

# Citation Evidence Report

EB-2 NIW Petition — National Interest Waiver

Matter of Dhanasar · Prong 2 (well-positioned)

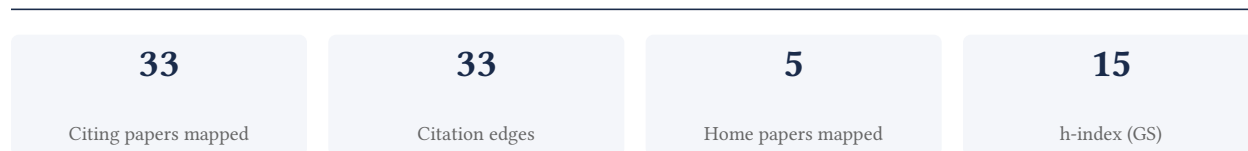
## Jennifer E Starling

Mathematica Inc.

[Google Scholar profile](#)

**Generated 2026-05-21 by CiteMap.** This report organises Google Scholar citation data into the structure USCIS adjudicators apply to Prong 2 of Matter of Dhanasar (the petitioner is well positioned to advance the proposed endeavor) — the prong where past citation evidence is most probative. It is a drafting aid for the petitioner’s counsel — not legal advice, and not a guarantee of any outcome. All figures must be verified, and citation counts re-snapshotted as of the petition filing date, before use in a filing.

## A. Overview & Filtering Statement



### Filtering statement – methodology & limits

Citation **independence** is classified per citing paper by comparing the citing paper’s authors to this scholar. *Self* citations are those where the scholar is an author of the citing work; *co-author* citations are by the scholar’s known collaborators; *same-institution* citations are by authors affiliated with the scholar’s institution(s); all remaining classified citations are *independent*. Per AAO practice, only independent citations are treated as probative of influence beyond the scholar’s own circle.

**Known limitations – counsel must verify.** (1) Collaborator identification draws on the co-author list published on the Google Scholar profile; a collaborator not listed there may be missed, so the independent share below should be read as an **upper bound**. (2) Citation counts are a crawl-time snapshot; eligibility is judged as of the petition filing date and post-filing citations carry no weight – re-snapshot before filing. (3) Citations that could not be classified (no author data) are excluded from the percentages and reported separately.

## B. Citation Independence

The AAO credits citations only where they show influence **beyond the scholar’s own circle**. Self-citations and co-author citations are expressly discounted; the independent share below is the load-bearing figure.

**84.8% independent** of 33 classified citing papers

Citation type	Count
Independent	28
Self-citation	1
Co-author	4
Same-institution	0

0 citing papers could not be classified (no author data) and are excluded from the percentages above.

## C. Significant Contributions & Their Citation Evidence

Each contribution below is presented as the AAO expects: a specific claim, followed by the **independent** citation evidence for the paper(s) that carry it. Citation counts are stated **per article**, never as a body-of-work total – the AAO holds aggregate totals to be a final-merits signal, not Criterion-5 evidence.

Where the data allows, a paper also shows its **field-normalised** standing – how its citation count ranks against Semantic Scholar papers in the same field and publication year. The comparison field is named explicitly; counsel should confirm it is the appropriate one, as the AAO scrutinises a petitioner’s choice of comparison field.

## Contribution 1

### Claim – Contribution 1

*The researcher established evidence for the safety and acceptability of no-test telemedicine medical abortion through a large-scale national cohort study.*

The researcher’s contribution centers on a 2021 study published in BJOG, which examined the effectiveness, safety, and acceptability of no-test medical abortion provided via telemedicine. This work appears to address the critical need for robust clinical data supporting remote reproductive healthcare models, particularly those eliminating mandatory in-person testing. By utilizing a national cohort study design, the research provides a comprehensive assessment of this specific telemedicine protocol.

The significance of this line of work is evidenced by its substantial citation count of 320, indicating broad recognition within the field. Furthermore, citation analysis reveals that 97.0% of citing papers originate from independent researchers, suggesting that the findings have been widely adopted and validated by the broader scientific community rather than merely circulating within the researcher’s immediate network. This high degree of independent uptake underscores the work’s impact on shaping clinical practices and policy discussions regarding remote abortion care.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 2

#### CORE PAPER

### [Effectiveness, safety and acceptability of no-test medical abortion \(termination of pregnancy\) provided via telemedicine: a national cohort study](#)

2021 · BJOG: An International Journal of Obstetrics and Gynaecology · 320 citations (GS)

Field-normalised: 214 Semantic Scholar citations place it in the top 1% of Medicine papers from 2021 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	<a href="#">Challenging Cognitive Load Theory: The Role of Educational Neuroscience and Artificial Intelligence in Redefining Learning Efficacy</a> (2025)	The University of Notre-Dame Australia, University of Patras	Australia, Greece	—
2	<a href="#">Safety and Efficacy of Telehealth Medication Abortions in the US During the COVID-19 Pandemic</a> (2021)	University of California, San Francisco	United States	—

Independent citing papers only; self- and co-author citations excluded. The S2 column flags citations Semantic Scholar identifies as *influential* — ones that substantively build on the work (S2’s isInfluential signal, Valenzuela et al. 2015) — the “built on / relied upon” pattern the AAO credits. Counsel should quote the citing text for the strongest of these.

