in tax filing software. Taxpayers can find more information about tax credits and services for individuals and businesses that will be posted regularly on the CRA Tax Tips Web page at www.cra-arc.gc.ca/taxtips beginning in mid-January.

For more information on the tax measures passed into law on Friday December 14, 2007, please visit the Department of Finance Canada Web site at: <http://www.fin.gc.ca/>.

Breast Cancer Also...

.... Contd. from page 6...

weren't aware of the risks either. So he used his celebrity status to inform them, not only doing public service announcements but giving lectures in schools and appearing on nationwide television shows.

He says the perception of breast cancer as a woman's disease prompted a common question. "When I did a lot of the national shows, the hosts would ask me, 'Did you feel non-masculine about it?' When I realized the breast is part of the body, I really had no particular feeling about it not being masculine. It's either death or get it done!"

Ott has also teamed up with the Susan G. Komen Foundation to help get the word out at special events, and talking to his old friends and fans in sportsmen's and environmental organizations. "The response has been unbelievable with phone calls and emails, people that

have either had it or knew their father died of it, but they weren't sure, or brothers, or men who have called and said 'I have a nodule I don't know what to.'"

Paul Ott has now been cancer-free for about five months. His daughter is also cancer-free.

Dr. Cheryl Perkins says if there's one thing those who hear Ott's story should remember, it's that they should not think that they can't get breast cancer. "They can," she stresses. "They shouldn't think it won't happen to them. It might. And shouldn't believe there's nothing they can do. There's a lot they can do and part of that is just being aware of what's normal for you and seeking medical attention as soon as possible if something changes. It might not be anything, but it's good to find out."

Paul Ott agrees. "Save one life with it and it's worth it all." [VOA 12/18]

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Call To Involve Private Sector In NAC, TIA

Kathmandu Dec 21 (HNS): Finance Minister Dr Ram Sharan Mahat has stressed on a need to involve private sector to manage ailing Nepal Airlines Corporation (NAC) and Tribhuvan International Airport (TIA), the only international airport.

Lauding private sector's role in building tourism products and promoting Nepal as a premier holiday destination, he said that government-run public enterprises are incurring huge losses mainly due to unprofessional management.

"Time has come now to induct private and skilful management to operate national carrier and airports," he said.

Dr Mahat, addressing a program organized to mark the 10th anniversary of Nepal Tourism Board (NTB), today, urged to consolidate gains of tourism boom and expand it further to reach the grassroots levels. "Nepal has every potential to provide various tourism products and services suiting various types of tourists. In fact, Nepal is a tourism capital of South Asia and Kathmandu is a heaven for food connoisseur," he said.

Contemplating current boom in tourist arrivals, he further reckoned that days ahead for tourism industry look bright and urged the diplomatic missions based in Kathmandu to disseminate 'true message' on security situation through their travel advisories.

Prithvi Subba Gurung, minister for Culture, Tourism and Civil Aviation, also urged the Kathmandu-based diplomats to travel around the country and explore Nepal's rich cultural and natural diversities.

"I request all diplomat communities to feel the potentials Nepal can offer and disseminate positive messages outside the world," he added.

He informed that new initiatives at policy making level and in regards to infrastructure development are underway to cater growing tourism prospects. Gurung also informed that government is exercising to launch a promotional campaign like Visit Nepal Year or something similar.

"It will be formally announced after serious discussion with stakeholders," he added.

Taking into consideration of growing tourism prospects, Lila Mani Paudel, secretary at the Tourism Ministry and chairman of NTB, said that government is bringing new policies to ensure a wider role of private sector. He further added that the government is making necessary arrangements for the airlines to connect European cities. Prachanda Man Shrestha, CEO at the NTB, urged the government to declare tourism as a national priority in its socio-economic agenda.

Explaining successes achieved and challenges faced by the industry, Shrestha said that new areas and tourism products introduced in recent times have helped to bring the marginalized people into the mainstream of the industry and supported their livelihood.

Happy Birthday !



Prati K Arjyal
Toronto

December 25



*We wish you a
Happy Birth Day*

Manjeet Arjyal
Toronto, Canada

Suvan & Suvani Aryal, USA

Exchange Rates in Nepal

Currency	Buying (Rs)	Selling (Rs)
US \$ 1	63.34	63.94
Canadian \$1	63.16	63.76
Euro 1	91.02	91.88
Pound Sterling 1	126.33	127.53
Australian \$1	54.43	54.94
Swiss Franc 1	54.83	55.35
Singapore Dollar	43.32	43.73
Japanese Yen 10	5.59	5.65
Chinese Yuan 1	8.60	8.68
Indian Rupees 100	160.00	160.15
Swedish Kroner 1	9.62	---
Danish Kroner 1	12.20	---
Hong Kong Dollar 1	8.12	---
Saudi Arab Riyal 1	16.89	---
Qatari Riyal 1	17.40	---
Thai Bhat 1	1.88	---
UAE Dirham 1	17.23	---
Malaysian Ringgit 1	18.91	---

[Source: Nepal Rastra Bank, 12.21.07]

The Rise of Medical Tourism...

