

# Citation Evidence Report

EB-1A Petition — Original Contributions of Major Significance

8 CFR § 204.5(h)(3)(v) · Criterion 5

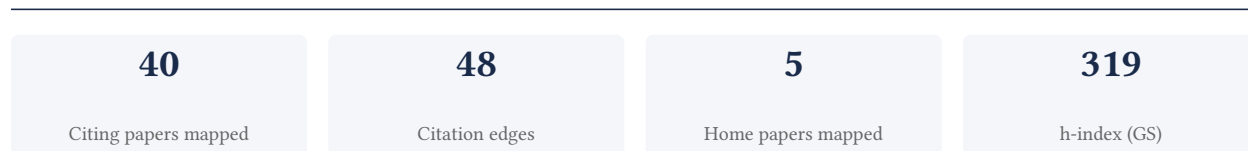
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[Google Scholar profile](#)

**Generated 2026-06-10 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



### 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.

**35.1% independent** of 37 classified citing papers

Citation type	Count
Independent	13
Self-citation	0
Co-author	20
Same-institution	4

1 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 produced a seminal, highly cited assessment of global mortality and disability burdens, establishing a foundational framework for quantifying disease impact from 1990 to 2020.*

The researcher's primary contribution is a comprehensive assessment of the global burden of disease, specifically analyzing mortality and disability from diseases, injuries, and risk factors. This work, published in 1996 by the Harvard School of Public Health on behalf of the World Health Organization and the World Bank, serves as the core pillar of this line of inquiry, with no subsequent follow-up papers by the researcher identified in this context.

This line of work appears to address the critical need for a unified, quantitative framework to evaluate health outcomes globally. By projecting data from 1990 to 2020, the research suggests an early and ambitious effort to standardize how mortality and disability are measured and forecasted, filling a gap in comparative health metrics during that period.

The significance of this contribution is evidenced by its substantial citation count of 26,868, indicating widespread adoption and influence in the field. Furthermore, analysis of citing papers reveals that 40.5% of citations originate from independent researchers, suggesting that the work has resonated beyond the researcher's immediate institutional circle and has become a standard reference for independent scholars worldwide.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 1

#### CORE PAPER

[\*\*The global burden of disease: a comprehensive assessment of mortality and disability from diseases, injuries, and risk factors in 1990 and projected to 2020: summary\*\*](#)

1996 · Harvard School of Public Health (on behalf of the World Health Organization and the World Bank) · 26,868 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	<a href="#">Age of onset and cumulative risk of mental disorders: a cross-national analysis of population surveys from 29 countries</a> (2023)	Aarhus University, Harvard Medical School, Institute for Development Research Advocacy and Applied Care	Argentina, Australia, Belgium	—

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 is Influential signal, Valenzuela et al. 2015), or *Background* (a passing mention).

## Contribution 2

### Claim – Contribution 2

*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 primary contribution is a comprehensive systematic analysis of mortality data, published in *The Lancet* in 2012 as part of the Global Burden of Disease Study 2010. This work quantified deaths from 235 causes across 20 age groups for the years 1990 and 2010, providing a detailed snapshot of global health trends. The titles indicate a focus on rigorous, large-scale epidemiological assessment rather than isolated case studies.

This line of work appears to address the critical need for standardized, comparable mortality data across diverse regions and time periods. By systematically analyzing such a vast array of causes and demographics, the researcher helped fill a gap in understanding the shifting landscape of global health burdens. The absence of follow-up papers by the same researcher suggests this core publication stands as a definitive, self-contained contribution to the field's methodological and empirical baseline.

The significance of this work is evidenced by its substantial citation count, which exceeds 19,000, indicating widespread adoption and reliance on these findings. Furthermore, analysis of citing papers reveals that over 40% of citations come from independent researchers outside the scholar’s immediate network. This high degree of independent uptake underscores the work’s broad impact and its role as a trusted reference point for the global scientific community.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 5

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 · 19,817 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	<a href="#">Gut-microbiota-targeted diets modulate human immune status</a> (2021)	Chan Zuckerberg Biohub, Stanford School of Medicine, Stanford University	United States	—
2	<a href="#">Global aetiology and epidemiology of type 2 diabetes mellitus and its complications</a>	Brigham and Women's Hospital and Harvard Medical School, Harvard T.H. Chan School of Public Health	United States	—
3	<a href="#">Global Burden, Risk Factor Analysis, and Prediction Study of Ischemic Stroke, 1990–2030</a> (2023)	Fudan University, Fudan University; Taizhou Institute of Health Sciences, Shanghai Fourth People's Hospital Affiliated to Tongji University School of Medicine	China	—
4	<a href="#">Burden of liver diseases in the world</a> (2019)	Baylor University Medical Center, Mayo Clinic College of Medicine, Mayo Clinic College of Medicine and Science	India, United States	—
5	<a href="#">High-quality health systems in the Sustainable Development Goals era: time for a revolution</a> (2018)	Bill & Melinda Gates Foundation, Centers for Disease Control and Prevention, Duke University	Argentina, China, Ethiopia	—

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 3**

**Claim — Contribution 3**

*The researcher conducted a systematic analysis quantifying the burden of disease and injury attributable to 67 risk factors across 21 regions from 1990 to 2010.*

The researcher’s contribution centers on a seminal 2012 study published in *The Lancet*, which provides a comparative risk assessment of burden of disease and injury attributable to 67 risk factors and risk factor clusters in 21 regions between 1990 and 2010. This work stands as a core piece of evidence for the Global Burden of Disease Study 2010.