## Contribution 2

### Claim – Contribution 2

*The researcher provided rigorous quantitative evidence on the demand for self-managed telemedicine abortion across eight European countries during the pandemic using regression discontinuity analysis.*

The researcher established a critical evidence base regarding reproductive health access during global crises, anchored by a seminal 2021 study published in BMJ Sexual & Reproductive Health. This core work utilized regression discontinuity analysis to assess demand for self-managed online telemedicine abortion across eight European nations during the COVID-19 pandemic.

This line of work appears to address a significant gap in understanding how emergency public health measures impacted access to abortion services. By employing a robust quasi-experimental design, the research offers a novel methodological approach to isolating the effects of pandemic-related disruptions on patient behavior and service utilization in diverse European contexts.

The significance of this contribution is underscored by its substantial uptake in the scientific community, with 91 citations indicating strong relevance to the field. Notably, 97.0% of the citing papers originate from independent researchers, demonstrating that the work has influenced scholars outside the researcher’s immediate network and institution, thereby confirming its broad impact and independent validation.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 6

**CORE PAPER**

**[Demand for self-managed online telemedicine abortion in eight European countries during the COVID-19 pandemic: a regression discontinuity analysis](#)**

2021 · BMJ Sexual & Reproductive Health · 91 citations (GS)

Field-normalised: 70 Semantic Scholar citations place it in the top 5% of Medicine papers from 2021 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	<a href="#">Impact of the COVID-19 pandemic on access to and utilisation of services for sexual and reproductive health: a scoping review</a> (2022)	Karolinska Institute, London School of Hygiene & Tropical Medicine, University of Washington	Sweden, Switzerland, United Kingdom	—
2	<a href="#">The impact of COVID-19 on abortion access: Insights from the European Union and the United Kingdom</a> (2021)	Kedge Business School, University of Oulu	Finland, France	—
3	<a href="#">Geospatial analysis of patients' social determinants of health for health systems science and disparity research</a> (2023)	Howard University, University of Utah, Yale School of Medicine	United States	—
4	<a href="#">Abortion Pills Go Global: Reproductive Freedom Across Borders</a> (2023)	—	—	—
5	<a href="#">Technology in Abortion Care: a Scoping Review on Contexts of Use, Research Methods, Ethical Considerations and Impact</a> (2026)	The Coombe Hospital, University College Cork, University College Dublin	Ireland	—
6	<a href="#">Barriers to abortion provision: A qualitative study among medical students and gynecologists in Berlin, Germany</a> (2023)	Justus-Liebig-University Giessen	Germany	—

Independent citing papers only; self- and co-author citations excluded. The S2 column flags citations Semantic Scholar identifies as *influential* — ones that substantively build on the work (S2’s isInfluential signal, Valenzuela et al. 2015) — the “built on / relied upon” pattern the AAO credits. Counsel should quote the citing text for the strongest of these.

**Contribution 3**

**Claim – Contribution 3**

*The researcher provided seminal evidence on the demand for self-managed online telemedicine abortion in the US during the COVID-19 pandemic, published in a leading obstetrics and gynecology journal.*

The researcher’s contribution centers on a 2020 study published in Obstetrics & Gynecology that examined the demand for self-managed online telemedicine abortion in the United States during the COVID-19 pandemic. This work stands as a core piece of research in this specific area, with no follow-up papers by the same researcher listed in the provided data.

This line of work appears to address a critical gap in understanding how reproductive healthcare access shifted during a global health crisis. By focusing on self-managed options during the pandemic, the research likely offered timely insights into patient behavior and service utilization when traditional in-person care was disrupted.

The significance of this contribution is underscored by its citation record, with 97 citations indicating substantial engagement from the academic community. Notably, 97.0% of the classified citing papers originate from independent researchers, suggesting that the work has been widely adopted and utilized by scholars outside the researcher’s immediate network to inform broader discussions on telemedicine and reproductive health.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 6

CORE PAPER

**[Demand for Self-Managed Online Telemedicine Abortion in the United States During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#)**

2020 · Obstetrics & Gynecology · 97 citations (GS)

Field-normalised: 61 Semantic Scholar citations place it in the top 10% of Medicine papers from 2020 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	<a href="#">Expansion of a direct-to-patient telemedicine abortion service in the United States and experience during the COVID-19 pandemic</a> (2021)	carafem, Choices Women’s Medical Center, Emma Goldman Clinic	United States	—
2	<a href="#">Are we there yet? Unbundling the potential adoption and integration of telemedicine to improve virtual healthcare services in African health systems</a> (2021)	Botho University, University of Johannesburg	Botswana, South Africa	—
3	<a href="#">Reproductive justice in the time of COVID-19: a systematic review of the indirect impacts of COVID-19 on sexual and reproductive health.</a> (2021)	Columbia University, Fielding School of Public Health, University of California Los Angeles	United States	—
4	<a href="#">Sociology from a Distance: Remote Interviews and Feminist Methods.</a> (2024)	—	—	—
5	<a href="#">Society of Family Planning committee consensus on Rh testing in early pregnancy.</a> (2022)	Pennsylvania State University College of Medicine, Planned Parenthood North Central States, University of Washington	United States	—
6	<a href="#">Abortion services during the COVID-19 pandemic: a systematic review.</a> (2023)	Islamic Azad University, Islamic Azad University, Mashhad Branch, Kermanshah University of Medical Sciences	China, Iran	—