...Contd. from page 4...

for doctors going abroad. Just as Dr. Reddy had to spend time convincing the Indian government that the idea of medical tourism was a good use of national resources, when we wrote the case he was in the process of convincing various countries that similar development made sense. So it's a tricky public policy issue.

Q: How does growth in private hospitals affect public health care in India?

A: There is an assumption in the view often expressed in the media in India and Europe, for instance, that when private hospitals in India provide care to heart patients from England, the hospitals are somehow taking care away from poor people in India. The assumption seems to be that if medical tourism was banned, the doctors in question who were catering to wealthy patients would suddenly, as a practical matter, move to a village. It takes a different set of individuals, a different set of infrastructure circumstances to create that scenario. We need good scholarship to verify the idea that there is a potential substitution between caring for sick people from England and providing medication for malaria in an Indian village. I'm not aware of such analysis yet.

My guess is that the bulk of India's problem is primary health, and has nothing to do with tertiary care. And the primary health problem is not going to be addressed by a private hospital for the most part anyway. These are almost different industries. If someone analyzes the landscape and discovers that there is substitution between care, then there is a real public policy issue that needs to be debated.

Q: How are marketing strategies evolving?

A: My observations are that medical tourism is promoted much more heavily in the United Kingdom than in the United States. Public interest in Britain is in the context of the National Health Service and its constraints. Initially the rules required that patients be treated only in the United Kingdom. I believe there has been a gradual relaxation in these rules, so that some care can be provided within some EU countries. I know that various Indian hospitals are continually attempting to get accredited to perform certain procedures.

What is striking is that in London medical tourism makes the front page of newspapers. People

ranging from generals in the British Army to politicians to blue-collar workers are quoted, all saying, in effect, "I had a great time, and now I'm well." The most common treatments seem to be for cardiovascular issues, bone-related issues such as hip replacements, and general age-related issues. Most of these articles depict people going to India, but they almost never profile an Indian going to India. They profile a wide spectrum of citizens, not just British citizens of Indian or Asian origin.

Q: For-profit hospitals around the world have been associating with well-regarded U.S. medical schools and clinics. How can Apollo Hospitals differentiate itself from growing competition?

A: What is happening now is the normal evolution of an industry, and these hospital companies are all trying to figure out what their angle will be.

I certainly don't think affiliating with a medical school or clinic in the West is a panacea. We will see solutions emerge that have nothing to do with the West and that specialize in particular kinds of care where the West may not even have

much competence: tropical diseases in Southeast Asia and Africa, for instance. On the other hand, you might see very interesting links between particular companies, research institutes, and hospitals in different parts of the world—in the Middle East, Europe, the United States. My guess is that 3 or 4 prominent hospital companies will survive because the demand is so huge.

At the end of the day we all ought to celebrate the development of these hospitals, because a lot of people who would have to wait in pain for 8 months for a hip replacement can get it tomorrow, at much lower expense. People with excruciating dental pain can get it fixed, cost effectively, much quicker. And patients who need a kidney transplant and have to be on dialysis can get attention sooner. As always there are challenges, but from humanity's standpoint we ought to celebrate. [HBS 12/17]



Govt. of Canada Supports Saskatchewan In Attracting Immigrants To The Province

Regina, Dec 18 (CIC): Parliamentary Secretary Ed Komarnicki, on behalf of the Honorable Diane Finley, Minister of Citizenship and Immigration, today announced support for Saskatchewan in the province's efforts to attract immigrants.

Funding of up to \$660,000 will be provided over a three-year period. This will go toward enhancing online content, tools and services that will promote the province as a destination and help immigrants integrate once they arrive. The funding can also be used for consultation and outreach. As the project develops, Saskatchewan will consider how best to work with municipalities to help improve information at the local level.

"Immigration is a source of growth and prosperity across the country, and the Government of Canada is committed to helping

Saskatchewan attract newcomers to the province," said Mr. Komarnicki. "The federal government's support will enable Saskatchewan to offer more services and information that will promote the province as a destination for immigrants, and help them settle once they arrive."

With this funding, the Government of Canada is providing a total of \$20.3 million for provinces and territories to enhance online information and services about settling and working across the country. Funding for a number of provinces and territories was announced earlier this year.

"Immigration and the successful integration of newcomers are priorities for Saskatchewan's new government," said the Honorable Rob Norris, Minister Responsible for Immigration. "The funding for this initiative will help us develop new

and innovative ways to more aggressively market all the tremendous jobs and great opportunities for families here in Saskatchewan. It will also help us to connect immigrants as early as possible to the resources and services they need to make a successful transition to their new homes in Saskatchewan."

In addition to Saskatchewan, contribution agreements have also been signed with Newfoundland and Labrador, Nova Scotia, New Brunswick, Prince Edward Island, Ontario, Alberta, the Yukon and the Northwest Territories to develop online services. Under existing federal-provincial

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