

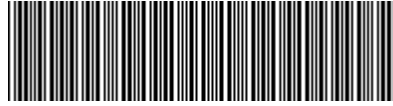
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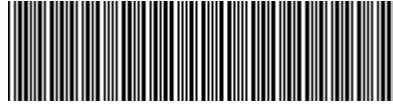
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대한민국헌법 제1조 제1항에 의하면
대한민국은 민주공화국이다.
대한민국의 주권은 국민에게 있고, 모든 권력은 국민으로부터 나온다.

대한민국헌법 제2조 제1항에 의하면
대한민국의 기본권은 국민에게 있다.
대한민국의 기본권은 국민에게 있다.

대한민국헌법 제3조

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- 대한민국헌법 제3조 제4항

대한민국헌법 제3조 제1항에 의하면
대한민국의 기본권은 국민에게 있다.

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March 6, 2026



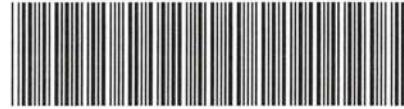
YGLESIO LUCIANO MO SILVA DE
SOUZA
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U.S. Department of Homeland Security

U.S. Citizenship and Immigration Services
Texas Service Center
6046 N Belt Line Rd STE 140
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**U.S. Citizenship
and Immigration
Services**



IOE0935642685

RE: YGLESIO LUCIANO MO SILVA DE
SOUZA
I-140, Immigrant Petition for Alien Worker

**PREMIUM PROCESSING
NOTICE OF INTENT TO DENY**

Reference is made to Immigrant Petition for Alien Worker (Form I-140) filed by Yglesio Silva De Souza (the petitioner) on 2/13/2026. The petitioner seeks to classify Yglesio Silva De Souza (the beneficiary) as an alien with extraordinary ability in accordance with Section 203(b)(1)(A) of the Immigration and Nationality Act (Section 203(b)(1)(A) of the INA). After a review of the petition and all of the supporting evidence, it is the intent of U.S. Citizenship and Immigration Services (USCIS) to deny Form I-140.

The beneficiary intends to work as a Digestive System Surgeon/Medical Scientist.

INA Section 203(b)(1)(A) defines an “alien with extraordinary ability” in the following terms:

--An alien is described in this subparagraph if--

- i. The alien has extraordinary ability in the sciences, arts, education, business, or athletics which has been demonstrated by sustained national or international acclaim and whose achievements have been recognized in the field through extensive documentation,
- ii. The alien seeks to enter the United States to continue work in the area of extraordinary ability, and
- iii. The alien’s entry into the United States will substantially benefit prospectively the United States.

8 Code of Federal Regulations (8 CFR), 204.5(h)(2) defines “extraordinary ability” as:

A level of expertise indicating that the individual is one of that small percentage who has risen to the very top of the field of endeavor.

USCIS and the legacy Immigration and Naturalization Service (INS) have consistently recognized that Congress intended to set a very high standard for individuals seeking immigrant visas in the

extraordinary ability classification. See 56 Federal Register 60897, 69898-99 (Nov. 29, 1991).

8 CFR 204.5(h)(3) indicates that an individual can establish sustained national or international acclaim through evidence of a one-time achievement (that is, a major, internationally recognized award). Barring the individual's receipt of such an award, the regulation outlines ten criteria, at least three of which must be satisfied for an individual to establish the sustained acclaim necessary to qualify as an individual of extraordinary ability. The criteria are outlined below.

- (i) Documentation of the alien's receipt of lesser nationally or internationally recognized prizes or awards for excellence in the field of endeavor;
- (ii) Documentation of the alien's membership in associations in the field for which classification is sought, which require outstanding achievements of their members, as judged by recognized national or international experts in their disciplines or fields;
- (iii) Published material about the alien in professional or major trade publications or other major media, relating to the alien's work in the field for which classification is sought. Such evidence shall include the title, date, and author of the material, and any necessary translation;
- (iv) Evidence of the alien's participation, either individually or on a panel, as a judge of the work of others in the same or an allied field of specification for which classification is sought;
- (v) Evidence of the alien's original scientific, scholarly, artistic, athletic, or business-related contributions of major significance in the field;
- (vi) Evidence of the alien's authorship of scholarly articles in the field, in professional or major trade publications or other major media;
- (vii) Evidence of the display of the alien's work in the field at artistic exhibitions or showcases;
- (viii) Evidence that the alien has performed in a leading or critical role for organizations or establishments that have a distinguished reputation;
- (ix) Evidence that the alien has commanded a high salary or other significantly high remuneration for services, in relation to others in the field; or
- (x) Evidence of commercial successes in the performing arts, as shown by box office receipts or record, cassette, compact disk, or video sales.

A two-part analysis is used to determine whether the beneficiary is an individual of extraordinary ability:

- First, we determine whether the petitioner has submitted evidence to show that the beneficiary:
 - Has received a one-time achievement (a major internationally recognized award); or,
 - Qualifies under at least three of the ten regulatory criteria required for this classification.
- Second, we determine whether the petitioner has submitted evidence demonstrating that the beneficiary:



- Has sustained national or international acclaim.
 - In determining whether the beneficiary has enjoyed “sustained” national or international acclaim, such acclaim must be maintained. A beneficiary may have achieved extraordinary ability in the past but then failed to maintain a comparable level of acclaim thereafter; and,
- Has achievements that have been recognized in the field of expertise, indicating that the beneficiary is one of that small percentage who has risen to the very top of the field of endeavor.

*

Area of Expertise

The beneficiary has submitted a letter in which he indicates that he is prepared to continue producing original, impactful work in the fields of medicine and public service. The beneficiary, however, must demonstrate "by clear evidence that the alien is coming to the United States to continue work in the area of expertise." See the regulation at 8 C.F.R. § 204.5(h)(5). INA 203(b)(1)(A)(ii) provides that the beneficiary seek “to enter the United States to continue work in the area of extraordinary ability,” not areas of extraordinary ability. Thus, the beneficiary may claim only one area (i.e., occupation and field) for each I-140 filing. See *Lee v. Ziglar*, 237 F. Supp. 2d 914, 918 (N.D. Ill. 2002) (illustrating that USCIS may reasonably interpret that continuing to work in one's "area of extraordinary ability" as working in the same profession in which one has extraordinary ability, not necessarily in any profession in that field).

Form I-140 Parts 5 and 6 indicate that the beneficiary's occupation is that of Digestive System Surgeon/Medical Scientist. USCIS will therefore evaluate the evidence submitted relative to the beneficiary's ability and acclaim as a Digestive System Surgeon/Medical Scientist.

*

Part I: Criteria Analysis

The petitioner has not established that the beneficiary has received a one-time achievement that is a major, internationally recognized prize or award. As a result, the evidence must demonstrate that the beneficiary has fulfilled at least three of the ten criteria listed in the regulations.

USCIS has determined that the petitioner has provided sufficient documentation to establish the beneficiary has met the following regulatory criteria:

- Evidence of the alien’s participation, either individually or on a panel, as a judge of the work of others in the same or an allied field of specialization for which classification is sought;
- Evidence of the alien’s authorship of scholarly articles in the field, in professional or major trade publications or other major media;

USCIS has determined that the petitioner provided documentation, but failed to establish eligibility for the following criteria:

Documentation of the beneficiary’s membership in associations in the field for which classification is sought. The association must require outstanding achievements of their members, as judged by recognized national or international experts in their disciplines or fields.

Criterion not met.

The record identifies the beneficiary's memberships in the following organizations as evidence for this criterion:

- Brazilian College of Surgeons (CBC)
- Brazilian College of Digestive Surgery (CBCD)
- Memberships in Mensa, Intertel, Infinity - High IQ societies.

The brief from counsel states that the memberships in the CBC and CBCD require things such as completing a multi-year medical residency program, approval through formal examination and documentary review, and evaluation by senior physicians and academic leaders.

The record includes in Exhibit III information regarding CBC and CBCD memberships. Two documents submitted indicate that they have been issued by the Regional Council of Medicine of the State of Maranhao - Specialist Certificate - General Surgery and Digestive System Surgery. However, neither document, which appear to be medical credentials, appears to identify specifically CBC or CBCD. Nevertheless, even if such information has been submitted but overlooked, the requirements identified by counsel of completing a residency, passing an exam, etc., would not constitute outstanding achievements. As well, the bylaws submitted do not appear to describe requirements of outstanding achievement for membership. Requirements that only include employment or activity in a given field; minimum education, experience, or achievement; the passing of tests, recommendations by colleagues or current members, payment of dues, etc., do not satisfy this criterion since these requirements do not constitute outstanding achievements.

Regarding the High IQ societies, the memberships appear to be the result of taking tests to measure IQ or cognitive ability; and there does not appear to be any requirements of outstanding achievements in the beneficiary's field of Digestive System Surgery for these memberships. Counsel states that although these societies are not field specific to medicine USCIS policy allows associations to be credited under this criterion where the basis is clearly documented in performance-based excellence, but has not identified the applicable policy.

To assist in determining that the beneficiary's memberships satisfy this criterion, the petitioner may submit:

- Documentary evidence which describes the association's goals, mission, or target membership.
- Information to establish that the individuals who review prospective members' applications are recognized as national or international experts in their disciplines or fields.
- The section of the association's constitution or bylaws which discuss the qualifications required of the reviewers on the review panel of the association.
- The section of the association's constitution or bylaws which discuss the criteria for membership for the beneficiary's level of membership in the association.

Published material about the beneficiary in professional or major trade publications or other major media. The materials must relate to the beneficiary's work in the field for which classification is sought.

Criterion not met.

The record has identified articles that have appeared in publications/web sites such as the following as evidence for this criterion:



- O Globo
- G1 - Jornal Nacional; Jornal Hoje
- UOL-Folha de Sao Paulo and Estadao
- G7 - Maranhao State Press
- Nove Oito (98 FM News)
- Blog do Gilberto Leda

To begin, it is noted that most of the identified articles do not identify the author, as required in the regulation. As well, the articles are not primarily about the beneficiary and his work as a Digestive System Surgeon/Medical Scientist; rather, they are about the administrative issues with his employer, the beneficiary's political activities, etc.

Also, as it relates to other major media, "[C]ourts generally agree that the phrase can mean a publication with significant reach and recognition. It follows that the AAO may reasonably require evidence of circulation or the like." *Krasniqi v. Dibbins*, 558 F. Supp. 3d 168, 185 (D.N.J. 2021). Web portals, company websites, social media, and search engines are not subject to editorial review are open to self-creation of material, and therefore generally not acceptable as evidence for this criterion as there is no assurance of reliability from open or user-edited internet sites. See *Badasa v. Mukasey*, 540 F.3d 909, 901-11 (8th Cir. 2008) (discussing the reliability of sources such as Wikipedia). Further, USCIS cannot not assume that statistics for an entire web portal such as these apply to each of that portal's "channels,"; or more specifically, every article posted within such a portals or web sites. Also, some newspapers, such as the New York Times, nominally serve a particular locality but would qualify as major media because of significant national distribution, unlike smaller local or regional papers, special interest publications, free circulars, and so forth. Without additional corroboration beyond web traffic information, such as official media rankings, comparative circulation/distribution information, etc., the record has not illustrated that the online material was professional or major trade publications or other major media.

To assist in determining that publications qualify as professional or major trade publications or other major media, the petitioner may submit:

- Documentary evidence including:
 - The title, date, and author of the published material;
 - The circulation (online and/or in print); and,
 - The intended audience of the publication.

Note: The evidence submitted should be specific to the media format in which it was published. If the material was published online, the evidence should relate to the website. If it was published in print, the evidence should relate to the printed publication.

To assist in determining that the published material relates to the beneficiary and the beneficiary's work in the field, the petitioner may submit:

- Additional published material that relates to the beneficiary and the beneficiary's work in the field.
- Documentary evidence that the submitted published material was about the beneficiary and the beneficiary's work in the field.

Notes:

- Additional published material should be dated prior to the date of submission of this Form I-140.
- The published material should be about the beneficiary's work in the field, not just about the beneficiary's employer or other organizations the beneficiary is associated with.
- Published material could cover a broader topic but should include a substantial discussion of the beneficiary's work in the field and mentions the beneficiary in connection to the work may be considered material "about" the beneficiary relating to the beneficiary's work.
- Marketing materials created for the purpose of selling the beneficiary's products or promoting the beneficiary's services are not generally considered to be published material about the beneficiary.
- Unevaluated listings in a subject matter index or footnote, or reference to the beneficiary's work without evaluation are insufficient.

Evidence of the beneficiary's participation, either individually or on a panel, as a judge of the work of others in the same or an allied field of specialization for which classification is sought.

Criterion met.

Evidence of the beneficiary's original scientific, scholarly, artistic, athletic, or business-related contributions of major significance in the field.

Criterion not met.

The record points to the following as evidence for this criterion:

- Authorship/publication of peer-reviewed scientific articles
- Impact in Public Health Policy

Letters of support were also submitted which discuss and describe the beneficiary's work in statements such as: "Most notably, we co-authored the first human clinical study in the world evaluating duodenojejunal exclusion for the treatment of type-2 diabetes - a groundbreaking metabolic surgery protocol that remains a global reference to this day." ; "...he was instrumental in designing and passing policies that increased ICU capacity, strengthened mutirao (mass surgical efforts), and broadened access to high-complexity care across the state...(The beneficiary's) ability to bridge clinical expertise with health policy formulation and systems oversight has produced tangible improvements in Maranhao's health indicators." ; "(The beneficiary) has built a distinguished career centered on the surgical management of these metabolic conditions. His technical excellence, academic output, and health policy leadership has advanced both the clinical and instructional treatment of diseases that ultimately burden the cardiovascular system."

This regulatory criterion contains multiple evidentiary elements that you must satisfy. You must demonstrate that the beneficiary's contributions are original and scientific, scholarly, artistic, athletic, or business-related in nature. The contributions must have already been realized, rather than being prospective possibilities.

You must also establish that the contribution rises to the level of major significance in the field as a whole. The phrase "major significance" is not superfluous and thus has meaning. See *Silverman v. Eastrich Multiple Investor Fund., L.P.*, 51 F.3d 28, 31 (3d Cir. 1995), quoted in *APWU v. Potter*, 343 F.3d 619, 626 (2d Cir. 2003). The term "contributions of major significance" connotes that the beneficiary's work has significantly impacted the field. See *Visinscaia*, 4 F. Supp. 3d a.



While the beneficiary's research is no doubt of value, it does not follow that every researcher who performs research that adds to the pool of knowledge or provides useful information for further research, insights, etc., as is expected of valid, original research, has inherently made contributions of major significance to the field as a whole. Research inherently must be shown to be original and present some benefit if it is to receive funding and attention from the scientific community. The letters, while describing the beneficiary's work as having been well received, do not appear to describe specific examples, accompanied by corroborative evidence, of how the beneficiary's work has been implemented in the field on a widespread scale, successfully patented and commercialized for widespread use in the field, received significant media coverage, or other such evidence of work that is considered not only original, but considered contributions of major significance to the field as a whole that have changed the field in some major way.

Regarding the beneficiary's scientific publications, the record indicates that one of the beneficiary's articles, a 2009 article, was cited over 200 times. While the beneficiary's work has been cited by others, the researchers also cited the works of many other researchers as well, as the publishing and presenting of one's work for review and testing by the scientific/academic community is expected of researchers. Citations of one researcher's work by other researchers located in the U.S. and abroad are generally representative of the collaborative and iterative process of scientific research. The record does not demonstrate that any of the beneficiary's publications have been so extensively cited or otherwise impacted the field to such an extent that any of the beneficiary's publications would be considered a contribution of major significance to the field.

As well, while the letters speak positively of the beneficiary's legislative contributions, the record does not demonstrate through objective, documentary evidence that that any of these legislative contributions to the state of Maranhao have results in contributions of such significance to the field that the field is now different or has changed in some major way as a result of the beneficiary's work. Letters, though not without weight, cannot form the cornerstone of a successful extraordinary ability claim. USCIS may, in its discretion, use such letters as advisory opinions submitted by expert witnesses. However, USCIS is ultimately responsible for making the final determination of the alien's eligibility [*Matter of Caron International*, 19 I&N Dec. 791, 795 (Commr.1988)].

To assist in determining whether the beneficiary's contributions are original and of major significance in the field, the petitioner may submit:

- Objective documentary evidence of the significance of the beneficiary's contribution to the field.
- Documentary evidence that people throughout the field currently consider the beneficiary's work important.
- Testimony and/or support letters from experts which discuss the beneficiary's contributions of major significance.
- Evidence that the beneficiary's major significant contribution(s) has provoked widespread public commentary in the field or has been widely cited.
- Evidence of the beneficiary's work being implemented by others. Possible evidence may include but is not limited to:
 - Contracts with companies using the beneficiary's products;
 - Licensed technology being used by others;
 - Patents currently being utilized and shown to be significant to the field.

Note: Letters and testimonies, if submitted, must provide as much detail as possible about the beneficiary's contribution and must explain, in detail, how the contribution was "original" (not merely replicating the work of others) and how they were of "major" significance. General statements regarding the importance of the endeavors which are not supported by documentary evidence are insufficient.

Evidence of the beneficiary's authorship of scholarly articles in the field, in professional or major trade publications or other major media.

Criterion met.

Evidence that the beneficiary has performed in a leading or critical role for organizations or establishments that have a distinguished reputation.

Criterion not met.

The record identifies the beneficiary's roles with the following organizations as evidence for this criterion:

- Legislative Assembly of Maranhao
- Executive Directorship of Socorao 1
- Academic Leadership as surgical preceptor at HU-UFMA

To satisfy this criterion, it is not enough for the work of the beneficiary to be supportive, valuable or even necessary. The key question is whether the beneficiary performed in a leading or critical role for organizations or establishments that have a distinguished reputation.

Regarding the beneficiary role as a legislator, the beneficiary's work as a legislator is not related to his work in the field of Digestive System Surgery. It does appear that the beneficiary has held a leading role with the Socorao 1 medical facility. However, USCIS is not persuaded by the evidence submitted that this organization enjoys a distinguished reputation. Merriam-Webster's online dictionary defines distinguished as marked by eminence, distinction, or excellence or befitting an eminent person. See <https://www.merriam-webster.com/dictionary/distinguished>. The record includes articles which discuss the facilities shortages, "deplorable state", etc. The record does include a 2025 article which states that the hospital has been recognized as having one of the most efficient ICU's in Brazil, but this one recognition is insufficient to establish that this organization enjoys a distinguished reputation. The record does not appear to include evidence of significant awards, recognitions, achievements, etc., such as to set this organization apart as distinguished from other hospitals that provide the same or similar services. USCIS notes that even if an organization or establishment may appear to be well known, the evidence must establish that the organization or establishment for which you claim to have performed a leading or critical role has a distinguished reputation.

Regarding the beneficiary's work as a surgical preceptor for HU-UFMA, hospitals, medical research facilities, universities and other such organizations have far-reaching objectives and goals, and employ numerous quality professionals in pursuit of these objectives and endeavors, but the record does not demonstrate that every professional, administrator, instructor, physician, etc. associated with these organizations and their programs are necessarily leading or critical to these organizations. The letters indicate that the beneficiary is and was important to his current and former employers, but the evidence does not establish that the beneficiary's employment is leading or critical. The record does not demonstrate that the beneficiary's work on various projects or programs could be considered, while valuable or even necessary to the organizations, leading or critical to the overall success and standing of these organizations or establishments relative to the presidents, administrators, instructors or other such necessary professionals or highly placed officials within these organizations. USCIS concludes that the record does not contain sufficient evidence to demonstrate that the beneficiary is and was primarily responsible for any of the organization's success or standing to a degree consistent with the meaning of "leading or critical role." Rather, the evidence indicates that the

beneficiary is and was successful at performing and accomplishing his role on projects, teams and for the organization.



To assist in determining that the beneficiary has performed in a leading or critical role the petitioner may submit:

- Letters from current or former employer(s) or trainer(s) with personal knowledge of the significance of the beneficiary's leading or critical role.
 - The letters should contain detailed and probative information that specifically addresses how the beneficiary's role for the organization or establishment, or a division or department within the organization or establishment, is or was leading or critical. Details should include the specific tasks or accomplishments of the beneficiary as compared to others who are employed in similar pursuits within the field of endeavor.
 - The letters should include the name, address, and title of the writer.

If letters from current or former employer(s) or trainer(s) with personal knowledge of the significance of the beneficiary's leading or critical role are unavailable, the petitioner may submit:

- Documentary evidence to demonstrate how the beneficiary's role was/is leading or critical for the organizations or establishments or the division or department of an organization or establishment.
 - If a leading role, the evidence must establish that the beneficiary is (or was) a leader. A title, with appropriate matching duties, can help to establish if a role is (or was), in fact, leading within the organization or establishment or a division or department thereof.
 - If a critical role, the evidence must establish that the beneficiary has contributed in a way that is of significant importance to the outcome of the organization or establishment's activities or the activities of a division or department within the organization or establishment. A supporting role may be considered "critical" if the beneficiary's performance in the role is (or was) important in that way. It is not the title of the beneficiary's role, but rather the beneficiary's performance in the role that determines whether the role is (or was) critical.

To assist in determining that any organization has/have a distinguished reputation, the petitioner may submit:

- Evidence to demonstrate the distinguished reputation of the organizations or establishments, or a division or a department of an organization or establishment for which the beneficiary performed in leading or critical roles. The evidence should document the organizations or establishments eminence, distinction, or excellence.
- Evidence to demonstrate the distinguished reputation of the organization or establishment relating to its relative size and longevity.

Note:

- Evidence explaining the relative size or longevity of an organization or establishment is not in and of itself a determining factor but is considered together with other information to determine whether a distinguished reputation exists.

Evidence that the beneficiary has commanded a high salary or other significantly high remuneration for services, in relation to others in the field.

Criterion not met.

As evidence for this criterion the record includes evidence of the beneficiary's earnings, primarily from his work with the Instituto Gastro Digestivo e Obesidade do Maranhao Ltda. The record includes a letter from the accountant of Instituto Gastro Digestivo e Obesidade do Maranhao Ltda. which provides the beneficiary's income from 2009-2024, which for most years is reported as having come "primarily from medical service provision."

The plain language of this criterion allows for the submission of both salary and remuneration. The petitioner submitted evidence that combines both salary and remuneration. However, the plain language of this criterion makes a distinction between salary and remuneration. A salary must be high and a remuneration must be significantly high. Therefore, the petitioner must submit separate comparable earning data to establish that the salary is high or that the remuneration is significantly high relative to others in the field. Further, the letter describing how the beneficiary obtained his earnings is from the accountant of Instituto Gastro Digestivo e Obesidade do Maranhao Ltda., rather than someone actually employed with Instituto Gastro Digestivo e Obesidade do Maranhao Ltda. to describe the beneficiary's earnings. The record also does not appear to include copies of the beneficiary's pay stubs, tax forms, etc., to corroborate the beneficiary's earnings.

The letter from the account also states that salary information provided is for a 19 hour work week. But it is not readily apparent from the record why only a 19 hour work week is reported, how many hours the beneficiary works as a surgeon, etc. Also, the salary information provided is for that of a "Surgeon", while the beneficiary is identified as a "General and Digestive Surgeon - Specialist in laparoscopic and metabolic surgery." In order to satisfy this criterion, the petitioner must offer evidence of objective earnings data showing that he has earned a "high salary" or "significantly high remuneration" in comparison with those performing similar work during the same time period. See *Matter of Price*, 20 I&N Dec. 953, 954 (Assoc. Comm'r 1994) (considering professional golfer's earnings versus other PGA Tour golfers). Thus, general surgeon salary information provided is not sufficient as a comparison to establish that the beneficiary's salary or remuneration is high or significantly high relative to others in the field.

Also submitted was evidence of the beneficiary's income and asset holdings from U.S. real estate activities. The beneficiary's real estate income/assets are not evidence of the beneficiary earning a high salary or significantly high remuneration relative to what other Digestive System Surgeons/Medical Scientist in the field earn.

To assist in determining that the beneficiary's salary or remuneration is high relative to others working in the field, the petitioner may submit:

- Copies of the beneficiary's W-2 or 1099 forms for years in which the beneficiary has received a high salary in the field of endeavor. Alternatively, the petitioner may provide similar foreign tax documents which establish yearly wages earned outside the U.S.
- Media reports of notably high salaries earned by others in the beneficiary's field.
- List compiled by credible professional organization(s) of the top earners in a field.
- Geographical or position appropriate compensation surveys;
- Organization justifications to pay above the compensation data;
- Information from the U.S. Department of Labor or similar sources that show the comparison of salaries within states, between states, etc. (see note below).

Note: U.S. Department of Labor prevailing wage rate information alone does not generally establish whether the salary or other remuneration is "significantly" higher than that of others in the field. If U.S. Department of Labor prevailing wage rate information is submitted, it should be accompanied by

other corroborative evidence showing that the wage rate is high relative to others working in the field. (See examples above).



If the petitioner believes the beneficiary qualifies under any of the regulatory criteria that USCIS has determined that the petitioner has failed to establish eligibility under, or any additional regulatory criteria, the petitioner should submit clarifying evidence, or submit additional evidence in response to this portion of the notice of intent to deny.

Part II. Final Merits Analysis

The petitioner has not submitted evidence to demonstrate the beneficiary has met at least 3 of the 10 regulatory criteria. Nevertheless, USCIS will now examine the evidence presented in its entirety to make an initial final merits determination, of whether or not the petitioner, by a preponderance of the evidence, has demonstrated that the beneficiary possesses the high level of expertise required for the E11 immigrant classification.

Establishing eligibility for the high level of expertise required for the E11 immigrant classification is based on the beneficiary possessing:

- Sustained national or international acclaim.
 - In determining whether the beneficiary has enjoyed “sustained” national or international acclaim, such acclaim must be maintained. A beneficiary may have achieved extraordinary ability in the past but then failed to maintain a comparable level of acclaim thereafter; and,
- Achievements that have been recognized in the field of expertise, indicating that the beneficiary is one of that small percentage who has risen to the very top of the field of endeavor.

It appears from the record that the beneficiary is an experienced and accomplished professional in the field. However, Congress intended the classification of extraordinary ability to be given to those very few at the top of the field of endeavor. The evidence of record, in totality, does not demonstrate that the beneficiary has enjoyed a career of sustained acclaim as one of the very top of the field of endeavor.

The record does not demonstrate that the beneficiary has received any nationally or internationally recognized prizes or awards for excellence in the field of endeavor. Nor does the record demonstrate that the beneficiary is a member of any organization that requires outstanding achievements for membership.

USCIS did not find that the “published material” criterion has been met. But even considering the plain language requirements of this criterion to have been met by the evidence submitted, these few, brief articles, which discuss topics such as the beneficiary’s congratulating the U.S. president on his victory, requesting food and cleaning products for a hospital, or advocating for investments in public health and schools through his political activities, etc., are not indicative of a level of success consistent with being among “that small percentage who have risen to the very top of the field of endeavor.” 8 C.F.R. § 204.5(h)(2).

USCIS has acknowledged that the evidence submitted has met the plain language requirements for the “judge of the work of the others” via his having served on medical thesis examination boards and performing peer review work for Orlando Health. Regarding the work of medical thesis examination boards, the academic review of students/aspiring professionals is an inherent part of academia and performed by countless professionals and educational institutions across the globe. Regarding the beneficiary’s peer review work, generally, a journal’s editorial staff will enlist numerous professionals and researchers in the field to review submissions. It is common for a publication to ask multiple

reviewers to evaluate a manuscript and to offer their opinion. The publication's editorial staff may then accept or reject any reviewer's comments in determining whether or not to publish the submitted papers. While the described review work may require subject matter knowledge or expertise, the described review work is not persuasive towards a finding that the beneficiary has separated himself from almost all others in the field.

USCIS did not find that the beneficiary's contributions have risen to a level commensurate with major contributions to the field. USCIS did find that the evidence submitted met the plain language requirements for the "scholarly articles" criterion. However, the record has not demonstrated that the beneficiary's contributions, publication record, etc., has been so influential to the field that the beneficiary is considered to have enjoyed a career of sustained acclaim as one who has risen to the very top of the field of endeavor. Moreover, while we acknowledge the petitioner's submission of recommendation letters, the writers represent individuals whom the beneficiary selected, and who accepted the beneficiary's solicitation to provide letters. The submission of letters of support from the beneficiary's professional contacts is not presumptive evidence of eligibility. USCIS may evaluate the content of those letters as to whether they support the beneficiary's eligibility. *See Matter of Caron International*, 19 I&N Dec. 791, 795 (Comm. 1988). USCIS is ultimately responsible for making the final determination regarding an alien's eligibility for the benefit sought. Thus, the content of the writer's statements and how they became aware of the beneficiary's reputation are important considerations. Even when written by independent experts, letters solicited by a petitioner in support of an immigration petition are of less weight than preexisting, independent evidence that one would expect of an individual who has achieved sustained acclaim as one of the very top of the field of endeavor. An individual that enjoys sustained acclaim as one of the very top of the field of endeavor should be able to provide ample, independent, objective evidence of such acclaim, beyond evidence consisting primarily of letters of recommendation authored for the sole purpose of obtaining an immigration benefit.

USCIS found that the evidence submitted did not meet the plain language requirements for the leading or critical role or high salary criteria. But even if USCIS had granted these criteria as having been met, it would not result in a different decision. USCIS agrees that the beneficiary has been a valuable and talented contributor to his employer's successful operations, as described in the record. These letters of recommendation speak highly of the beneficiary and his work and contributions. However, while the beneficiary has made valuable contributions to his employer's operations, companies and organizations around the world employ and compensate well an innumerable number of executives, managers and other highly-skilled and experienced professionals to achieve their goals and objectives and to engage in the same or similar activities as the beneficiary; such as: business development, increasing sales/market share, product development, making innovative or technological advances, process improvement, developing solutions for clients and customers, etc. While the beneficiary has been successful in his work, the record does not demonstrate that the beneficiary's work in these roles, and when considered in totality with all of the evidence submitted, has resulted in the beneficiary receiving widespread acclaim from the field, receiving notoriety or attention based on his earnings, etc., such as to demonstrate that the beneficiary has enjoyed a career of sustained acclaim as one of that few that has risen to the very top of the field of endeavor.

The beneficiary seeks a highly restrictive visa classification, intended for individuals at the very top of their respective fields. The regulatory criteria describe types of evidence that you may submit, but it does not follow that every professional who has applied for/secured a patent or who has earned the respect of his colleagues is among the small percentage at the very top of the field. The burden of proof for this visa classification is not an easy one to satisfy; and the classification itself is not meant to be easy to obtain. A noncitizen who is not at the top of his field will be, by definition, unable to submit adequate evidence of such acclaim. This classification is for individuals at the rarefied heights of their respective fields; an alien can be successful, and even win praise from well-known figures in



the field, without reaching the very top of that field. USCIS has long held that even athletes performing at the major league level do not automatically meet the "extraordinary ability" standard. *Matter of Price*, 20 I&N Dec. 953,954 (Assoc. Comm'r 1994). Here, the beneficiary has not shown that the significance of his work is indicative of the required sustained national or international acclaim or that it is consistent with a "career of acclaimed work in the field" as contemplated by Congress. H.R. Rep. No. 101-723, 59 (Sept. 19, 1990); see also section 203(b)(1)(A) of the Act. Moreover, the record does not otherwise demonstrate that the beneficiary has garnered national or international acclaim in the field, and that he is one of the small percentage who has risen to the very top of the field of endeavor. See section 203(b)(1)(A) of the Act and 8 C.F.R. § 204.5(h)(2).

In this case, the petitioner did not establish that it satisfied each adjudicative element to establish eligibility for the requested benefit. Therefore, the above issue(s) independently form(s) the basis for this intended denial:

- The record does not demonstrate that the beneficiary has met at least 3 of the eligibility criterion; nor demonstrate that the beneficiary has garnered sustained acclaim in the field, and that the beneficiary is one of the small percentage who has risen to the very top of the field of endeavor.

Pursuant to Section 291 of the INA, whenever any person makes an application for an immigration benefit, they shall bear the burden of proof to establish eligibility. Accordingly, the petitioner must prove by a preponderance of the evidence, in other words, that it is more likely than not, that the beneficiary is fully qualified for the benefit sought. See *Matter of E-M-*, 20 I & N Dec. 77 (Comm'r. 1989). After a careful review and analysis of all evidence within the record, USCIS finds that the petitioner has not established eligibility for the benefit sought. As a result, USCIS intends to deny Form I-140.

Based upon the above reasons, you are hereby notified that it is the intent of USCIS to deny Form I-140. You have 30 (thirty) days (33 days if this notice was received by mail) to submit the following documentation:

- Evidence to demonstrate that the beneficiary has met at least 3 of the eligibility criterion; and to demonstrate that the beneficiary has garnered sustained acclaim in the field, and that the beneficiary is one of the small percentage who has risen to the very top of the field of endeavor.

The petitioner may also submit any other evidence it deems appropriate in support of Form I-140. USCIS will carefully review any evidence that the petitioner submits. If the petitioner fails to submit evidence in support of Form I-140, or fails to respond to this Notice of Intent to Deny (NOID), USCIS may deny this Form I-140 based upon the reasons set forth in this NOID.

Sincerely,

Carrie M. Selby
Acting Associate Director, Service Center Operations
Officer: XM1136



**PREMIUM PROCESSING
COVERSHEET**

PLEASE RETURN THE REQUESTED INFORMATION AND
ALL SUPPORTING DOCUMENTS **WITH**

THIS PAGE ON TOP TO:

USCIS/TSC

ATTN: RFE/NOID/NOIR/NOIT

6046 N BELT LINE RD STE 140

IRVING, TX 75038-0014

Please check the appropriate box regarding if there is a new Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, additional fees, additional forms, etc. Please place the new Form G-28, additional fees, additional forms directly under this sheet.

Yes, there is:

A New G-28

Additional Fees

Additional Forms

Other:

If you have moved, write your current address in the blank area below. Please be sure to write clearly.

(Select appropriate check box)

Applicant/Beneficiary

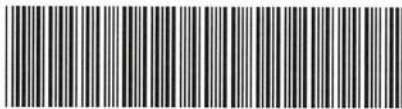
Petitioner

New Address:

As required by Section § 265.1 Reporting change of address. "Except for those exempted by section 263(b) of the Act, all aliens in the United States required to register under section 262 of the Act must report each change of address and new address within 10 days of such change in accordance with instructions provided by USCIS."

NOTICE OF INTENT TO DENY

I-140 Immigrant Petition for Alien Worker



IOE0935642685

SILVA DE SOUZA, YGLESIO LUCIANO MO

SILVA DE SOUZA, YGLESIO LUCIANO MO

March 6, 2026



U.S. Department of Homeland Security

U.S. Citizenship and Immigration Services

Texas Service Center

6046 N Belt Line Rd STE 140

Irving, TX 75038-0014

YGLESIO LUCIANO MO SILVA DE
SOUZA
c/o OTAVIO HAVERROTH SILVA
PO BOX 90487
SAN DIEGO, CA 92169



**U.S. Citizenship
and Immigration
Services**



IOE0935642685

RE: YGLESIO LUCIANO MO SILVA DE
SOUZA
I-140, Immigrant Petition for Alien Worker

**PREMIUM PROCESSING
NOTICE OF INTENT TO DENY**

Reference is made to Immigrant Petition for Alien Worker (Form I-140) filed by Yglesio Silva De Souza (the petitioner) on 2/13/2026. The petitioner seeks to classify Yglesio Silva De Souza (the beneficiary) as an alien with extraordinary ability in accordance with Section 203(b)(1)(A) of the Immigration and Nationality Act (Section 203(b)(1)(A) of the INA). After a review of the petition and all of the supporting evidence, it is the intent of U.S. Citizenship and Immigration Services (USCIS) to deny Form I-140.

The beneficiary intends to work as a Digestive System Surgeon/Medical Scientist.

INA Section 203(b)(1)(A) defines an "alien with extraordinary ability" in the following terms:

--An alien is described in this subparagraph if--

- i. The alien has extraordinary ability in the sciences, arts, education, business, or athletics which has been demonstrated by sustained national or international acclaim and whose achievements have been recognized in the field through extensive documentation,
- ii. The alien seeks to enter the United States to continue work in the area of extraordinary ability, and
- iii. The alien's entry into the United States will substantially benefit prospectively the United States.

8 Code of Federal Regulations (8 CFR), 204.5(h)(2) defines "extraordinary ability" as:

A level of expertise indicating that the individual is one of that small percentage who has risen to the very top of the field of endeavor.

USCIS and the legacy Immigration and Naturalization Service (INS) have consistently recognized that Congress intended to set a very high standard for individuals seeking immigrant visas in the extraordinary ability classification. See 56 Federal Register 60897, 69898-99 (Nov. 29, 1991).

8 CFR 204.5(h)(3) indicates that an individual can establish sustained national or international acclaim through evidence of a one-time achievement (that is, a major, internationally recognized award). Barring the individual's receipt of such an award, the regulation outlines ten criteria, at least three of which must be satisfied for an individual to establish the sustained acclaim necessary to qualify as an individual of extraordinary ability. The criteria are outlined below.

- (i) Documentation of the alien's receipt of lesser nationally or internationally recognized prizes or awards for excellence in the field of endeavor;
- (ii) Documentation of the alien's membership in associations in the field for which classification is sought, which require outstanding achievements of their members, as judged by recognized national or international experts in their disciplines or fields;
- (iii) Published material about the alien in professional or major trade publications or other major media, relating to the alien's work in the field for which classification is sought. Such evidence shall include the title, date, and author of the material, and any necessary translation;
- (iv) Evidence of the alien's participation, either individually or on a panel, as a judge of the work of others in the same or an allied field of specification for which classification is sought;
- (v) Evidence of the alien's original scientific, scholarly, artistic, athletic, or business-related contributions of major significance in the field;
- (vi) Evidence of the alien's authorship of scholarly articles in the field, in professional or major trade publications or other major media;
- (vii) Evidence of the display of the alien's work in the field at artistic exhibitions or showcases;
- (viii) Evidence that the alien has performed in a leading or critical role for organizations or establishments that have a distinguished reputation;
- (ix) Evidence that the alien has commanded a high salary or other significantly high remuneration for services, in relation to others in the field; or
- (x) Evidence of commercial successes in the performing arts, as shown by box office receipts or record, cassette, compact disk, or video sales.

A two-part analysis is used to determine whether the beneficiary is an individual of extraordinary ability:

- First, we determine whether the petitioner has submitted evidence to show that the beneficiary:
 - Has received a one-time achievement (a major internationally recognized award); or,
 - Qualifies under at least three of the ten regulatory criteria required for this classification.
- Second, we determine whether the petitioner has submitted evidence demonstrating that the beneficiary:
 - Has sustained national or international acclaim.



- In determining whether the beneficiary has enjoyed "sustained" national or international acclaim, such acclaim must be maintained. A beneficiary may have achieved extraordinary ability in the past but then failed to maintain a comparable level of acclaim thereafter; and,
- Has achievements that have been recognized in the field of expertise, indicating that the beneficiary is one of that small percentage who has risen to the very top of the field of endeavor.

