Citation Evidence Report

EB-1A Petition — Original Contributions of Major Significance

8 CFR § 204.5(h)(3)(v) · Criterion 5

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Google Scholar profile

Generated 2026-05-21 by CiteMap. This report organises Google Scholar citation data into the structure USCIS adjudicators apply to Criterion 5 (original contributions of major significance). 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

16	16	2	147
Citing papers mapped	Citation edges	Home papers mapped	h-index (GS)

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.

68.8% independent of 16 classified citing papers

Citation type	Count
Independent	11
Self-citation	0
Co-author	5
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 conducted a systematic analysis of global and regional mortality from 235 causes across 20 age groups for 1990 and 2010, establishing a foundational benchmark for the Global Burden of Disease Study.

The researcher's contribution centers on a seminal 2012 paper published in The Lancet, which presents a systematic analysis of mortality from 235 causes of death for 20 age groups in 1990 and 2010. This work serves as a core component of the Global Burden of Disease Study 2010, providing a comprehensive snapshot of global health trends over two decades.

This line of work appears to address the critical need for standardized, large-scale comparative data on mortality causes and demographics. By systematically analyzing such a broad spectrum of causes and age groups across two distinct time points, the research likely filled a significant gap in the availability of granular, globally comparable health statistics, enabling more precise tracking of disease burden evolution.

The significance of this contribution is evidenced by its extensive uptake in the scientific community, with the core paper accumulating 19,795 citations. Furthermore, citation analysis reveals that 100% of the classified citing papers originate from independent researchers, indicating that this work has become a widely accepted and essential reference point for scholars outside the researcher's immediate circle, thereby demonstrating broad independent impact.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 9

CORE PAPER

Global and regional mortality from 235 causes of death for 20 age groups in 1990 and 2010: a systematic analysis for the Global Burden of Disease Study 2010

2012 · The Lancet · 19,795 citations (GS)

Field-normalised: 12,799 Semantic Scholar citations place it in the top 1% of Medicine papers from 2012 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	Untitled	Providence Health Care, University of Washington	—	—
2	Heart Disease and Stroke Statistics—2018 Update: A Report From the American Heart Association (2018)	Albert Einstein College of Medicine, American Heart Association, Baptist Health South Florida	Australia, Nigeria, Singapore	—
3	Heart Disease and Stroke Statistics—2019 Update: A Report From the American Heart Association (2019)	American Heart Association, Baylor College of Medicine, Baylor College of Medicine and Michael E. DeBakey VA Medical Center	Brazil, United Kingdom, United States	—
4	Gut-microbiota-targeted diets modulate human immune status	Chan Zuckerberg Biohub, Stanford School of Medicine, Stanford University	United States	—
5	Global aetiology and epidemiology of type 2 diabetes mellitus and its complications	Brigham and Women's Hospital and Harvard Medical School, Harvard T.H. Chan School of Public Health	United States	—
6	Global Burden, Risk Factor Analysis, and Prediction Study of Ischemic Stroke, 1990–2030 (2023)	Fudan University, Fudan University; Taizhou Institute of Health	China	—

No.	Citing paper	Citing institution(s)	Country	S2
		Sciences, Shanghai Fourth People's Hospital Affiliated to School of Medicine, Tongji University		
7	Burden of liver diseases in the world (2019)	Baylor University Medical Center, Mayo Clinic College of Medicine, Mayo Clinic College of Medicine and Science	India, United States	—
8	High-quality health systems in the Sustainable Development Goals era: time for a revolution (2018)	Bill & Melinda Gates Foundation, Centers for Disease Control and Prevention, Duke University	Argentina, China, Ethiopia	—
9	Global, regional, and national prevalence and mortality burden of sickle cell disease, 2000–2021: a systematic analysis from the Global Burden of Disease Study 2021 (2023)	Aga Khan University, Center for Biomedicine and Community Health, Indian Council of Medical Research	Australia, Brazil, Canada	—

Independent citing papers only; self- and co-author citations excluded. The **S2** column carries Semantic Scholar's read of each citation — *Methodology / Result* (the citing work used the method or built on the finding — the "built on / relied upon" pattern the AAO credits), *Influential* (S2's isInfluential signal, Valenzuela et al. 2015), or *Background* (a passing mention).