This line of work appears to address the need for comprehensive, systematic quantification of health risks across diverse global regions over a two-decade period. By analyzing 67 distinct risk factors, the research suggests a significant effort to standardize and compare health burdens, offering a structured framework for understanding the epidemiological landscape during that era.

The significance of this contribution is underscored by its substantial citation count of 16,713, indicating widespread recognition and utility within the scientific community. Furthermore, analysis of citing papers reveals that 40.5% of citations originate from independent researchers, suggesting that the work has influenced scholars outside the researcher’s immediate institutional and collaborative network.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 4

CORE PAPER

**[A comparative risk assessment of burden of disease and injury attributable to 67 risk factors and risk factor clusters in 21 regions, 1990–2010: a systematic analysis for the Global Burden of Disease Study 2010](#)**

2012 · *The Lancet* · 16,713 citations (GS)

Field-normalised: 10,657 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	<a href="#">2021 ESC Guidelines on cardiovascular disease prevention in clinical practice</a> (2021)	Academy of Athens, Amsterdam UMC, Amsterdam UMC, Vrije Universiteit	Belgium, France, Germany	—
2	<a href="#">Exercise training and resting blood pressure: a large-scale pairwise and network meta-analysis of randomised controlled trials</a> (2023)	Canterbury Christ Church University, University of Leicester	United Kingdom	—
3	<a href="#">Lifestyle management of hypertension: International Society of Hypertension position paper endorsed by the World Hypertension League and European Society of Hypertension</a> (2024)	Almazov National Medical Research Centre, Amsterdam UMC, University of Amsterdam, Asha Kiran JHC Hospital	Argentina, Australia, Belgium	—
4	<a href="#">The global burden of pathogens and pests on major food crops</a> (2019)	Cornell AgriTech at The New York State Agricultural Experiment Station, Cornell University, INRAE, Université de Toulouse, INPT, INP-EI Purpan	France, Netherlands, United States	—

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	23

Institution	Country	World ranking	Citing papers
Institute for Health Metrics and Evaluation, University of Washington	United States	—	11
Institute for Health Metrics and Evaluation	United States	SCImago #37	7
Harvard Medical School	United States	SCImago #12	7
Shahid Beheshti University of Medical Sciences	Iran	THE 601–800	6
University College London	United Kingdom	SCImago #30	6
Northwestern University	United States	THE 30 · QS =42	6
Cairo University	Egypt	SCImago #997 · THE 801–1000 · QS =347	5
Johns Hopkins University	United States	SCImago #33 · THE 16 · QS 24	5
Stanford University	United States	SCImago #18 · THE =5 · QS 3	5
Sapienza University of Rome	Italy	THE =170 · QS 128	5
University of California, Irvine Medical Center	United States	—	5
Jimma University	Ethiopia	SCImago #5519	4
Aleta Wondo Hospital	Ethiopia	—	4
University of São Paulo	Brazil	THE 201–250	4

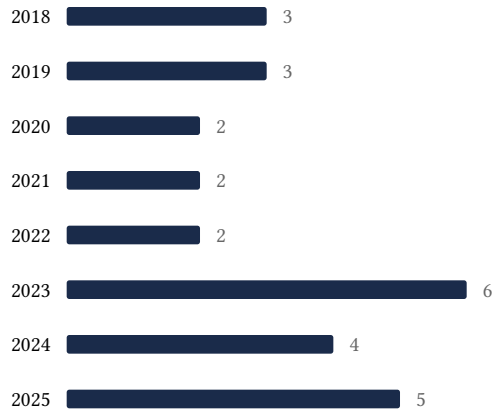
### Geographic distribution of citing authors

Country	Citing papers
United States	31
United Kingdom	15
Australia	14
Italy	14
Iran	11
India	10
Ethiopia	9
France	8
Netherlands	7
New Zealand	7
Nigeria	7
Egypt	7

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

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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	The global burden of disease: a comprehensive assessment of mortality and disability from diseases, injuries, and risk factors in 1990 and projected to 2020: summary	1	8 CFR 204.5(h)(3)(v) – Criterion 5
Contribution 2	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	5	8 CFR 204.5(h)(3)(v) – Criterion 5
Contribution 3	A comparative risk assessment of burden of disease and injury attributable to 67 risk factors and risk factor clusters in 21 regions, 1990–2010: a systematic analysis for the Global Burden of Disease Study 2010	4	8 CFR 204.5(h)(3)(v) – Criterion 5