*

Area of Expertise

The beneficiary has submitted a letter in which he indicates that he is prepared to continue producing original, impactful work in the fields of medicine and public service. The beneficiary, however, must demonstrate "by clear evidence that the alien is coming to the United States to continue work in the area of expertise." See the regulation at 8 C.F.R. § 204.5(h)(5). INA 203(b)(1)(A)(ii) provides that the beneficiary seek "to enter the United States to continue work in the area of extraordinary ability," not areas of extraordinary ability. Thus, the beneficiary may claim only one area (i.e., occupation and field) for each I-140 filing. See *Lee v. Ziglar*, 237 F. Supp. 2d 914, 918 (N.D. Ill. 2002) (illustrating that USCIS may reasonably interpret that continuing to work in one's "area of extraordinary ability" as working in the same profession in which one has extraordinary ability, not necessarily in any profession in that field).

Form I-140 Parts 5 and 6 indicate that the beneficiary's occupation is that of Digestive System Surgeon/Medical Scientist. USCIS will therefore evaluate the evidence submitted relative to the beneficiary's ability and acclaim as a Digestive System Surgeon/Medical Scientist.

*

Part I: Criteria Analysis

The petitioner has not established that the beneficiary has received a one-time achievement that is a major, internationally recognized prize or award. As a result, the evidence must demonstrate that the beneficiary has fulfilled at least three of the ten criteria listed in the regulations.

USCIS has determined that the petitioner has provided sufficient documentation to establish the beneficiary has met the following regulatory criteria:

- Evidence of the alien's participation, either individually or on a panel, as a judge of the work of others in the same or an allied field of specialization for which classification is sought;
- Evidence of the alien's authorship of scholarly articles in the field, in professional or major trade publications or other major media;

USCIS has determined that the petitioner provided documentation, but failed to establish eligibility for the following criteria:

Documentation of the beneficiary's membership in associations in the field for which classification is sought. The association must require outstanding achievements of their members, as judged by recognized national or international experts in their disciplines or fields.

Criterion not met.

The record identifies the beneficiary's memberships in the following organizations as evidence for this criterion:

- Brazilian College of Surgeons (CBC)
- Brazilian College of Digestive Surgery (CBCD)
- Memberships in Mensa, Intertel, Infinity - High IQ societies.

The brief from counsel states that the memberships in the CBC and CBCD require things such as completing a multi-year medical residency program, approval through formal examination and documentary review, and evaluation by senior physicians and academic leaders.

The record includes in Exhibit III information regarding CBC and CBCD memberships. Two documents submitted indicate that they have been issued by the Regional Council of Medicine of the State of Maranhao - Specialist Certificate - General Surgery and Digestive System Surgery. However, neither document, which appear to be medical credentials, appears to identify specifically CBC or CBCD. Nevertheless, even if such information has been submitted but overlooked, the requirements identified by counsel of completing a residency, passing an exam, etc., would not constitute outstanding achievements. As well, the bylaws submitted do not appear to describe requirements of outstanding achievement for membership. Requirements that only include employment or activity in a given field; minimum education, experience, or achievement; the passing of tests, recommendations by colleagues or current members, payment of dues, etc., do not satisfy this criterion since these requirements do not constitute outstanding achievements.

Regarding the High IQ societies, the memberships appear to be the result of taking tests to measure IQ or cognitive ability; and there does not appear to be any requirements of outstanding achievements in the beneficiary's field of Digestive System Surgery for these memberships. Counsel states that although these societies are not field specific to medicine USCIS policy allows associations to be credited under this criterion where the basis is clearly documented in performance-based excellence, but has not identified the applicable policy.

To assist in determining that the beneficiary's memberships satisfy this criterion, the petitioner may submit:

- Documentary evidence which describes the association's goals, mission, or target membership.
- Information to establish that the individuals who review prospective members' applications are recognized as national or international experts in their disciplines or fields.
- The section of the association's constitution or bylaws which discuss the qualifications required of the reviewers on the review panel of the association.
- The section of the association's constitution or bylaws which discuss the criteria for membership for the beneficiary's level of membership in the association.

Published material about the beneficiary in professional or major trade publications or other major media. The materials must relate to the beneficiary's work in the field for which classification is sought.

Criterion not met.

The record has identified articles that have appeared in publications/web sites such as the following as evidence for this criterion:



- O Globo
- G1 - Jornal Nacional; Jornal Hoje
- UOL-Folha de Sao Paulo and Estadao
- G7 - Maranhao State Press
- Nove Oito (98 FM News)
- Blog do Gilberto Leda

To begin, it is noted that most of the identified articles do not identify the author, as required in the regulation. As well, the articles are not primarily about the beneficiary and his work as a Digestive System Surgeon/Medical Scientist; rather, they are about the administrative issues with his employer, the beneficiary's political activities, etc.

Also, as it relates to other major media, "[C]ourts generally agree that the phrase can mean a publication with significant reach and recognition. It follows that the AAO may reasonably require evidence of circulation or the like." *Krasniqi v. Dibbins*, 558 F. Supp. 3d 168, 185 (D.N.J. 2021). Web portals, company websites, social media, and search engines are not subject to editorial review are open to self-creation of material, and therefore generally not acceptable as evidence for this criterion as there is no assurance of reliability from open or user-edited internet sites. See *Badasa v. Mukasey*, 540 F.3d 909, 901-11 (8th Cir. 2008) (discussing the reliability of sources such as Wikipedia). Further, USCIS cannot not assume that statistics for an entire web portal such as these apply to each of that portal's "channels,"; or more specifically, every article posted within such a portals or web sites. Also, some newspapers, such as the New York Times, nominally serve a particular locality but would qualify as major media because of significant national distribution, unlike smaller local or regional papers, special interest publications, free circulars, and so forth. Without additional corroboration beyond web traffic information, such as official media rankings, comparative circulation/distribution information, etc., the record has not illustrated that the online material was professional or major trade publications or other major media.

To assist in determining that publications qualify as professional or major trade publications or other major media, the petitioner may submit:

- Documentary evidence including:
 - The title, date, and author of the published material;
 - The circulation (online and/or in print); and,
 - The intended audience of the publication.

Note: The evidence submitted should be specific to the media format in which it was published. If the material was published online, the evidence should relate to the website. If it was published in print, the evidence should relate to the printed publication.

To assist in determining that the published material relates to the beneficiary and the beneficiary's work in the field, the petitioner may submit:

- Additional published material that relates to the beneficiary and the beneficiary's work in the field.
- Documentary evidence that the submitted published material was about the beneficiary and the beneficiary's work in the field.

Notes:

- Additional published material should be dated prior to the date of submission of this Form I-140.
- The published material should be about the beneficiary's work in the field, not just about the beneficiary's employer or other organizations the beneficiary is associated with.
- Published material could cover a broader topic but should include a substantial discussion of the beneficiary's work in the field and mentions the beneficiary in connection to the work may be considered material "about" the beneficiary relating to the beneficiary's work.
- Marketing materials created for the purpose of selling the beneficiary's products or promoting the beneficiary's services are not generally considered to be published material about the beneficiary.
- Unevaluated listings in a subject matter index or footnote, or reference to the beneficiary's work without evaluation are insufficient.

Evidence of the beneficiary's participation, either individually or on a panel, as a judge of the work of others in the same or an allied field of specialization for which classification is sought.

Criterion met.

Evidence of the beneficiary's original scientific, scholarly, artistic, athletic, or business-related contributions of major significance in the field.

Criterion not met.

The record points to the following as evidence for this criterion:

- Authorship/publication of peer-reviewed scientific articles
- Impact in Public Health Policy

Letters of support were also submitted which discuss and describe the beneficiary's work in statements such as: "Most notably, we co-authored the first human clinical study in the world evaluating duodenojejunal exclusion for the treatment of type-2 diabetes - a groundbreaking metabolic surgery protocol that remains a global reference to this day." ; "...he was instrumental in designing and passing policies that increased ICU capacity, strengthened mutirao (mass surgical efforts), and broadened access to high-complexity care across the state...(The beneficiary's) ability to bridge clinical expertise with health policy formulation and systems oversight has produced tangible improvements in Maranhao's health indicators." ; "(The beneficiary) has built a distinguished career centered on the surgical management of these metabolic conditions. His technical excellence, academic output, and health policy leadership has advanced both the clinical and instructional treatment of diseases that ultimately burden the cardiovascular system."

This regulatory criterion contains multiple evidentiary elements that you must satisfy. You must demonstrate that the beneficiary's contributions are original and scientific, scholarly, artistic, athletic, or business-related in nature. The contributions must have already been realized, rather than being prospective possibilities.

You must also establish that the contribution rises to the level of major significance in the field as a whole. The phrase "major significance" is not superfluous and thus has meaning. See *Silverman v. Eastrich Multiple Investor Fund, L.P.*, 51 F.3d 28, 31 (3d Cir. 1995), quoted in *APWU v. Potter*, 343 F.3d 619, 626 (2d Cir. 2003). The term "contributions of major significance" connotes that the beneficiary's work has significantly impacted the field. See *Visinscaia*, 4 F. Supp. 3d a.



While the beneficiary's research is no doubt of value, it does not follow that every researcher who performs research that adds to the pool of knowledge or provides useful information for further research, insights, etc., as is expected of valid, original research, has inherently made contributions of major significance to the field as a whole. Research inherently must be shown to be original and present some benefit if it is to receive funding and attention from the scientific community. The letters, while describing the beneficiary's work as having been well received, do not appear to describe specific examples, accompanied by corroborative evidence, of how the beneficiary's work has been implemented in the field on a widespread scale, successfully patented and commercialized for widespread use in the field, received significant media coverage, or other such evidence of work that is considered not only original, but considered contributions of major significance to the field as a whole that have changed the field in some major way.

Regarding the beneficiary's scientific publications, the record indicates that one of the beneficiary's articles, a 2009 article, was cited over 200 times. While the beneficiary's work has been cited by others, the researchers also cited the works of many other researchers as well, as the publishing and presenting of one's work for review and testing by the scientific/academic community is expected of researchers. Citations of one researcher's work by other researchers located in the U.S. and abroad are generally representative of the collaborative and iterative process of scientific research. The record does not demonstrate that any of the beneficiary's publications have been so extensively cited or otherwise impacted the field to such an extent that any of the beneficiary's publications would be considered a contribution of major significance to the field.

As well, while the letters speak positively of the beneficiary's legislative contributions, the record does not demonstrate through objective, documentary evidence that that any of these legislative contributions to the state of Maranhao have results in contributions of such significance to the field that the field is now different or has changed in some major way as a result of the beneficiary's work. Letters, though not without weight, cannot form the cornerstone of a successful extraordinary ability claim. USCIS may, in its discretion, use such letters as advisory opinions submitted by expert witnesses. However, USCIS is ultimately responsible for making the final determination of the alien's eligibility [*Matter of Caron International*, 19 I&N Dec. 791, 795 (Commr.1988)].

To assist in determining whether the beneficiary's contributions are original and of major significance in the field, the petitioner may submit:

- Objective documentary evidence of the significance of the beneficiary's contribution to the field.
- Documentary evidence that people throughout the field currently consider the beneficiary's work important.
- Testimony and/or support letters from experts which discuss the beneficiary's contributions of major significance.
- Evidence that the beneficiary's major significant contribution(s) has provoked widespread public commentary in the field or has been widely cited.
- Evidence of the beneficiary's work being implemented by others. Possible evidence may include but is not limited to:
 - Contracts with companies using the beneficiary's products;
 - Licensed technology being used by others;
 - Patents currently being utilized and shown to be significant to the field.

Note: Letters and testimonies, if submitted, must provide as much detail as possible about the beneficiary's contribution and must explain, in detail, how the contribution was "original" (not merely replicating the work of others) and how they were of "major" significance. General statements regarding the importance of the endeavors which are not supported by documentary evidence are insufficient.

Evidence of the beneficiary's authorship of scholarly articles in the field, in professional or major trade publications or other major media.

Criterion met.

Evidence that the beneficiary has performed in a leading or critical role for organizations or establishments that have a distinguished reputation.

Criterion not met.

The record identifies the beneficiary's roles with the following organizations as evidence for this criterion:

- Legislative Assembly of Maranhao
- Executive Directorship of Socorao 1
- Academic Leadership as surgical preceptor at HU-UFMA

To satisfy this criterion, it is not enough for the work of the beneficiary to be supportive, valuable or even necessary. The key question is whether the beneficiary performed in a leading or critical role for organizations or establishments that have a distinguished reputation.

Regarding the beneficiary role as a legislator, the beneficiary's work as a legislator is not related to his work in the field of Digestive System Surgery. It does appear that the beneficiary has held a leading role with the Socorao 1 medical facility. However, USCIS is not persuaded by the evidence submitted that this organization enjoys a distinguished reputation. Merriam-Webster's online dictionary defines distinguished as marked by eminence, distinction, or excellence or befitting an eminent person. See <https://www.merriam-webster.com/dictionary/distinguished>. The record includes articles which discuss the facilities shortages, "deplorable state", etc. The record does include a 2025 article which states that the hospital has been recognized as having one of the most efficient ICU's in Brazil, but this one recognition is insufficient to establish that this organization enjoys a distinguished reputation. The record does not appear to include evidence of significant awards, recognitions, achievements, etc., such as to set this organization apart as distinguished from other hospitals that provide the same or similar services. USCIS notes that even if an organization or establishment may appear to be well known, the evidence must establish that the organization or establishment for which you claim to have performed a leading or critical role has a distinguished reputation.

Regarding the beneficiary's work as a surgical preceptor for HU-UFMA, hospitals, medical research facilities, universities and other such organizations have far-reaching objectives and goals, and employ numerous quality professionals in pursuit of these objectives and endeavors, but the record does not demonstrate that every professional, administrator, instructor, physician, etc. associated with these organizations and their programs are necessarily leading or critical to these organizations. The letters indicate that the beneficiary is and was important to his current and former employers, but the evidence does not establish that the beneficiary's employment is leading or critical. The record does not demonstrate that the beneficiary's work on various projects or programs could be considered, while valuable or even necessary to the organizations, leading or critical to the overall success and standing of these organizations or establishments relative to the presidents, administrators, instructors or other such necessary professionals or highly placed officials within these organizations. USCIS concludes that the record does not contain sufficient evidence to demonstrate that the beneficiary is and was primarily responsible for any of the organization's success or standing to a degree consistent with the meaning of "leading or critical role." Rather, the evidence indicates that the

beneficiary is and was successful at performing and accomplishing his role on projects, teams and for the organization.



To assist in determining that the beneficiary has performed in a leading or critical role the petitioner may submit:

- Letters from current or former employer(s) or trainer(s) with personal knowledge of the significance of the beneficiary's leading or critical role.
 - The letters should contain detailed and probative information that specifically addresses how the beneficiary's role for the organization or establishment, or a division or department within the organization or establishment, is or was leading or critical. Details should include the specific tasks or accomplishments of the beneficiary as compared to others who are employed in similar pursuits within the field of endeavor.
 - The letters should include the name, address, and title of the writer.

If letters from current or former employer(s) or trainer(s) with personal knowledge of the significance of the beneficiary's leading or critical role are unavailable, the petitioner may submit:

- Documentary evidence to demonstrate how the beneficiary's role was/is leading or critical for the organizations or establishments or the division or department of an organization or establishment.
 - If a leading role, the evidence must establish that the beneficiary is (or was) a leader. A title, with appropriate matching duties, can help to establish if a role is (or was), in fact, leading within the organization or establishment or a division or department thereof.
 - If a critical role, the evidence must establish that the beneficiary has contributed in a way that is of significant importance to the outcome of the organization or establishment's activities or the activities of a division or department within the organization or establishment. A supporting role may be considered "critical" if the beneficiary's performance in the role is (or was) important in that way. It is not the title of the beneficiary's role, but rather the beneficiary's performance in the role that determines whether the role is (or was) critical.

To assist in determining that any organization has/have a distinguished reputation, the petitioner may submit:

- Evidence to demonstrate the distinguished reputation of the organizations or establishments, or a division or a department of an organization or establishment for which the beneficiary performed in leading or critical roles. The evidence should document the organizations or establishments eminence, distinction, or excellence.
- Evidence to demonstrate the distinguished reputation of the organization or establishment relating to its relative size and longevity.

Note:

- Evidence explaining the relative size or longevity of an organization or establishment is not in and of itself a determining factor but is considered together with other information to determine whether a distinguished reputation exists.

Evidence that the beneficiary has commanded a high salary or other significantly high remuneration for services, in relation to others in the field.

Criterion not met.

As evidence for this criterion the record includes evidence of the beneficiary's earnings, primarily from his work with the Instituto Gastro Digestivo e Obesidade do Maranhao Ltda. The record includes a letter from the accountant of Instituto Gastro Digestivo e Obesidade do Maranhao Ltda. which provides the beneficiary's income from 2009-2024, which for most years is reported as having come "primarily from medical service provision."

The plain language of this criterion allows for the submission of both salary and remuneration. The petitioner submitted evidence that combines both salary and remuneration. However, the plain language of this criterion makes a distinction between salary and remuneration. A salary must be high and a remuneration must be significantly high. Therefore, the petitioner must submit separate comparable earning data to establish that the salary is high or that the remuneration is significantly high relative to others in the field. Further, the letter describing how the beneficiary obtained his earnings is from the accountant of Instituto Gastro Digestivo e Obesidade do Maranhao Ltda., rather than someone actually employed with Instituto Gastro Digestivo e Obesidade do Maranhao Ltda. to describe the beneficiary's earnings. The record also does not appear to include copies of the beneficiary's pay stubs, tax forms, etc., to corroborate the beneficiary's earnings.

The letter from the account also states that salary information provided is for a 19 hour work week. But it is not readily apparent from the record why only a 19 hour work week is reported, how many hours the beneficiary works as a surgeon, etc. Also, the salary information provided is for that of a "Surgeon", while the beneficiary is identified as a "General and Digestive Surgeon - Specialist in laparoscopic and metabolic surgery." In order to satisfy this criterion, the petitioner must offer evidence of objective earnings data showing that he has earned a "high salary" or "significantly high remuneration" in comparison with those performing similar work during the same time period. See *Matter of Price*, 20 I&N Dec. 953, 954 (Assoc. Comm'r 1994) (considering professional golfer's earnings versus other PGA Tour golfers). Thus, general surgeon salary information provided is not sufficient as a comparison to establish that the beneficiary's salary or remuneration is high or significantly high relative to others in the field.

Also submitted was evidence of the beneficiary's income and asset holdings from U.S. real estate activities. The beneficiary's real estate income/assets are not evidence of the beneficiary earning a high salary or significantly high remuneration relative to what other Digestive System Surgeons/Medical Scientist in the field earn.

To assist in determining that the beneficiary's salary or remuneration is high relative to others working in the field, the petitioner may submit:

- Copies of the beneficiary's W-2 or 1099 forms for years in which the beneficiary has received a high salary in the field of endeavor. Alternatively, the petitioner may provide similar foreign tax documents which establish yearly wages earned outside the U.S.
- Media reports of notably high salaries earned by others in the beneficiary's field.
- List compiled by credible professional organization(s) of the top earners in a field.
- Geographical or position appropriate compensation surveys;
- Organization justifications to pay above the compensation data;
- Information from the U.S. Department of Labor or similar sources that show the comparison of salaries within states, between states, etc. (see note below).

Note: U.S. Department of Labor prevailing wage rate information alone does not generally establish whether the salary or other remuneration is "significantly" higher than that of others in the field. If U.S. Department of Labor prevailing wage rate information is submitted, it should be accompanied by

other corroborative evidence showing that the wage rate is high relative to others working in the field. (See examples above).

If the petitioner believes the beneficiary qualifies under any of the regulatory criteria that USCIS has determined that the petitioner has failed to establish eligibility under, or any additional regulatory criteria, the petitioner should submit clarifying evidence, or submit additional evidence in response to this portion of the notice of intent to deny.

Part II. Final Merits Analysis

The petitioner has not submitted evidence to demonstrate the beneficiary has met at least 3 of the 10 regulatory criteria. Nevertheless, USCIS will now examine the evidence presented in its entirety to make an initial final merits determination, of whether or not the petitioner, by a preponderance of the evidence, has demonstrated that the beneficiary possesses the high level of expertise required for the E11 immigrant classification.

Establishing eligibility for the high level of expertise required for the E11 immigrant classification is based on the beneficiary possessing:

- Sustained national or international acclaim.
 - In determining whether the beneficiary has enjoyed "sustained" national or international acclaim, such acclaim must be maintained. A beneficiary may have achieved extraordinary ability in the past but then failed to maintain a comparable level of acclaim thereafter; and,
- Achievements that have been recognized in the field of expertise, indicating that the beneficiary is one of that small percentage who has risen to the very top of the field of endeavor.

It appears from the record that the beneficiary is an experienced and accomplished professional in the field. However, Congress intended the classification of extraordinary ability to be given to those very few at the top of the field of endeavor. The evidence of record, in totality, does not demonstrate that the beneficiary has enjoyed a career of sustained acclaim as one of the very top of the field of endeavor.

The record does not demonstrate that the beneficiary has received any nationally or internationally recognized prizes or awards for excellence in the field of endeavor. Nor does the record demonstrate that the beneficiary is a member of any organization that requires outstanding achievements for membership.

USCIS did not find that the "published material" criterion has been met. But even considering the plain language requirements of this criterion to have been met by the evidence submitted, these few, brief articles, which discuss topics such as the beneficiary's congratulating the U.S. president on his victory, requesting food and cleaning products for a hospital, or advocating for investments in public health and schools through his political activities, etc., are not indicative of a level of success consistent with being among "that small percentage who have risen to the very top of the field of endeavor." 8 C.F.R. § 204.5(h)(2).

USCIS has acknowledged that the evidence submitted has met the plain language requirements for the "judge of the work of the others" via his having served on medical thesis examination boards and performing peer review work for Orlando Health. Regarding the work of medical thesis examination boards, the academic review of students/aspiring professionals is an inherent part of academia and performed by countless professionals and educational institutions across the globe. Regarding the beneficiary's peer review work, generally, a journal's editorial staff will enlist numerous professionals and researchers in the field to review submissions. It is common for a publication to ask multiple

reviewers to evaluate a manuscript and to offer their opinion. The publication's editorial staff may then accept or reject any reviewer's comments in determining whether or not to publish the submitted papers. While the described review work may require subject matter knowledge or expertise, the described review work is not persuasive towards a finding that the beneficiary has separated himself from almost all others in the field.

USCIS did not find that the beneficiary's contributions have risen to a level commensurate with major contributions to the field. USCIS did find that the evidence submitted met the plain language requirements for the "scholarly articles" criterion. However, the record has not demonstrated that the beneficiary's contributions, publication record, etc., has been so influential to the field that the beneficiary is considered to have enjoyed a career of sustained acclaim as one who has risen to the very top of the field of endeavor. Moreover, while we acknowledge the petitioner's submission of recommendation letters, the writers represent individuals whom the beneficiary selected, and who accepted the beneficiary's solicitation to provide letters. The submission of letters of support from the beneficiary's professional contacts is not presumptive evidence of eligibility. USCIS may evaluate the content of those letters as to whether they support the beneficiary's eligibility. *See Matter of Caron International*, 19 I&N Dec. 791, 795 (Comm. 1988). USCIS is ultimately responsible for making the final determination regarding an alien's eligibility for the benefit sought. Thus, the content of the writer's statements and how they became aware of the beneficiary's reputation are important considerations. Even when written by independent experts, letters solicited by a petitioner in support of an immigration petition are of less weight than preexisting, independent evidence that one would expect of an individual who has achieved sustained acclaim as one of the very top of the field of endeavor. An individual that enjoys sustained acclaim as one of the very top of the field of endeavor should be able to provide ample, independent, objective evidence of such acclaim, beyond evidence consisting primarily of letters of recommendation authored for the sole purpose of obtaining an immigration benefit.

USCIS found that the evidence submitted did not meet the plain language requirements for the leading or critical role or high salary criteria. But even if USCIS had granted these criteria as having been met, it would not result in a different decision. USCIS agrees that the beneficiary has been a valuable and talented contributor to his employer's successful operations, as described in the record. These letters of recommendation speak highly of the beneficiary and his work and contributions. However, while the beneficiary has made valuable contributions to his employer's operations, companies and organizations around the world employ and compensate well an innumerable number of executives, managers and other highly-skilled and experienced professionals to achieve their goals and objectives and to engage in the same or similar activities as the beneficiary; such as: business development, increasing sales/market share, product development, making innovative or technological advances, process improvement, developing solutions for clients and customers, etc. While the beneficiary has been successful in his work, the record does not demonstrate that the beneficiary's work in these roles, and when considered in totality with all of the evidence submitted, has resulted in the beneficiary receiving widespread acclaim from the field, receiving notoriety or attention based on his earnings, etc., such as to demonstrate that the beneficiary has enjoyed a career of sustained acclaim as one of that few that has risen to the very top of the field of endeavor.

The beneficiary seeks a highly restrictive visa classification, intended for individuals at the very top of their respective fields. The regulatory criteria describe types of evidence that you may submit, but it does not follow that every professional who has applied for/secured a patent or who has earned the respect of his colleagues is among the small percentage at the very top of the field. The burden of proof for this visa classification is not an easy one to satisfy; and the classification itself is not meant to be easy to obtain. A noncitizen who is not at the top of his field will be, by definition, unable to submit adequate evidence of such acclaim. This classification is for individuals at the rarefied heights of their respective fields; an alien can be successful, and even win praise from well-known figures in



the field, without reaching the very top of that field. USCIS has long held that even athletes performing at the major league level do not automatically meet the "extraordinary ability" standard. *Matter of Price*, 20 I&N Dec. 953,954 (Assoc. Comm'r 1994). Here, the beneficiary has not shown that the significance of his work is indicative of the required sustained national or international acclaim or that it is consistent with a "career of acclaimed work in the field" as contemplated by Congress. H.R. Rep. No. 101-723, 59 (Sept. 19, 1990); see also section 203(b)(1)(A) of the Act. Moreover, the record does not otherwise demonstrate that the beneficiary has garnered national or international acclaim in the field, and that he is one of the small percentage who has risen to the very top of the field of endeavor. See section 203(b)(1)(A) of the Act and 8 C.F.R. § 204.5(h)(2).

In this case, the petitioner did not establish that it satisfied each adjudicative element to establish eligibility for the requested benefit. Therefore, the above issue(s) independently form(s) the basis for this intended denial:

- The record does not demonstrate that the beneficiary has met at least 3 of the eligibility criterion; nor demonstrate that the beneficiary has garnered sustained acclaim in the field, and that the beneficiary is one of the small percentage who has risen to the very top of the field of endeavor.

Pursuant to Section 291 of the INA, whenever any person makes an application for an immigration benefit, they shall bear the burden of proof to establish eligibility. Accordingly, the petitioner must prove by a preponderance of the evidence, in other words, that it is more likely than not, that the beneficiary is fully qualified for the benefit sought. See *Matter of E-M-*, 20 I & N Dec. 77 (Comm'r. 1989). After a careful review and analysis of all evidence within the record, USCIS finds that the petitioner has not established eligibility for the benefit sought. As a result, USCIS intends to deny Form I-140.

Based upon the above reasons, you are hereby notified that it is the intent of USCIS to deny Form I-140. You have 30 (thirty) days (33 days if this notice was received by mail) to submit the following documentation:

- Evidence to demonstrate that the beneficiary has met at least 3 of the eligibility criterion; and to demonstrate that the beneficiary has garnered sustained acclaim in the field, and that the beneficiary is one of the small percentage who has risen to the very top of the field of endeavor.

The petitioner may also submit any other evidence it deems appropriate in support of Form I-140.

USCIS will carefully review any evidence that the petitioner submits. If the petitioner fails to submit evidence in support of Form I-140, or fails to respond to this Notice of Intent to Deny (NOID), USCIS may deny this Form I-140 based upon the reasons set forth in this NOID.

Sincerely,

Carrie M. Selby
Acting Associate Director, Service Center Operations
Officer: XM1136



**PREMIUM PROCESSING
COVERSHEET**

**PLEASE RETURN THE REQUESTED INFORMATION AND
ALL SUPPORTING DOCUMENTS WITH**

THIS PAGE ON TOP TO:

USCIS/TSC

ATTN: RFE/NOID/NOIR/NOIT

6046 N BELT LINE RD STE 140

IRVING, TX 75038-0014

Please check the appropriate box regarding if there is a new Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, additional fees, additional forms, etc. Please place the new Form G-28, additional fees, additional forms directly under this sheet.

Yes, there is:

A New G-28

Additional Fees

Additional Forms

Other:

If you have moved, write your current address in the blank area below. Please be sure to write clearly.

(Select appropriate check box)

Applicant/Beneficiary

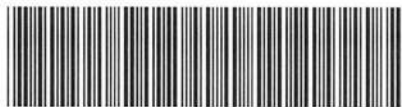
Petitioner

New Address:

As required by Section § 265.1 Reporting change of address. "Except for those exempted by section 263(b) of the Act, all aliens in the United States required to register under section 262 of the Act must report each change of address and new address within 10 days of such change in accordance with instructions provided by USCIS."

NOTICE OF INTENT TO DENY

I-140 Immigrant Petition for Alien Worker



IOE0935642685

SILVA DE SOUZA, YGLESIO LUCIANO MO

SILVA DE SOUZA, YGLESIO LUCIANO MO

March 30, 2026.

USCIS Texas Service Center
Attn: I-140 E11 NOID
6046 N Belt Line Rd. STE 140
Irving, TX 75038-0014

PREMIUM PROCESSING

Case # IOE0935642685
RE: RESPONSE TO NOID (FORM I-140, EB-1A)
Petitioner/Beneficiary: SILVA DE SOUZA, Yglesio Luciano Moyses

Dear Sir or Madam,

This response is respectfully submitted on behalf of Dr. Yglésio Luciano Moyses Silva de Souza (the “Petitioner”) in response to the Notice of Intent to Deny (“NOID”) dated March 6, 2026, concerning the above-referenced Form I-140 petition filed under the EB-1A classification for individuals of extraordinary ability.

The Petitioner continues to assert that he satisfies the statutory and regulatory requirements under Section 203(b)(1)(A) of the Immigration and Nationality Act, as an individual of extraordinary ability in the field of digestive system surgery and medical science. As detailed in the initial filing and further clarified herein, the Petitioner has established a sustained record of nationally and internationally recognized contributions to metabolic and bariatric surgery, including pioneering clinical research, significant scholarly output, and measurable impact on both clinical practice and healthcare systems.

Through this submission, the Petitioner provides additional documentation and clarifications addressing each concern raised in the NOID. Importantly, this response also demonstrates that certain conclusions in the NOID stem from a misapplication of the governing legal standard and an unduly restrictive interpretation of the evidentiary record. When properly evaluated under the applicable preponderance of the evidence standard and the two-step framework articulated in *Kazarian v. USCIS*, the record establishes that the Petitioner satisfies multiple regulatory criteria and, in totality, has achieved sustained national and international acclaim consistent with individuals at the very top of the field.

Accordingly, the evidence submitted—both previously and in response to the present NOID—demonstrates that Dr. Souza fully qualifies for classification as an individual of extraordinary ability, and approval of the petition is warranted.

I. SUMMARY OF THE NOTICE OF INTENT TO DENY

In the Notice of Intent to Deny (“NOID”) dated March 6, 2026, U.S. Citizenship and Immigration Services (“USCIS”) indicates its preliminary determination that the Petitioner has not established eligibility for classification as an individual of extraordinary ability under Section 203(b)(1)(A) of the Immigration and Nationality Act.

USCIS acknowledges that the Petitioner has satisfied two of the regulatory criteria set forth at 8 C.F.R. § 204.5(h)(3), namely: **(i)** participation as a judge of the work of others in the field, and **(ii)** authorship of scholarly articles in professional publications. However, USCIS concludes that the evidence submitted does not establish eligibility under at least three criteria, and therefore finds that the Petitioner has not met the threshold evidentiary requirement.

Specifically, USCIS determined that the evidence was insufficient to satisfy the following criteria: **(i)** membership in associations requiring outstanding achievements; **(ii)** published material about the Petitioner; **(iii)** original contributions of major significance; **(iv)** performance in a leading or critical role for distinguished organizations; and **(v)** high salary or significantly high remuneration in relation to others in the field.

Notably, in the prior adjudication, USCIS expressly determined that the Petitioner satisfied the authorship of scholarly articles criterion, a finding that remains unchanged in the present proceeding. This consistent recognition underscores USCIS’s acknowledgment of the Petitioner’s sustained academic productivity and contributions to the field.

At the same time, USCIS previously determined that the Petitioner satisfied the membership criterion based on substantially the same underlying evidence. While USCIS is not bound by prior determinations, the fact that one criterion (authorship) has been consistently recognized across adjudications, while another (membership) has been reversed without any material change in the evidentiary record, highlights the importance of a consistent and fully contextualized application of the governing legal standard.

In the present case, the NOID reaches a different conclusion regarding the membership criterion without identifying any new evidence, deficiency, or change in circumstances that would justify departing from the prior determination. Accordingly, this divergence warrants careful reconsideration to ensure that the evidentiary record is evaluated under a uniform and properly applied standard.

In addition, USCIS raises concerns regarding the scope of the Petitioner’s field of expertise, emphasizing that the beneficiary must demonstrate eligibility within a single area of extraordinary ability—identified as digestive system surgery and medical science—and expressing concern that portions of the record relate to activities outside that field.

Finally, USCIS conducts a preliminary final merits determination and concludes that, even when considering the record in its totality, the evidence does not demonstrate sustained national or international acclaim or that the Petitioner is among the small percentage at the very top of the field.

This response addresses each of these findings in turn. As demonstrated below, when the evidence is properly evaluated under the applicable legal framework and in light of the totality of the record, the Petitioner satisfies multiple regulatory criteria and clearly meets the standard for extraordinary ability.

II. AREA OF EXPERTISE

As a threshold matter, the Petitioner clarifies that his field of extraordinary ability is properly defined as digestive system surgery and medical science, consistent with the classification identified in the Form I-140 and acknowledged by USCIS.

While the record includes evidence of the Petitioner's involvement in public health policy and administrative leadership, such activities do not represent a separate field of endeavor. Rather, they are a direct extension of his clinical and scientific expertise as a physician specializing in metabolic and digestive surgery. The Petitioner's work in healthcare system management, surgical program expansion, and public health initiatives is firmly rooted in, and derived from, his specialized medical knowledge and experience.

Importantly, the Petitioner seeks to continue his work in the United States in this same field, with a primary focus on clinical research, surgical innovation, and the advancement of treatment methodologies for metabolic and digestive diseases. His intended work will center on developing and refining evidence-based surgical approaches, contributing to scientific literature, and collaborating with medical and academic institutions to advance research and improve standards of care in the field.

Accordingly, all evidence submitted in this petition—including clinical research, scholarly publications, surgical innovation, and health system leadership—relates to a single, unified field of expertise. When properly understood in this context, the record demonstrates a consistent and coherent trajectory of achievement within the field of digestive system surgery and medical science, and confirms that the Petitioner will continue to build upon this expertise through research-driven contributions in the United States.

III. CRITERIA ANALYSIS

Pursuant to 8 C.F.R. § 204.5(h)(3), a petitioner who has not received a one-time major internationally recognized award may establish eligibility for classification as an individual of extraordinary ability by demonstrating that at least three of the enumerated regulatory criteria have been satisfied. As clarified in *Kazarian v. USCIS*, this step requires a threshold determination as to whether the submitted evidence meets the plain language of the criteria, without imposing additional substantive requirements beyond those set forth in the regulation.

In the present case, USCIS has already determined that the Petitioner satisfies two regulatory criteria: **(i)** participation as a judge of the work of others, and **(ii)** authorship of scholarly articles. These findings are fully supported by the evidentiary record, including extensive documentation of academic peer review activities, thesis evaluation panels, and a robust body of peer-reviewed scientific publications.

As these criteria have already been accepted by USCIS and are not in dispute, they will not be further addressed in this response.

The remaining issue, therefore, is whether the Petitioner satisfies at least one additional criterion. As demonstrated below, the record establishes that the Petitioner meets multiple additional criteria, including original contributions of major significance, high salary, and, upon proper evaluation, membership in associations requiring outstanding achievements and published material about the Petitioner.

Importantly, the NOID reflects an unduly restrictive interpretation of several criteria and, in certain instances, applies evidentiary standards that exceed those required under the governing regulations and USCIS policy. This response clarifies the applicable legal standards and provides additional documentary evidence to demonstrate that each of the contested criteria is, in fact, satisfied.

Accordingly, when the evidence is properly evaluated under the preponderance of the evidence standard and in accordance with the regulatory framework, the Petitioner clearly exceeds the minimum threshold of three criteria required under 8 C.F.R. § 204.5(h)(3).

(i) Membership in Associations Requiring Outstanding Achievements
(8 C.F.R. § 204.5(h)(3)(ii)):

1. USCIS's Findings in the NOID

In the NOID, USCIS determined that the Petitioner did not satisfy the membership criterion, concluding that the requirements for membership in the Brazilian College of Surgeons (CBC) and the Brazilian College of Digestive Surgery (CBCD) do not constitute “outstanding achievements” within the meaning of the regulation.

Specifically, USCIS asserts that requirements such as completion of a medical residency, passing examinations, and undergoing credential review do not rise to the level of outstanding achievements. USCIS further concluded that:

“Requirements that only include employment or activity in a given field; minimum education, experience, or achievement; the passing of tests, recommendations by colleagues or current members, payment of dues, etc., do not satisfy this criterion since these requirements do not constitute outstanding achievements.”

USCIS further notes that the bylaws submitted do not sufficiently demonstrate that membership is limited to individuals evaluated by recognized national or international experts based on such achievements.

2. Inconsistency with Prior USCIS Determination

Notably, in the prior adjudication of the Petitioner's case, USCIS expressly determined that the Petitioner satisfied this criterion based on substantially the same underlying evidence regarding his memberships in CBC and CBCD.

While USCIS is not strictly bound by prior adjudications, a reversal of this nature—absent any material change in the evidentiary record—warrants careful reconsideration. The present NOID does not identify any new evidence or deficiency that would justify departing from the prior conclusion. Instead, it reflects a more restrictive interpretation of the same membership requirements previously deemed sufficient.

This shift underscores the need for a consistent application of the regulatory standard and supports a reevaluation of the evidence under the correct legal framework.

3. The Petitioner Fully Satisfies the Membership Criterion

The evidence of record establishes that the Petitioner's memberships in the Brazilian College of Surgeons (CBC) and the Brazilian College of Digestive Surgery (CBCD) satisfy all elements of 8 C.F.R. § 204.5(h)(3)(ii).

a. Membership is Selective and Based on Demonstrated Professional Excellence

Contrary to USCIS's characterization, membership in CBC and CBCD is not automatic upon completion of basic professional requirements. Rather, it is contingent upon:

- completion of rigorous, multi-year surgical residency training;
- attainment of formal specialist certification in general and digestive surgery;
- successful completion of comprehensive examinations; and
- evaluation and approval by senior physicians and academic leaders in the field.

These requirements must be understood within the context of the medical profession, which operates under a hierarchical and highly selective framework. **Not all physicians qualify as surgeons, and an even smaller subset qualifies in digestive system surgery, a subspecialty requiring additional years of competitive training, certification, and peer validation.** As evidenced in **Exhibit III.i**, the Petitioner's specialist certifications—issued by the Brazilian Medical Association (AMB) in conjunction with CBC and CBCD—reflect a nationally regulated credentialing system that distinguishes recognized specialists from general practitioners.

The NOID states that:

“...the requirements identified by counsel of completing a residency, passing an exam, etc., would not constitute outstanding achievements. As well, the bylaws submitted do not appear to describe requirements of outstanding achievement for membership. Requirements that only include employment or activity in a given field; minimum education, experience, or achievement; the passing of tests, recommendations by colleagues or current members, payment of dues, etc., do not satisfy this criterion since these requirements do not constitute outstanding achievements.”