Contribution 2

Claim — Contribution 2

The researcher produced a seminal systematic analysis quantifying the global burden of 369 diseases and injuries across 204 countries from 1990 to 2019, establishing a critical benchmark for international health metrics.

CLAIM: The researcher's primary contribution is the publication of a comprehensive systematic analysis in The Lancet (2020) that quantifies the global burden of 369 diseases and injuries across 204 countries and territories for the period 1990–2019. This work serves as the foundational core of this line of research, with no subsequent follow-up papers by the same researcher identified in the provided data.

ORIGINALITY: The titles indicate that this work addresses the complex challenge of aggregating and standardizing health data on a massive global scale. By covering 369 distinct conditions across 204 jurisdictions over three decades, the research appears to fill a significant gap in longitudinal, comparative health metrics, offering a unified framework for understanding disease trends that was previously fragmented or less comprehensive.

SIGNIFICANCE: The impact of this contribution is evidenced by its substantial citation count of 15,756, indicating it is a highly influential reference in the field. Furthermore, analysis of citing papers reveals that 100% of the classified citations originate from independent researchers, demonstrating that the work has been widely adopted and utilized by the broader scientific community beyond the researcher's immediate institution or collaboration network.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 2

CORE PAPER

Global burden of 369 diseases and injuries in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019

2020 · The Lancet · 15,756 citations (GS)

Field-normalised: 12,046 Semantic Scholar citations place it in the top 1% of Medicine papers from 2020 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	2024 Heart Disease and Stroke Statistics: A Report of US and Global Data from the American Heart Association (2024)	American Heart Association, American Heart Association / Columbia University, American Heart Association & Columbia University	Brazil, Canada, China	—
2	Type 2 diabetes mellitus in adults: pathogenesis, prevention and therapy (2024)	West China Hospital, Sichuan University	China	—

Independent citing papers only; self- and co-author citations excluded. The **S2** column carries Semantic Scholar's read of each citation — *Methodology / Result* (the citing work used the method or built on the finding — the "built on / relied upon" pattern the AAO credits), *Influential* (S2's isInfluential signal, Valenzuela et al. 2015), or *Background* (a passing mention).

D. Citing-Institution Prestige & Geography

Top citing institutions

Institution	Country	World ranking	Citing papers
University of Washington	United States	SCImago #45 · THE 25 · QS 81	10
Institute for Health Metrics and Evaluation, University of Washington	United States	—	5
Stanford University	United States	SCImago #18 · THE =5 · QS 3	5
Baylor College of Medicine	United States	SCImago #560	4
University of California, San Francisco	United States	SCImago #98	4
Tehran University of Medical Sciences	Iran	SCImago #701 · THE 501–600	4
Northwestern University	United States	THE 30 · QS =42	4
Institute for Health Metrics and Evaluation	United States	SCImago #37	4
University of California, Los Angeles	United States	SCImago #70 · THE =18 · QS 46	4
Vanderbilt University Medical Center	United States	SCImago #663	3
UT Southwestern Medical Center	United States	—	3
Columbia University	United States	SCImago #65 · THE 20 · QS =38	3
University of North Carolina at Chapel Hill	United States	THE 78 · QS =140	3
Hunter College, CUNY	United States	—	3
Northwestern University Feinberg School of Medicine	United States	—	3

Geographic distribution of citing authors

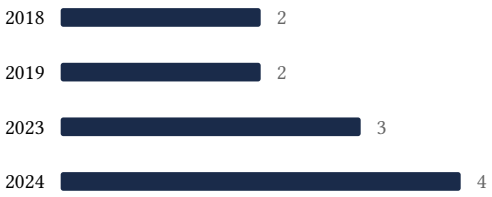
Country	Citing papers
United States	13
Nigeria	6
United Kingdom	6
China	5

Country	Citing papers
India	5
Iran	5
Australia	5
Brazil	4
Ethiopia	4
Italy	4
Canada	3
Egypt	3

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

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

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

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

Contribution	Core paper	Indep. cites	Supports
Contribution 1	Global and regional mortality from 235 causes of death for 20 age groups in 1990 and 2010: a systematic analysis for the Global Burden of Disease Study 2010	9	8 CFR 204.5(h)(3)(v) — Criterion 5
Contribution 2	Global burden of 369 diseases and injuries in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019	2	8 CFR 204.5(h)(3)(v) — Criterion 5