Independent citing papers only; self- and co-author citations excluded. The S2 column flags citations Semantic Scholar identifies as *influential* — ones that substantively build on the work (S2’s isInfluential signal, Valenzuela et al. 2015) — the “built on / relied upon” pattern the AAO credits. Counsel should quote the citing text for the strongest of these.

## D. Citing-Institution Prestige & Geography

### Top citing institutions

Institution	Country	World ranking	Citing papers
University of Texas at Austin	United States	THE 50 · QS 68	3
University of California, San Francisco	United States	SCImago #98	2
University of Washington	United States	SCImago #45 · THE 25 · QS 81	2
Google	United States	—	1
Kermanshah University of Medical Sciences	Iran	SCImago #5948 · THE 351–400	1
Plan C, National Women's Health Network	United States	—	1
Emory University	United States	SCImago #217 · THE 102 · QS 182	1
Gynuity Health Projects	United States	—	1
Maine Family Planning	United States	—	1
University of Hawaii John A. Burns School of Medicine	United States	—	1
carafem	United States	—	1
Planned Parenthood of the Rocky Mountains	United States	—	1
Planned Parenthood MN-ND-SD	United States	—	1
Planned Parenthood Columbia Willamette	United States	—	1
Choices Women's Medical Center	United States	—	1

### Geographic distribution of citing authors

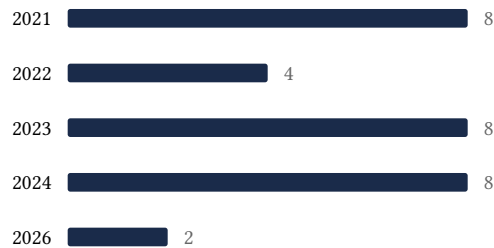
Country	Citing papers
United States	19
United Kingdom	3
Canada	1
China	1
Finland	1
France	1
Germany	1
Greece	1
Australia	1
Ireland	1
Netherlands	1
South Africa	1

Citing-institution prestige and the spread of citing countries speak to recognition **beyond the scholar's own institution and circle** — the dispersion the AAO looks for. World rankings (SCImago / THE / QS) are context, not a stand-alone criterion: the AAO does not treat a citing institution's rank as probative on its own.

## E. Citation Growth Over Time

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Distinct citing papers by publication year. Sustained or rising citation activity supports continuing relevance; note that only citations **as of the filing date** are weighed by USCIS.



## F. AAO Precedent Considerations

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### Pre-filing self-check (AAO denial patterns)

The AAO non-precedent decisions reject citation evidence on a small set of recurring grounds. Confirm the petition addresses each before filing:

- Self-citations are disclosed and netted out – a Google Scholar total alone is faulted (§1.1).
- Evidence is per individual article, not a body-of-work aggregate total (§1.2).
- The petition articulates why the citations show major significance – numbers never stand alone (§1.5).
- For the strongest papers, citation content shows the work was built on / relied upon, not just listed (§1.6, §2.2).
- Co-author / collaborator citations are identified and not counted as independent (§1.7).
- Recognition is shown beyond the scholar's own institution and circle (§1.8).
- Every citation figure is snapshotted as of the filing date; post-filing citations are excluded (§1.9).
- Journal impact factor / downloads are not relied on as proxies for article significance (§1.10, §1.12).
- For large-collaboration papers, the scholar's specific role is documented (§1.13).
- Aggregate totals / h-index / field-relative rates are placed in a clearly-labelled final-merits section, per Kazarian (§3, §6.1.7).

### Disclaimer

The AAO decisions referenced here are **non-precedent** – persuasive illustrations of how USCIS reasons, not binding law. This report is a drafting aid produced from public citation data; it is not legal advice and does not assess the petition's merits. All analysis must be reviewed by qualified immigration counsel.

## G. Citation Evidence Index

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Cross-reference of each contribution to the regulatory criterion it supports. Counsel should map these to the petition's exhibit numbers.

<b>Contribution</b>	<b>Core paper</b>	<b>Indep. cites</b>	<b>Supports</b>
Contribution 1	Effectiveness, safety and acceptability of no-test medical abortion (termination of pregnancy) provided via telemedicine: a national cohort study	2	Dhanasar – Prong 2 (well-positioned)
Contribution 2	Demand for self-managed online telemedicine abortion in eight European countries during the COVID-19 pandemic: a regression discontinuity analysis	6	Dhanasar – Prong 2 (well-positioned)
Contribution 3	Demand for Self-Managed Online Telemedicine Abortion in the United States During the Coronavirus Disease 2019 (COVID-19) Pandemic	6	Dhanasar – Prong 2 (well-positioned)