This conclusion is based on a fundamental mischaracterization of the nature of surgical specialization and professional certification in medicine. The requirements identified by USCIS are not indicative of mere participation in the field, but rather represent the culmination of a highly selective, multi-stage process of professional advancement that distinguishes a small subset of physicians who have achieved recognized expertise in a surgical subspecialty.

In the medical profession, completion of a surgical residency and attainment of board-certified specialization are not baseline or routine requirements applicable to all practitioners. Instead, they represent competitive achievements requiring years of intensive training, demonstrated clinical competence, and successful performance under standardized national evaluation systems. As documented in **Exhibit III.i**, the Petitioner’s certifications in general surgery and digestive system surgery were issued through a formal process administered in conjunction with the Brazilian Medical Association (AMB), reflecting a nationally regulated framework for recognizing advanced professional distinction.

By equating these achievements with “minimum education” or “activity in a given field,” USCIS improperly reduces a structured system of expert-reviewed credentialing to mere participation. This interpretation fails to account for the fact that, in highly regulated professions such as medicine, advancement to specialist status itself constitutes a recognized professional achievement, and that membership in organizations such as CBC and CBCD is contingent upon that achievement.

The NOID’s treatment of the Petitioner’s memberships rests on a materially incomplete understanding of how professional distinction is structured in medicine, particularly in surgical subspecialization. In Brazil, medicine is not a flat profession in which all licensed physicians operate at the same professional level. Rather, it is a formally regulated and highly stratified system in which advancement from physician to specialist, and ultimately to a narrow surgical subspecialist, occurs only through successive layers of rigorous training, formal examination, specialist certification, and expert review.

Objective workforce data confirm this structure. As of 2024, Brazil had approximately 597,000 physicians, of whom only about 59.1% were recognized as specialists, while the remaining 40.9% practiced as generalists without specialist certification.¹ Within that specialist population, General

¹ <https://www.gov.br/saude/pt-br/assuntos/noticias/2025/abril/usuarios-de-plano-de-saude-tem-mais-acesso-a-cirurgias-do-que-pacientes-do-sus-aponta-demografia-medica-2025> / https://d1xe7tfg0uwul9.cloudfront.net/abc-portal/wp-content/uploads/2025/08/04153241/Demografia-Medica_Impressao-1-1.pdf / https://amb.org.br/wp-content/uploads/2023/02/DemografiaMedica2023_8fev-1.pdf.

Surgery accounts for a significantly smaller subset, and Digestive System Surgery is narrower still, comprising only a small fraction of surgeons nationwide. In practical terms, **Digestive System Surgeons represent less than one percent of all physicians in Brazil.**

These figures are highly probative. They demonstrate that Digestive System Surgery is not a routine professional category, but a highly restricted subspecialty reached by only a small percentage of physicians through a selective and merit-based process. Against this objective backdrop, the NOID's characterization of surgical residency, specialty certification, and expert credentialing as "minimum requirements" fails to reflect the actual structure of the profession. In this context, these steps are not indicative of mere participation in the field, but rather constitute the very mechanisms through which the profession identifies and recognizes advanced expertise. Accordingly, the Petitioner's attainment of specialist certification and resulting eligibility for membership in CBC and CBCD must be understood as evidence of selective professional advancement within a highly competitive and expert-regulated field. When evaluated in light of this objective professional hierarchy, such membership is properly recognized as being based on demonstrated achievement and expert evaluation, consistent with the requirements of 8 C.F.R. § 204.5(h)(3)(ii).

Moreover, the record establishes that **membership in these organizations is not merely procedural, but subject to evaluation by recognized experts in the field.** The bylaws and supporting documentation submitted in **Exhibit III.i** describe a formal credentialing process **overseen by governing bodies composed of experienced surgeons and academic authorities,** including members of the CBCD Board of Directors whose qualifications and leadership roles in the field are documented in the record. This directly satisfies the regulatory requirement that membership be judged by recognized national or international experts.

The NOID's conclusion that such requirements do not constitute "outstanding achievements" reflects an unduly restrictive interpretation of the regulation. By dismissing formal specialist certification, competitive surgical training, and expert-reviewed credentialing processes as insufficient, USCIS effectively elevates the standard beyond what is required under 8 C.F.R. § 204.5(h)(3)(ii), conflating the criterion-level requirement of "outstanding achievements" with the ultimate determination of extraordinary ability. In the context of medicine, however, these achievements represent objective, verifiable markers of professional distinction, reflecting advancement through a selective and merit-based system that recognizes expertise at an advanced level within the field.

Accordingly, when properly evaluated in light of the structure of the medical profession and the documented credentialing processes of CBC and CBCD, the Petitioner's memberships clearly reflect selection based on demonstrated professional excellence and expert evaluation, and therefore satisfy the requirements of this criterion.

b. High-IQ Societies Provide Additional Evidence of Selective Membership Based on Measurable Excellence

In the NOID, USCIS addresses the Petitioner’s memberships in high-IQ societies and concludes that:

“...the memberships appear to be the result of taking tests to measure IQ or cognitive ability; and there does not appear to be any requirements of outstanding achievements in the beneficiary's field of Digestive System Surgery for these memberships.”

While the Petitioner acknowledges that these organizations are not specific to the field of medicine, the NOID’s analysis overlooks the critical factor identified in its own statement—namely, that eligibility may be established where membership is based on **“performance-based excellence.”**

The record demonstrates that the Petitioner’s memberships in Mensa, Intertel, and the Infinity International Society are based on precisely such objective and independently verifiable criteria. As documented in **Exhibit III.i**, admission to these organizations requires scoring within the top percentile of cognitive performance—typically within the top 2%, 1%, or 0.3% of the general population—based on standardized and professionally administered assessments.

These thresholds are not discretionary, subjective, or procedural in nature. Rather, they represent fixed, quantifiable benchmarks of exceptional cognitive ability that are applied uniformly to all applicants. As such, they constitute a form of merit-based selection grounded in measurable excellence, consistent with the concept of “performance-based” admission referenced in the NOID.

Importantly, **these memberships are not offered as a standalone basis for satisfying the criterion, but as additional corroborative evidence demonstrating that the Petitioner has been repeatedly selected into highly selective organizations based on objective indicators of exceptional ability.** When considered alongside his field-specific memberships in CBC and CBCD, they reinforce a consistent pattern of recognition grounded in merit, selectivity, and expert evaluation.

Accordingly, while not dispositive on their own, the Petitioner’s memberships in these highly selective societies further support the conclusion that his professional profile is characterized by admission into elite organizations based on objectively demonstrated excellence.

4. Conclusion

Accordingly, the record demonstrates that the Petitioner’s memberships in the Brazilian College of Surgeons (CBC) and the Brazilian College of Digestive Surgery (CBCD) are based on selective admission criteria, recognized professional achievement, and evaluation by established experts in the field. The contrary conclusion in the NOID rests on an unduly restrictive interpretation of “outstanding achievements” that fails to account for the structure of the medical profession and improperly minimizes nationally regulated specialist certification as a marker of distinction.

Moreover, this interpretation is inconsistent with USCIS’s prior determination, which found the same memberships sufficient to satisfy this criterion based on substantially identical evidence. In

the absence of any material change in the record, a consistent application of the regulatory standard supports the same conclusion here.

For these reasons, the Petitioner has satisfied the requirements of 8 C.F.R. § 204.5(h)(3)(ii).

(ii) Published Material About the Petitioner
(8 C.F.R. § 204.5(h)(3)(iii)):

1. USCIS's Findings in the NOID

In the NOID, USCIS determined that the Petitioner does not satisfy the published material criterion, concluding that the submitted evidence does not meet the regulatory requirements. Specifically, USCIS states that:

“...the articles are not primarily about the beneficiary and his work as a Digestive System Surgeon/Medical Scientist; rather, they are about the administrative issues with his employer, the beneficiary's political activities, etc.”

USCIS further raises concerns regarding the nature of the publications, stating that: *“most of the identified articles do not identify the author, as required in the regulation.”* And that: *“the record has not illustrated that the online material was professional or major trade publications or other major media.”*

2. The Petitioner Fully Satisfies the Published Material Criterion

The record demonstrates that the Petitioner has been the subject of multiple media publications that meet the requirements of 8 C.F.R. § 204.5(h)(3)(iii), including publication in nationally recognized media outlets, identification of the Petitioner, and substantive discussion of his work and activities within the healthcare field.

a. The Published Materials Are About the Petitioner and His Work in the Field

The NOID's conclusion that the articles are not “about” the Petitioner's work in the field reflects an unduly narrow interpretation of the regulation. **The regulation does not require that an article be exclusively academic or limited to technical discussion of scientific research. Rather, it requires that the material be about the Petitioner and relate to his work in the field.**

As reflected in **Exhibit III.ii**, the submitted media coverage consistently identifies the Petitioner by name and discusses his actions, decisions, and leadership in the context of healthcare delivery, hospital administration, and public health response.

For example, **articles documenting the Petitioner's leadership during a declared health system emergency, his management of hospital operations, and his coordination of healthcare resources directly relate to his professional role as a physician and surgeon**

operating within complex clinical environments. These activities are not separate from his field, but rather represent applied medical expertise in real-world healthcare systems.

By dismissing such coverage as “administrative” or “political,” USCIS fails to recognize that, in the medical field, leadership in hospital systems, crisis response, and public health decision-making are integral extensions of clinical expertise.

b. The Publications Qualify as Major Media

The record further establishes that the submitted articles were published in widely recognized national media outlets, including *O Globo*, *G1 (Globo Group)*, and *UOL/Folha de São Paulo*, all of which have extensive national reach, established editorial standards, and significant influence within Brazil’s media landscape.

As documented in **Exhibit III.ii**, these outlets are not niche or localized publications. **They represent some of the most prominent and widely circulated media organizations in the country.** For example, *O Globo* has been identified in a 2025 report by the Reuters Institute for the Study of Journalism at the University of Oxford as one of the most trusted and widely read news sources in Brazil.

Similarly, *G1*, the digital news platform of Grupo Globo, is one of the largest news portals in Brazil, reaching a nationwide audience and operating under the editorial oversight of the country’s leading media conglomerate. *Folha de São Paulo* and its digital distribution through UOL likewise represent major national publications with substantial readership and institutional credibility.

The record further includes independent web traffic and audience metrics (e.g., SimilarWeb data) demonstrating the scale and reach of these platforms, confirming that they are widely accessed by millions of readers and serve as primary sources of news dissemination at the national level.

These publications are therefore clearly distinguishable from the types of sources referenced in the NOID—such as user-generated content or unverified online platforms—as they operate under formal editorial standards, institutional oversight, and established journalistic practices.

Accordingly, the evidence demonstrates that the submitted articles were published in “professional or major trade publications or other major media” within the meaning of 8 C.F.R. § 204.5(h)(3)(iii).

c. The Regulatory Requirements Regarding Authorship and Identification Are Satisfied

In the NOID, USCIS notes that certain submitted articles do not identify an individual author. However, the applicable regulation expressly requires that the evidence include the “*title, date, and author of the material, if available.*” (8 C.F.R. § 204.5(h)(3)(iii)) (emphasis added).

This language is significant. By including the qualifier “if available,” the regulation expressly recognizes that not all qualifying media publications—particularly those issued by major news organizations—will include individually attributed authors. This is consistent with standard

journalistic practices, especially in the context of digital reporting, editorial content, staff-written articles, and syndicated publications.

As reflected in the record (**Exhibit III.ii**), several of the submitted articles do include identified authors, consistent with standard publication practices. For example, the article published by G1 – Jornal Hoje is attributed to journalist Alex Barbosa, and the G7 publication identifies its author as João Filho.

At the same time, other articles—particularly those published by large national media outlets such as G1 (Jornal Nacional segment) and UOL/Folha de S. Paulo—do not identify an individual author. This is a common and widely accepted practice in major media organizations, where content is often produced by editorial teams, newsroom staff, or syndicated sources rather than a single named journalist.

Importantly, the absence of an individually identified author in such cases does not diminish the reliability or probative value of the publication. The relevant inquiry under the regulation is not whether every article includes a named author, but whether the submitted material can be authenticated and evaluated based on verifiable publication details. Here, each article includes sufficient identifying information—such as publication title, date, source, and URL—to allow for independent verification.

- **O Globo (Globo Group)** – “*Brazilian congressman supporting Bolsonaro gives speech in English to congratulate Trump on his victory; video*” (November 8, 2024, by O Globo): Published on the digital platform of O Globo, one of Brazil’s most influential newspapers, this article highlights Dr. Souza’s viral parliamentary speech delivered in English to comment on international politics and the U.S. election. The episode, widely covered and debated on social media and in national press, underscores his bilingual communication skills and international visibility as a public health legislator.
[Source: <https://oglobo.globo.com/blogs/sonar-a-escuta-das-redes/post/2024/11/deputado-estadual-do-maranhao-faz-discurso-em-ingles-para-parabenizar-trump-por-vitoria-video.ghtml>]
- **G1 – Jornal Nacional (Globo Group)** – “*MA: City Hall Declares Emergency in São Luís’ Health System*” (January 11, 2013, author not mentioned): Published on the G1 website and aired on Globo’s flagship national newscast Jornal Nacional, this article covers Dr. Souza’s medical leadership during an emergency declaration at Hospital Socorrão I, citing his pivotal role in stabilizing health system operations during crisis.
[Source: g1.globo.com/jornal-nacional/noticia/2013/01/ma-prefeitura-de-sao-luis-decreta-emergencia-na-area-da-saude.html]
- **G1 – Jornal Hoje (Globo Group)** – “*Hospital Director Asks for Food Donations Online in Maranhão*” (January 11, 2013, by Alex Baborsa): Authored by journalist Alex Barbosa, this article details Dr. Souza’s public call for essential supplies at the hospital, underscoring his dual clinical and crisis leadership.
[Source: g1.globo.com/jornal-hoje/noticia/2013/01/diretor-de-hospital-pede-doacao-de-alimentos-internet-no-maranhao.html]

- **UOL/Folha de S. Paulo** – “*Hospital Director in Maranhão Requests Food and Cleaning Products on Social Media*” (January 11, 2013, author not mentioned): One of Brazil’s most respected national news outlets, Folha/UOL published this article emphasizing Dr. Souza’s leadership in mobilizing public support for a healthcare facility during operational collapse. [Source: folha.uol.com.br/cotidiano/2013/01/1213647-diretor-de-hospital-no-ma-pede-alimentos-e-produtos-de-limpeza-em-rede-social.shtml]
- **G7 (Maranhão State Press)** – “*Yglésio Denounces Problems in Public Health in São Luís*” (April 13, 2022, by Joao Filho): This article documents Dr. Souza’s role in identifying and exposing structural failures in local health systems, reinforcing his advocacy as a physician-legislator acting on evidence-based assessments. [Source: g7ma.com/yglesio-denuncia-problemas-na-saude-publica-de-sao-luis/]
- **Nove Oito (98 FM News)** – “*Ministry of Health recognizes Yglésio Moyses' commitment to Socorrão I*” (August 1, 2013, by Editorial Staff): This article highlights recognition from Brazil’s Ministry of Health for Dr. Souza’s leadership and institutional efforts at Hospital Socorrão I.

Moreover, all submitted articles clearly identify the Petitioner by name and describe his actions, responsibilities, and professional activities within the field of medicine and healthcare policy. The content of these publications directly relates to his professional work and public impact, thereby satisfying the core requirement that the material be “about” the individual and related to his work in the field.

Accordingly, the evidentiary record fully complies with the regulatory requirements regarding authorship and identification. The presence of author attribution where available, combined with the recognized editorial practices of major media outlets where such attribution is not provided, satisfies the plain language of the regulation.

The NOID’s suggestion that the absence of named authors in certain articles undermines the evidentiary value of the submissions is therefore inconsistent with both the regulatory text and standard media practices.

d. USCIS Applies an Unduly Restrictive Interpretation of the Criterion

The NOID effectively limits qualifying evidence to narrowly defined academic or technical coverage, excluding broader media recognition of the Petitioner’s work in real-world medical and healthcare contexts.

However, the regulatory language expressly includes “major media,” which encompasses general news outlets that report on professionals whose work has public impact. In fields such as medicine, where professional influence often extends beyond academic publication into healthcare systems and public health response, such media coverage is both relevant and probative.

By disregarding this context, USCIS applies a standard that is more restrictive than that required by the regulation.

3. Conclusion

Accordingly, the record establishes that the Petitioner has been the subject of published material in major media outlets, that such material identifies him and discusses his work within the healthcare field, and that it meets the requirements of 8 C.F.R. § 204.5(h)(3)(iii).

The contrary conclusion in the NOID is based on an unduly narrow interpretation of both the nature of the Petitioner’s work and the scope of qualifying media under the regulation.

Therefore, this criterion is satisfied.

(iii) Original Scientific Contributions of Major Significance **(8 C.F.R. § 204.5(h)(3)(v)):**

1. USCIS’s Findings in the NOID

In the NOID, USCIS determined that the Petitioner does not satisfy the criterion relating to original scientific contributions of major significance in the field. Specifically, USCIS indicates that while the Petitioner has conducted research and authored scholarly work, the evidence does not establish that such contributions have had a demonstrable impact rising to the level of “major significance.”

USCIS further suggests that the submitted documentation, including citation evidence and expert opinion letters, does not sufficiently demonstrate that the Petitioner’s work has influenced the field as a whole or has been widely adopted or relied upon by others.

2. USCIS Applies an Improper Standard for “Major Significance”

The NOID reflects an unduly restrictive interpretation of what constitutes “major significance” under the regulation.

USCIS expressly acknowledges that: *“the record indicates that one of the beneficiary’s articles, a 2009 article, was cited over 200 times.”*

Despite this, USCIS concludes that: *“the record does not demonstrate that any of the beneficiary’s publications have been so extensively cited or otherwise impacted the field... to be considered a contribution of major significance”* and further suggests that qualifying contributions must be those: *“that have changed the field in some major way.”* This reasoning reflects an improper elevation of the regulatory standard.

While USCIS is correct that citation count alone may not be dispositive, this reasoning fails to properly evaluate the significance of the Petitioner’s work in context. A citation record of this magnitude—particularly in a specialized medical field—reflects sustained scholarly attention,

reliance by other researchers, and meaningful integration into the broader body of scientific knowledge.

Neither the statute nor the regulation requires that a contribution revolutionize an entire field or achieve universal adoption. Rather, USCIS policy recognizes that a contribution may be of major significance where it has influenced the field, been widely cited, or contributed to advancements in practice, research, or understanding.

In academic medicine, this determination is properly informed by objective indicators of influence, including citation performance, the quality and ranking of the journals in which the work appears and is cited, the nature of the downstream literature relying on the work (such as reviews and consensus publications), and the persistence of scholarly recognition over time.

By requiring a level of impact approaching field-wide transformation, and by discounting a substantial citation record without analyzing its qualitative implications, USCIS effectively imposes a higher standard than that contemplated by 8 C.F.R. § 204.5(h)(3)(v).

3. The Petitioner's Contributions Demonstrate Major Significance

The evidence below demonstrates not merely that the Petitioner published an article and later received citations, but that his work was published in a top-quartile specialty journal, accumulated an unusually high citation count for a specialized clinical field, and was later incorporated into an international consensus recommendations paper, major review literature, and a systematic review appearing in high-impact journals with strong bibliometric metrics. Beyond that, the broader citation profile confirms that the Petitioner's scholarly influence is sustained, independently recognized, and not confined to a single publication or a single line of research. Taken together, this is objective evidence of scientific influence well above the ordinary level expected in the specialty.

The record further establishes that the Petitioner's scientific and clinical contributions have had a direct, measurable, and field-relevant impact on metabolic and digestive surgery. This impact is demonstrated not only through academic recognition, but through the integration of his work into subsequent research, clinical analysis, and evidence-based discussions within the field. As detailed below, the Petitioner's contributions have been relied upon by other researchers, incorporated into higher-order scientific literature, and used to inform evolving approaches to the surgical treatment of complex metabolic conditions, including type 2 diabetes.

a. The Petitioner's Research Has Been Widely Cited and Relied Upon

As documented in the record (**Exhibit III.iii**), the Petitioner's peer-reviewed research has been cited extensively in the scientific literature, including over 200 citations to his work on duodenojejunal exclusion for the treatment of type 2 diabetes. Notably, while the NOID expressly acknowledges this substantial citation record, it does not meaningfully engage with its probative value or analyze its qualitative significance within the field. Instead, the analysis summarily dismisses the citation evidence without addressing how such a level of scholarly engagement—

particularly in a specialized medical field—reflects reliance, dissemination, and influence among independent researchers.

The probative value of the Petitioner’s citation record is not limited to the number of citations alone, but also to the nature, quality, and scientific function of the literature in which his work has been cited. As detailed in the attached bibliometric analysis (**Exhibit IV**), citation distribution is highly uneven, with most scientific publications receiving relatively few citations and only a small fraction achieving high citation counts. Publications cited in the hundreds therefore occupy a comparatively rare and influential segment of the scientific literature, reflecting levels of visibility and scholarly engagement well above the norm for a specialized clinical field.

Moreover, bibliometric frameworks emphasize that not all citations carry equal evidentiary weight. There exists a recognized hierarchy of downstream scientific influence. Citations appearing in ordinary research articles demonstrate relevance, but citations in review articles and systematic reviews are more probative, as they reflect the selection and synthesis of the most significant studies by subject-matter experts. At the highest level, citations in consensus statements and expert recommendations are particularly compelling, as these publications are intended to guide clinical understanding, shape standards of care, and inform future research directions.

The Petitioner’s work appears across this hierarchy of scientific influence. As reflected in the record, **his research has been incorporated into subsequent clinical studies, referenced in meta-analyses and systematic reviews, and cited in high-level scientific literature authored by leading experts.** These forms of citation demonstrate not merely that the work has been noticed, but that it has been evaluated, selected, and relied upon in the development of broader scientific knowledge.

This level of citation demonstrates that other researchers and clinicians actively rely on the Petitioner’s work, which is a recognized indicator of impact and significance in the scientific community.

Even when evaluated outside the context of a specialized clinical field or high-impact publication venues, the Petitioner’s citation record independently reflects an unusually high level of scholarly visibility. Bibliometric research confirms that citation distribution is highly weighted, with most publications receiving relatively few citations and only a small fraction reaching elevated citation thresholds.

As explained in established bibliometric literature,² even relatively modest citation counts may place a publication above the median in its field, while reaching 100 citations typically places a paper within a small upper segment of the citation distribution. In this context, **a citation count exceeding 200 is not ordinary, but rather constitutes objective evidence of unusually high scholarly visibility and influence.**

² <https://lucbeaulieu.com/2015/11/19/how-many-citations-are-actually-a-lot-of-citations/> / <https://www.scottbot.net/HIAL/index.html?p=22108.html> / <https://www.nature.com/articles/511387e> / <https://clarivate.com/highly-cited-researchers/>

This conclusion is further supported by broader bibliometric analyses demonstrating that articles cited in the hundreds represent a comparatively small fraction of the scientific literature and are generally associated with work that has had measurable influence on subsequent research.

The significance of the Petitioner's work is further reflected in the academic quality of the journal in which it was originally published. As documented in the record, the article *Laparoscopic Duodenal–Jejunal Exclusion in the Treatment of Type 2 Diabetes Mellitus in Patients with BMI < 30 kg/m²* appeared in *Obesity Surgery*,³ a peer-reviewed journal classified in the first quartile (Q1) of its category according to the SCImago Journal Rank (SJR) database, with an SJR score of 1.148 and an H-index of 164.⁴

Publication in a Q1 journal indicates placement within the top 25 percent of journals in the field based on citation impact and influence. These metrics demonstrate that *Obesity Surgery* is not a peripheral or low-visibility venue, but a well-ranked and widely recognized publication in bariatric and metabolic surgery.

This context becomes even more significant when considered within the broader scale and competitiveness of the global scientific publication landscape. As reflected in the bibliometric evidence of record (**Exhibit IV**), millions of scientific articles are published annually across tens of thousands of journals, including a substantial volume within medicine and surgical disciplines.

Within this highly competitive and expansive publication environment, the Petitioner's ability to publish in a top-quartile (Q1) journal, achieve a citation count exceeding 200, and have his work subsequently cited in leading journals in Health and Medical Sciences reflects a level of scholarly influence well above what is ordinarily observed in the field. This analysis demonstrates that the Petitioner's work must be evaluated not only in isolation, but within the hierarchical and competitive structure of global scientific research.

Moreover, the record establishes that the Petitioner's influence is not limited to a single publication, but is reflected in the nature and quality of the subsequent literature that has relied upon his work. His research has been cited in multiple high-level scientific publications, including:

- an international consensus recommendations paper published in *Annals of Surgery* (Q1), reflecting expert-driven guidance intended to shape clinical understanding and practice;
- a high-level review article in *The Lancet Diabetes & Endocrinology* (Q1), a leading journal in metabolic disease and endocrinology;
- a major review publication in *Nature Reviews Endocrinology* (Q1), among the most influential journals in the field; and
- a systematic review published in *Surgical Endoscopy* (Q1), demonstrating continued relevance in evidence-based evaluation of surgical interventions.

³ <https://link.springer.com/journal/11695> (Exhibit IV)

⁴ <https://www.scimagojr.com/journalsearch.php?q=22130&tip=sid&clean=0> (Exhibit IV)

The probative value of these citations is further reinforced by the **exceptional scientific standing of the journals in which the Petitioner’s work has been cited**. Publications such as *Nature Reviews Endocrinology* and *The Lancet Diabetes & Endocrinology* are widely recognized among the most prestigious and influential medical journals in the world, with rigorous editorial standards and global readership. Citation in such journals is not incidental; it reflects selection by leading experts engaged in synthesizing and advancing the highest levels of scientific knowledge in endocrinology and metabolic disease.

This evidentiary weight is even more pronounced in the case of the Petitioner’s citation in *Annals of Surgery*, one of the most authoritative and highly ranked journals in the field of surgery worldwide. The specific article in which the Petitioner’s work is cited—“*Diabetes Surgery Summit Consensus Conference Recommendations for the Evaluation and Use of Gastrointestinal Surgery to Treat Type 2 Diabetes Mellitus*”—is an international consensus recommendations paper. **Consensus publications represent one of the highest forms of scientific authority, as they are developed by panels of leading experts and are intended to guide clinical understanding, inform medical decision-making, and shape future research directions on a global scale.**

Such publications do not include references indiscriminately. Rather, they selectively incorporate studies that are considered scientifically relevant, reliable, and impactful within the field. The inclusion of the Petitioner’s work in a global consensus document of this nature constitutes particularly compelling evidence that his research has achieved recognized scientific relevance at the highest levels of the surgical and metabolic literature.

Accordingly, this is not merely evidence of citation, but evidence of selection and reliance within the most authoritative tier of scientific discourse. The fact that the Petitioner’s work was cited in a global consensus statement further confirms that his contributions have informed expert-level understanding and have been integrated into the development of internationally recognized clinical frameworks.

These forms of downstream citation are particularly probative, as they reflect not merely recognition, but selection and reliance by experts engaged in synthesizing evidence, guiding clinical practice, and advancing scientific understanding.

Accordingly, the Petitioner’s publication record reflects not an isolated instance of scholarly activity, but a sustained pattern of influence within the upper tier of scientific literature, consistent with contributions of major significance in the field.

Notably, in the adjudication of petitions under the EB-1A classification, USCIS routinely considers the absence of citations as evidence that a petitioner’s work has not had sufficient impact in the field. Conversely, a substantial citation record—particularly one exceeding 200 citations in a specialized medical area—serves as strong objective evidence that the work has been disseminated, engaged with, and relied upon by other experts.

Accordingly, while citation count alone may not be dispositive, it is a critical and widely accepted indicator of scholarly influence. Here, the Petitioner’s citation record does not stand in isolation,

but reflects sustained engagement by the scientific community and, when considered in light of the qualitative nature of the citing literature, supports a finding that his work has materially contributed to ongoing research and clinical understanding within the field.

b. The Petitioner’s Work Has Influenced Clinical Practice and Is Recognized by Leading Experts

Beyond academic citation, the Petitioner’s contributions have direct clinical relevance, particularly in the treatment of type 2 diabetes through surgical intervention.

As supported by expert opinion letters in the record (Exhibit III.iv), the Petitioner’s work has contributed to the development and refinement of surgical approaches used in metabolic and bariatric surgery, influencing how such conditions are treated in practice.

The record includes multiple independent expert letters from recognized authorities in the field, each of whom attests to the significance and impact of the Petitioner’s work. (Exhibit III.iv). These experts specifically identify the Petitioner’s contributions as:

- advancing understanding of metabolic surgical techniques;
- influencing clinical decision-making; and
- contributing to broader developments in the treatment of diabetes and related conditions.

Such testimony provides direct, field-specific confirmation that the Petitioner’s work is recognized as significant by leaders in the discipline.

The Petitioner co-authored what has been recognized as the first human clinical study in the world evaluating duodenojejunal exclusion for the treatment of type 2 diabetes. As explained by Dr. Almino C. Ramos, a globally recognized authority in bariatric and metabolic surgery (Exhibit III.iv):

“Most notably, we co-authored the first human clinical study in the world evaluating duodenojejunal exclusion for the treatment of type 2 diabetes—a groundbreaking metabolic surgery protocol that remains a global reference to this day. This work set a new benchmark in the field and demonstrated Dr. Souza’s ability to integrate clinical innovation with translational impact.”

This testimony is particularly significant because it establishes not only the originality of the Petitioner’s work, but also its foundational role in shaping subsequent research and clinical approaches. As further noted in the record, this methodology did not merely contribute incrementally to the literature, but helped establish a new treatment paradigm referenced in ongoing metabolic research and surgical protocols worldwide.

Additional expert testimony further confirms the enduring clinical and scientific significance of the Petitioner’s contributions. Professor Orlando Jorge Martins Torres explains (Exhibit III.iv):

“Building upon this scientific foundation, he later advanced to metabolic and bariatric surgery, developing a novel surgical model of duodenojejunal exclusion aimed at glycemic control in type 2 diabetic patients. This innovative technique, representing a continuation of his doctoral commitment to translational surgical science, has achieved notable international recognition and has been cited in over 200 peer-reviewed publications worldwide. The originality and clinical relevance of his research underscore Dr. Souza's academic leadership and capacity to produce enduring contributions to global surgical knowledge.”

These expert evaluations confirm that the Petitioner's work extends beyond theoretical research and has directly influenced both scientific inquiry and clinical practice. His contributions have been incorporated into ongoing studies, referenced in analytical literature, and used to inform evolving treatment approaches in metabolic and bariatric surgery.

This impact is further confirmed by the fact that the Petitioner's work has been cited in high-level scientific literature, including consensus publications, major review articles, and systematic reviews published in top-quartile (Q1) journals. As documented in **Exhibit IV**, these include journals such as *Annals of Surgery*, *The Lancet Diabetes & Endocrinology*, and *Nature Reviews Endocrinology*, which represent some of the most influential publications in the field.

Citation in such publications is particularly significant, as these works are authored by leading experts and are intended to synthesize evidence, guide clinical understanding, and inform future research directions. Their reliance on the Petitioner's work provides objective confirmation that his research has contributed to high-level scientific discourse and clinical knowledge.

This type of translational impact—from pioneering human research to sustained global clinical and academic adoption—is a hallmark of contributions of major significance in the medical field.

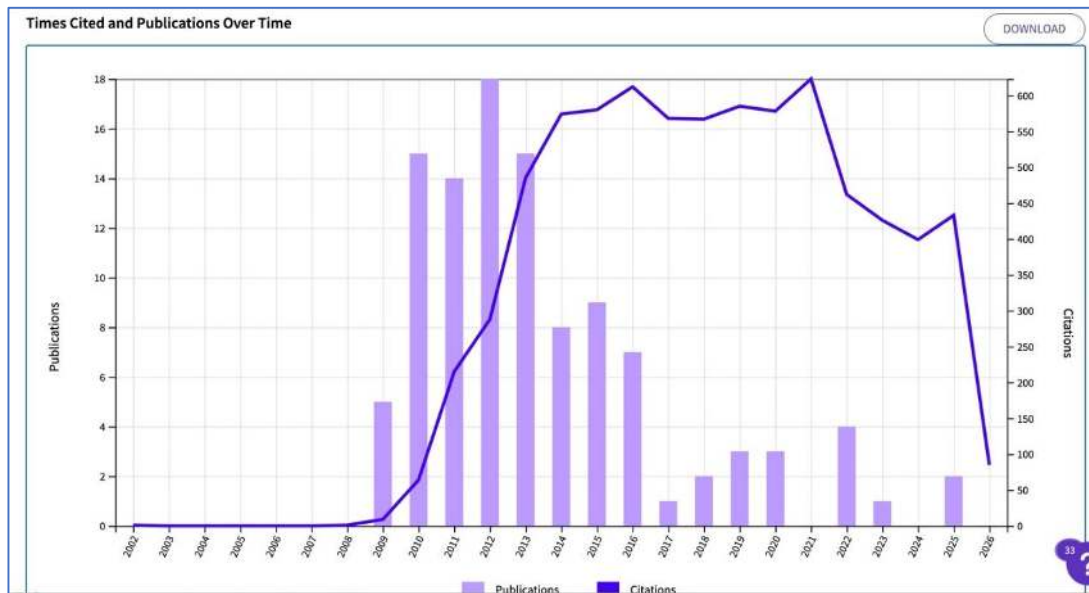
4. Conclusion: The Record Establishes Contributions of Major Significance Under the Proper Standard

When evaluated under the correct regulatory framework, the record demonstrates that the Petitioner's contributions rise well beyond routine scholarly activity and instead reflect a level of scientific influence consistent with contributions of major significance within the meaning of 8 C.F.R. § 204.5(h)(3)(v).

The evidence establishes a cohesive and mutually reinforcing body of proof. The Petitioner's work was published in a top-quartile (Q1) specialty journal, has achieved an unusually high citation count exceeding 200 citations, and has been incorporated into high-level scientific literature, including consensus recommendations, systematic reviews, and major review articles in some of the most influential journals in the field. These objective indicators demonstrate not only visibility, but sustained reliance by independent experts engaged in advancing clinical knowledge and practice.

An additional and highly probative indicator of the significance of the Petitioner's contributions is the temporal pattern of citation reflected in the record. As demonstrated

through the Web of Science analysis (Exhibit IV), the Petitioner’s research has not experienced a single, isolated peak of attention followed by decline. Rather, **it shows a sustained pattern of citation and scholarly engagement extending from the late 2000s through subsequent years and into the present period.**



Web of Science citation and publication trend over time, showing sustained scholarly recognition across many years.

This longitudinal citation trajectory is particularly significant. It demonstrates that **the Petitioner’s work has not only been recognized at the time of publication, but has remained relevant, citable, and scientifically useful over an extended period.** In other words, the Petitioner’s research has demonstrated durability of impact and resistance to obsolescence—hallmarks of contributions that have meaningfully influenced the field.

Moreover, the Web of Science data confirm that the overwhelming majority of citations are independent, remaining even after excluding self-citations. This is critical, as it establishes that the Petitioner’s influence is driven by third-party researchers who have selected and relied upon his work in their own scientific investigations. Such independent citation activity is widely recognized as one of the most reliable indicators of genuine scholarly impact.

When considered together, the sustained citation trajectory and the predominance of independent citations provide compelling objective evidence that the Petitioner’s work reflects not temporary visibility, but sustained scientific recognition. This pattern is fully consistent with the level of influence contemplated under 8 C.F.R. § 204.5(h)(3)(v) and further confirms that the Petitioner’s contributions are of major significance within the field.

Equally significant, **the record confirms that the Petitioner’s work is not confined to academic discourse, but has had direct translational impact in the field of metabolic and digestive surgery.** As established through independent expert testimony, his research contributed to the development of a novel surgical approach and includes the first human clinical study of its kind,

forming part of the scientific foundation for subsequent research and clinical application worldwide.

Taken together, this evidence reflects a sustained pattern of influence across multiple dimensions—scholarly, clinical, and international—demonstrating that the Petitioner’s contributions have been recognized, relied upon, and integrated into the field by other experts. This is precisely the type of impact contemplated by the regulation.

The NOID’s conclusion to the contrary rests on an unduly restrictive interpretation of “major significance,” effectively requiring evidence of field-wide transformation or universal adoption. As discussed above, such a standard is not supported by the statute, the regulation, or USCIS policy. When the evidence is properly evaluated under the preponderance of the evidence standard, the Petitioner’s contributions clearly satisfy the regulatory criterion.

Accordingly, the record establishes that the Petitioner has made original scientific contributions of major significance in the field, and this criterion is fully met.

(iv) Leading or Critical Role for Organizations or Establishments
(8 C.F.R. § 204.5(h)(3)(viii)):

1. USCIS’s Findings in the NOID

In the NOID, USCIS determined that the Petitioner does not satisfy this criterion, concluding that the evidence does not demonstrate that he performed in a leading or critical role for organizations with a distinguished reputation.

Specifically, USCIS characterized the Petitioner’s roles as “*similar to those of an individual contributor and middle management ensuring that the assigned tasks are accomplished correctly and in a timely manner.*”

USCIS further found that the documentation submitted did not sufficiently establish that the Petitioner’s positions were essential to the organizations’ success or that the institutions themselves possess a distinguished reputation within the meaning of the regulation.

2. The Petitioner Performed Critical Roles Within Distinguished Medical and Academic Institutions

The record demonstrates that the Petitioner has held positions involving substantial responsibility, institutional authority, and measurable impact within recognized healthcare, academic, and governmental institutions, where his contributions were integral to both clinical operations and the advancement of medical knowledge.

Importantly, the regulation does not require that the Petitioner hold a particular formal title, but rather that the role be “leading or critical.” As clarified in USCIS policy, this requirement is satisfied where the individual’s contributions are essential to the success, functioning, or core

activities of the organization. When properly evaluated, the record establishes that the Petitioner's roles meet both prongs of this standard.

a. The Petitioner's Role Was Critical to Clinical, Research, and Institutional Outcomes

The Petitioner's work in metabolic and digestive surgery, combined with his leadership in clinical and institutional settings, demonstrates that he played a central—rather than peripheral—role in advancing both patient care and scientific development.

As established in the record, the Petitioner was directly involved in the development, implementation, and evaluation of surgical approaches addressing complex metabolic conditions, including type 2 diabetes. His contributions were not limited to participation in pre-existing protocols, but extended to shaping clinical approaches and advancing treatment methodologies within the institutions in which he operated.

This is further confirmed by independent expert testimony from Dr. Almino Cardoso Ramos, a globally recognized authority in bariatric and metabolic surgery, General Director and Co-Founder of Clínica Gastro Obeso Center, former President of the International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO) (2018–2019), and former President of the Brazilian Society for Bariatric and Metabolic Surgery.

In his expert letter (**Exhibit III.iv**), Dr. Ramos states:

“Most notably, we co-authored the first human clinical study in the world evaluating duodenojejunal exclusion for the treatment of type 2 diabetes—a groundbreaking metabolic surgery protocol that remains a global reference to this day.”

This conclusion is further reinforced by independent expert testimony from Dr. Manoel Galvão Neto, a U.S.-based specialist at the Orlando Health Weight Loss and Bariatric Surgery Institute, with extensive experience in bariatric and metabolic endoscopy, clinical trials, and surgical innovation (**Exhibit III.iv**).

As Dr. Galvão Neto explains:

“He is a physician who does not approach surgery merely procedurally. He engages with it intellectually, with concern for mechanism, applicability, and long-term clinical relevance... In Dr. Yglésio's case, that pattern is consistent with the significance of his contributions.”

Beyond research, the record also establishes that the Petitioner held positions involving direct responsibility over institutional functions, including hospital operations and healthcare delivery. In these contexts, his role was outcome-determinative, affecting both the quality of care provided and the operational performance of the institution. Such responsibilities are, by definition, critical to the functioning of a healthcare organization.

b. The Organizations Involved Are Distinguished Within the Field

The institutions in which the Petitioner has performed his roles are not generic or privately operated entities, but rather large-scale public, academic, and governmental institutions with defined statutory authority, national oversight, and significant societal impact. Their distinguished nature is evidenced by their structural role within Brazil’s healthcare and governance systems, as well as by independent institutional recognition reflected in the record.

First, the **Legislative Assembly of Maranhão (ALEMA)** is a constitutionally established legislative body responsible for enacting laws, overseeing public administration, and shaping healthcare policy for a population exceeding 7 million individuals. As a state parliament operating within Brazil’s federal system, ALEMA exercises binding legislative authority over public health programs, hospital systems, and regional healthcare funding. Institutions of this nature are, by definition, distinguished, as they operate at the highest level of governmental decision-making and directly influence large-scale public outcomes. As reflected in the record, **the Petitioner not only served as an elected member, but also held leadership roles within key committees responsible for healthcare policy and oversight.**

Second, the Petitioner’s role at **Hospital Socorrão I (Djalma Marques Hospital)** must be understood within the context of its institutional scale and function. As documented in the record, **this hospital is one of the largest public emergency and trauma centers in the State of Maranhão**, responsible for handling a high volume of critical and urgent care cases on a continuous basis. It operates as a central component of the regional public health infrastructure and serves a broad patient population under conditions of significant operational demand.

Importantly, the hospital’s institutional standing is independently confirmed by national-level recognition. During the Petitioner’s tenure, the hospital’s intensive care unit received formal acknowledgment from the Brazilian Ministry of Health and was awarded performance recognition by AMIB (Brazilian Association of Intensive Care Medicine) and Epimed Solutions, two leading authorities in critical care evaluation and hospital performance metrics. These recognitions are objective indicators of institutional distinction, reflecting compliance with nationally benchmarked standards of quality, efficiency, and clinical performance.

This institutional context is further reinforced by recognition at the national level. As reflected in the record, the Petitioner’s contributions during the COVID-19 pandemic were formally acknowledged by Brazil’s then Minister of Health, Dr. Marcelo Queiroga, the highest-ranking public health authority in the country. Such recognition is particularly significant given the scale and complexity of Brazil’s public healthcare system, and the critical role of federal leadership in coordinating national health responses.

Recognition by a sitting Minister of Health is not routinely afforded to individual physicians and reflects a level of professional visibility and leadership that extends beyond local or institutional settings. In this context, it serves as an additional indicator that the Petitioner’s work was performed within, and recognized by, the highest levels of the national healthcare framework, further supporting the distinguished nature of the institutions and environments in which he operated.

Third, the Petitioner’s academic role was carried out at the **Federal University of Maranhão (UFMA)** and its affiliated teaching hospital (HU-UFMA), which operates under Brazil’s Ministry of Education through the federal hospital network (EBSERH). **Federal university hospitals in Brazil represent the highest tier of public academic medicine, combining clinical care, residency training, and scientific research within a nationally regulated framework.** These institutions are responsible for training physicians, conducting clinical research, and maintaining academic standards at a national level.

As reflected in the record, HU-UFMA is not merely a local teaching facility, but part of a federally administered system designed to support medical education and healthcare delivery across the country. The Petitioner’s involvement in this environment—particularly in the training and evaluation of surgical residents—further confirms that his work was performed within an institution of recognized academic and clinical standing.

Taken together, these institutions—ALEMA, Hospital Socorrão I, and UFMA—operate within governmental, public health, and academic frameworks that inherently reflect distinguished reputation. Their scale, regulatory oversight, public accountability, and documented recognition distinguish them from ordinary or private entities and place them within the category of organizations contemplated under 8 C.F.R. § 204.5(h)(3)(viii).

Moreover, the expert letters in the record reinforce this conclusion by contextualizing the Petitioner’s work within these high-level environments. As noted by multiple experts, his roles were carried out within institutions that are central to healthcare delivery, policy formation, and medical training in Brazil, further confirming their distinguished nature within the field.

c. The Petitioner’s Contributions Were Central, Not Peripheral

The NOID’s analysis appears to place undue emphasis on formal titles while overlooking the substantive nature of the Petitioner’s responsibilities. However, the regulatory standard focuses on whether the individual’s role was critical to the organization’s activities or outcomes—not on the nomenclature of the position.

This assessment is further supported by Professor Orlando Jorge Martins Torres, Full Professor and Head of the Digestive System Surgery Service at the Federal University of Maranhão, who has directly observed the Petitioner’s development in academic and clinical settings (**Exhibit III.iv**).

As he explains:

“Over time, I had the opportunity to observe the consistency of his growth... and it became clear that his professional trajectory was not ordinary.”

Here, the record demonstrates that the Petitioner’s contributions were essential to key institutional functions, including the development of innovative surgical methodologies, the execution of clinical research protocols, and the advancement of treatment approaches in metabolic surgery.

These functions directly affect patient outcomes, scientific progress, and institutional performance. In the context of academic medicine and clinical practice, such responsibilities are inherently critical. They require specialized expertise, involve independent judgment, and carry consequences that extend beyond the individual to the institution and the broader field. The evidence therefore establishes that the Petitioner's role was not interchangeable or supportive, but central to the success and functioning of the organizations in which he served.

3. Conclusion

Accordingly, the evidence establishes that the Petitioner has performed in both leading and critical roles within distinguished medical, academic, and governmental institutions, where his contributions were integral to clinical innovation, institutional performance, and scientific advancement.

The NOID's conclusion to the contrary reflects an unduly narrow interpretation of the regulatory standard and places disproportionate emphasis on formal titles rather than the substantive impact and responsibility associated with the Petitioner's roles. When properly evaluated under the governing framework, the record clearly demonstrates that this criterion is satisfied.

For these reasons, the Petitioner meets the requirements of 8 C.F.R. § 204.5(h)(3)(viii).

(v) High Salary or Other Significantly High Remuneration (8 C.F.R. § 204.5(h)(3)(ix)):

1. USCIS's Findings in the NOID

In the NOID, USCIS concluded that the Petitioner did not establish that he commands a high salary or other significantly high remuneration in relation to others in the field. While acknowledging the submission of compensation evidence, USCIS determined that the record did not sufficiently demonstrate that the Petitioner's earnings place him among the higher-paid individuals within his specialty.

USCIS further raised concerns regarding the structure of the evidence, including the distinction between salary and remuneration, the reliance on accounting documentation, and the absence of what it viewed as sufficiently comparable field-specific benchmarks.

2. The Record Establishes That the Petitioner Commands Significantly High Remuneration in Relation to Others in the Field

The present submission directly addresses each of the concerns identified in the NOID and clarifies that the Petitioner's case falls squarely within the regulatory framework governing this criterion.

At the outset, it is important to emphasize that the regulation expressly allows eligibility to be established through either "a high salary" or "other significantly high remuneration for services."

In the context of medical practice—particularly for surgeons operating through professional service structures rather than fixed payroll employment—the relevant inquiry is not limited to salary in the narrow sense, but extends to total professional remuneration derived from clinical services. The record has therefore been clarified to reflect that the Petitioner’s earnings consist exclusively of remuneration for medical services, including surgical procedures and related clinical activities, and do not include any form of passive income, investment returns, or unrelated business revenue.

This clarification resolves one of the central concerns identified by USCIS and ensures that the analysis is properly confined to compensation “for services” within the meaning of the regulation. More importantly, the record now establishes—through multiple independent sources—that the Petitioner’s remuneration is not merely above average, but dramatically exceeds the compensation levels of similarly situated professionals in his field. The comparative framework has been refined to rely on specialty-specific data corresponding precisely to the Petitioner’s occupation as a Digestive System Surgeon. According to nationally reported compensation benchmarks, annual earnings in this specialty range from approximately R\$ 136,000 at the average level to approximately R\$ 197,000 at the upper ceiling.

Against this benchmark, the Petitioner’s documented annual medical remuneration—derived exclusively from professional services—reaches levels multiple times higher than even the highest reported compensation in the field. **As reflected in the accountant-certified report (Exhibit III.v), the Petitioner earned approximately R\$ 1,260,000 in 2024, a figure that exceeds the reported annual ceiling for Digestive System Surgeons by more than six times.** This is not a marginal deviation from the norm; it is an extreme outlier that places the Petitioner well beyond the upper range of typical earnings for comparable professionals.

In addition to confirming the magnitude of the Petitioner’s earnings, the supplemental accounting statement (Exhibit III.v) further clarifies the nature, reliability, and longitudinal consistency of this remuneration. As explained by the certified public accountant, Mr. Carlito Faria Pereira, whose firm has maintained the Petitioner’s financial and tax records since 2009:

“The income figures presented... refer exclusively to Dr. Souza’s professional earnings derived from medical services, including surgical procedures, medical consultations, and related clinical activities...”

The accountant further confirms that these amounts are fully supported by official financial documentation and tax filings submitted to the Brazilian Federal Revenue Service, including accounting ledgers and annual income declarations, thereby eliminating any ambiguity regarding the source or legitimacy of the reported income.

Importantly, the statement also establishes that the Petitioner’s earnings are not the result of isolated or short-term activity, but reflect a sustained and increasing pattern of professional remuneration over more than fifteen consecutive years. As documented in the accounting records, his annual medical income increased from approximately R\$ 360,000 to R\$ 1,260,000 between 2009 and 2024, demonstrating continued demand for his surgical services and progressive market valuation within his specialty.

The accountant concludes, based on long-term financial records and official tax documentation, that *“his documented income represents exceptionally high remuneration within the medical profession...”*

This conclusion is not based solely on accounting analysis, but is independently corroborated by institutional evidence from within the medical field itself. As stated by Dr. Leoberth Araujo, Technical Director of Hospital Dr. Tarquínio Lopes Filho (**Exhibit III.v**):

*“Within our institutional reality, during calendar year 2025, the gross monthly compensation ordinarily received by other digestive surgeons at the hospital was approximately R\$ 20,000.00. By contrast, **Dr. Souza’s gross monthly compensation at this institution during calendar year 2025 reached approximately R\$ 40,000.00 per month.**”* [emphasis added]

He further explains the basis for this disparity in unequivocal terms:

“In my professional judgment, this higher compensation was justified by objective professional factors... Dr. Souza’s Ph.D.-level academic training, combined with his advanced technical quality as a surgeon, placed him in a differentiated professional position within the institution.”

This testimony is particularly probative because it comes from a senior institutional authority with direct knowledge of compensation structures within the relevant medical environment. It confirms not only that the Petitioner earns more than his peers, but that this differential is substantial, consistent, and directly tied to recognized professional excellence.

When this institutional evidence is considered alongside the accountant-certified financial records and specialty-specific national benchmarks, the conclusion becomes unavoidable: the Petitioner’s remuneration is significantly higher than that of others in his field under any reasonable comparative standard.

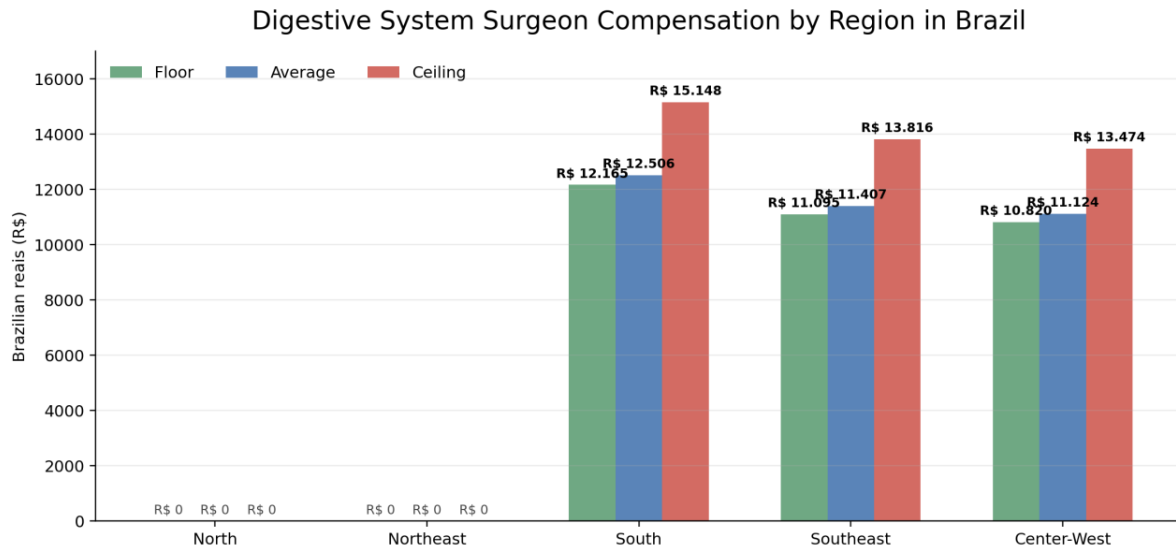
3. The NOID Applies an Improperly Elevated Standard

The reasoning in the NOID appears to impose a higher threshold than that required by the regulation. The standard is not whether the Petitioner is the single highest-paid individual in the field, nor whether his compensation is unparalleled. Rather, the regulation requires only that the individual command remuneration that is “high” or “significantly high” in relation to others in the field.

In this regard, the present response corrects a key methodological issue identified in the NOID by relying on a **specialty-specific comparator** that directly corresponds to the Petitioner’s field of practice. Specifically, the revised analysis is based on compensation data for *“Médico Cirurgião do Aparelho Digestivo” (Digestive System Surgeon)*, CBO 2252-20, as published by Portal Salário.

According to this source, a Digestive System Surgeon in Brazil earns, on average, approximately R\$ 11,384.91 per month for a 26-hour weekly schedule, based on data from 33 professionals in

the last 12 months under the CLT/CAGED system. The same source reports annual compensation benchmarks of approximately R\$ 136,619 (average), R\$ 137,328 (median), R\$ 163,303 (third quartile), and R\$ 197,797 (upper ceiling).



Recreated in English from Portal Salário / CAGED data. Source: <https://www.salario.com.br/profissao/medico-cirurgiao-do-aparelho-digestivo-cbo-225220/>

Figure 1. Digestive System Surgeon Compensation by Region in Brazil (English translation of the original Portuguese source figure).

Source: Portal Salário / CAGED, “Quanto ganha um Médico Cirurgião do Aparelho Digestivo por região do Brasil,” period 02/2025 to 01/2026, available at <https://www.salario.com.br/profissao/medico-cirurgiao-do-aparelho-digestivo-cbo-225220/>

Table 1. Digestive System Surgeon Salary Benchmarks in Brazil (translated)

| Metric | Monthly Salary | Annual Salary | Weekly Salary | Hourly Salary |
|----------------|----------------|---------------|---------------|---------------|
| Salary Floor | R\$ 11,074 | R\$ 132,888 | R\$ 2,768 | R\$ 85.18 |
| Average Salary | R\$ 11,385 | R\$ 136,619 | R\$ 2,846 | R\$ 87.58 |
| 1st Quartile | R\$ 9,828 | R\$ 117,933 | R\$ 2,457 | R\$ 75.60 |
| Median Salary | R\$ 11,444 | R\$ 137,328 | R\$ 2,861 | R\$ 88.03 |
| 3rd Quartile | R\$ 13,609 | R\$ 163,303 | R\$ 3,402 | R\$ 104.68 |
| Salary Ceiling | R\$ 16,483 | R\$ 197,797 | R\$ 4,121 | R\$ 126.79 |

Source (translated): Portal Salário salary table for “Médico Cirurgião do Aparelho Digestivo,”

<https://www.salario.com.br/profissao/medico-cirurgiao-do-aparelho-digestivo-cbo-225220/>. The source page states that the figures reflect base salary only under formal CLT employment records and exclude bonuses, commissions, overtime, night pay, hazard pay, and similar additions.

Table 2. Regional Snapshot from the Published Chart (translated)

| Region | Floor | Average | Ceiling |
|--------------|------------|------------|------------|
| North | R\$ 0 | R\$ 0 | R\$ 0 |
| Northeast | R\$ 0 | R\$ 0 | R\$ 0 |
| South | R\$ 12,165 | R\$ 12,506 | R\$ 15,148 |
| Southeast | R\$ 11,095 | R\$ 11,407 | R\$ 13,816 |
| Central-West | R\$ 10,820 | R\$ 11,124 | R\$ 13,474 |

Interpretive note: the chart displays zero values for the North and Northeast in this period view. In context, that most likely reflects a lack of reported sample data for the published window rather than a literal market salary of zero. For that reason, the

Importantly, the methodology underlying this dataset includes only **base salary formally registered in employment records**, expressly excluding additional forms of compensation such as bonuses, commissions, overtime, night pay, hazard pay, and other supplemental earnings. As such, it represents a **conservative baseline** for evaluating compensation within the specialty.

When the Petitioner’s documented professional remuneration is evaluated against this properly tailored and conservative benchmark, the disparity is substantial. His earnings exceed not only the average and median, but also the upper quartile and reported ceiling by several multiples.

Under the preponderance of the evidence standard, such a deviation from established compensation norms is more than sufficient to demonstrate that the Petitioner commands remuneration that is “significantly high” in relation to others in his field, as required under 8 C.F.R. § 204.5(h)(3)(ix).

4. Conclusion: The Record Establishes Significantly High Remuneration Under Any Reasonable Standard

When properly evaluated, the record establishes that the Petitioner commands remuneration that is not only above average, but dramatically exceeds the compensation levels of comparable professionals in his field.

The evidence demonstrates that the Petitioner’s annual medical income—derived exclusively from professional services—reaches approximately **RS 1,260,000**, a figure that exceeds established national benchmarks for Digestive System Surgeons by several multiples, including more than six times the reported upper ceiling.

This conclusion is supported by converging lines of objective and independent evidence, including accountant-certified financial records, specialty-specific compensation data, and institutional testimony confirming that the Petitioner’s remuneration significantly exceeds that of similarly situated surgeons within the same professional environment.

Taken together, this evidence establishes not merely that the Petitioner is well compensated, but that his earnings place him far outside the normal distribution of compensation within the field. Such a level of remuneration is, by definition, “significantly high” in relation to others in the profession.

The NOID’s contrary conclusion reflects an unduly restrictive interpretation of the regulatory standard and does not account for the magnitude of the disparity demonstrated in the record or the corrected, specialty-specific comparative framework now provided.

Accordingly, under the preponderance of the evidence standard, the Petitioner has established that he commands significantly high remuneration within the meaning of 8 C.F.R. § 204.5(h)(3)(ix), and this criterion is fully satisfied.

IV. FINAL MERITS DETERMINATION

1. USCIS Applies an Unduly Restrictive and Legally Improper Standard

In the NOID, USCIS concludes that, even considering the record in its totality, the Petitioner has not demonstrated “*sustained national or international acclaim*” or that he is among the “*small percentage who have risen to the very top of the field.*”

However, this conclusion reflects a misapplication of the governing legal framework and an unduly restrictive interpretation of the evidentiary standard applicable at the final merits stage.

As recognized by USCIS policy and controlling precedent, the adjudication of EB-1A petitions follows a **two-step framework**, as articulated in *Kazarian v. USCIS*. At the second step, the inquiry is not whether each piece of evidence independently proves extraordinary ability, but whether the **totality of the evidence**, when considered together, establishes sustained acclaim and top-tier standing in the field.

Importantly, the USCIS Policy Manual makes clear that the final merits determination is a **qualitative, holistic analysis**, not a re-adjudication of each criterion under a heightened or newly imposed standard.

2. The NOID Improperly Reweighs Evidence and Imposes a Higher Standard

The NOID reflects a pattern of analysis in which USCIS:

- discounts objective evidence (e.g., citation record, salary, institutional roles);
- dismisses corroborated internationally recognized expert testimony; and
- requires evidence of **field-wide transformation** or universal adoption;

—standards that are not required by statute, regulation, or policy.

For example, USCIS acknowledges that “*the record indicates that one of the beneficiary's articles... was cited over 200 times*” yet concludes that the record does not demonstrate impact sufficient to constitute major significance.

Similarly, USCIS discounts:

- leadership roles in major institutions;
- nationally recognized media coverage;
- and compensation far exceeding market benchmarks;

without meaningfully engaging with their combined probative value.

This approach is inconsistent with the preponderance of the evidence standard, which requires that the claim be **more likely than not**, not that it meet an elevated or near-conclusive threshold.

3. Authority Confirms That USCIS’s Final Merits Analysis Must Be Properly Applied

Recent federal court authority further underscores that USCIS’s approach to the final merits determination must remain grounded in the governing statute, regulations, and principles of reasoned decision-making.

In *Mukherji v. Miller*, the U.S. District Court for the District of Nebraska (**Exhibit V**) found that USCIS’s application of the “final merits determination” framework was legally deficient and, in that case, arbitrary and capricious.

The court emphasized that USCIS may not:

- impose requirements beyond those set forth in statute and regulation;
- disregard probative evidence without explanation; or
- issue conclusory determinations lacking a clearly articulated standard.

Specifically, the court held that “*the officer must articulate the specific and legal reasons as to why the officer concluded that the petitioner has not demonstrated by a preponderance of the evidence...*”

The court further explained that failure to do so renders the decision arbitrary and capricious.

The concerns identified in *Mukherji* are directly applicable here. As in that case, the NOID:

- acknowledges significant evidence of achievement;
- discounts that evidence without meaningful analysis; and
- fails to articulate a clear standard by which the Petitioner allegedly falls short.

Moreover, the NOID appears to require a level of impact—such as field-wide transformation or universal adoption—that exceeds the regulatory standard and is inconsistent with the preponderance of the evidence framework.

Accordingly, even under the existing two-step framework, the analysis in the NOID reflects the same deficiencies identified by the court in *Mukherji*, and therefore warrants reconsideration under the correct legal standard.

4. The Totality of the Record Establishes Sustained Acclaim and Top-Tier Standing

When properly evaluated under the correct legal standard, the record demonstrates that the Petitioner’s career reflects precisely the type of sustained acclaim contemplated by the EB-1A classification.

The evidence establishes:

- **Sustained scholarly impact**, demonstrated by peer-reviewed publications that have achieved substantial and enduring citation recognition over time and have been

incorporated into high-level scientific literature, including review articles, consensus statements, and other authoritative publications in the field;

- **Recognition by experts**, through detailed and field-specific testimonial evidence confirming the significance and influence of his work;
- **Leadership and critical roles**, including directorship of a major public hospital, academic responsibilities, and legislative leadership in public health, with recognition by Brazil's Minister of Health for his contributions during the COVID-19 pandemic;
- **National media recognition**, through coverage in major Brazilian outlets documenting his professional and institutional impact;
- **Objective market validation**, reflected in compensation levels that exceed specialty benchmarks by several multiples.

This continuing professional visibility is further corroborated by recent unsolicited outreach from journal editors and conference organizers inviting the Petitioner to submit manuscripts and participate as a speaker in events and publications related to obesity, metabolic health, gastroenterology, hepatology, endoscopy, infectious diseases, and clinical medicine.

While the Petitioner does not rely on these communications as an independent regulatory criterion, they are probative of the fact that his name, expertise, and research profile continue to circulate within professional channels relevant to his field. In the aggregate, these invitations further support that the Petitioner's recognition is ongoing and current, rather than limited to isolated past accomplishments. See Exhibit IV.

Importantly, these elements are not isolated. They form a **coherent and mutually reinforcing record** demonstrating:

- influence in both academic and clinical domains;
- recognition across institutional, scientific, and public spheres;
- and sustained professional distinction over time.

This is precisely the type of cumulative evidentiary showing contemplated under the final merits analysis.

5. The Petitioner's Scholarly Record Demonstrates Breadth, Continuity, and Sustained Influence Over Time

An additional factor that the NOID fails to meaningfully consider is the breadth and temporal continuity of the Petitioner's scholarly record. While the NOID focuses primarily on whether any single publication—particularly the Petitioner's most highly cited metabolic surgery article—independently establishes extraordinary ability, the proper inquiry at the final merits stage requires evaluation of the **full trajectory of scholarly activity**, not isolated works.

As reflected in the record, the Petitioner’s academic contributions are not limited to a single publication, but instead demonstrate a sustained pattern of research output, continued engagement in the field, and ongoing recognition by other researchers over time.

In addition to his highly cited metabolic surgery work, the Petitioner has authored multiple publications addressing clinically relevant and technically complex topics in surgery, including experimental research on intra-abdominal infection and technical innovations in pancreatic surgery. These works have generated independent citation activity and have been incorporated into subsequent scientific literature, including publications in internationally recognized journals.

Importantly, this pattern reflects not only scholarly productivity, but durability of impact. The record demonstrates that the Petitioner’s work has continued to be cited years after publication, including in first-quartile (Q1) journals such as *Annals of Surgery*, *Journal of Surgical Oncology*, and *Expert Review of Anti-Infective Therapy*. This type of downstream citation in high-impact venues is particularly probative, as it reflects continued relevance within expert discourse and confirms that the Petitioner’s contributions have been integrated into the evolving scientific understanding of the field.

Moreover, the subject matter of these additional publications—such as pancreatic anastomosis techniques and experimental surgical therapies—addresses clinically significant challenges involving surgical outcomes, morbidity, and healthcare efficiency. As such, the Petitioner’s work is not merely theoretical, but directly connected to real-world clinical practice and systemic healthcare considerations.

When considered in its entirety, the Petitioner’s publication record demonstrates breadth across multiple areas of surgical research, continuity of scholarly activity over an extended period, and sustained recognition within the academic community. This directly supports a finding of sustained national and international acclaim and further reinforces that his contributions are not isolated, but part of a consistent trajectory of influence within the field.

The NOID’s failure to account for this broader pattern—and its focus on evaluating individual publications in isolation—is inconsistent with the required totality analysis and results in an incomplete and legally insufficient final merits determination.

6. The NOID Fails to Properly Evaluate the Record as a Whole

Rather than conducting the holistic assessment required at the final merits stage, the NOID analyzes each category of evidence in isolation and dismisses it on the basis that it does not independently establish extraordinary ability. This fragmented approach is inconsistent with USCIS policy and the governing Kazarian framework, which expressly require that the evidence be evaluated in its totality to determine whether it demonstrates sustained national or international acclaim.

When the record is properly considered as an integrated whole, it reflects a consistent and mutually reinforcing pattern of professional distinction. The Petitioner’s scholarly impact, demonstrated through substantial citation activity and incorporation into high-level scientific literature, aligns

with his clinical contributions and documented influence on surgical practice. These elements are further reinforced by his performance in critical roles within major public and academic institutions, his recognition in national media outlets, and objective market validation through compensation significantly exceeding specialty benchmarks.

By evaluating each of these elements in isolation, the NOID fails to account for their cumulative probative value and overlooks the manner in which they collectively establish a sustained trajectory of recognition and influence within the field. As a result, the conclusion reached does not reflect the full scope of the evidentiary record, but rather an artificially segmented analysis that is inconsistent with the applicable legal standard.

7. Conclusion: The Record Satisfies the Final Merits Determination

When evaluated under the correct legal framework and in accordance with the preponderance of the evidence standard, the record establishes that the Petitioner has achieved sustained national and international acclaim and possesses a level of expertise placing him among the small percentage at the very top of his field.

The evidence does not consist of isolated accomplishments, but rather reflects a consistent and mutually reinforcing pattern of distinction across multiple dimensions of the field, including scholarly impact, clinical innovation, institutional leadership, national media recognition, and objective market validation through significantly elevated compensation. When considered in its totality—as required under the governing Kazarian framework—this body of evidence demonstrates sustained recognition, influence, and professional prominence well above that of his peers.

The NOID's contrary conclusion is not the result of a lack of evidence, but of an analytical approach that improperly fragments the record, discounts probative evidence without meaningful explanation, and applies a standard exceeding that required by statute and regulation. As discussed above, this type of analysis has been expressly criticized by federal courts as inconsistent with principles of reasoned decision-making.

Accordingly, when the evidence is properly considered as a whole and under the correct legal standard, the only reasonable conclusion is that the Petitioner satisfies the final merits requirement under 8 C.F.R. § 204.5(h)(2) and qualifies for classification as an individual of extraordinary ability.

V. FINAL CONSIDERATIONS

For the reasons set forth above, the Petitioner has fully addressed each of the concerns raised in the NOID and has demonstrated, by a preponderance of the evidence, that he satisfies multiple regulatory criteria under 8 C.F.R. § 204.5(h)(3), as well as the final merits determination under 8 C.F.R. § 204.5(h)(2).

The record reflects a consistent and well-documented pattern of achievement, recognition, and impact across scholarly, clinical, institutional, and public domains. When properly evaluated in its totality, this evidence establishes that the Petitioner has achieved sustained national and international acclaim and possesses a level of expertise placing him among the small percentage of individuals at the very top of his field.

Importantly, the conclusions in the NOID stem not from a deficiency in the evidentiary record, but from an unduly restrictive interpretation of the applicable legal standards and a fragmented evaluation of the evidence. As demonstrated throughout this response, when the record is assessed under the correct framework, the evidentiary showing is more than sufficient to meet the statutory and regulatory requirements for classification as an individual of extraordinary ability.

Accordingly, the Petitioner respectfully requests that USCIS approve the petition in full.

Should you require any further information, please do not hesitate to contact our office.

Sincerely,



Otavio Haverroth Silva
California Bar # 343486

Exhibit list

Exhibits:

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Exhibit III.I - Membership in associations requiring outstanding achievements

Specialist Certification – General Surgery: Issued by the Brazilian Medical Association (AMB) and the Brazilian College of Surgeons (CBC), dated July 25, 2009 1-3

Specialist Certification – Digestive System Surgery: Issued by the AMB and the Brazilian College of Digestive Surgery (CBCD), dated October 9, 2009 4-6

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CBCD Bylaws: Highlighted excerpts from Chapter III, Articles 3 and 4 (items III and IV) on membership eligibility and review process 24-33

Mensa International: Website excerpt showing admission requirement of scoring in the top 2% on a recognized intelligence test 34-36

Intertel: Admission confirmation and description of membership threshold (top 1%) 37

Infinity International Society (IIS) Membership – IQ-based admission confirmation, acceptance email, and society information 38-39

Exhibit III.II - Published material about the petitioner

O Globo (Globo Group) – “Brazilian congressman supporting Bolsonaro gives speech in English to congratulate Trump on his victory; video” (November 8, 2024, by O Globo): Published on the digital platform of O Globo, one of Brazil’s most influential newspapers, this article highlights Dr. Souza’s viral parliamentary speech delivered in 40-43

English to comment on international politics and the U.S. election. The episode, widely covered and debated on social media and in national press, underscores his bilingual communication skills and international visibility as a public health legislator. [Source: <https://oglobo.globo.com/blogs/sonar-a-escuta-das-redes/post/2024/11/deputado-estadual-do-maranhao-faz-discurso-em-ingles-para-parabenizar-trump-por-vitoria-video.ghtml>]

G1 - Jornal Nacional (Globo Group) - "MA: City Hall Declares Emergency in São Luís' Health System" (January 11, 2013, author not mentioned): Published on the G1 website and aired on Globo's flagship national newscast Jornal Nacional, this article covers Dr. Souza's medical leadership during an emergency declaration at Hospital Socorrão I, citing his pivotal role in stabilizing health system operations during crisis. [Source: g1.globo.com/jornal-nacional/noticia/2013/01/ma-prefeitura-de-sao-luis-decreta-emergencia-na-area-da-saude.html]

G1 - Jornal Hoje (Globo Group) - "Hospital Director Asks for Food Donations Online in Maranhão" (January 11, 2013, by Alex Baborsa): Authored by journalist Alex Barbosa, this article details Dr. Souza's public call for essential supplies at the hospital, underscoring his dual clinical and crisis leadership. [Source: g1.globo.com/jornal-hoje/noticia/2013/01/diretor-de-hospital-pede-doacao-de-alimentos-internet-no-maranhao.html]

UOL/Folha de S. Paulo - "Hospital Director in Maranhão Requests Food and Cleaning Products on Social Media" (January 11, 2013, author not mentioned): One of Brazil's most respected national news outlets, Folha/UOL published this article emphasizing Dr. Souza's leadership in mobilizing public support for a healthcare facility during operational collapse. [Source: folha.uol.com.br/cotidiano/2013/01/1213647-diretor-de-hospital-no-ma-pede-alimentos-e-produtos-de-limpeza-em-rede-social.shtml]

G7 (Maranhão State Press) – “Yglésio Denounces Problems in Public Health in São Luís” (April 13, 2022, by Joao Filho): This article documents Dr. Souza’s role in identifying and exposing structural failures in local health systems, reinforcing his advocacy as a physician-legislator acting on evidence-based assessments. [Source: g7ma.com/yglesio-denuncia-problemas-na-saude-publica-de-sao-luis/]

Nove Oito (98 FM News) – “Ministry of Health recognizes Yglésio Moyses' commitment to Socorrão I” (August 1, 2013, by Editorial Staff): This article highlights recognition from Brazil’s Ministry of Health for Dr. Souza’s leadership and institutional efforts at Hospital Socorrão I.

G1.globo.com – Data from SimilarWeb 57-60

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**Exhibit III.1 -
Membership in
associations
requiring outstanding
achievements**



REGIONAL COUNCIL OF MEDICINE OF THE STATE OF MARANHÃO

Specialist Certificate

The **Regional Council of Medicine of the State of Maranhão**, following the applicable resolution, hereby certifies that on 08/18/2010, it registered, in Book No. 005, RQE No. 803, Page No. 066, the qualification of the physician

YGLESIO LUCIANO MOYSES SILVA DE SOUZA, CRM No. 5227,

in the specialty of

GENERAL SURGERY.



Validation key: **58e03bd07dc6fa7b0fb9094227ad39ea6fbaf155**

Electronically issued via the internet on **04/03/2025**

Its authenticity can be verified on the **CRM-MA** website:

<http://www.crmma.org.br/>

I, Marina Viana Silva, certify that I, a qualified translator fluent in both languages, have performed the professional translation of this document from Portuguese to English and that the following is an accurate and complete translation of the document.

Marina Viana

Date: May 16, 2025.



CONSELHO REGIONAL DE MEDICINA DO ESTADO DO MARANHÃO

Certificado de Especialista

O **CONSELHO REGIONAL DE MEDICINA DO ESTADO DO MARANHÃO**, de acordo com a resolução vigente, certifica que registrou, em 18/08/2010, no livro nº. 005, RQE nº. 803, folha nº. 066, a qualificação do médico(a),

YGLESIO LUCIANO MOYSES SILVA DE SOUZA, CRM nº. 5227,

na especialidade de

CIRURGIA GERAL



Chave de validação **58e03bd07dc6fa7b0fb9094227ad39ea6fbaf155**

Emitida eletronicamente via internet em **03/04/2025**

Sua autenticidade poderá ser confirmada no site do **CRMMA:**
<http://www.crmma.org.br/>



REGIONAL COUNCIL OF MEDICINE OF THE STATE OF MARANHÃO

Specialist Certificate

The **Regional Council of Medicine of the State of Maranhão**, following the applicable resolution, hereby certifies that on 08/18/2010, it registered, in Book No. 005, RQE No. 804, Page No. 066, the qualification of the physician

YGLESIO LUCIANO MOYSES SILVA DE SOUZA, CRM No. 5227,

in the specialty of

DIGESTIVE SYSTEM SURGERY



Validation key: **1dd33cf1a31d5c0ecfe7218ae136dc9e27b04b24**

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na especialidade de

CIRURGIA DO APARELHO DIGESTIVO



Chave de validação **1dd33cf1a31d5c0ecfe7218ae136dc9e27b04b24**

Emitida eletronicamente via internet em **03/04/2025**

Sua autenticidade poderá ser confirmada no site do **CRMMA**:
<http://www.crmma.org.br/>

BYLAWS OF THE BRAZILIAN COLLEGE OF SURGEONS

Approved at an Extraordinary
General Assembly on July 10, 2020



INSTITUTIONAL PHILOSOPHY

PURPOSE: **Lead Brazilian Surgery**

|  Values |  Principles |
|---|---|
| Ethics | We fulfill our responsibilities with transparency, ensuring the credibility of the Institution. |
| Knowledge | We develop and disseminate knowledge for professional qualification and promote research. |
| Representativeness | We operate nationally in defense of the professional practice of surgeons, valuing our members. |
| Excellence in Services | We serve our members promptly and with quality. |
| Humanism | We act with social responsibility, valuing our collaborators. |
| Pioneering | We are an institution rooted in the tradition and development of Brazilian surgery. |

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CHAPTER I – NAME, HEADQUARTERS, OBJECTIVES AND DURATION

Article 1st - THE BRAZILIAN COLLEGE OF SURGEONS (CBC), founded on July 30, 1929, is a non-governmental, non-profit scientific association, headquartered at Rua Visconde de Silva, No. 52 - 1st, 2nd, and 3rd floors, and Garage Floor, in the Botafogo neighborhood, ZIP code 22271-092, district and municipality of Rio de Janeiro, State of Rio de Janeiro, Considered a state public utility entity by Law No. 548 of the Legislative Assembly of the State of Rio de Janeiro.

Sole § - The CBC has legal personality, registered on September 3, 1948, under order number 1.569, in Book A, at the Registry Office for Legal Entities of Rio de Janeiro.

Article 2nd - The objectives of the CBC include, in addition to the study and dissemination of Surgery:

- a) to bring together the largest number of physicians practicing any surgical specialties and/or their respective areas of expertise recognized by the Joint Commission on Specialties - CME (comprising the Federal Council of Medicine - CFM, the Brazilian Medical Association - AMB, and the National Medical Residency Commission - CNRM), of residents and trainees in Surgical Training Programs, students in Medical School undergraduate courses, and other physicians who collaborate with the work of the surgeon;
- b) foster the constant development and evolution of Surgery;
- c) advocate for the improvement of hospital institutions and other places where Surgery is practiced, aiming for the consideration of achievements resulting from scientific and technological progress;
- d) establish rules for the continuous improvement of the surgeon, as well as promote the constant elevation of their professional standards;
- e) encourage scientific production through awards for the best works on Surgery and related specialties;
- f) maintain close ties with other medical associations, societies, and cultural entities, both national and foreign, as well as with governmental bodies, to address matters of real interest to physicians and the practice of Medicine and Surgery;
- g) support and encourage, through all means, the members of the CBC, so that they can improve their personal, professional, cultural, and social activities;

- h) contribute, using all possible means, to the teaching of Surgery, both at the undergraduate and postgraduate levels;
- i) contribute to the training of Specialized Surgeons.

CHAPTER II - MEMBERS AND OTHER PARTICIPANTS

TITLE I - SOCIAL CATEGORIES AND THEIR QUALIFICATIONS

Article 3rd - The CBC has the following categories of members: Emeritus (ECBC), Retired Adjuncts (AjCBC), Titulars (TCBC), Collaborating Titulars (TcCBC), Adjuncts (ACBC), International Adjuncts (AiCBC), Aspirants (AsCBC), Academics (AcCBC), National Honorary (HnCBC) and International Honorary (HiCBC).

Sole § - Members of the CBC include:

- a) meritorious members;
- b) benefactors.

Article 4th - The following are the basic requirements for membership admission to the CBC:

TITULAR (TCBC): Practice any surgical specialties, as per Article 2nd, letter a, for a minimum of 6 (six) years, and reside in Brazil.

COLLABORATING TITULAR (TcCBC): Be a non-practicing physician in surgical specialties (Article 2nd, letter a) for a minimum of 6 (six) years and reside in Brazil.

INTERNATIONAL ADJUNCT (AiCBC): Practice any surgical specialties and not reside in Brazil.

ADJUNCT (ACBC): Practice any surgical specialties, as per Article 2nd, letter a, for a minimum of 3 (three) years, and reside in Brazil.

ASPIRANT (AsCBC): Be enrolled in a Medical Residency Program in any surgical specialties recognized by the Joint Commission on Specialties or be in a General Surgery Training Program accredited by the CBC.

ACADEMICS (AcCBC): Be enrolled in a Medical School recognized by MEC (Ministry of Education).

NATIONAL HONORARY (HnCBC): Be or have been a Brazilian physician of exceptional merit, demonstrated through productive professional, scientific, or teaching activities, and also possess impeccable moral and professional integrity, exempt from contributions.

EMERITUS (ECBC): Having been a Titular Member or Collaborating Titular Member, with effective financial contributions for 25 (twenty-five) years in one of the respective categories, and having reached the age of 65 (sixty-five), always participating in CBC activities, retaining all rights, but exempt from contributions.

RETIRED ADJUNCT (AjCBC): Having been an Adjunct Member, with effective financial contributions for 30 (thirty) years and having reached the age of 65 (sixty-five), always participating in CBC activities, retaining all rights, but exempt from contributions.

INTERNATIONAL HONORARY (HiCBC): Being a physician of recognized merit and having achieved notable prominence in the global medical-scientific community through personal contribution, exempt from contributions.

Sole § - The Titular and Emeritus Members form the core of the Organizational Structure of the CBC in the Central Core and State Chapters, in an unlimited number.

Article 5th - In the admission of the members outlined in these Bylaws, the following basic conditions must be observed:

MERITORIOUS MEMBER: Be an individual of unquestionable moral integrity, non-physician, with significant services rendered to the CBC or the country;

BENEFACTORS: Be a natural or legal person who has contributed to the development of the CBC by offering a value at least 100 (one hundred) times higher than the current annual fee charged by the Entity.

TITLE II - ADMISSION PROCESSES

Article 6th - The proposals for the admission of members in any categories mentioned in Article 3rd of these Bylaws shall be made on official CBC forms, subject to the preliminary requirements of Articles 4th and 5th of these Bylaws, and the rules specified in the Internal Regulations.

Article 7th - The proposal for Meritorious Members and Benefactors may be initiated by the Statutory Bodies outlined in these Bylaws, observing the requirements of Article 5th, however, their respective admissions will only occur after approval by the National Directorate.

TITLE III - RIGHTS AND DUTIES OF MEMBERS

Article 8th - The general rights of all CBC members who are up to date with their contributions are:

- a) participate in all scientific, cultural, and social activities, observing the respective regulations;
- b) resign as a Member of the CBC, with the possibility of requesting reinstatement without the procedures mentioned in Article 6th of these Bylaws;
- c) transfer to another Chapter or Regional when a proven change of residence occurs;

the Chapter Regionals, and the Special Committees of the CBC, is unpaid, and the distribution of profits or dividends of any kind is also prohibited.

Sole § - Any surpluses observed in the operational results of the CBC will be fully used within the Society itself to fulfill its objectives.

Article 66th - CBC members are not jointly or severally liable for the commitments assumed by the National Directory or the Boards of Chapters and Regionals.

Article 67th - The impossibility of changing the CBC's headquarters from the city of Rio de Janeiro is established under any pretext.

Article 68th - The activities of the CBC, in their various modalities, may be conducted in person or virtually, depending on temporal possibilities, with their format defined by the Executive Directorate.

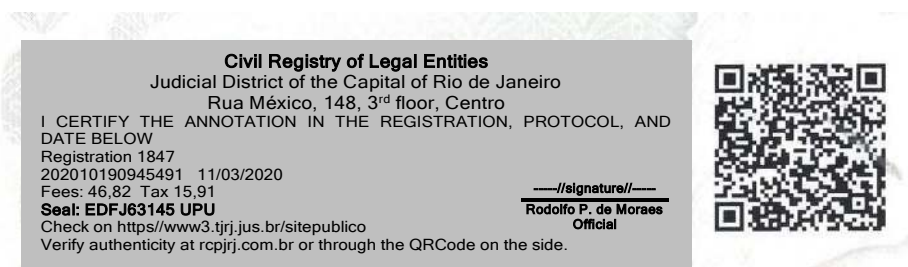
Article 69th - The Internal Regulations of the CBC will regulate the administration and functioning of its various bodies and define the duties of its members—being subject to review by the National Directorate when necessary, always in accordance with the provisions of these Bylaws.

Article 70th - The National Directorate will make efforts and strive for CBC to maintain the title of State Public Utility, as well as for obtaining the same titles at the Federal and Municipal levels.

Article 71st - The cases not covered in these Bylaws will be considered by the National Directory and the Superior Advisory Council.

Art. 72^o - The current positions in the National Directory, as well as their current occupants, will remain the same until the end of the term for which they were elected, i.e., until December 2021.

§ 1st - The category of Temporary Members of the Superior Council, as well as its current occupants, will remain the same until the end of the term for which they were elected, i.e., until December 2021.





90 ANOS
1929 - 2019
CBC



CBC

Brazilian College of Surgeons

I, André Vinícius Inacio Penna Mello, certify that I am competent to translate from Portuguese to English and that the above is a faithful extract/summary of the relevant information of the attached document in Portuguese.



Date: February 22nd, 2024.


ESTATUTO DO COLÉGIO BRASILEIRO DE CIRURGIÕES

Aprovado em Assembleia Geral
Extraordinária em 10 de julho de 2020



FILOSOFIA INSTITUCIONAL

PROPÓSITO: Liderar a Cirurgia Brasileira

|  Valores |  Princípios |
|---|--|
| Ética | Cumprimos nossas responsabilidades com transparência, assegurando e credibilidade da Intituição. |
| Conhecimento | Desenvolvimento e disseminamos conhecimento para qualificação profissional e fomento à pesquisa. |
| Representatividade | Atuamos nacionalmente na defesa do exercício profissional do cirurgião, valorizando os associados. |
| Excelência em Serviços | Atendemos os associados com prestreza e qualidade. |
| Humanismo | Agimos com responsabilidade social valorizando nossos colaboradores |
| Pioneirismo | Somos uma instituição com raízes na tradição e no desenvolvimento da cirurgia brasileira. |

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CAPÍTULO I - DA DENOMINAÇÃO, SEDE, OBJETIVOS E DURAÇÃO

Art. 1º - O COLÉGIO BRASILEIRO DE CIRURGIÕES (CBC), fundado em 30 de julho de 1929, é uma associação de caráter científico, não governamental, sem fins lucrativos, com sede e foro na Rua Visconde de Silva, nº 52 - 1º, 2º e 3º andares e Pavimento Garagem, no bairro Botafogo, CEP 22271-092, comarca e município do Rio de Janeiro, Estado do Rio de Janeiro, considerada entidade de utilidade pública estadual pela Lei nº 548 da Assembleia Legislativa do Estado do Rio de Janeiro.

§ único - O CBC é dotado de personalidade jurídica, conforme registro de 3 de setembro de 1948, sob o número de ordem 1.569, no Livro A, do Cartório de Registro Civil das Pessoas Jurídicas do Rio de Janeiro.

Art. 2º - Constituem objetivos do CBC, além do estudo e divulgação da Cirurgia:

- a) congregar o maior número de médicos que pratiquem quaisquer especialidades cirúrgicas e/ou suas respectivas áreas de atuação reconhecidas pela Comissão Mista de Especialidades - CME (composta pelo Conselho Federal de Medicina - CFM, pela Associação Médica Brasileira -AMB e pela Comissão Nacional de Residência Médica - CNRM), de residentes e trainandos de Programas de Formação Cirúrgica, de alunos de Cursos de Graduação em Medicina e de outros médicos que colaborem com o trabalho do cirurgião;
- b) fomentar o constante desenvolvimento e a evolução da Cirurgia;
- c) pugnar pela melhora das instituições hospitalares e dos outros locais onde se pratique a Cirurgia, visando a que sejam sempre consideradas as conquistas resultantes do progresso científico-tecnológico;
- d) estabelecer normas para o aperfeiçoamento continuado do cirurgião, assim como promover a elevação constante do seu padrão profissional;
- e) estimular a produção científica por meio de prêmios para os melhores trabalhos sobre a Cirurgia e especialidades afins;
- f) manter estreitos vínculos com as demais associações e sociedades médicas e outras entidades culturais, nacionais e estrangeiras, assim como com órgãos governamentais, para trato de assuntos de real interesse para os médicos e para o desempenho da Medicina e da Cirurgia;
- g) amparar e estimular, por todos os meios, os integrantes do CBC, para que possam melhorar suas atividades pessoais, profissionais, culturais e sociais;

h) contribuir, com todos os meios possíveis para o ensino da Cirurgia, quer no nível de graduação ou pós-graduação;

i) contribuir para a formação de Cirurgiões Especializados.

CAPÍTULO II - DOS MEMBROS E OUTROS INTEGRANTES

TÍTULO I - DAS CATEGORIAS SOCIAIS E SUAS QUALIFICAÇÕES

Art. 3º - O CBC tem as seguintes categorias de membros: Eméritos (ECBC), Adjuntos Jubilados (AjCBC), Titulares (TCBC), Titulares-Colaboradores (TcCBC), Adjuntos (ACBC), Adjuntos Internacionais (AiCBC), Aspirantes (AsCBC), Acadêmicos (AcCBC), Honorários Nacionais (HnCBC) e Honorários Internacionais (HiCBC).

§ único - São integrantes do CBC:

a) beneméritos;

b) benfeitores.

Art. 4º - São as seguintes exigências básicas para ingresso de membros no CBC:

TITULAR (TCBC): Exercer quaisquer especialidades cirúrgicas, conforme o Art. 2º, letra a, há no mínimo 6 (seis) anos, e residir no Brasil.

TITULAR-COLABORADOR (TcCBC): Ser médico não praticante de especialidades cirúrgicas (Art. 2º, letra a) há no mínimo 6 (seis) anos e residir no Brasil.

ADJUNTO INTERNACIONAL (AiCBC): Exercer quaisquer especialidades cirúrgicas e não residir no Brasil.

ADJUNTO (ACBC): Exercer quaisquer especialidades cirúrgicas, conforme o Art. 2º, letra a, há no mínimo 3 (três) anos, e residir no Brasil.

ASPIRANTE (AsCBC): Estar cumprindo Programa de Residência Médica em quaisquer especialidades cirúrgicas reconhecidas pela Comissão Mista de Especialidades ou Programa de Treinamento em Cirurgia Geral credenciado pelo CBC.

ACADÊMICOS (AcCBC): Estar cursando Medicina em Escola Médica reconhecida pelo MEC.

HONORÁRIO NACIONAL (HnCBC): Ser ou ter sido médico brasileiro de excepcional mérito, revelado por profícua atividade profissional, científica ou didática, e ainda, possuir ilibada idoneidade moral e profissional, porém isento de contribuições.

EMÉRITO (ECBC): Ter sido Membro Titular ou Titular-Colaborador, com contribuições financeiras efetivas durante 25 (vinte e cinco) anos em uma das respectivas categorias, e haver completado 65 (sessenta e cinco) anos de idade, sempre participando das atividades do CBC, conservando todos os seus direitos, porém isento de contribuições.

ADJUNTO JUBILADO (AjCBC): Ter sido Membro Adjunto, com contribuições financeiras efetivas durante 30 (trinta) anos e haver completado 65 (sessenta e cinco) anos de idade, sempre participando das atividades do CBC, conservando todos os seus direitos, porém isento de contribuições.

HONORÁRIO INTERNACIONAL (HiCBC): ser médico de reconhecido mérito e haver alcançado, por sua contribuição pessoal, notável relevo no meio médico científico mundial, isento de contribuições.

§ único- Os Membros Titulares e Eméritos constituem a essência da Estrutura Organizacional do CBC no Núcleo Central e nos Capítulos Estaduais, em número ilimitado.

Art. 5º - Na admissão dos integrantes previstos neste Estatuto devem ser observadas as seguintes condições básicas:

BENEMÉRITO: Ser pessoa de indiscutível idoneidade moral, não médico, com relevantes serviços prestados ao CBC ou ao país;

BENFEITOR: Ser pessoa física ou jurídica que tenha colaborado para o desenvolvimento do CBC oferecendo de valor pelo menos 100 (cem) vezes superior à anuidade vigente cobrada pela Entidade.

TÍTULO II - DOS PROCESSOS DE ADMISSÃO

Art. 6º - As propostas de admissão dos membros de quaisquer categorias mencionadas no artigo 3º deste Estatuto serão feitas em modelos oficiais do CBC, observados os requisitos preliminares dos artigos 4º e 5º deste Estatuto e as normas explicitadas no Regimento Interno.

Art. 7º - A proposição de Beneméritos e Benfeitores poderá ser de iniciativa dos Órgãos Estatutários constantes deste Estatuto, observadas a exigências do artigo 5º, porém as suas respectivas admissões só se darão após aprovação do Diretório Nacional.

TÍTULO III - DOS DIREITOS E DEVERES DOS MEMBROS

Art. 8º - São direitos gerais de todos os membros do CBC que estejam quites com suas contribuições:

- a) participar de todas as atividades científicas, culturais e sociais, observadas as respectivas regulamentações;
- b) demitir-se como Membro do CBC, podendo solicitar sua reintegração sem os procedimentos mencionados no artigo 6º deste Estatuto;
- c) transferir-se de Capítulo ou Regional quando ocorrer mudança comprovada de domicílio;

Juntas Diretoras das Regionais de Capítulo e nas Comissões Especiais do CBC, é não remunerada, sendo, também, vedada a distribuição de lucros ou dividendos de qualquer natureza.

§ único - Os eventuais excedentes verificados no resultado operacional do CBC serão integralmente utilizados na própria Sociedade, no cumprimento de seus objetivos.

Art. 66º - Os membros do CBC não respondem solidária ou subsidiariamente pelos compromissos assumidos pelo Diretório Nacional ou pelas Diretorias de Capítulos e Regionais.

Art. 67º - Fica estabelecida a impossibilidade, sob qualquer pretexto, da mudança da Sede do CBC da cidade do Rio de Janeiro.

Art. 68º - As atividades do CBC, em suas várias modalidades, terão caráter presencial ou virtual, na dependência das possibilidades temporais, tendo seu formato definido pela Diretoria Executiva.

Art. 69º - O Regimento Interno do CBC regulará a administração e o funcionamento dos seus diversos órgãos e definirá as atribuições de seus integrantes - podendo, quando necessário, ser revisto pelo Diretório Nacional, obedecidas sempre, as disposições deste Estatuto.

Art. 70º - O Diretório Nacional envidará esforços e diligenciará para a manutenção pelo CBC do Título de Utilidade Pública Estadual, assim como pela obtenção dos mesmos títulos nas áreas Federal e Municipal.

Art. 71º - Os casos omissos no presente Estatuto serão apreciados pelo Diretório Nacional e pelo Conselho Consultivo Superior.

Art. 72º - Os atuais cargos do Diretório Nacional, bem como seus atuais ocupantes, permanecerão os mesmos até o final do mandato para os quais foram eleitos, ou seja, dezembro de 2021.

§ 1º - A categoria de Membros Temporários do Conselho Superior, bem como seus atuais ocupantes, permanecerá a mesma até o final do mandato para os quais foram eleitos, ou seja, dezembro de 2021.





90
ANOS
1929 - 2019
CBC



CBC
Colégio Brasileiro de Cirurgiões



BRAZILIAN COLLEGE OF DIGESTIVE SURGERY
Affiliated with the Brazilian Medical Association



President

Antônio Carlos L. Campos

Vice President

Paulo Herman

Secretary General

Wellington Andraus

Deputy Secretary

Claudemiro Quizere Jr.

Treasurer General

Rubens A. A. Sallum

Deputy Treasurer

Oswaldo Antônio Prado Castro

Scientific Director

Paulo Nassif

Deputy Scientific Director

Orlando Jorge Martin Torres

Communications Director

Ramiro Colleoni Neto

Director of Professional Advocacy

Ronaldo Mafia Cuenca

Deputy Director of Professional Advocacy

Fernando Antônio Siqueira Pinheiro

Director of Continuing Education

Ulysses Ribeiro Jr.

Director of International Relations

Richard Gurski

TECAD Director

Marco Aurelio Santo

Deputy TECAD Director

Fabício Ferreira Coelho

Director of Graduate Studies

Jurandir Marcondes Ribas Filho

Vice Presidents of the Country's Regions

North: Rafael José Romero Garcia

Northeast: Álvaro A. Bandeira Ferraz

Midwest: José Eduardo de A. Nascimento

Southeast: Marcelo Enne de Oliveira

South: Júlio César Wiederkehr

President for the 2025/2026 Term

BRAZILIAN COLLEGE OF DIGESTIVE SURGERY CBCD

CNPJ: 61.569.372/0001-28

BYLAWS

CHAPTER 1 – NAME, HEADQUARTERS, AND DURATION

Article 1 – The Brazilian College of Digestive Surgery, hereinafter simply referred to as CBCD, founded on July 22, 1988, is a nonprofit civil association with a scientific nature, representing its member physicians, regardless of social class, nationality, gender, race, color, or religious belief, with headquarters and legal venue in the city of São Paulo, State of São Paulo, located at Avenida Brigadeiro Luiz Antônio, No. 278, 6th floor, rooms 10 and 11, ZIP Code 01318-901, and established for an indefinite term.

Sole Paragraph - CBCD qualifies as a medical specialty association, as recognized by the Brazilian Medical Association - AMB and the Federal Council of Medicine - CFM, exclusively representing, throughout the entire national territory, the member physicians who practice the specialty.



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Affiliated with the Brazilian Medical Association



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Surgery of the Digestive System, in compliance with legal requirements and the regulations of the Federal Council of Medicine - CFM and the Brazilian Medical Association - AMB;

X. To represent its members' rights and interests judicially and extrajudicially before public or private bodies;

XI. To publish a Scientific Journal in the field of Digestive System Surgery and related areas, distributed in print and/or digital form to members and accredited libraries, and/or to assign editorial rights to third parties, as well as to publish other publications of interest to its members, either by its own means or through third parties;

XII. To manage the administrative and financial aspects of its activities, business, and assets;

XIII. To administer the resources obtained, including but not limited to those arising from membership fees, donations, sponsorships, business activities, and others resulting from its operations, employing them in a manner that enables the maintenance and development of its social purposes;

XIV. To represent, through its National Board, the specialty of Digestive System Surgery before the Brazilian Medical Association - AMB and other related and relevant entities.

CHAPTER III – MEMBERS

Article 3 - CBCD is composed of members, natural persons or legal entities, with an unlimited number of Brazilian and foreign members:

Article 4 - The categories of CBCD members shall be the following:

I. Founding Members (FCBCD) are the physicians who participated in the founding of CBCD and are listed at the end of these Bylaws;

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II. Honorary Members (HnCBCD) are physicians residing in the country, of proven - professional and ethical - merit, who are nominated and approved by the CBCD Board, as well as former CBCD Presidents;

III. Specialist Members (TeCBCD) are physicians specialized in digestive system surgery who have taken and passed the examinations to obtain the Specialist Title in Digestive System Surgery granted by CBCD and who meet the requirements set forth in Chapter II of the CBCD Internal Regulations;

IV. Full Members (TCBCD) are physicians graduated for at least five (5) years with proof of adequate training in the area through a certificate of residency in General Surgery or Digestive System Surgery for a period no less than two (2) years, granted by a program recognized by the National Commission for Medical Residency (CNRM) and/or other programs recognized by CBCD, and who meet the requirements set forth in Chapter II of the CBCD Internal Regulations;

V. Affiliated Members (ACBCD) are physicians or health professionals, duly registered with their respective Regional Professional Council, interested in the specialty of Digestive System Surgery and who meet the requirements set forth in Chapter II of the CBCD Internal Regulations;

VI. Emeritus Members (ECBCD) are Full Members or Specialist Members who have reached the minimum age of seventy (70) and have ten (10) consecutive years of membership dues payments, or the minimum age of seventy (70) with twenty (20) non-consecutive years of membership dues payments, while retaining all their statutory rights and duties;

VII. Residents (ReCBCD) are physicians enrolled in residency programs in General Surgery or Digestive System Surgery who are undergoing training in the specialty until they meet the basic requirements to join one of the membership categories described above, and who meet the requirements set forth in Chapter II of the CBCD Internal Regulations;

VIII. Undergraduate Students (AcCBCD) are students enrolled in undergraduate programs in medicine or health sciences at an accredited educational institution in Brazil, who are interested in the specialty of Digestive System Surgery and who meet the requirements set forth in Chapter II of the CBCD Internal Regulations;

IX. Benefactors are individuals or legal entities, Brazilian or foreign, residing in Brazil or abroad, nominated and approved by the Board of Directors, who have significantly

Av. Brigadeiro Luis Antonio, 278 – 6th floor – Rooms 10 and 11
ZIP Code: 01318-901 – Bela Vista – São Paulo, SP

PREVIOUSLY REGISTERED
2nd RCPJ-SP

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Affiliated with the Brazilian Medical Association



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Artigas, Guilherme Eurico Bastos da Cunha, Hélio Barbosa, Hélio Moreira, Henrique Ribeiro Neto, Henrique Walter Pinotti, Ivan Ceconello, Jesus Panchacon, João Batista Marchesini, Joaquim Gama-Rodrigues, Jonas de Faria Castro Filho, José Alfredo Reis Neto, Loreno Brentano, Luiz Rohde, Luiz Sérgio Leonardi, Mareei C.C. Machado, Marcos F. Moraes, Osvaldo Malafaia, Pedro Henrique Saraiva Leão, Reginaldo Ceneviva, William Abrão Saad and Zenon Rocha.

Article 70 - This Bylaws, with the approved reforms and amendments, revokes the previous ones and comes into effect on the date of its approval.

São Paulo, November 25, 2023



----//signature//----

Dr. Antonio Carlos Ligocki Campos
President of CBCD

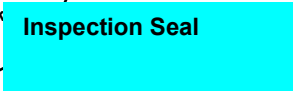
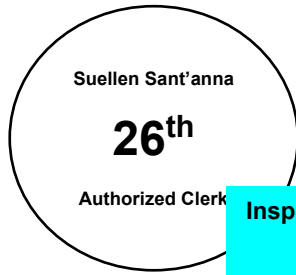


----//signature//----

Dr. Francine Voltarelli Curtolo de Souza
OAB/SP No. 185.480

2nd Civil Registry Office of Legal
 Entities of the Capital of SP
 TITLE NOT REGISTERED
 Previously registered on: DEC 05 2023
 Under the No. : 33867

Av. Brigadeiro Luis Antonio, 278 – 6th floor – Rooms 10 and 11
ZIP Code: 01318-901 – Bela Vista – São Paulo, SP



Praça João Mendes, 42 – 1st Floor
ZIP Code 01501-000 – São Paulo – SP
Phones: (11)3111-9700
26@26notas.com.br

26th Notary Office
Paulo Roberto Gaiger Ferreira

I acknowledge and certify, at the bearer's request, by SIMILARITY, the signature of:

[LDYuUh49] - ANTONIO CARLOS LIGOCKI CAMPOS
.....
.....

São Paulo, December 5, 2023

----//signature//----

(R\$ 8.00 per rec)
Seal(s): 1044AA0441212

Valid only with authenticity seal

Suellen Sant'anna
Authorized Clerk

I, André Vinicius Inacio Penna Mello, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Date: May 21, 2025.



COLÉGIO BRASILEIRO DE CIRURGIA DIGESTIVA
Filiado à Associação Médica Brasileira



Presidente

Antônio Carlos L. Campos

Vice-presidente

Paulo Herman

Secretário Geral

Wellington Andraus

Secretário Adjunto

Claudemiro Quizere Jr.

Tesoureiro Geral

Rubens A. A. Sallum

Tesoureiro Adjunto

Oswaldo Antônio Prado Castro

Diretor Científico

Paulo Nassif

Vice-diretor Científico

Orlando Jorge Martin Torres

Diretor de Comunicação

Ramiro Colleoni Neto

Diretor de Defesa Profissional

Ronaldo Mafia Cuenca

Vice Diretor de Defesa Profissional

Fernando Antônio Siqueira Pinheiro

Diretor de Educação Continuada

Ulysses Ribeiro Jr.

Diretor de Relações Internacionais

Richard R. Gurski

Diretor do TECAD

Marco Aurelio Santo

Diretor Adjunto do TECAD

Fabricao Ferreira Coelho

Diretor de Pós Graduação

Jurandir Marcondes Ribas Filho

Vice-Presidentes das Regiões do País

Norte: Rafael José Romero Garcia

Nordeste: Álvaro A. Bandeira Ferraz

Centro-Oeste: José Eduardo de A. Nascimento

Sudeste: Marcelo Enne de Oliveira

Sul: Júlio César Wiederkehr

Presidente Biênio 2025/2026

COLÉGIO BRASILEIRO DE CIRURGIA DIGESTIVA CBCD

CNPJ: 61.569.372/0001-28

ESTATUTO SOCIAL

CAPÍTULO I - DA DENOMINAÇÃO, SEDE E DURAÇÃO

Artigo 1º - O Colégio Brasileiro de Cirurgia Digestiva, doravante simplesmente designado como CBCD, fundado em 22 de julho de 1988, é uma associação civil, sem fins lucrativos, com caráter científico, representativa dos médicos a ele associados, independente de classe social, nacionalidade, gênero, raça, cor e crença religiosa, com sede e foro na cidade de São Paulo, Estado de São Paulo, situado à Avenida Brigadeiro Luiz Antônio, nº 278, 6º andar, salas 10 e 11, CEP 01318-901 e constituído por tempo indeterminado.

Parágrafo Único - O CBCD qualifica-se como associação de especialidade médica, assim reconhecida pela Associação Médica Brasileira - AMB e pelo Conselho Federal de Medicina - CFM, representando, com exclusividade em todo território nacional, os profissionais médicos associados que exercem a especialidade.

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COLÉGIO BRASILEIRO DE CIRURGIA DIGESTIVA
Filiado à Associação Médica Brasileira



Videolaparoscópica, bem como Habilitação em Cirurgia Oncológica do Aparelho Digestivo e em Cirurgia Robótica do Aparelho Digestivo, obedecidas as determinações legais, assim como as normas do Conselho Federal de Medicina – CFM e da Associação Médica Brasileira - AMB;

X. Representar judicial e extrajudicialmente, perante órgãos públicos ou privados, os direitos e interesses de seus Associados;

XI. Editar Revista Científica no âmbito da especialidade de Cirurgia do Aparelho Digestivo e áreas afins, e distribuída em sua forma impressa e/ou digital, aos Associados e bibliotecas credenciadas, e/ou ceder os direitos editoriais à terceiros, bem como editar outras publicações de interesse de seus associados, por meios próprios ou de terceiros;

XII. Promover a gestão administrativa e financeira de suas atividades, negócios e bens próprios;

XIII. Administrar os recursos obtidos, inclusive, mas não se limitando, àqueles oriundos de contribuições associativas, doações, patrocínios, negócios e outros decorrentes de suas atividades, empregando-os de forma a viabilizar a manutenção e o desenvolvimento de suas finalidades sociais;

XIV. Representar, através de sua Diretoria Nacional, a especialidade de Cirurgia do Aparelho Digestivo, perante a Associação Médica Brasileira - AMB e nas demais entidades correlatas e pertinentes.

CAPÍTULO III – DOS ASSOCIADOS

Artigo 3º - O CBCD é constituído por associados, pessoas físicas ou jurídicas, em número ilimitado de associados brasileiros e estrangeiros.

Artigo 4º - Serão categorias de associados do CBCD as seguintes:

I. Fundadores (FCBCD), são os médicos que participaram da fundação do CBCD e listados ao final do presente Estatuto;

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COLÉGIO BRASILEIRO DE CIRURGIA DIGESTIVA
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II. Honorários (HnCBCD), são médicos residentes no País, de comprovado mérito - profissional e ético – e indicados e aprovados pela Diretoria do CBCD, bem como os Ex-Presidentes do CBCD;

III. Titulares Especialistas (TeCBCD), são médicos cirurgiões do aparelho digestivo que se submeteram e foram aprovados nas provas para obtenção do Título de Especialista em Cirurgia do Aparelho Digestivo concedido pelo CBCD e que se enquadrem nos requisitos previstos no Capítulo II do Regimento Interno do CBCD;

IV. Titulares (TCBCD), são médicos graduados há pelo menos 05 (cinco) anos e com comprovação de treinamento adequado na área, através de certificado de residência em Cirurgia Geral ou em Cirurgia do Aparelho Digestivo com período não inferior a 02 (dois) anos, outorgado por programa reconhecido pela Comissão Nacional de Residência Médica – CNRM e/ou outros programas reconhecidos pelo CBCD, e que se enquadrem nos requisitos previstos no Capítulo II do Regimento Interno do CBCD;

V. Afiliados (ACBCD), são médicos ou profissionais da área da saúde, regularmente inscritos no respectivo Conselho Regional da Profissão, interessados na especialidade de Cirurgia do Aparelho Digestivo e que se enquadrem nos requisitos previstos no Capítulo II do Regimento Interno do CBCD;

VI. Eméritos (ECBCD), são Associados Titulares ou Titulares Especialistas que tenham completado a idade mínima de 70 (setenta) anos e 10 (dez) anos de ininterrupta contribuição associativa ou a idade mínima de 70 (setenta) anos e 20 (vinte) anos alternados de recolhimento de contribuição associativa, conservando-se todos os seus direitos e deveres estatutários;

VII. Residentes (ReCBCD), são médicos residentes em Cirurgia Geral ou em Cirurgia do Aparelho Digestivo e que estejam em treinamento na especialidade, até completaram os requisitos básicos para o ingresso nas categorias supra descritas, e que se enquadrem nos requisitos previstos no Capítulo II do Regimento Interno do CBCD;

VIII. Acadêmicos (AcCBCD), são os estudantes de graduação, em instituição de ensino autorizada em território nacional, em medicina e da área da saúde, interessados na especialidade de Cirurgia do Aparelho Digestivo e que se enquadrem nos requisitos previstos no Capítulo II do Regimento Interno do CBCD;

IX. Beneméritos, são pessoas físicas ou jurídicas, brasileiras ou estrangeiras, residentes no País

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COLÉGIO BRASILEIRO DE CIRURGIA DIGESTIVA
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Damerau, Fernando Barroso, Giocondo Vilianova Artigas, Guilherme Eurico Bastos da Cunha, Hélio Barbosa, Hélio Moreira, Henrique Ribeiro Neto, Henrique Walter Pinotti, Ivan Ceconello, Jesus Pan-Chacon, João Batista Marchesini, Joaquim Gama-Rodrigues, Jonas de Faria Castro Filho, José Alfredo Reis Neto, Loreno Brentano, Luiz Rohde, Luiz Sérgio Leonardi, Mareei C.C. Machado, Marcos F. Moraes, Osvaldo Malafaia, Pedro Henrique Saraiva Leão, Reginaldo Ceneviva, William Abrão Saad e Zenon Rocha.

Artigo 70 - O presente Estatuto Social com as reformas e emendas aprovadas revoga os anteriores e entra em vigor na data de sua aprovação.

São Paulo, 25 de novembro de 2023



Dr. Antonio Carlos Ligocki Campos

Presidente CBCD



Dra. Francine Voltarelli Curtolo de Souza

OAB/SP nº 185.480



Av. Brigadeiro Luis Antonio, 278 - 6º andar - Salas 10 e 11
CEP: 01318-901 - Bela Vista - São Paulo, SP



Av. João Mendes, 42 - 1º andar
CEP 01501-000 - São Paulo - SP
Fones: (11) 3111-9700
26@26notas.com.br

26 Tabelionato de Notas
Paulo Roberto Gaiger Ferreira

Reconheço e dou fé, a pedido do portador, por SEMELHANÇA, a assinatura de:

MDYU491-ANTONIO CARLOS LIGOCCI CAMPOS.....

São Paulo, 05 de Dezembro de 2023

(R\$8,00 por rec)

Selo(s): 1044AA0441212

Valido somente com selo de autenticidade

Suellen Sant'anna
Escrevente Autorizada



MENSA BRAZIL

We hereby certify that

Yglésio Luciano Moyses Silva de Souza

Obtained a percentile score of 98 or higher relative to the general population on a standardized intelligence test validated by the Federal Council of Psychology and has been admitted as member number **MB 5717** of Mensa Brazil Association.

September 4, 2025

Carlos Eduardo de Souza Gomes Fonseca
President
Mensa Brazil Association

-----// signature //-----

Av. Rebouças, 353, Suite 84, Jardins – ZIP Code 05.401-000
São Paulo (SP) - CNPJ 05.544.091/0001-40

Certificate valid until 01/31/2026

I, Raphael Michels Fantinato de Moura, telephone number [415 425-2508](tel:4154252508), mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Raphael Michels Fantinato de Moura

Date: September 18, 2025.



MENSA
BRASIL

Certificamos que

Yglésio Luciano Moyses Silva de Souza

Obteve um resultado percentil 98 ou superior da população em geral, em teste padronizado de inteligência validado pelo Conselho Federal de Psicologia, sendo admitido(a) como membro número **MB 5717** da Associação Mensa Brasil.

4 de setembro de 2025

Carlos Eduardo de Souza Gomes Fonseca
Presidente
Associação Mensa Brasil

Av. Rebouças, 353, cj 84 Jardins - CEP 05.401-000
São Paulo (SP) • CNPJ 05.544.091/0001-40

Certificado válido até 31/01/2026

Intertel

A Society of the Intellectually Gifted

Having examined the qualifications of

Dglésio L Moyses Silva de Souza

Who has demonstrated measured intelligence within
the uppermost One Percent of the Populace, and who
has subscribed to the Three Purposes of Intertel,
hereby confers this

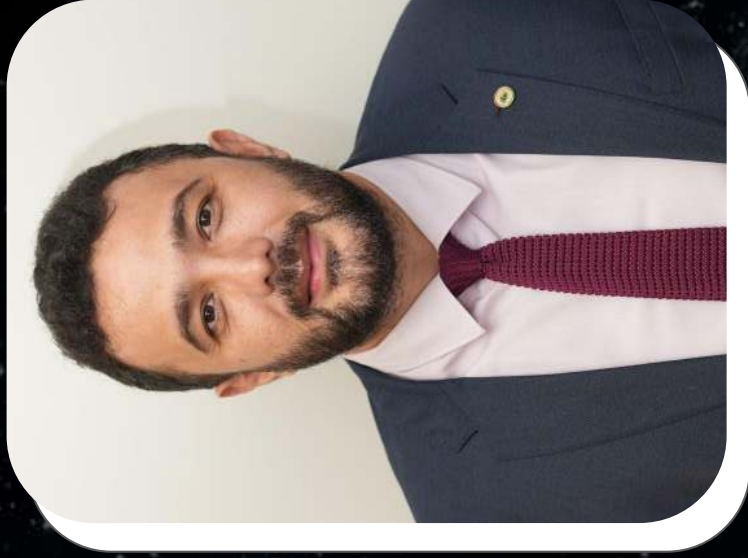
Certificate of Membership

With all corresponding rights and privileges

Conferred as of the 18th day of July, 2025

Attest: John Scheelk

John Scheelk, President



Yglésio L Moyses Silva de Souza

Country Brazil

Membership Number IIS-099

Admission 07/16/2025

Expiration Date 07/16/2026

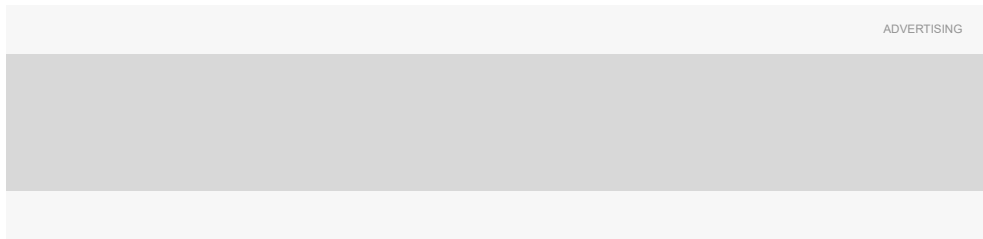


2025

$$\begin{aligned}
(1+a+b)G_\lambda(a,b) &= 1 + \lambda \int_0^\infty dp \left(\frac{G_\lambda(p,b) - G_\lambda(a,b)}{p-a} + \frac{G_\lambda(a,b)}{1+p} \right) \\
&\quad + \lambda \int_0^\infty dq \left(\frac{G_\lambda(a,q) - G_\lambda(a,b)}{q-b} + \frac{G_\lambda(a,b)}{1+q} \right) \\
&\quad - \lambda^2 \int_0^\infty dp \int_0^\infty dq \frac{G_\lambda(a,b)G_\lambda(p,q) - G_\lambda(a,q)G_\lambda(p,b)}{(p-a)(q-b)}
\end{aligned}$$

A limitless high IQ and an infinite legacy

**Exhibit III.11 -
Published material
about the petitioner**



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A deep dive into social media to shed light on politics on the internet.

Brazilian congressman supporting Bolsonaro gives speech in English to congratulate Trump on his victory; video.

Dr. Yglésio published his speech from the podium on his own social media. He ran for mayor of São Luís this year, but was defeated by the re-elected mayor Eduardo Braide (PSD).

By O Globo

08/11/2024 09:30 Updated 3 months ago



Dr. Yglésio in a video giving a speech in honor of Trump — Photo: Reproduction

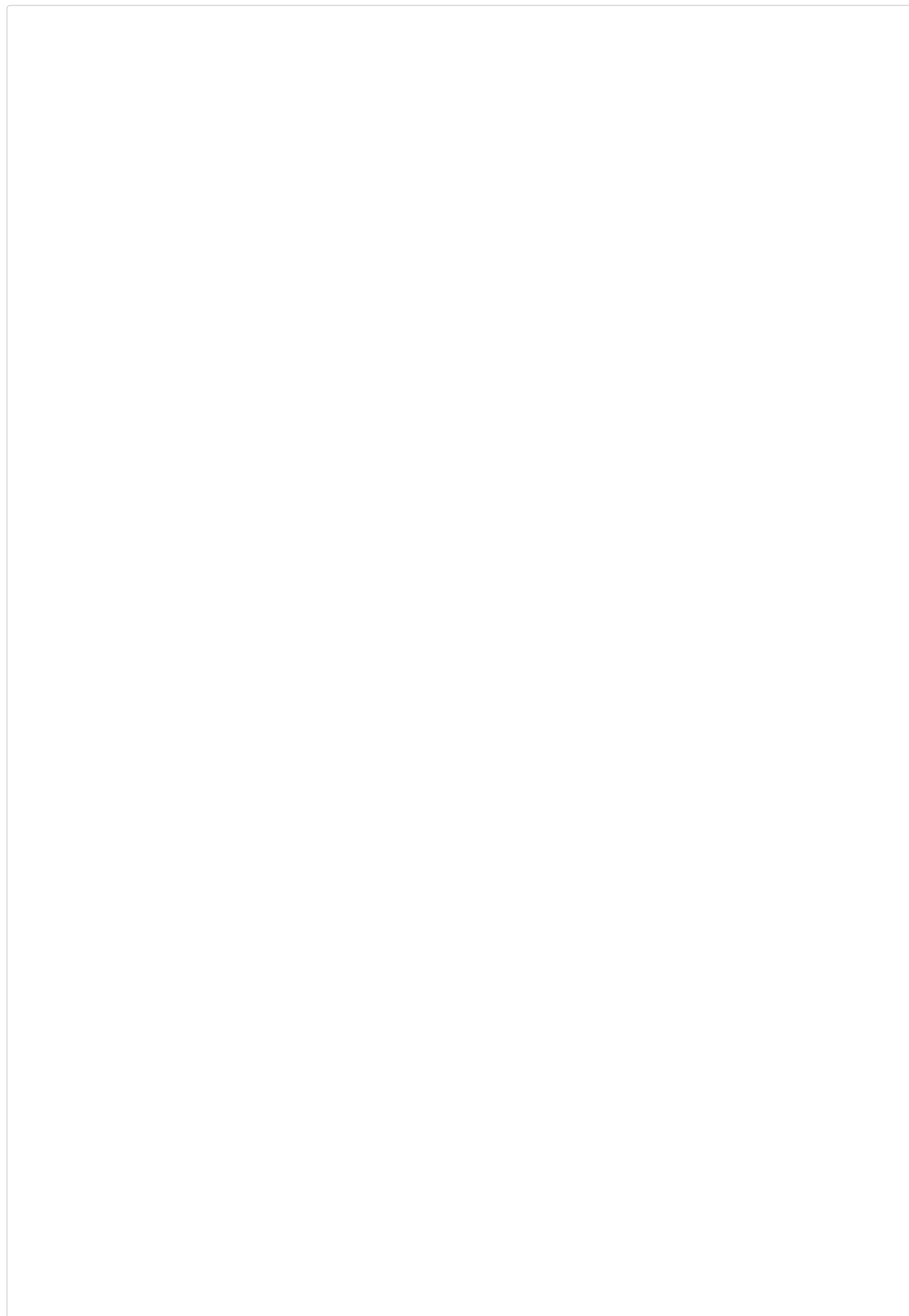
**SUMMARY**

Short on time? AI tool summarizes it for you.

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State Representative Dr. Yglésio (PRTB) gave a speech in English at the Legislative Assembly of Maranhão to congratulate **Donald Trump** on his re-election in the United States. In a video published this Thursday on his social media, the parliamentarian said that the Republican's performance was also "a victory for Brazilian conservatives" and stated that "now with Trump, Bolsonaro's electability is getting closer and closer."

"Good morning, my colleagues. I would like to congratulate Mr. Donald Trump on winning the election yesterday. It is a victory for democracy and for all of us Brazilian conservatives who believe in freedom of expression and all other related things. Thank you to all my colleagues and thank you and congratulations, Mr. Trump," he said in English.



The congressman then continued his speech in Portuguese, characterizing the actions of the polling institutes, which in the United States predicted a closer race between Trump and his Democratic opponent, **Kamala Harris**, as an "international mafia." "They are conducting polls to manipulate the system and try to win by force, but they didn't win," he stated.

The congressman also criticized the Brazilian scenario in his speech on the floor. Yglésio stated that he believes the United States "will once again become giants and protectors of other countries, including Brazil," which, according to him, would be targeted by "petty tyrants of the Supreme Federal Court." "The farce of Alexandre de Moraes, **Flávio Dino**, Gilmar Mendes, this nonsense that the country has become, will end," he said. Furthermore, the congressman said that, with Trump, "Bolsonaro's eligibility is getting closer and closer."

Find out who Dr. Yglésio is.

Affiliated with the PRTB party, the congressman ran for mayor of São Luís (MA) in the municipal elections and had the support and presence of the former president at one of his campaign events in September. In the capital of Maranhão, however, Bolsonaro's party was part of the coalition of Duarte Júnior (PSB), a federal congressman belonging to the political group of Flávio Dino, now a minister of the Supreme Federal Court (STF). Duarte also gathered the support of the state governor, Carlos Brandão (PSB), and the PT party, which nominated the social worker and alternate city councilor Creuzamar de Pinho as his running mate.

Both Duarte Júnior and Yglésio were, however, defeated in the first round by the re-elected mayor **Eduardo Braide** (PSD), who won with 70.12% of the votes. At the end of the election, the PSB candidate had 22.56%, and the Bolsonaro supporter, 3.18%.

Edition of January 11, 2013

January 11, 2013, 9:21 PM - Updated January 11, 2013, 9:38 PM

MA: City Hall declares emergency in São Luís' health system

According to the São Luís city hall, an audit revealed a R\$140 million deficit left by the previous administration.

The city hall of the capital of Maranhão declared a state of emergency in the health sector. This Friday (11), one of the main hospitals in [São Luís](#) began receiving food donations for patients.

Health care is in a state of emergency. According to the São Luís city government, an audit revealed a R\$140 million deficit left by the previous administration.

"We are calling on suppliers to negotiate the debt so we can restore supplies and full operation of the units," said Sílvia Cavalcanti, Deputy Secretary of Health.

Without money, the municipal system collapsed...

"I've been here for six days in this corridor," said José Ribamar da Silva Júnior, a farmer.

Doctors haven't been paid since October. Half of SAMU's 17 ambulances are out of service due to lack of maintenance. The city government asked the state health department for help, which is providing professionals, equipment, and medicine. In municipal hospitals, there are people hospitalized even in reception areas.

"They put me here and I stayed. I'm hospitalized here in reception," said Nivaldo Coelho, a salesman.

This is São Luís's main emergency care center, receiving an average of 500 patients per day. But since there aren't enough beds for everyone, many are hospitalized in the hallways. An already difficult situation has become even worse in recent days. Besides the lack of beds, there's now a risk of food shortages.

The hospital director posted a request for food donations on social media, listing items such as rice, beans, potatoes, and flour, as well as hygiene products. The response was immediate. Donations began arriving that morning. By the afternoon, there was enough food to provide 900 meals a day throughout the weekend. Dona Fátima donated nearly twenty kilos of food.

"We have to cooperate because pollution is painful. Only we humble human beings understand what these people are saying," revealed Fátima Frazão, a retiree.

The former mayor of São Luís, João Castelo, of the PSDB, could not be reached to comment on the health situation.

dition of January 11, 2013

January 11, 2013, 1:54 PM - Updated on January 11, 2013, 1:56 PM

Hospital director asks for food donations online in Maranhão

São Luís City Hall declared a state of health emergency. The initiative aims to guarantee food for patients.

Alex BarbosaSaint Louis

The city of [São Luís](#) , the capital of [Maranhão](#) , has declared a state of health emergency. The director of a municipal hospital in the city has issued an online appeal asking people to donate supplies to ensure patients' nutrition.

The corridors are crowded at São Luís's main emergency and urgent care hospital, Socorrão 1. Patients are even admitted to the reception area. The hospital sees an average of 500 patients a day. Some doctors have stopped working because they haven't been paid since October, and patients are suffering.

In addition to all these problems, patients are now experiencing a food shortage. The hospital director decided to use social media to ask the public for food donations. Yglésio Moyses says the help will prevent people from going hungry.

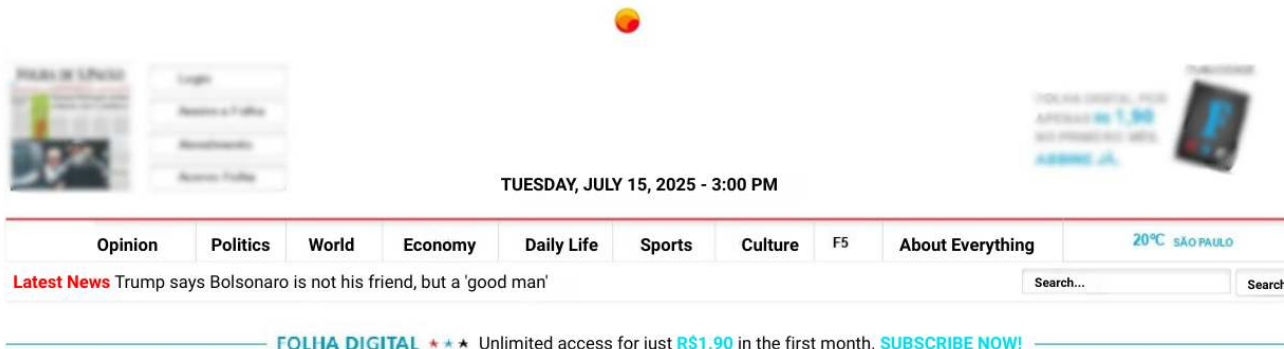
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The hospital director has compiled a list of necessary items, ranging from rice, potatoes, and flour to cleaning products and disposable items. After the appeal, the first donations arrived. Today, the hospital pantry has at least the basics, which can guarantee patients' meals over the weekend.

"Nutrition is part of any medical treatment therapy. Nutrition is like medicine. Leaving food without food is like leaving medicine without it, or worse than that: leaving a human being without dignity," says Moyses.

The city government has declared a state of emergency in São Luís's health system. According to an audit, the city is owed R\$140 million. Some suppliers are six months behind on payments. Nearly half of the 17 SAMU ambulances are out of service due to lack of maintenance.

The city government also asked the State Health Department for help, providing staff, equipment and medicine to maintain care in hospitals.



Daily Life

Hospital Director in Maranhão Requests Food and Cleaning Products on Social Media

FROM SÃO PAULO

01/11/2013 - 6:23 PM



The general director of Djalma Marques Municipal Hospital, one of the busiest in São Luís (MA), took to Facebook this Friday (11) to request donations of food and cleaning to keep the hospital running in the coming days.

The list includes 27 items such as rice, beans, potatoes, seasonings, liquid soap, and disposable spoons. By late afternoon today, 1,165 Facebook users had shared the post.

Yglésio Moyses took over management of the hospital seven days ago, following the inauguration of Mayor Edivaldo Holanda Júnior (PTC).

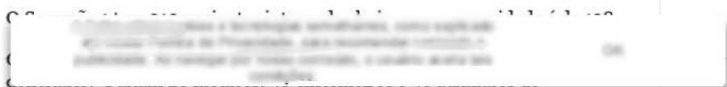
Moyses, who ran for city council in the last election under the PT party and received 1,432 votes, was not elected. During his campaign, he had already criticized operational problems at "Socorrão 1," as the hospital is commonly known.

In his Facebook appeal, the new director also criticized the administration of former São Luís mayor João Castelo (PSDB). "The previous administration left public healthcare in chaos," Moyses said.

According to the director, the hospital had already begun receiving some donations on Friday.

STATE OF EMERGENCY

The new mayor declared a state of emergency in public healthcare in São Luís yesterday (10). The health department is reportedly facing a debt of around R\$140 million, according to the new administration.



"We are short 26 doctors, 30 nurses, and 96 nursing assistants to properly care for patients," Moyses said.

The article's authors were unable to reach representatives of former mayor João Castelo's administration for comment.

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Seide 11/01/2013 21:02 **Denunciar** **Comentários**
Quem quiser fazer algo dentro do de Maranhão, porque se não tem LULA, ACU, ACU
O comentário de respostas a quem respondeu a responsabilidade é de cada mensagem
Responder

ZAPATA 11/01/2013 21:02 **Denunciar** **Comentários**
Até presidente e depois o governo brasileiro na inauguração de uma unidade do Fundo
Reordenamento (FNU), em função do estado de sua situação não poderia a população brasileira
que o Brasil não tem de saúde no Brasil, após os 8 anos de seu governo, então não
sustentabilidade e funcionamento de forma de que "de um milhão de a gente brasileiro para ser
dentro" desde então de o mesmo modo, então no qual o sistema penal Hospital
Portugal e em determinadas regiões de Brasil
O comentário de respostas a quem respondeu a responsabilidade é de cada mensagem
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Sequeira 11/01/2013 21:02 **Denunciar** **Comentários**
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Biblioteca

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Marina Viana

Date: July 16, 2025.

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Diretor de hospital no MA pede alimentos e produtos de limpeza em rede social

DE SÃO PAULO

11/01/2013 18h23

Compartilhar Mais opções

O diretor-geral do Hospital Municipal Djalma Marques, um dos mais movimentados de São Luís (MA), usou o Facebook nesta sexta-feira (11) para pedir alimentos e produtos de limpeza para manter o local em funcionamento nos próximos dias.

A lista tem 27 itens, incluindo arroz, feijão, batata, temperos, sabão líquido e colheres descartáveis. Até o fim da tarde de hoje, 1.165 usuários da rede social haviam compartilhado a lista.

Yglésio Moyses assumiu o hospital há sete dias, após a posse do prefeito Edivaldo Holanda Júnior (PTC).

O diretor-geral foi candidato a vereador nas últimas eleições pelo PT e, com 1.432 votos, não foi eleito. Durante sua campanha política, Moyses já criticava os problemas de funcionamento do Socorrão 1, como o hospital é conhecido.

No apelo lançado no Facebook, o novo diretor aproveitou para criticar a gestão do ex-prefeito de São Luís, João Castelo (PSDB). "A gestão anterior deixou a saúde pública um caos", disse Moyses.

O hospital já começou a receber algumas doações nesta sexta, diz o diretor.

ESTADO DE EMERGÊNCIA

O novo prefeito decretou estado de emergência na saúde pública de São Luís ontem (10). Há uma dívida de cerca de R\$ 140 milhões na pasta, segundo a nova administração.

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enfermagem para que possamos prestar o devido atendimento aos pacientes", disse.

A reportagem não localizou até o momento representantes da gestão do ex-prefeito João Castelo para que eles se manifestem.

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O que os donos do poder não querem que você saiba
Eduardo Moreira
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ferrin 11/01/2013 21h54 0 0 Denunciar COMPARTILHAR

Quero passar bem longe desse tal de Maranhão, porque la so tem LALLAALLAAU

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ZAPATA 11/01/2013 21h52 0 0 Denunciar COMPARTILHAR

Ainda presidente o dedeta 9 ,durante umdiscurso na inauguração de uma Unidade de Pronto Atendimento (UPA), em Recife,usando de sua ferramenta mais poderosa ,o populismo ,declarou que o SistemaÚnico de Saúde no Brasil, após os 8 anos de seu governo, estava tão bemaparelhado e funcionando de forma tal que "dá até vontade de a gente ficandoente para ser atendido".Nesse mesmo dia e mesmo evento, sentiu-se mal e foilevado para o Hospital Português um dosmelhores hospitais do Brasil.

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fusquinha 11/01/2013 21h23 0 0 Denunciar COMPARTILHAR

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Yglésio denounces problems in public health in São Luís

 g7ma.com/yglesio-denuncia-problemas-na-saude-publica-de-sao-luis

João Filho

April 13, 2022



Congressman Yglésio Moyses (PROS) drew attention, in the plenary session this Tuesday (12), to the current situation of the Djalma Marques Municipal Hospital (Socorrão I). He reported that professionals and patients reported the precariousness of the service.

"According to them, there's overcrowding and a lack of beds. Because of this, patients are transferred to Santa Casa, which, in turn, is also in a deplorable state regarding its structure, with an imminent risk of collapse, in addition to a lack of hygiene and basic materials," he emphasized.

Yglésio emphasized that the conditions at Santa Casa are appalling. "Men and women share the same bathroom with no privacy. Patients share the same ward. Dirty clothes are piled up near beds, and to make matters worse, the health unit's employees have not been paid for three months," he noted.

In the congressman's opinion, São Luís's public health system has been in collapse for years. "Management comes and goes, and the situation remains unchanged. Infrastructure is lacking, staff complain about working conditions, and patients are treated in hallways. And what does Mayor Eduardo Braide do? He tries to create a false reality."

In his speech, he also advocated for investments in schools and salary increases for municipal school teachers. He also denounced the lack of infrastructure at the Dom Delgado school, located in rural São Luís. "Only 149 teachers received a 30% salary increase, and more than 50% of the schools have not been renovated. This is disrespectful to the population," he concluded.

Yglésio denounces problems in public health in São Luís

 g7ma.com/yglesio-denuncia-problemas-na-saude-publica-de-sao-luis

João Filho

April 13, 2022



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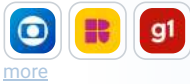


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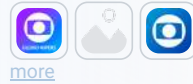


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Total visits

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329.2M

9.74% from last month

Device distribution

Jun 2025 Worldwide



- Desktop 17.48%
- Mobile Web 82.52%







Global rank -

Country rank -
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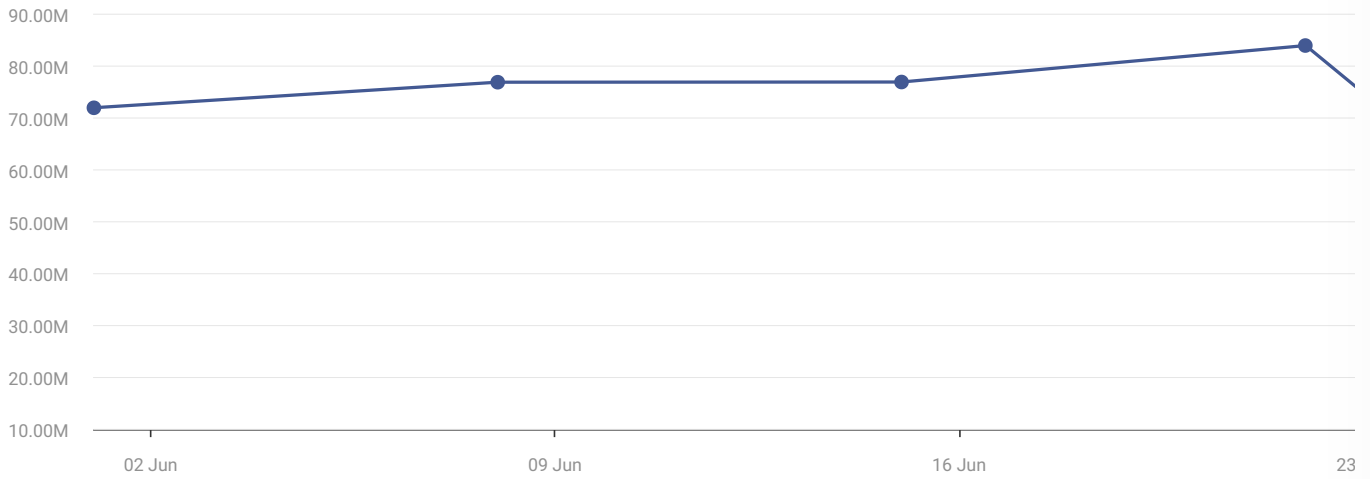
Jun 2025 Worldwide

| | | | | | |
|---|---------------|---|-----------------|---|---------------|
|  Monthly visits ⓘ | 329.2M |  Deduplicated audience ⓘ | |  Pages / Visit ⓘ | 2.16 |
|  Monthly Unique Visitors ⓘ | N/A |  Visit Duration ⓘ | 00:02:13 |  Bounce Rate ⓘ | 56.85% |

Visits over time

Jun 2025 Worldwide All traffic

g1.globo.com **329.2M** vs.
 terra.com.br **71.78M**
 estado.com.br **27.01M**
 folha.uol.com.br **29.55M**
 metropoles.com **53.51M**



Geography

Top Countries

Jun 2025 All traffic

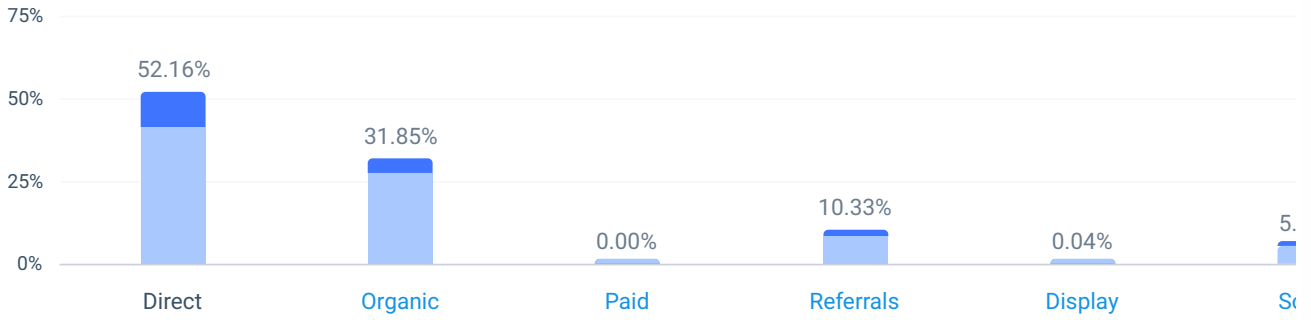


| Country | Traffic Share | Change |
|----------------|---------------|----------|
| Brazil | 97.02% | ↑ 9.91% |
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Marketing Channels

Channels overview

Jun 2025 Worldwide All traffic

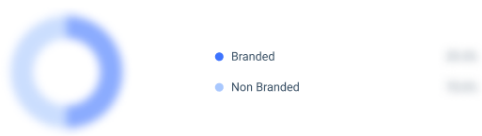


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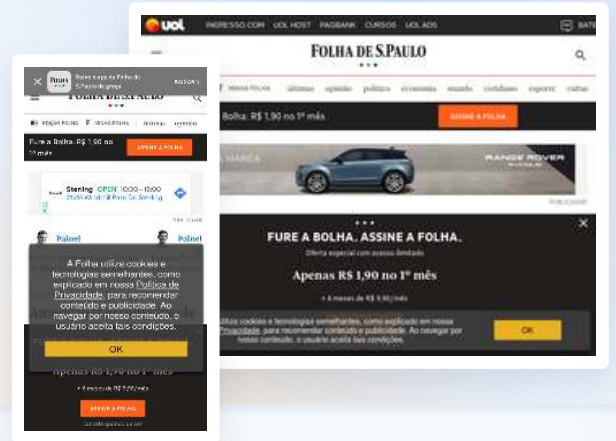
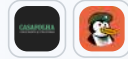
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↑0.42% from last month

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Global rank

#1,675

Country rank

#89







Industry rank

#229

News_and_Media

Engagement overview

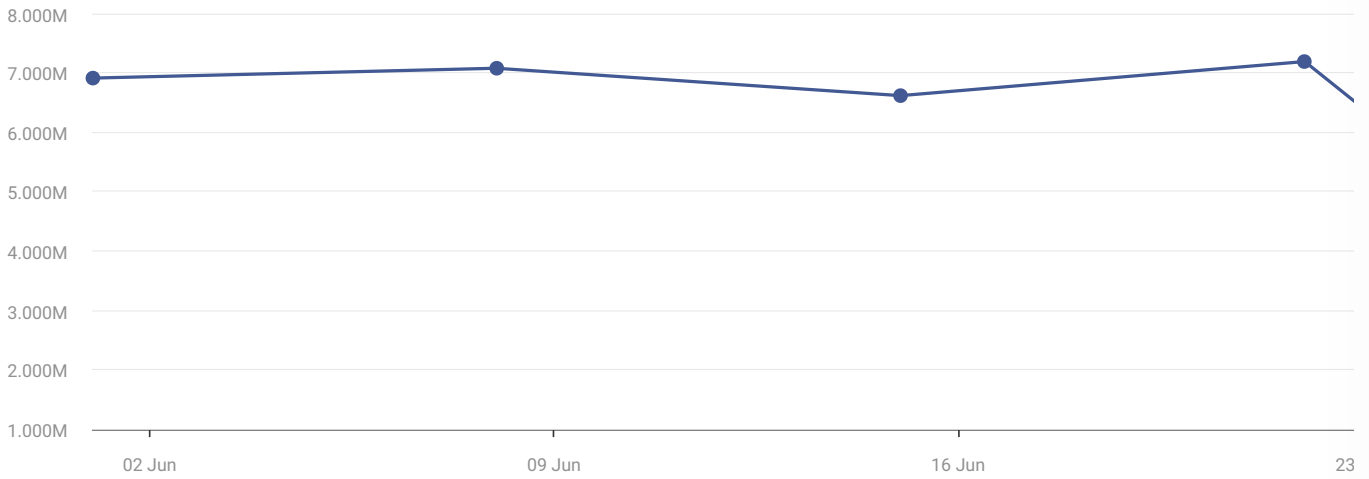
Jun 2025 Worldwide All Traffic

| | | | | | |
|---|---------------|---|-----------------|---|---------------|
|  Monthly visits ⓘ | 29.55M |  Deduplicated audience ⓘ | |  Pages / Visit ⓘ | 3.55 |
|  Monthly Unique Visitors ⓘ | N/A |  Visit Duration ⓘ | 00:04:44 |  Bounce Rate ⓘ | 67.39% |

Visits over time

Jun 2025 Worldwide All traffic

folha.uol.com.br **29.55M** vs.
 estado.com.br **27.01M**
 istoe.com.br **1.840M**
 cartacapital.com.br **13.39M**
 metropoles.com **53.51M**



Geography

Top Countries

Jun 2025 All traffic

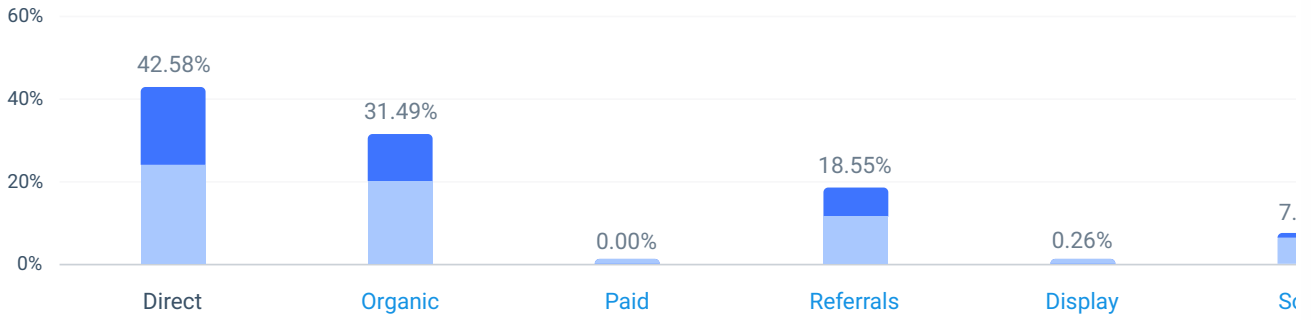


| Country | Traffic Share | Change |
|---------------|---------------|---------|
| Brazil | 92.72% | ↑ 0.81% |
| Portugal | 2.22% | ↑ 4.80% |
| United States | 1.64% | ↓ 7.38% |
| Spain | 0.39% | ↑ 2.99% |
| Canada | 0.33% | ↓ 3.42% |

Marketing Channels

Channels overview

Jun 2025 Worldwide All traffic

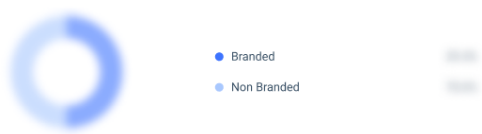


Organic Search

Organic search makes up 30.34% of website traffic

Branded vs. non-branded

Jun 2025 Worldwide All traffic



Top organic non-branded search terms

Jun 2025 Worldwide All traffic

Nov 2025 - Jan 2026

Website Analysis

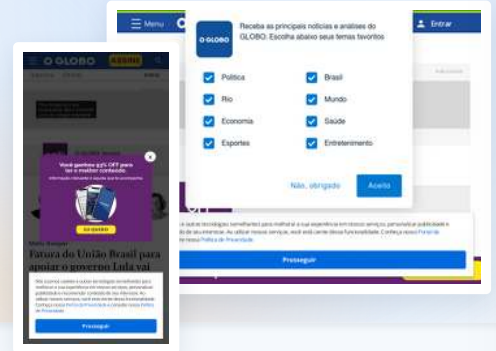
oglobo.globo.com



View the full analysis at:
pro.similarweb.com

 **oglobo.globo.com** 

Fique atualizado com as principais notícias e acompanhe tudo o que está acontecendo no Brasil e no mundo. Acesse O GLOBO!



Traffic & Engagement

Total visits

 Nov 2025 - Jan 2026  Worldwide

217.8M

↑2.3% from last month

Device distribution

 Nov 2025 - Jan 2026  Worldwide



- Desktop 16.61%
- Mobile Web 83.39%







Global rank - ...

Country rank
 United States -

Industry rank - ...

Engagement overview [ⓘ]

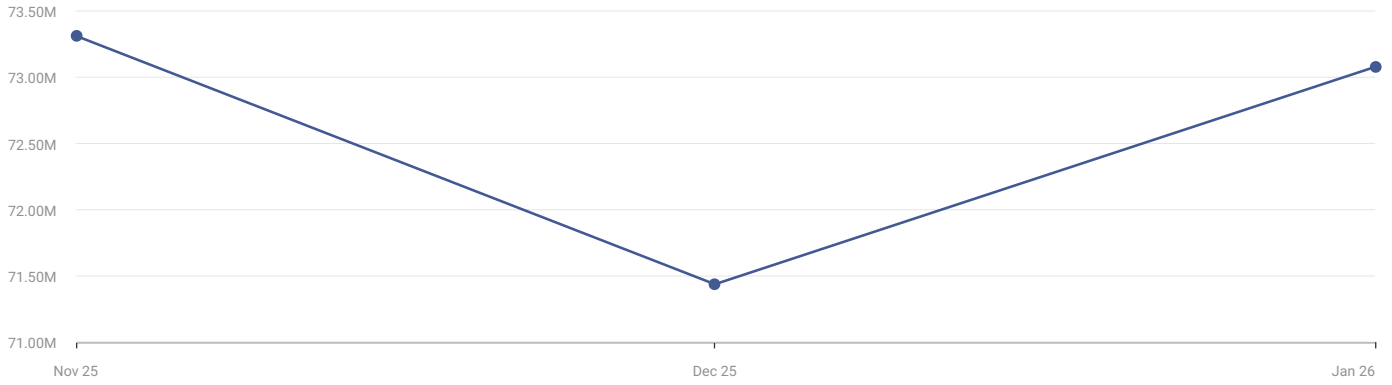
 Nov 2025 - Jan 2026  Worldwide  All Traffic

| | | | | | |
|---|---------------|--|-----------------|--|---------------|
|  Monthly visits [ⓘ] | 72.60M |  Deduplicated audience [ⓘ] | 18.21M |  Pages / Visit [ⓘ] | 1.36 |
|  Monthly Unique Visitors [ⓘ] | 21.11M |  Visit Duration [ⓘ] | 00:01:04 |  Bounce Rate [ⓘ] | 72.18% |

Visits over time

Nov 2025 - Jan 2026 Worldwide All traffic

oglobo.globo.com **217.8M** vs. estadao.com.br **94.91M** folha.uol.com.br **78.62M** cnnbrasil.com.br **262.8M** metropoles.com **151.1M**



Geography

Top Countries

Nov 2025 - Jan 2026 All traffic

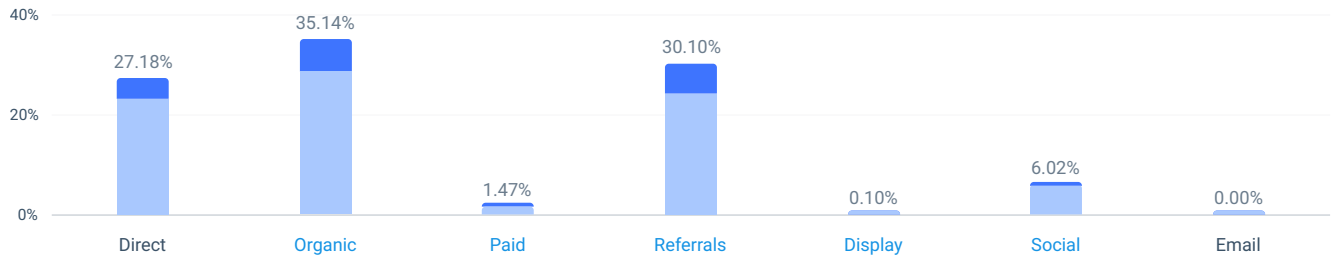


| Country | Traffic Share | Change |
|---------------|---|----------|
| Brazil | 95.65% <div style="width: 95.65%;"></div> | ↑ 1.40% |
| United States | 1.43% <div style="width: 1.43%;"></div> | ↑ 24.50% |
| Portugal | 0.98% <div style="width: 0.98%;"></div> | ↑ 54.84% |
| Canada | 0.20% <div style="width: 0.20%;"></div> | ↑ 19.53% |
| Argentina | 0.20% <div style="width: 0.20%;"></div> | ↑ 31.11% |

Marketing Channels

Channels overview

Nov 2025 - Jan 2026 Worldwide All traffic



Organic Search

Organic search makes up 35.14% of website traffic

Branded vs. non-branded



No results

Try broadening your parameters or searching for something else.

Top organic non-branded search terms



No results

Try broadening your parameters or searching for something else.

Top paid non-branded search terms



No results

Try broadening your parameters or searching for something else.

Referrals

Referrals makes up 30.1% of website traffic

Top referring websites

Nov 2025 - Jan 2026 Worldwide Desktop

| Domain | Share | Change |
|------------------------|--------|----------|
| globo.com | 99.08% | ↑ 8.53% |
| chatgpt.com | 0.08% | ↓ 74.87% |
| extranet.cservice.io | 0.07% | ↓ 8.18% |
| flaviosimonetti.com.br | 0.05% | ↑ 80.52% |
| info4.com.br | 0.05% | ↑ 15.55% |

Top referring industries

Nov 2025 - Jan 2026 Worldwide Desktop

| Website Categories | Traffic Share |
|-----------------------|---------------|
| News and Media | 99.15% |
| Government | 0.11% |
| Online Marketing | 0.11% |
| AI Chatbots and Tools | 0.09% |
| Sports - Other | 0.09% |

Outgoing Traffic

Top link destinations

Nov 2025 - Jan 2026 Worldwide Desktop

| Domain | Share | Change |
|--------------|--------|----------|
| globo.com | 75.67% | ↑ 10.20% |
| chatgpt.com | 4.62% | ↓ 29.17% |
| x.com | 3.98% | ↑ 10.38% |
| google.com | 2.70% | ↑ 11.47% |
| marreta.link | 2.20% | ↑ 23.93% |

Outgoing Ads

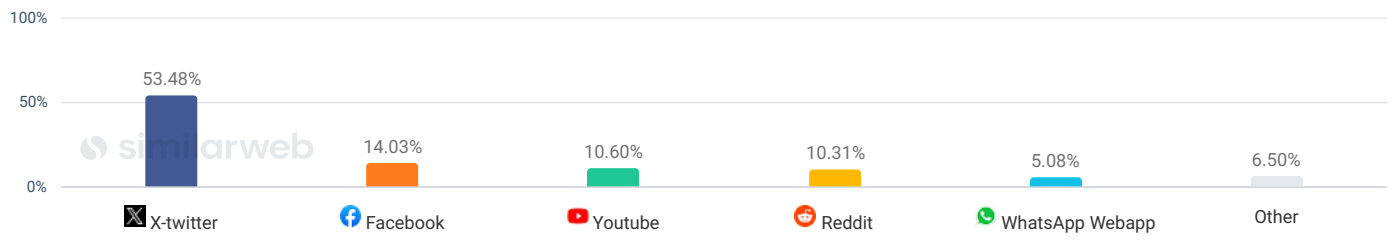
Top ad destinations

Nov 2025 - Jan 2026 Worldwide Desktop

| Domain | Share | Change |
|---------------------|--------|-------------|
| aliexpress.com | 14.43% | - |
| nike.com.br | 8.23% | ↑ 2,762.51% |
| arezzo.com.br | 4.97% | - |
| mercadolivre.com.br | 4.83% | ↑ 494.83% |
| chavesnamao.com.br | 4.72% | - |




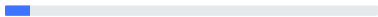

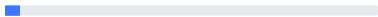

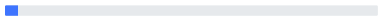

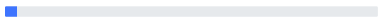
Social traffic

Nov 2025 - Jan 2026 Worldwide Desktop



Top publishers

Nov 2025 - Jan 2026 Worldwide All traffic

| Publisher | Share | Change |
|--|---|---------|
|  linkvertise.com | 63.92%  | ↓ -4.2% |
|  abril.com.br | 6.27%  | New |
|  sephora.com.br | 3.62%  | - |
|  usatoday.com | 3.36%  | New |
|  statusinvest.com.br | 2.75%  | New |

G1 is Globo's news portal and the leading digital journalism audience in Brazil. Learn more about G1's history.

On September 18, 2006, Globo's news website, g1, went live. To operationalize the project, a hybrid structure was created that included professionals, knowledge, and infrastructure from both TV Globo's journalism department and globo.com – a company created in 2000 by Organizações Globo [now Grupo Globo] to provide online services and content.

G1 was Globo's first news content initiative created and designed for the digital world. Although most of Globo's news programs and programs had online addresses, their teams were not dedicated to producing exclusive information. Globo.com, on the other hand, had already invested in the creation of a few news websites, but none of them had their own editorial team dedicated entirely to full-time news coverage.

With G1, Globo entered the digital journalism market headfirst. In 2008, G1 became the leading news portal in Brazil in terms of audience. Today, it reaches an average of over 55 million monthly users, according to Comscore. G1 has newsrooms in every Brazilian state, is present on major social networks, and has versions for iOS and Android apps.

English

O GLOBO is Brazil's most widely read and trusted newspaper, finds a University of Oxford survey

Digital News Report shows that 22% of respondents regularly read the brand; credibility of Brazilian media surpasses global average

By **Rafael Garcia** - São Paulo

06/18/2025 08:31 AM Updated 7 months ago



O GLOBO is the most consumed and trusted newspaper in the country, research shows. — Photo: Agência O Globo

The Digital News Report, **the most extensive media consumption survey** globally, highlights O GLOBO's significant position in its 2025 edition among Brazilian media outlets. In its centennial year, the newspaper is noted by 22% of surveyed individuals as their weekly read, earning the title of the most reliable in its category in Brazil. O GLOBO's preference ratings surpass its major competitors, "Folha de S.Paulo" (10%) and "O Estado de São Paulo" (8%). The newspaper also leads in online preferences, with 22% readership among Brazilian readers.

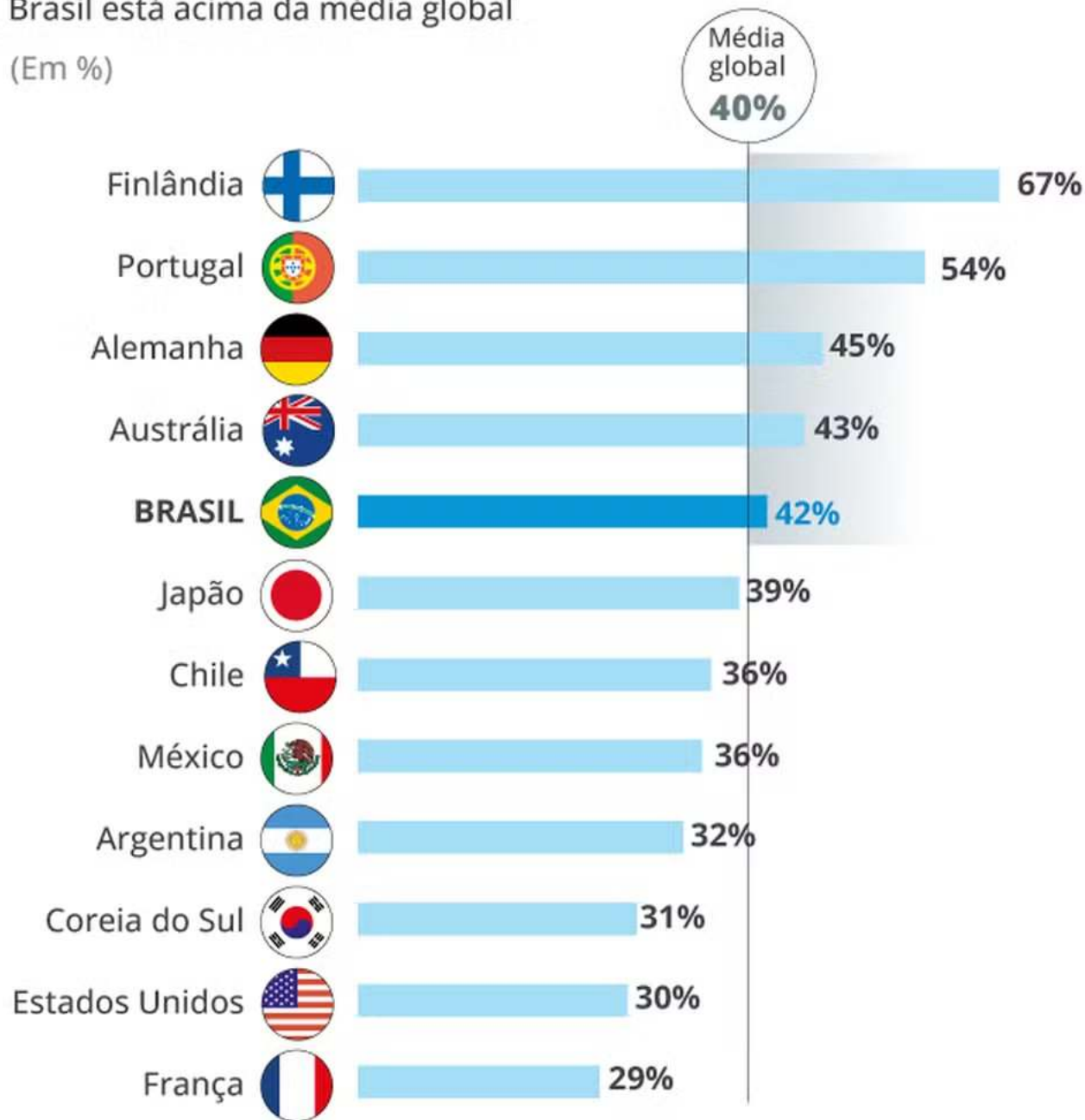
This year, the survey interviewed 97,000 people worldwide (2,000 of whom were in Brazil). The report was published by the Reuters Institute for the Study of Journalism, affiliated with the University of Oxford (UK). The Digital News Report has been conducted annually since 2012 and represents a key reference for industry analysts monitoring news consumption trends across 40 countries.

The report also examines public trust in newspapers and the journalism profession worldwide. In 2025, O GLOBO is also the leading Brazilian newspaper in terms of public trust. It is considered trustworthy by 54% of the Brazilian respondents, ahead of "Estadão" (53%) and "Folha" (52%), other Brazilian newspapers.

Credibilidade do noticiário

Brasil está acima da média global

(Em %)



ALCANCE SEMANAL

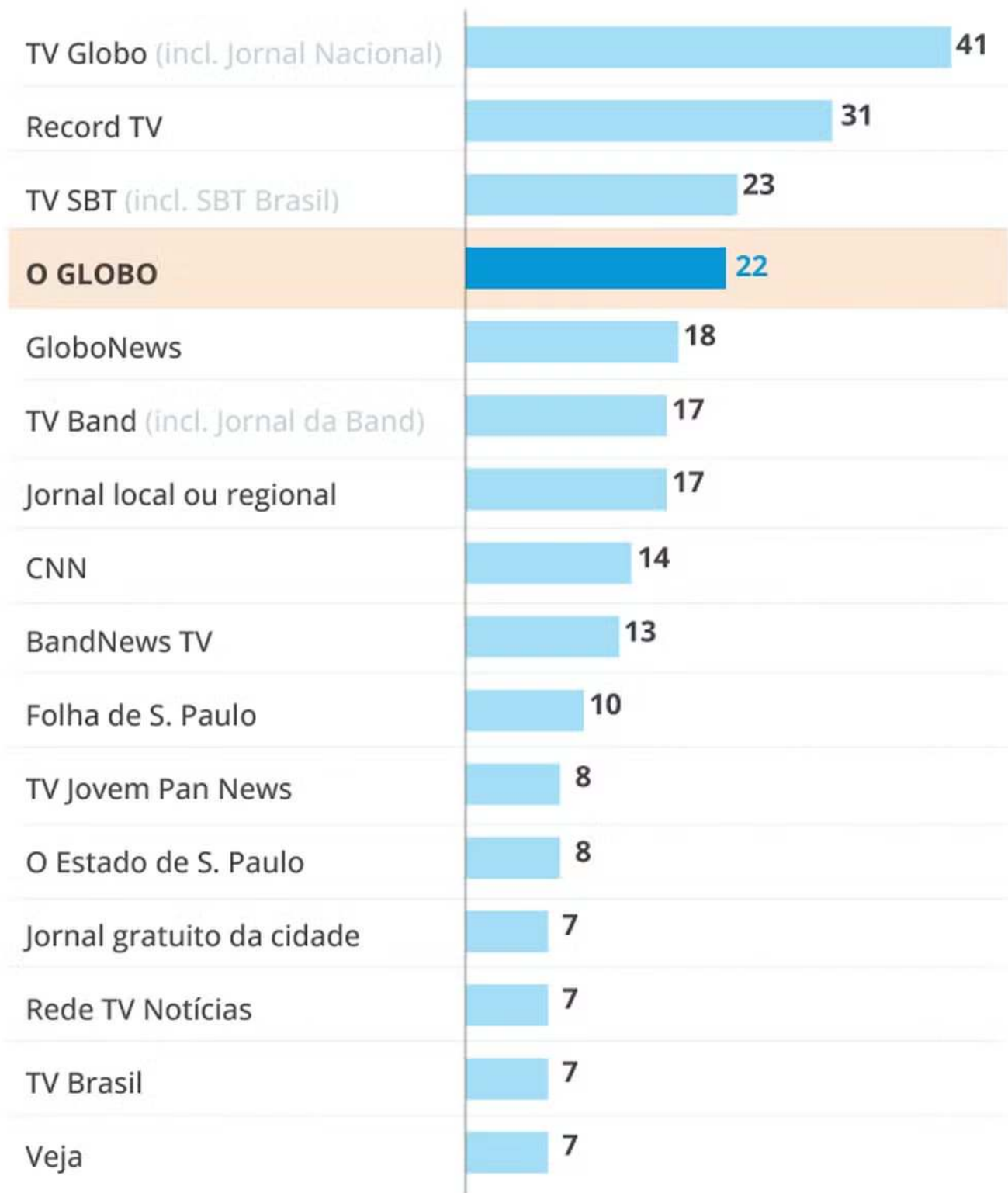
Os resultados deste ano do Digital News Report sobre veículos brasileiros online e offline

(Em %)

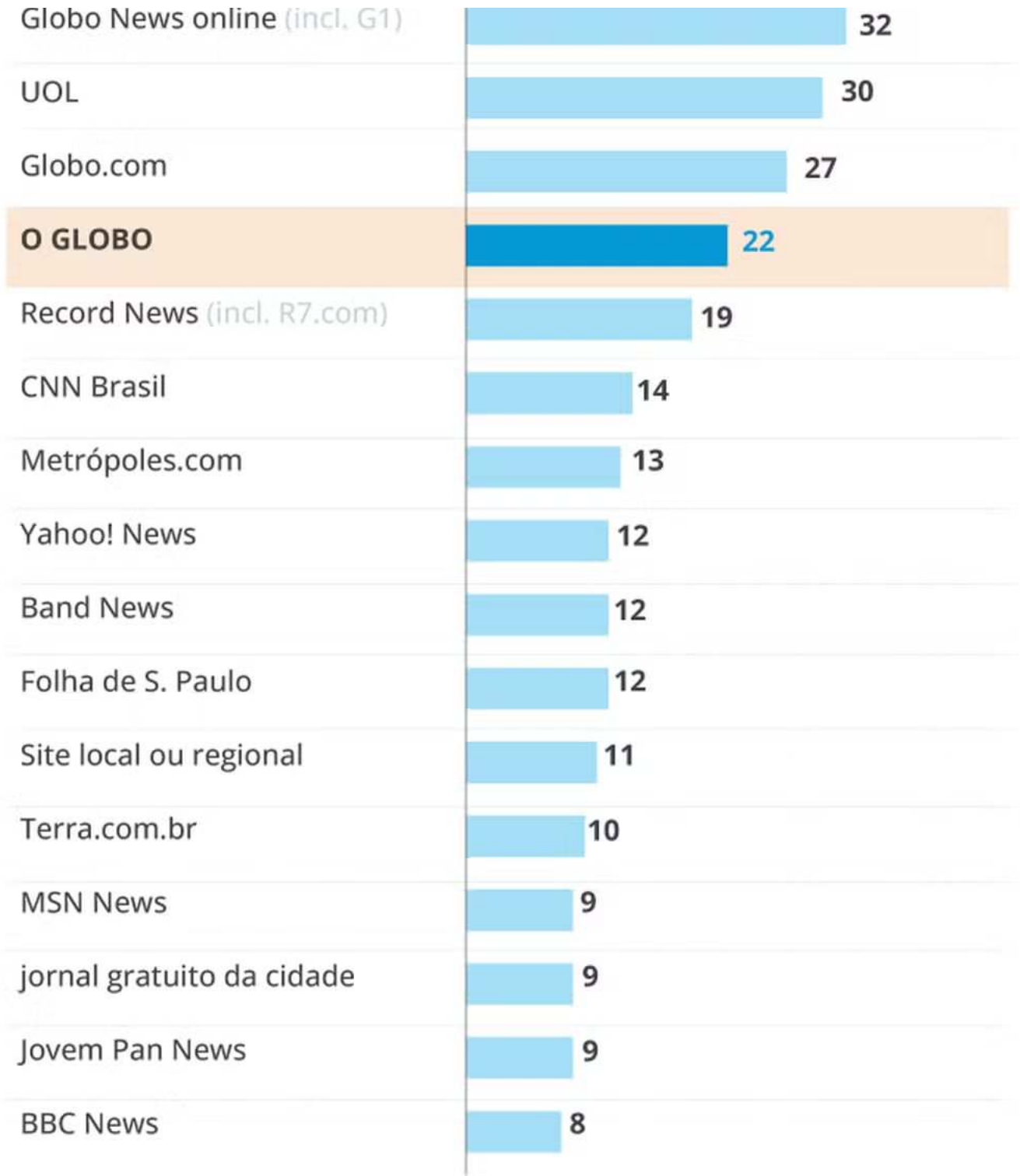




TV, RADIO E IMPRESSO



ONLINE



Fonte: Digital News Report 2025

News Credibility — Photo: Art Department

All three media outlets boast a respectability level above the industry average, which stands at 42% nationally. Journalism lost trust after 2015, partly due to the

proliferation of misinformation on social media; however, this decline stabilized over the past three years in Brazil, surpassing the global average of 40%.

"News consumers largely remain skeptical about the information found on social media and through AI apps, partly due to concerns about the reliability of such content," says Rodrigo Carro, journalist and a former fellow at the Reuters Institute that is currently responsible for the analysis of Brazil's data in the Digital News Report. "These doubts present opportunities for publishers, as audiences still seek out established news outlets to verify information."

Brazilians are the most trusting of news among Latin Americans, according to the report. In Latin America, Argentina is where people trust journalism the least (32%), ten percentage points below the Brazilian level of trust in the media. Worldwide, Finland (67%), Nigeria (68%), and Thailand (55%) are the countries with the highest news trust.

A concerning statistic is that a significant share of the audience still struggles to distinguish between real and fake news. In Brazil, this percentage is 67%, lower than in Nigeria (84%), South Africa (73%), and the United States (73%).

Report authors highlight that the Brazilian media is still undergoing a transformation, particularly in the audiovisual sector, as streaming services attempt to encroach on the dominance of television.

O GLOBO also performs well within the Brazilian media landscape. The newspaper ranks fourth overall in both traditional media (TV, radio, and newspapers) and online media. In the traditional media category, it trails only TV Globo, which is consumed weekly by 41% of respondents, followed by Record (31%) and SBT (23%). In online media, it is surpassed only by G1/Globo News online, which leads with 32%, followed by UOL (30%) and globo.com (27%).

The report also revealed that 17% of the interviewed people paid for news in some form this year in Brazil. There is a significant circulation of news shared via the internet, with 33% of people claiming to share articles on social media networks. The top three platforms for news consumption in Brazil are YouTube (37%), Instagram (37%), and WhatsApp (36%).

Among traditional online outlets, a major development is the impact of new artificial intelligence tools on how people stay informed. Approximately 9% of respondents report using AI chatbots to search for news.

O GLOBO is highlighted as a media outlet that effectively harnesses the AI revolution positively, using it creatively in journalism.

"For instance, O GLOBO published a series based on 600,000 speeches made in the Chamber of Deputies and Senate from 2001 to 2024," the Digital News Report notes. "Over 255 million words and expressions were analyzed over four months using AI tools." The series "Com a Palavra" was published last August.

The survey indicates that despite AI's growing popularity among news consumers, the audience still places special trust in content curated by humans.

"In a world increasingly filled with synthetic content and misinformation, all generations still value reliable brands with a history of accuracy, even if they don't use them as frequently as before," point out the report's authors.


**Exhibit III.III -
Original scientific
contributions of
major significance**

[Home](#) [Obesity Surgery](#) [Article](#)

Laparoscopic Duodenal–Jejunal Exclusion in the Treatment of Type 2 Diabetes Mellitus in Patients with BMI < 30 kg/m² (LBMI)

Research Article Published: 06 November 2008

Volume 19, pages 307–312, (2009) [Cite this article](#)[Save article](#)[View saved research](#)[Obesity Surgery](#)[Aims and scope](#)[Submit manuscript](#)

[Almino C. Ramos](#), [Manoel P. Galvão Neto](#), [Yglésio Moyses de Souza](#) , [Manoela Galvão](#), [Abel H. Murakami](#), [Andrey C. Silva](#), [Edwin G. Canseco](#), [Raúl Santamaría](#) & [Trino A. Zambrano](#)

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Abstract

Background

The association between medical and dietetic–behavioral treatments of type 2 diabetes mellitus (T2DM) has demonstrated to have variable results. The surgical treatment of T2DM

is justifiable after the observation of a successful glycemic control in patients submitted to Roux–en–Y gastric bypass and biliopancreatic diversion. Experiments have shown an important role of the proximal intestine in glycemia decrease and diabetes control.

Methods

Twenty diabetic patients underwent laparoscopic duodenal–jejunal exclusion. The variables studied were body mass index (BMI), fasting glycemia, glycosylated hemoglobin (HbA_{1c}), and C-peptide, in the preoperative period and after 3 and 6 months.

Results

There was a BMI decrease up to the third month and a weight stabilization between the third and sixth months. There was a significant reduction in fasting glycemia (43.8%) and HbA_{1c} (22.8%) up to the sixth month ($p < 0.001$). C-peptide did not show any significant alteration until the third month, although there was a considerable increase (25%) between the third and the sixth months ($p < 0.001$). Only two patients were on oral medication after the sixth month.

Conclusions

Preliminary results have shown an important effect of the laparoscopic duodenal–jejunal exclusion in the treatment of T2DM. Studies with longer follow-up and a larger number of patients are necessary to better define the role of this new and promising procedure.

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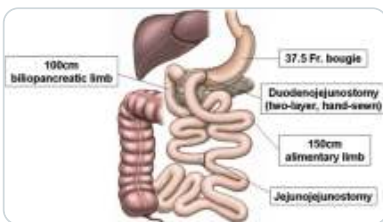
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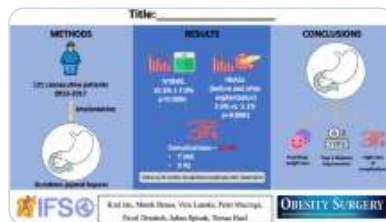
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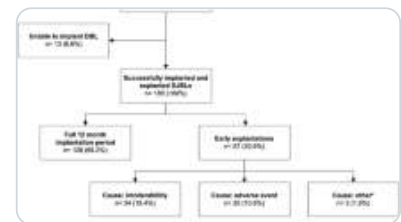
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[Duodenal–jejunal exclusion](#)

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- └ Surgery

Nursing

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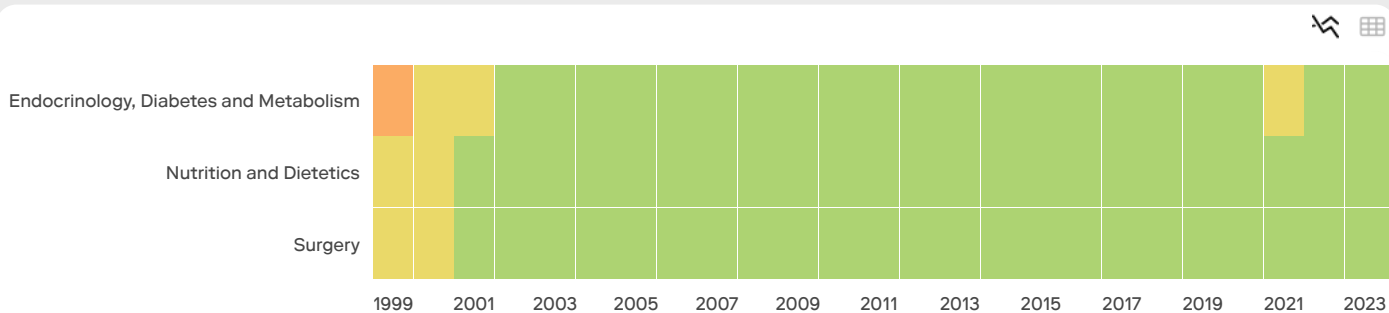
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Scope

Obesity Surgery is the official journal of the International Federation for the Surgery of Obesity & Metabolic Disorders. The journal represents one of the premier forums for the dissemination of research and clinical knowledge within the international community of bariatric/metabolic treatment providers of all disciplines. Obesity Surgery communicates the latest research, surgical and endoscopic techniques, and most recent advances in the integrated health care for the treatment of obesity and metabolic disorders. The journal publishes highly selective invited and unsolicited peer-reviewed articles involving all aspects of the management and care of patients suffering from obesity. Though there is an emphasis on bariatric/metabolic surgery, the journal is comprehensive in covering the medical management of obesity, general surgery, endoscopy, nutritional science, behavioral science, anesthesia, plastic surgery after weight loss, exercise physiology, endocrinology, diabetology, treatment for eating disorders, and medicolegal issues.

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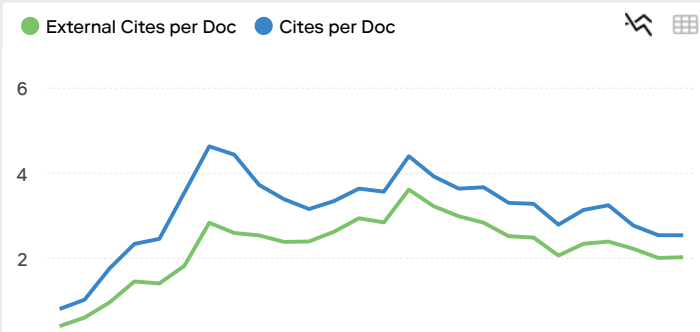
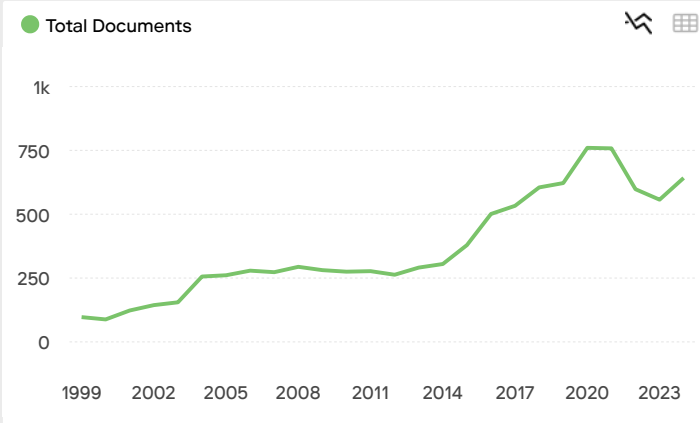
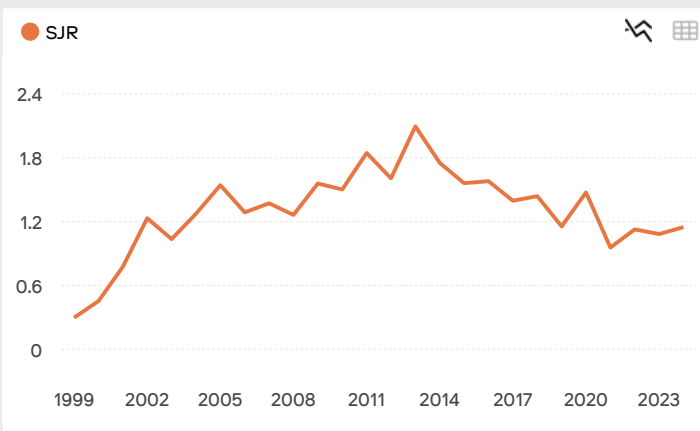
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3 - Obesity Facts 

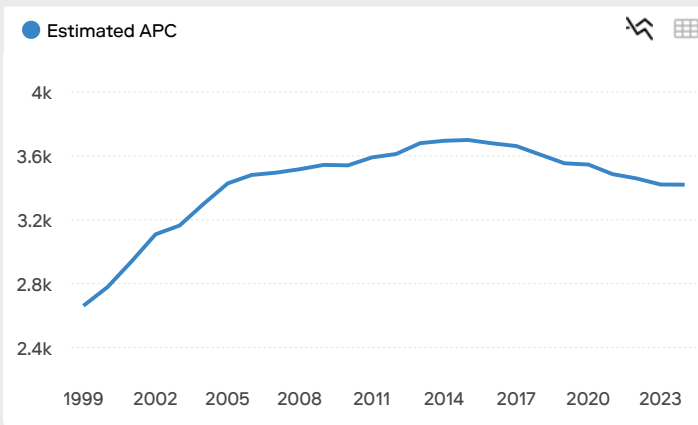
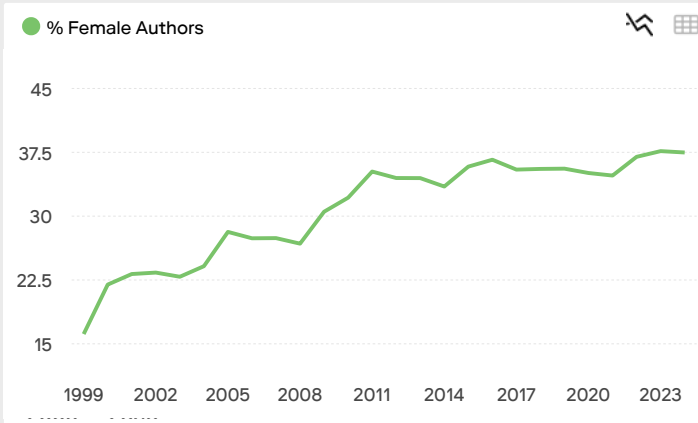
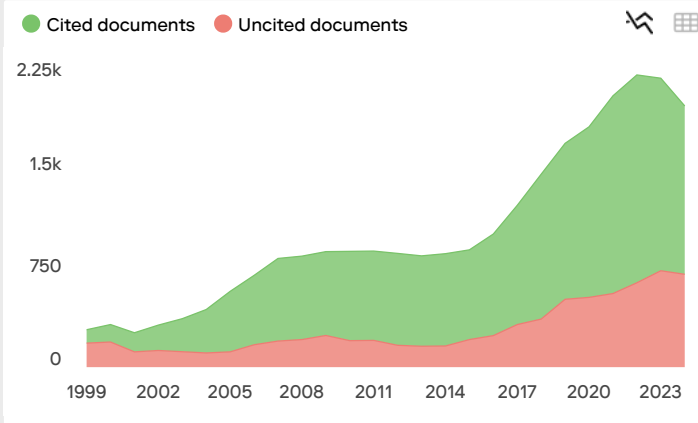
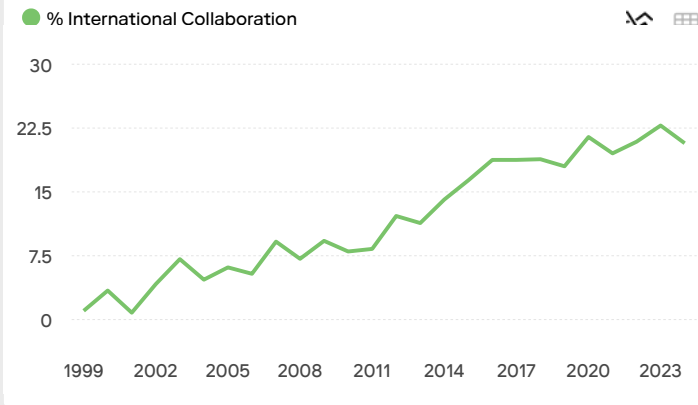
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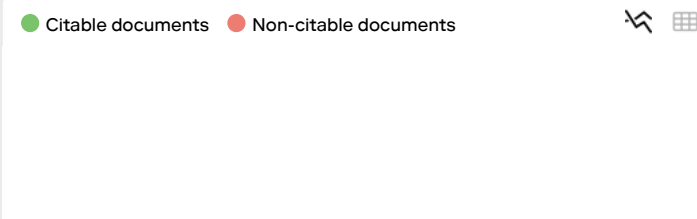
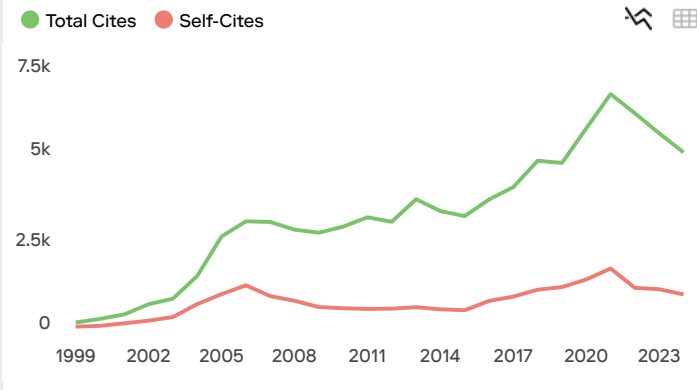
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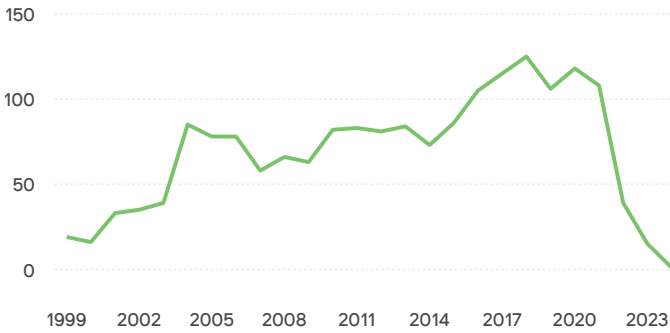


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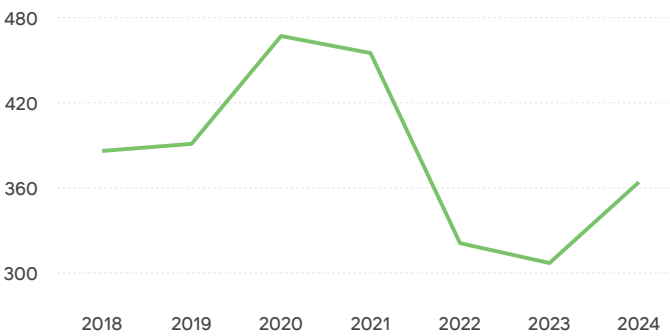
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Documents cited by public policy (Overton)



Documents related to SDGs (UN)



Obesity Surgery

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Metrics based on Scopus® data as of March 2025

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Tumiran

2 years ago

saya sangat membutuhkan jurnal ini, place.....

← reply



Melanie Ortiz

2 years ago

Dear Tumiran,
Thank you for contacting us. Could you please expand a little bit on your request so we can assist you better?
Best Regards, SCImago Team



antika

3 years ago

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Obesity Surgery

The Journal of Metabolic Surgery and Allied Care

Publishing model

Hybrid

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Journal menu

Overview

Obesity Surgery is a premier interdisciplinary and international forum for the dissemination of research and clinical knowledge on all aspects of bariatric/metabolic surgery.

Journal metrics



Journal Impact Factor
3.1 (2024)

5-year Journal Impact Factor

- Welcomes papers from all disciplines involved in the surgical treatment and care of patients suffering from severe obesity. With our focus on promoting inclusiveness, we aim to increase awareness of obesity and associated comorbid conditions, while also decreasing the stigma of obesity.
- Publishes original research, clinical reports, current status, guidelines, historical notes, invited commentaries, letters to the editor, medicolegal issues, meeting abstracts, modern surgery/technical innovations, new concepts, reviews, scholarly presentations and opinions.
- Benefits surgeons performing obesity/metabolic surgery, general surgeons and surgical residents, endoscopists, anesthesiologists, support staff, nurses, dietitians, psychiatrists, plastic surgeons, internists including endocrinologists and diabetologists, nutritional scientists, and those dealing with eating disorders.
- Official journal of the International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO), and an official journal of British Obesity & Metabolic Surgery Society (BOMSS).



3.0 (2024)

Submission to first decision (median)
14 daysDownloads
2.1M (2025)

Editor-in-Chief

Scott Shikora MD, FACS

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Societies and partnerships

International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO)



Calls for papers

Collection

Restrictive Bariatric Surgery in Focus: What's Next for ESG and LSG?

This special issue explores the evolving landscape of restrictive bariatric procedures, with a focus on Endoscopic Sleeve Gastroplasty (ESG) and...

Open for submissions

Submission deadline

Ongoing

Collection

The IFSO Collection

A collection of publications by members of the International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO) and the American...

Open for submissions

Submission deadline

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Latest issue
February 2026
Volume 36, Issue 2

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Latest articles

Revisional Metabolic and Bariatric Surgery Versus Semaglutide: Which Strategy Shows Greater Efficacy for Recurrent Weight Gain After Primary Bariatric Surgery?



Research | 30 March 2026

Preoperative Triglyceride-Glucose Index as a Predictor of Weight Loss Following Sleeve Gastrectomy: A Retrospective Cohort Study

Research | Open access | 29 March 2026

Bariatric Surgery versus Medical Management Effect on Health-Related Quality of Life in Adults with Severe Obesity and Type 2 Diabetes: A Prospective Cohort Study



Research | 29 March 2026

Personality Traits Predict Weight Loss Following Endoscopic Sleeve Gastroplasty: A Cohort Study with External Validation



Research | Open access | 28 March 2026



Part of 1 collection:

Restrictive Bariatric Surgery in Focus: What's Next for ESG and LSG?

Machine and Deep Learning Models for Preoperative Prediction of Subsequent Clinical Response One Year after Metabolic Bariatric Surgery: Findings from the Tehran Obesity Treatment Study



Research | 28 March 2026

[View all articles →](#)

This journal has [1143 open access articles →](#)

Journal updates

Temporary Announcement Regarding Letters to the Editor

Obesity Surgery is not currently accepting Letter to the Editor submissions. Please read more [here](#).

The IFSO Collection

For more information on "The IFSO Collection" please click [here](#).

After 30 Years — New Guidelines For Weight-Loss Surgery

The ASMBS/IFSO Guidelines now recommend metabolic and bariatric surgery for individuals with a BMI of 35 or more “regardless of presence, absence, or severity of obesity-related conditions” and that it be considered for people with a BMI 30–34.9 and metabolic disease and in “appropriately selected children and adolescents.”

Consensus Statement

Obesity is a complex medical condition and is influenced by several factors. Most of them are biological, beyond full personal control. The media, public, and even healthcare providers, including doctors, focus overwhelmingly on the contribution of individual choices and responsibility. We need to sum all efforts to eliminate weight stigmatization.

[View all updates →](#)

Journal information

Electronic ISSN **Print ISSN**
1708-0428 0960-8923

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Chinese Academy of Medical Science (CAMS)
Current Contents/Clinical Medicine

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Fwd: Souza YM | Boost Visibility - Publish Your Preprint with Us

1 mensagem

Yglésio Luciano <yglesio@yahoo.com>
Para: Nilzo Gustavo Farias <nilzo.farias@yousalaw.com>

2 de abril de 2026 às 11:25

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Início da mensagem encaminhada:

De: "Jessi Evans, Journal Analytics Coordinator" <journaldesk@researchtojournal.com>
Data: 7 de março de 2026 às 02:31:08 GMT-5
Para: Souza YM <yglesio@yahoo.com>
Assunto: Souza YM | Boost Visibility - Publish Your Preprint with Us

Section of **Clinical & Internal Medicine**

IgMin Research [IGMR] - A BioMed & Engineering Open Access Journal | E-ISSN :
2995-8067

Involved Topics:

Clinical Medicine Internal Medicine Pulmonology

Dear Dr. Souza YM,

On behalf of the Editorial Board of our journal, we invite the submission of new research manuscripts for consideration in our upcoming issues.

Our journal is an open access journal, dedicated to advancing interdisciplinary, publishing across 30 sections and 150 specialized topics under **Biology, Medicine, Engineering and General Science**. We welcome a variety of submissions, including:

- Original Research Articles
- Review Articles
- Case Reports
- Mini-Reviews
- Rapid Communications
- Opinions and Editorials

Would you be interested? Kindly acknowledge this email, by sending tentative title/abstract or full-length manuscript to this email or our [submission portal](#) on or before **March 27, 2026**.

Note: *Qualifying manuscripts will be eligible for tailored or partial APC subsidies upon acceptance, with the value determined by the quality of the research and the manuscript's type or category.*

Furthermore, we are pleased to extend additional publication support to **Early Career Researchers**.

With best regards,

Jessi Evans, Editorial Operations Manager|PHIID1207- IGMRJ|

If future emails are not desired, you may opt out at any time. Otherwise, please reply to proceed with your manuscript submission.



Nilzo Gustavo Farias <nilzo.farias@yousalaw.com>

Fwd: Submission Request Email From Annals of Clinical and Medical Case Reports® (ISSN: 2639-8109) IF:4.787

1 mensagem

Yglesio Luciano <yglesio@yahoo.com>
Para: Nilzo Gustavo Farias <nilzo.farias@yousalaw.com>

2 de abril de 2026 às 11:25

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Início da mensagem encaminhada:

De: Annals of Clinical and Medical Case Reports® <contact@jrm.casereportjoa.com>
Data: 10 de março de 2026 às 00:30:33 GMT-4
Para: yglesio@yahoo.com
Assunto: Submission Request Email From Annals of Clinical and Medical Case Reports® (ISSN: 2639-8109) IF:4.787
Responder A: Annals of Clinical and Medical Case Reports® <contact@jrm.casereportjoa.com>

Dear Doctor. Yglesio Moyses de Souza,

I hope this message finds you well.

I am writing to kindly request your consideration for submitting a manuscript to *Annals of Clinical and Medical Case Reports (ISSN 2639-8109)*, a peer-reviewed journal with an Impact Factor of 4.787.

We would be pleased to review your work for inclusion in an upcoming issue.

Manuscripts may be submitted via official website: <https://acmcasereport.org/submit-manuscript/>

Please feel free to contact us if you require any additional information.

Sincerely,
Robert



Nilzo Gustavo Farias <nilzo.farias@yousalaw.com>

Fwd: Follow up - Submission of research paper contribution– World Journal of Gastroenterology, Hepatology and Endoscopy (ISSN: 2766-788X, IF 5.598)

1 mensagem

Yglésio Luciano <yglesio@yahoo.com>
Para: Nilzo Gustavo Farias <nilzo.farias@yousalaw.com>

2 de abril de 2026 às 11:24

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Início da mensagem encaminhada:

De: "World Journal of Gastroenterology, Hepatology and Endoscopy (ISSN: 2766-788X, IF 5.598)" <contact@crt.caserepts.com>
Data: 18 de março de 2026 às 00:30:12 GMT-4
Para: yglesio@yahoo.com
Assunto: **Follow up - Submission of research paper contribution– World Journal of Gastroenterology, Hepatology and Endoscopy (ISSN: 2766-788X, IF 5.598)**
Responder A: "World Journal of Gastroenterology, Hepatology and Endoscopy (ISSN: 2766-788X, IF 5.598)" <research@jgastro.org>

Dear Doctor.Yglesio Moyses de Souza,

The Editorial Team of *World Journal of Gastroenterology, Hepatology and Endoscopy* (ISSN: 2766-788X, IF 5.598) invite you to submit your latest research for possible publication.

Manuscripts can be submitted via URL: <https://www.sciencworldpublishing.org/article-submission.php>

Our journal (ISSN: 2766-788X, IF 5.598) publishes high-quality work in gastroenterology, hepatology, and endoscopy. We welcome original articles, reviews, case reports, clinical images, and short communications.

We look forward to receiving your work.

Sincerely,
Megan



Nilzo Gustavo Farias <nilzo.farias@yousalaw.com>

Fwd: Call for Papers – American Journal of Surgery Case Reports, Volume 07, Issue 02

Yglésio Luciano <yglesio@yahoo.com>

2 de abril de 2026 às 11:23

Para: Nilzo Gustavo Farias <nilzo.farias@yousalaw.com>

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Início da mensagem encaminhada:

De: American Journal of Surgery Case Reports <editor@medreportsakijournals.com>**Data:** 19 de março de 2026 às 00:35:43 GMT-4**Para:** Yglesio Moyses de Souza <yglesio@yahoo.com>**Assunto:** Call for Papers – American Journal of Surgery Case Reports, Volume 07, Issue 02**Responder A:** quinnelisaa@medtextopenj.info**Dear Dr. Yglesio Moyses de Souza,**Respected Researchers, Clinicians, and Academicians, Greetings from the **American Journal of Surgery Case Reports (AJSCR)**!We are pleased to announce the Call for Papers for our upcoming issue: **Volume 07, Issue 01 (2026)**The American Journal of Surgery Case Reports (AJSCR) is an international, peer-reviewed, open-access journal dedicated to publishing high-quality **case reports, case series, clinical images, and short communications** in all areas of surgery and related disciplines.

We invite you to submit your original case reports, surgical innovations, and clinical findings for possible publication in this forthcoming issue.

Manuscript Submission Deadline: April 20th, 2026.**Acceptance Notification:** Within 3-4 weeks of submissionAuthors can submit their manuscripts via this email or you can submit following submission email: submissions@amjsurgerycasereports.com

We welcome your valuable contributions and look forward to your participation in advancing surgical knowledge through publication in AJSCR.

Warm regards,

Quinn Elisaa

Editorial Office

American Journal of Surgery Case Reports (ISSN 2766-8304)

United States

Contact: contact@amjsurgerycasereports.com



Nilzo Gustavo Farias <nilzo.farias@yousalaw.com>

Fwd: Invitation to Speak at the Obesity Conference 2026|Berlin,Germany

1 mensagem

Yglésio Luciano <yglesio@yahoo.com>
Para: Nilzo Gustavo Farias <nilzo.farias@yousalaw.com>

2 de abril de 2026 às 11:20

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Início da mensagem encaminhada:

De: Obesity 2026 <obesity.nfoc@summitmeetings.org>
Data: 27 de março de 2026 às 16:30:09 GMT-4
Para: yglesio@yahoo.com
Assunto: Invitation to Speak at the Obesity Conference 2026|Berlin,Germany
Responder A: obesity.nfoc@summitmeetings.org

Obesity Conference (NFOD-2026)

Dear Yglesio Moyses de Souza,

Greetings from the Obesity Conference 2026!

We are pleased to invite you to participate as a speaker at the Obesity Conference (NFOD-2026), scheduled to be held on September 23–24, 2026, in Berlin, Germany.

The conference theme is "Advancing Obesity Research and Innovation for Global Health and Wellness." Your participation involves the presentation of work and academic discussion related to obesity and metabolic health.

As an invited speaker, you are eligible to register at a fee of USD 899, which includes conference registration, two nights of accommodation at the venue, access to all scientific sessions, and a certificate of participation.

As part of the participation process, kindly submit your abstract along with a brief biography and a photograph for conference records.

Additional information is available on the official conference website: [NFOD-2026](#)

For more details on additional offers and packages, please visit our website: [NFOD-2026](#)

We would be honored to welcome you to Germany.

Regards,
Benson
Conference Manager
Obesity Conference-2026

[Cease](#) email updates from us

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Nilzo Gustavo Farias <nilzo.farias@yousalaw.com>

Fwd: Souza Yglesio Moyses de, Invitation to Join Esteemed Researchers at IDC 2026

1 mensagem

Yglésio Luciano <yglesio@yahoo.com>
Para: Nilzo Gustavo Farias <nilzo.farias@yousalaw.com>

2 de abril de 2026 às 11:17

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Início da mensagem encaminhada:

De: Infectious 2026 <Infectiousdiseases@irisconferences.org>
Data: 1 de abril de 2026 às 07:06:53 GMT-4
Para: yglesio@yahoo.com
Assunto: Souza Yglesio Moyses de, Invitation to Join Esteemed Researchers at IDC 2026
Responder A: Infectious 2026 <infectiousdiseases@irisscientificgroup.org>

Dear Souza Yglesio Moyses de,

I hope you are doing well.

We cordially invite you to be part of the Infectious Diseases Congress (IDC-2026) as a **Speaker**, taking place on April 23–25, 2026 through a comprehensive virtual platform, centered on the theme "*Harnessing Digital Health: Innovations in Infectious Disease Surveillance and Management*".

To learn more about the conference program and structure, please visit:
<https://irisconferences.co/infectious/>

The conference will assemble prominent infectious disease physicians, microbiologists, epidemiologists, public health professionals, researchers, clinicians, and healthcare policymakers involved in infectious disease prevention, diagnosis, and management to explore advancements and encourage collaboration in Infectious Diseases. As a speaker, you will have the opportunity to present your research, share insights, and contribute to advancing knowledge in the field.

Your expertise and professional standing would be an invaluable asset to this event, and your participation would greatly enhance the credibility and impact of the conference.

We look forward to your email confirming your interest in presenting at the conference.

We remain hopeful for a positive reply.

With appreciation and anticipation,
Sophie Bennett | Conference Manager
IDC 2026
Email: infectiousdiseases@irisscientificgroup.org
Office: +1 (214) 731-7766
WhatsApp: +1 (214) 831-3945

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Nilzo Gustavo Farias <nilzo.farias@yousalaw.com>

Fwd: Email For Manuscript Submission: World Journal of Gastroenterology, Hepatology and Endoscopy (ISSN:2766-788X)

1 mensagem

Yglésio Luciano <yglesio@yahoo.com>
Para: Nilzo Gustavo Farias <nilzo.farias@yousalaw.com>

2 de abril de 2026 às 11:16

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Início da mensagem encaminhada:

De: "World Journal of Gastroenterology, Hepatology and Endoscopy (ISSN:2766-788X)" <info@lzx.worldgastrohep.com>
Data: 1 de abril de 2026 às 23:32:33 GMT-4
Para: Yglesio Moyses de Souza <yglesio@yahoo.com>
Assunto: **Email For Manuscript Submission: World Journal of Gastroenterology, Hepatology and Endoscopy (ISSN:2766-788X)**
Responder A: contact@lzx.worldgastrohep.com

Dear Professor. Yglesio Moyses de Souza,

I hope this message finds you well.

On behalf of the editorial board World Journal of Gastroenterology, Hepatology and Endoscopy (ISSN:2766-788X), I would like to extend a cordial invitation for you to submit your valuable manuscript for consideration in our esteemed journal.

Website: <https://www.sciencworldpublishing.org/article-submission.php>

Your contribution would not only enrich our publication but also support the advancement of research and knowledge within our academic community.

We greatly appreciate your support and look forward to receiving your submission.

Thank you for considering this invitation.

Sincerely,

Megan

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**Exhibit III.IV -
Leading or critical
role for organizations
or establishments**



Gastro Obeso Center
São Paulo, Brazil
03/31/2026

To U.S. Citizenship and Immigration Services
Department of Homeland Security

RE: Letter of Recommendation for Dr. Yglésio Luciano Moyses Silva de Souza in Support of his EB1-A Petition

To Whom It May Concern,

I am pleased to write this letter in strong support of Dr. Yglésio Luciano Moyses Silva de Souza and his petition under the EB1-A classification as an individual of extraordinary ability.

I write from the perspective of a surgeon whose professional career has been dedicated to bariatric and metabolic surgery for decades. I am the General Director and Co-Founder of Clínica Gastro Obeso Center in São Paulo, Brazil. I have also served as a researcher with the National Council for Scientific and Technological Development (CNPq), Former President of the International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO), and Former President of the Brazilian Society for Bariatric and Metabolic Surgery (SBCBM). In addition, I have worked extensively in the training of surgeons in advanced minimally invasive bariatric techniques. This background allows me to evaluate, with independence and technical confidence, the level of physicians and researchers working in the field of metabolic and digestive surgery.

I had the opportunity to work directly with Dr. Yglésio over a meaningful period in the context of advanced metabolic and minimally invasive surgical techniques. Through that collaboration, I was able to observe not only his technical surgical ability, but also the academic seriousness with which he approaches innovation, research development, and clinical application. In my opinion, he is not simply a capable surgeon. He is a physician with genuine scientific curiosity, strong intellectual discipline, and the ability to develop work with relevance beyond his immediate environment.

One of the clearest examples of this is Dr. Yglésio's involvement in the clinical and scientific development of duodenojejunal exclusion for the treatment of type 2 diabetes. As reflected in my prior letter, this work was associated with the first human clinical study in the world evaluating that approach, and it represented a meaningful contribution within metabolic surgery.

R. Barata Ribeiro, 237 - Set 101/102 - Bela Vista - São Paulo - SP,
ZIP Code: 01308-000 – Phone: +55 (11) 3211-1200 | +55 (11) 3125-1222
E-mail: contato@gastroobesocenter.com.br



Its importance lies not only in technical novelty, but in the fact that it engaged a medically significant question: how surgical intervention could improve glycemic control in diabetic patients through mechanisms that expanded the field's understanding beyond conventional bariatric indications. That is the kind of work that helps move a specialty forward.

What I find especially relevant in Dr. Yglésio's profile is that his work is not limited to isolated publication. He has a Ph.D. background, formal academic training, and a consistent capacity to connect research with practical medicine. In fields such as metabolic surgery, this matters greatly. Many professionals may be technically competent in clinical work, but far fewer demonstrate the ability to contribute to the literature in a way that is original, useful, and scientifically engaged. Dr. Yglésio belongs to that narrower group. His trajectory shows a sustained pattern of serious involvement in academic medicine and clinically relevant research.

His work also reflects a translational mindset. In other words, he does not approach surgery as a purely procedural discipline. He approaches it as a field in which clinical practice, scientific investigation, and long-term therapeutic impact must remain connected. That perspective is exactly what has allowed some physicians to make lasting contributions in metabolic surgery, and it is one of the reasons I regard Dr. Yglésio's profile as distinguished.

I also understand that his scientific work has received meaningful attention in the peer-reviewed environment. In medicine, the true importance of a contribution is not measured by publicity, but by whether other professionals in the field read it, use it, discuss it, and build upon it. When a physician's work enters that broader scientific conversation, it is a sign that the contribution has real value. In Dr. Yglésio's case, that visibility is consistent with the originality and practical relevance of his work in digestive and metabolic surgery.

For purposes of this petition, I want to emphasize that my recommendation is based above all on Dr. Yglésio's record as a physician, surgeon, and researcher. In my opinion, his profile reflects the kind of uncommon merit that the EB1-A category is meant to recognize. He combines advanced clinical expertise, original scientific contribution, strong academic formation, and work that has relevance to an internationally important medical field. These are not isolated qualities. Taken together, they show sustained excellence.



For these reasons, I offer my unequivocal support for Dr. Yglésio Luciano Moyses Silva de Souza's EB1-A petition. I am confident that his continued work in medicine and surgical science will bring substantial value to the United States and to the broader medical community.

Please feel free to contact me should any additional information be required.

Sincerely,

Dr. Almino Cardoso Ramos
General Director and Co-Founder – Clínica Gastro Obeso Center
Researcher – National Council for Scientific and Technological Development (CNPq)
Former President – International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO)
Former President – Brazilian Society for Bariatric and Metabolic Surgery (SBCBM)
São Paulo, Brazil
Phone: +55 (11) 3211-1200 | +55 (11) 3125-1222
E-mail: contato@gastroobesocenter.com.br



Dr. Almino Ramos
Bariatric Surgeon



Dr. Almino Ramos is a world renowned bariatric surgeon from Brazil who has specialized in treating obesity through bariatric surgery since 1999. He is on the board of trustees for the IFSO, was the president of IFSO from 2018-2019, and has co-authored over 100 peer-reviewed publications on treating obesity. He is fluent in English, Spanish and

Portuguese.

We are excited to offer Dr. Ramos's expertise to our patients and our team is excited to work at his side. He is performing surgeries on the last Friday & Saturday of each month at the Elias Ortiz Surgical Center in Tijuana, Mexico.

Certifications

*Post Doctoral, Federal University of Pernambuco, UFPE, Brazil
2017*

*Doctorate in Post-Graduation in Surgery, Federal University of Pernambuco, UFPE, Brazil
2016-2017*

*Master of Science in Surgery, University of Campinas (UNICAMP)
1995-1998*

*Specialization in General Surgery, Brazilian College of Surgeons, CBC, Brazil
1989-1991*

*Specialization, Residency, Digestive System Surgical Clinic Study Center, CECCAD, Brazil
1987-1990*

*Graduation in Medicine, University of Caxias do Sul, UCS, Brazil
1981-1986*

Professional Experience

- **General Director**, Clínica Gastro Obeso Center
- **President**, Brazilian Society of Bariatric & Metabolic Surgery
- **Titular Member of Bariatrics**, Brazilian Society of Bariatric & Metabolic Surgery
- **Fellow**, American Society for Metabolic & Bariatric Surgery
- **President**, International Federation for the Surgery of Obesity & Metabolic Disorders (IFSO)
- **Specialist Member**, The Brazilian Society of Minimally Invasive and Robotic Surgery
- **Specialist Member**, The Brazilian College of Surgeons

Download Full List of Experience & Awards

Awards

2018

- *Best communication at work: GASTRIC BYPASS EN-Y-DE-ROUX, VERTICAL GASTRECTOMÍA THE GASTRIC BYPASS OF UNA ANASTOMOSIS AS TECHNIQUES OF RESCATE DEL BANDAJE GÁSTRICO AJUSTABLE. ESTUD, Spanish National Congress of Surgery of Obesity and Metabolic Diseases.*

2013

- *Da vinci surgical system off-site training program, Hartford Hospital.*
- *Leaders Academy Program, Johnson and Johnson.*

2012

- *Silver Jubilee, Brazilian Medical Association of Orthomolecular.*

2011

- *Member, International Development Committee Timeline.*
- *Honorary Member, Sociedad de Cirujanos de Chile.*
2011
- *Collaborator of the Bariatric Surgery Committee of the Latin American Federation of Cirugía, Federación Latinoamericana de Cirugía.*

2009

- *Médaille de Reconnaissance Franco-Américaine Classe Special, Institut Humaniste Reconnaissance – Paris.*

2008

- *Analysis of Medicine Award, Analysis of Medicine Award for Nomination as One of the Most Admired in the Specialty.*
- *Hommage by his Participation as Professor of the VIII International Congress of Cir. Laparoscópica Desarrollado, La Sociedad Ecuatoriana de Cirugía Laparoscópica.*
- *Honorary Member, College of Specialists in General Surgery – Guadalajara.*
- *Member, Congreso – Institute of Mini Invasive Techniques.*
- *Member of the Honorary SOVCIBAM, Sociedad Venezolana de Cirugía Bariátrica y Metabólica.*
- *Invited Professor, The Latin American Association of Endoscopic Surgery and the Centro America Circulation Federation.*
- *Analysis The most admired of medicine – Surgery of the Digestive System, Editorial Analysis.*

To view more awards for Dr. Almino Ramos please [view this PDF](#).



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Rua Barão de Itapary, nº 227 - Bairro Centro, São Luís/MA, CEP 65020-070
- <http://huufma.ebserh.gov.br>

São Luís, Maranhão, Brazil

04/01/2026

To U.S. Citizenship and Immigration Services

RE: Letter of Recommendation for Dr. Yglésio Luciano Moyses Silva de Souza in Support of his EB-1A Petition

To Whom It May Concern,

It is my honor to write this letter in strong support of Dr. Yglésio Luciano Moyses Silva de Souza and his petition for classification as an individual of extraordinary ability under the EB-1A category.

I write from the perspective of a senior academic surgeon with decades of experience in digestive surgery, liver transplantation, surgical education, and university medicine. I am a Full Professor and Head of the Digestive System Surgery Service at the Federal University of Maranhão, and my academic training includes specialization in Digestive System Surgery and Gastroenterology, as well as a Master's degree and Doctorate in Surgical Clinic. Throughout my career, I have also completed advanced training in internationally recognized institutions in countries such as the United States, Canada, Germany, England, Switzerland, Japan, Singapore, and Spain. This background allows me to assess with care and independence the professional and scientific caliber of physicians working at a high academic and clinical level.

I have known Dr. Yglésio for many years, beginning during his medical training at the Federal University of Maranhão. Even at that stage, he already stood out for his



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intellectual discipline, analytical reasoning, and serious commitment to surgery and academic development. Over time, I had the opportunity to observe the consistency of his growth as a physician and researcher, and it became clear that his professional trajectory was not ordinary. He developed into a surgeon with strong academic foundations, relevant scientific production, and the capacity to translate complex medical knowledge into meaningful clinical contributions.

Dr. Yglésio completed his Ph.D. in Experimental Pathophysiology at the University of São Paulo, one of the most respected academic institutions in Brazil. His doctoral work was centered on experimental research involving severe intra-abdominal infections, with emphasis on the therapeutic effects of ozone in complex inflammatory and infectious abdominal scenarios. This is not a peripheral subject in medicine. It is directly connected to critical surgical care, trauma, infection control, and severe abdominal disease. In my view, this type of research reflects scientific maturity, technical rigor, and a genuine commitment to advancing medical knowledge in areas of real clinical consequence.

What makes Dr. Yglésio's profile especially significant is that his scientific work did not remain limited to experimental investigation. He continued to develop in the field of digestive and metabolic surgery and became associated with a line of work that has genuine originality and relevance in the medical literature, particularly in the surgical management of type 2 diabetes in patients with low body mass index. His work in this area contributed to the discussion and expansion of metabolic surgery beyond the traditional profile of obese patients, which is a medically relevant and internationally debated topic. This kind of contribution is important because it does not simply repeat established knowledge. It helps challenge and refine clinical understanding in a field that influences treatment strategies and long-term patient outcomes.

I also understand that his scientific work has achieved meaningful recognition through citation in the peer-reviewed literature. In academic medicine, citations alone are not the entire measure of value, but they do help demonstrate whether a publication has been read, considered, and used by other researchers. In Dr. Yglésio's case, the visibility of



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his work reinforces that his research has not remained isolated. It has entered broader scientific discussion, which is exactly what one expects from work that contributes beyond the local level.

In addition to his research background, Dr. Yglésio has maintained a strong clinical identity in digestive surgery. He combines scientific reasoning with practical surgical experience, which is an important distinction. Many professionals publish. Many professionals operate. Fewer can do both with coherence and consistency. In my assessment, Dr. Yglésio belongs to this more limited group of physicians who are able to connect academic production with real-world clinical application. That combination gives durability and seriousness to his contributions.

Another relevant point is his role in medical education and professional formation. Throughout his career, he has participated in the training of students and residents, sharing not only technical knowledge but also clinical judgment. This type of contribution matters in academic medicine because influence is not measured only by personal achievement, but also by the ability to help shape future professionals within the field.

For purposes of this petition, I want to emphasize that my support is based principally on Dr. Yglésio's medical and scientific record. In my opinion, his profile shows the hallmarks of a physician whose work rises well above the ordinary professional level. He has advanced academic training, original and clinically meaningful research, recognized scientific output, and continued engagement in the field of digestive and metabolic surgery. These are not isolated elements. Together, they reflect a sustained pattern of excellence.

For these reasons, I offer my unequivocal support for Dr. Yglésio Luciano Moyses Silva de Souza's EB-1A petition. I believe he is a physician and researcher of uncommon merit, and I am confident that his continued work will be valuable to the medical and scientific community in the United States.



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Please feel free to contact me if you need any additional information.

Sincerely,

A handwritten signature in blue ink, appearing to read "Orlando Jorge Martins Torres".

Orlando Jorge Martins Torres, MD, PhD
Department of Gastrointestinal and Liver Transplant Surgery
Federal University of Maranhão (UFMA)
São Luís, Maranhão, Brazil

DR. ORLANDO JORGE MARTINS TORRES

- Full Professor and Head of the Digestive System Surgery Service
- Head of the Liver Transplant Service, President Dutra University Hospital, Federal University of Maranhão - UFMA
- Oncological Surgery of the Digestive System
- Liver, Pancreas and Bile Duct Surgery
- Laparoscopic Surgery

PROFILE



ACADEMIC TRAINING

Specialist in Digestive System Surgery (CBCD)
Specialist in Gastroenterology (FBG)
Master in Surgical Clinic (UFPR)
Doctor in Surgical Clinic (UFPR)
Associate Professor in Surgical Clinic (UFC)

POSITION AND FUNCTION

Full Professor and Head of the Digestive System Surgery Service at the Presidente Dutra University Hospital of the Federal University of Maranhão – (UFMA)

[Click here to access my resume](#)

THESIS AND MEMORIAL

2015 – Full Professor – Descriptive Memorial

2000 – Associate Professor: “Diagnosis and treatment of postoperative enterocutaneous fistulas”.

1997 – PhD: “Bacterial translocation: efficacy of an immunostimulatory diet in rats subjected to intestinal occlusion”.

1994 – Master’s degree: “Histological evaluation of the regeneration of splenic autotransplants: experimental study in rats”.

TRAINING ABROAD

| | | | |
|------|---|------------------------------------|---|
| 2023 | IKEM Hospital | Prague – Czech Republic | Advisor: Prof. Jiri Fronek |
| | Vall D'hebron Hospital | Barcelona – Spain | Advisor: Prof. Ramon Charco |
| | Miguel Servet University Hospital | Zaragoza – Spain | Advisor Prof. Alejandro Serrablo |
| | Curry Cabral Hospital | Lisbon – Portugal | Advisor: Prof. Hugo Marques |
| 2022 | National University Hospital | Singapore | Advisor: Prof. Alfred Kow |
| | Cipto Mangunkusumo Hospital | Jakarta – Indonesia | Advisor: Prof. Toar Lalisang |
| 2019 | Asan Medical Center Hospital | Seoul – South Korea | Advisor: Prof. Ki-Hun Kim |
| | Auckland City Hospital | Auckland – New Zealand | Advisor: Prof. Adam Bartlett |
| 2018 | Humanitas Research Hospital | Milan – Italy | Advisor: Prof. Guido Torzill |
| | UniversitätsKlinikum Heidelberg Hospital | Heidelberg – Germany | Advisor: Prof. Markus Buchler |
| | Jackson Memorial Hospital | Miami – USA | Advisor: Prof. Rodrigo Vianna |
| | Chris Hani Baragwanath Hospital | Johannesburg – South Africa | Advisor: Prof. Martin Smith |
| 2017 | AGEO Central General Hospital | Tokyo – Japan | Advisor: Prof. Go Wakabayashi |
| | Second Affiliated Hospital | Hangzhou – China | Advisor: Prof. Shu Yo Peng and Prof: Jiang-Tao Li |
| 2016 | University Hospital of Zurich | Zurich – Switzerland) | Advisor: Prof. Pierre-Alain Clavien |
| | Tata Memorial Cancer Center | Mumbai – India | Advisor: Prof. Shailesh Shrikhande |
| 2015 | Oslo University Hospital | Oslo – Norway | Advisor: Prof. Pal-Dag Line |
| 2012 | Imperial College of London | London – UK | Advisor: Prof. Nagy Habib |
| 2010 | MD Anderson Cancer Center | Houston – USA | Advisor: Prof. Jean Nicholas Vauthey |
| 2008 | University Hospital of Wuerzburg | Wuerzburg – Germany | Advisor: Prof. Arnulf Thiede and Prof. Ulrich Andreas Dietz |
| 2005 | University of Pittsburgh Medical Center | Pittsburgh – USA | Advisor: Prof. Amadeo Marcos and Prof. Paulo Fontes |
| 2000 | Memorial Sloan Kettering Cancer Center | New York – USA | Advisor: Prof. Leslie Blumgart |
| 1999 | Shouldice Hospital | Toronto – Canada | Advisor: Prof. Cassim Degane |

SPECIALIST TITLE AND QUALIFICATION

Oncological Surgery of the Digestive System – Brazilian College of Digestive Surgery
Digestive System Surgery – Brazilian College of Digestive Surgery
Gastroenterology – Brazilian Federation of Gastroenterology
General Surgery – Brazilian College of Surgeons

March 04th, 2026

U.S. Department of Homeland Security

U.S. Citizenship and Immigration Services

Re: Recommendation Letter for Dr. Yglésio Luciano Moyses Silva de Souza

Dear USCIS Officer,

I previously provided a recommendation letter in support of Dr. Yglésio Luciano Moyses Silva de Souza's EB-1A petition, and I am pleased to provide this supplemental letter to further clarify and reinforce my prior support, particularly with respect to his medical research profile, scientific orientation, and contributions in the field of digestive and metabolic surgery.

My opinion remains the same and continues to be strongly favorable. This supplemental letter is intended to expand on points that, in my professional judgment, deserve particular emphasis, especially Dr. Yglésio's research-driven approach to surgery, his academic formation, and the clinical relevance of his work involving metabolic surgery and type 2 diabetes.

My name is Manoel Galvão Neto, MD, MSc, FASGE, IFASMBS. I serve at the Orlando Health Weight Loss and Bariatric Surgery Institute, where my work is focused on bariatric and metabolic endoscopy, endoscopic treatment of type 2 diabetes, clinical trials, surgical and laparoscopic training, and the development of innovative minimally invasive solutions in the field. My professional career has been dedicated to digestive surgery, digestive endoscopy, bariatric and metabolic procedures, and academic advancement in these areas. This background allows me to evaluate with independence and technical confidence the caliber of physicians and researchers working in this highly specialized field.

I have known Dr. Yglésio through professional and academic exchanges in the field of gastrointestinal and bariatric surgery. From the beginning, what stood out to me was not only his technical seriousness but also his clear scientific orientation. He is a physician who does not approach surgery merely procedurally. He engages with it

intellectually, with concern for mechanism, applicability, and long-term clinical relevance. That distinction matters because, in metabolic and digestive surgery, truly important contributions usually come from professionals who can connect technical practice with research-driven reasoning.

Our connection began through a shared academic interest in NOTES (Natural Orifice Transluminal Endoscopic Surgery) and related minimally invasive approaches. In that context, Dr. Yglésio demonstrated an uncommon level of attention to innovation in surgery and a strong understanding of the broader implications of transluminal and metabolic techniques. What impressed me was not simply interest in new methods, but the ability to understand why a novel technique matters, how it fits within evolving surgical science, and how it may translate into better therapeutic strategies for patients.

Dr. Yglésio's academic formation is also significant. He holds a Ph.D. in Experimental Pathophysiology, which already places him on a different level from the ordinary clinical practitioner. That training reflects exposure to the scientific method, structured investigation, and the rigorous analysis of disease mechanisms and therapeutic intervention. In medicine, this kind of foundation is highly relevant when evaluating whether someone is capable of making original contributions to a field rather than simply applying existing knowledge. In my view, Dr. Yglésio clearly falls into the former category

What I find particularly important in his case is his involvement in research and clinical development of metabolic surgery for type 2 diabetes, including the use of duodenojejunal exclusion. This subject has clear medical importance because it touches on one of the most relevant and globally debated areas in metabolic intervention: the role of gastrointestinal surgical modification in glycemic control and diabetes treatment. Contributions in this area are not marginal. They go directly to the center of how the field has evolved over time. A physician who helps advance discussion and practice in this

space is contributing to an area of substantial international relevance.

I also understand that Dr. Yglésio's scientific work has been recognized through peer-reviewed publication and subsequent citation in the surgical literature. In my field, citations are meaningful not as a superficial metric but because they indicate whether other physicians and researchers have found the work sufficiently relevant to reference it in their own academic work. That kind of recognition is especially important in specialized medical disciplines, where the literature is shaped by a relatively concentrated and technically demanding community. When work continues to be cited, it is often because it offered something useful, original, or clinically important. In Dr. Yglésio's case, that pattern is consistent with the significance of his contributions.

Another point worth emphasizing is that Dr. Yglésio combines research involvement with real clinical grounding. In surgery, that combination carries special weight. It is one thing to participate in academic discussion from a distance. It is another to understand surgical disease, intervention, and outcomes from within actual clinical practice. Dr. Yglésio's profile reflects both dimensions. That makes his work more credible, more durable, and more useful to the field as a whole.

For purposes of this petition, my recommendation is based principally on Dr. Yglésio's record as a physician, surgeon, and researcher. In my opinion, he demonstrates the kind of sustained excellence and original contribution that the EB-1A category is intended to recognize. He has advanced academic training, involvement in meaningful research, clinically relevant scientific work, and a profile that reflects distinction within the field of digestive and metabolic surgery. These qualities, taken together, place him well above the ordinary professional level.

For these reasons, I strongly and unequivocally support Dr. Yglésio Luciano Moyses Silva de Souza's application under the EB-1A category. I am confident that his continued work in medicine, surgical science, and innovation will be of substantial value to the United States.

Sincerely,

A handwritten signature in black ink, appearing to read "Manoel Galvão Neto". The signature is fluid and cursive, with the first name "Manoel" being the most prominent.

Dr. Manoel Galvão Neto, MD, MSc, FASGE, IFASMBS
Orlando Health Weight Loss and Bariatric Surgery Institute
Orlando, Florida, USA
Phone: +1 (351) 201-4617
Email: manoel.galvaoneto@orlandohealth.com
LinkedIn: [linkedin.com/in/galvaon](https://www.linkedin.com/in/galvaon)



 *Medical Group Member*

Manoel Galvao Neto, MD, MsC, FASGE, IFASBMS - Bariatric Surgery (Weight Loss Surgery)

Surgery - Weight Loss (Bariatrics), Weight Loss Surgery (Bariatrics), Bariatric Endoscopy

 Talk to a Representative

 Call Me Back

Orlando Health Weight Loss and Bariatric Surgery Institute

Address: 89 W. Copeland Drive

1st Floor

Orlando, FL 32806

Call: [\(321\) 843-8900](tel:(321)843-8900)

Fax: [\(321\) 843-8916](tel:(321)843-8916)

Office Hours:

Monday - Thursday, 8:30 am - 5:00 pm

Friday, 8:30 am - 3:00 pm

Overview 

Bio

Dr. Manoel Galvao Neto is a physician specializing in bariatric and metabolic endoscopy with the Orlando Health Weight Loss and Bariatric Surgery Institute. He and his team work with patients to help them lose weight through nonsurgical procedures, minimally invasive surgery and lifestyle changes. His expertise includes:

- Endobariatric therapy (endoscopic sleeve gastropasty and intragastric balloons)
- Endoscopic treatment of weight recidivism and insufficient weight loss
- Endoscopic solutions to bariatric surgery complications
- Magnetic bowel anastomosis
- Endoscopic treatment of type 2 diabetes
- Esophageal motility
- Clinical trials
- Surgical and laparoscopic training
- Teleproctoring and telementoring

Dr. Galvao is the co-creator of bariatric endoscopy, which helps patients lose weight without surgery or scars. He uses unique endoscopic solutions and procedures to help solve bariatric surgery complications that have become the gold standard in the field and helped avoid numerous revisional surgeries.

Dr. Galvao believes in patient-centric care that prioritizes individual needs, preferences and values. He uses active communication and shared decision-making and fosters a partnership to empower patients to manage their health.

Dr. Galvao's Training

He earned a master's degree in digestive surgery from Sao Paulo University and received his medical training from the Bahiana School of Medicine in Bahia, Brazil. Dr. Galvao completed residencies in digestive surgery and digestive endoscopy at the 9th of July Hospital in São Paulo, Brazil.

About Dr. Galvao

Dr. Galvao is a member of the American Society for Gastrointestinal Endoscopy, American Society for Metabolic and Bariatric Surgery, Association of Bariatric Endoscopy, International Federation for the Surgery of Obesity and Metabolic Disorders, Brazilian Society of Gastrointestinal Endoscopy and Brazilian Society of Metabolic and Bariatric Surgery. He has served on numerous committees and has held many leadership positions in professional organizations.

In 2015, Dr. Galvao was awarded the Surgical Innovator Award by the American Society of Metabolic and Bariatric Surgery. It marked the first time it was awarded to a medical professional who isn't American.

Dr. Galvao has been actively involved, often as lead endoscopist, in several groundbreaking clinical trials because of first-time human participation. He participated in a recent US trial using endoscopic suturing, which he helped develop. That led the Food and Drug Administration to approve the method.

Dr. Galvao serves as a journal reviewer for *Obesity Surgery*, *Surgery for Obesity and Related Diseases*, *Surgical Laparoscopy*, *Endoscopic Percutaneous Technologies* and *Bariatric Times*, and he has reviewed hundreds of manuscripts. He has edited four books in Portuguese, Spanish and English. Dr. Galvao has written more than 200 peer-reviewed articles and hundreds of book chapters.

Dr. Galvao's prolific work in the area of endoluminal surgery includes an ongoing desire to teach medical students and his peers. He has been a course director and faculty member in bariatric endoscopy courses for many medical and surgical societies. Dr. Galvao is a professor of surgery and gastroenterology at Sri Aurobindo Medical College in India. He was a visiting professor at Mayo Clinic and the Chinese University of Hong Kong. He also was a visiting consultant for the Ministry of Health in Kuwait and United Arab Emirates.

Outside of work, Dr. Galvao enjoys running. He is fluent in Portuguese and Spanish, as well as English.

Academic Information



STATE OF MARANHÃO
LEGISLATIVE ASSEMBLY OF MARANHÃO
ESTABLISHED ON FEBRUARY 16, 1835
LEGISLATIVE DIRECTORATE

DECLARATION

I hereby DECLARE, for all due purposes, that the Honorable Deputy Dr. Yglésio Moisés submitted, during the years 2019, 2020, 2021, 2022, 2023, 2024, and 2025, within the scope of the Legislative Assembly of the State of Maranhão, the following legislative proposals that were enacted into law, as described below:

LEGISLATIVE PROPOSALS INITIATED BY
DEPUTY Dr. YGLÉSIO
YEAR 2019

| PROPOSAL | SUMMARY | FINAL STATUS |
|--------------------------|---|---|
| Bill No. 095/2019 | Establishes the requirement for emergency buttons on public buses and provides other provisions. | Published in the Official Gazette No. 194, 10/10/2019 Law No. 11.125, dated October 9, 2019 |
| Bill No. 250/2019 | Establishes state guidelines for the implementation, by a multidisciplinary team, of palliative care for patients with life-threatening illnesses, ensuring comprehensive healthcare for these individuals and their families. | Published in the Official Gazette No. 191, 10/07/2019 Law No. 11.123, dated October 7, 2019 |
| Bill No. 318/2019 | Amends and adds provisions to Law No. 10.813 of March 20, 2018, which sets out state guidelines for encouraging, supporting, and promoting the local development of startups; renumbers the articles and provides other provisions. | Published in the Official Gazette No. 190, 10/04/2019 Law No. 11.119, dated October 3, 2019 |
| Bill No. 375/2019 | Establishes state guidelines for informational and palliative actions regarding fibromyalgia, and provides other provisions. | Published in the Official Gazette No. 226, 11/27/2019 Law No. 11.177, dated November 26, 2019 |
| Bill No. 382/2019 | Provides for the promotion of healthy eating and mandates the exclusion of ultra-processed and sugary foods in public and private schools within the State of Maranhão. | Published in the Official Gazette No. 242, 12/19/2019 Law No. 11.196, dated December 19, 2019 |



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|--------------------------|---|---|
| Bill No. 383/2019 | Amends State Law No. 11.056 of 2019 by establishing priority service for diabetic patients in laboratories throughout the State of Maranhão. | Published in Official Gazette No. 048, 03/12/2020 Law No. 11.219, dated March 12, 2020 |
| Bill No. 384/2019 | Waives the requirement for stamps on prescriptions, medical reports, and certificates for the purchase of medications within the State of Maranhão, and provides other provisions. | Published in Official Gazette No. 061, 03/31/2020 Law No. 11.248, dated March 31, 2020 |
| Bill No. 421/2019 | Grants the City of São João dos Patos – MA the title of State Capital of Embroidery. | Published in Official Gazette No. 046, 03/10/2020 Law No. 11.218, dated March 10, 2020 |
| Bill No. 522/2019 | Prohibits the sale, import, and advertising of electronic cigarettes within the State of Maranhão. | Published in Official Gazette No. 062, 04/01/2020 Law No. 11.253, dated April 1, 2020 |
| Bill No. 530/2019 | Establishes state guidelines for informational and palliative actions concerning inflammatory bowel diseases and care for individuals living with these conditions, and provides other provisions. | Published in Official Gazette No. 194, 10/19/2020 Law No. 11.364, dated October 19, 2020 |
| Bill No. 651/2019 | Establishes state guidelines for informational and palliative actions regarding Rett Syndrome, and provides other provisions. | Published in Official Gazette No. 078, 04/27/2021 Law No. 11.453, dated April 27, 2021 |
| Bill No. 656/2019 | Provides for the public disclosure of the prohibition of electronic cigarettes and similar products in the State of Maranhão by commercial establishments that sell or distribute tobacco products. | Published in Official Gazette No. 183, 10/01/ 2020 Law No. 11.345, dated September 29, 2020 |



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| Bill No. 659/2019 | Establishes the requirement for integrity programs in companies contracting with the public administration of the State of Maranhão and provides other provisions. | Legislative Assembly Bulletin (D. ALEMA) No. 075, 05/04/2021 Law No. 11.463, dated May 4, 2021 Promulgated by the Legislative Assembly of Maranhão (ALEMA) |
|--------------------------|--|--|

LEGISLATIVE PROPOSALS INITIATED BY
REPRESENTATIVE Dr. YGLÉSIO
YEAR 2020

| PROPOSAL | SUMMARY | FINAL STATUS |
|---|---|---|
| Bill No. 015/2020 | Amends State Ordinary Law No. 11.091 of 2019, which provides for accessibility in portable chemical restrooms in the State of Maranhão. | Published in Official Gazette No. 222, 11/29/2021 Law No. 11.596, dated November 29, 2021 |
| Bill No. 044/2020 | Establishes the State Private Investigator Day. | Published in Official Gazette No. 183, 10/01/2020 Law No. 11.348, dated September 29, 2020 |
| <u>Bill No. 081/2020 – Ordinary Bill</u> | SUSPENDS DEADLINES RELATED TO PUBLIC SERVICE ENTRANCE EXAMS DUE TO THE COVID-19 (CORONAVIRUS) PANDEMIC. | Promulgated as Law No. 11.270/2020 Published in Official Gazette No. 100, 06/01/2020 |
| Bill No. 099/2020 | Establishes guidelines to address the state of public calamity resulting from the COVID-19 (coronavirus) pandemic within the State of Maranhão. | Published in Official Gazette No. 102, 06/03/2020 Law No. 11.273, dated June 3, 2020 |
| Bill No. 144/2020 | DECLARES THE ASSOCIATION OF PARENTS AND STUDENTS OF EDUCATIONAL INSTITUTIONS OF MARANHÃO, HEADQUARTERED IN SÃO LUÍS, TO BE OF PUBLIC UTILITY. | Published in Official Gazette No. 229, 12/10/2020 Law No. 11.373, dated December 10, 2020 |



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LEGISLATIVE DIRECTORATE

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| <u>PLO 174/2020</u> <u>Ordinary Bill</u> | AMENDS STATE ORDINARY LAW NO. 11.259 OF MAY 14, 2020, WHICH PROVIDES FOR TUITION DISCOUNTS AT EDUCATIONAL INSTITUTIONS DURING THE SUSPENSION OF ACTIVITIES DUE TO COVID-19. | Enacted into law by promulgation Law No. 11.299/2020 |
| Bill No. 187/2020 | Establishes the obligation for private educational institutions to promote socio-emotional support activities upon returning from social isolation due to the COVID-19 pandemic, within the State of Maranhão. | Published in Official Gazette No. 137, 07/27/2020 Law No. 11.301, dated July 22, 2020 Promulgated by the ALEMA |
| Bill No. 329/2020 | DECLARES THE CENTER FOR MEDIUMISTIC STUDIES OF MARANHÃO TO BE OF PUBLIC UTILITY. | PROMULGATED AS LAW NO. 11.375/2020 PUBLISHED IN OFFICIAL GAZETTE NO. 229, 12/10/2020 |

LEGISLATIVE PROPOSALS INITIATED BY
DEPUTY Dr. YGLÉSIO
YEAR 2021

| PROPOSAL | SUMMARY | FINAL STATUS |
|---|---|--|
| LEGISLATIVE PROPOSALS | | |
| <u>PLO 007/2021 -</u> <u>Ordinary Bill</u> | ESTABLISHES PRIORITY SERVICE FOR ORPHANS AND INDIVIDUALS WHO HAVE EXITED ORPHANAGES OR NON-PROFIT PUBLIC OR PRIVATE COLLECTIVE INSTITUTIONS IN PUBLIC OR PUBLICLY SUBSIDIZED HOUSING PROGRAMS FUNDED BY THE GOVERNMENT OF THE STATE OF MARANHÃO, AND PROVIDES OTHER PROVISIONS. | Published in Official Gazette No. 096, 05/21/2021 Law No. 11.482, dated May 20, 2021 |



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| <p style="text-align: center;"><u>PLO - 008/2021 - Ordinary Bill Project</u></p> | <p>ESTABLISHES THE STATE DAY FOR THE FIGHT AGAINST PENILE CANCER.</p> | <p>Official Gazette: No. 103 – 06/01/2021 Law No. 11.490, dated June 1, 2021</p> |
| <p style="text-align: center;"><u>PLO - 047/2021 - Ordinary Bill Project</u></p> | <p>AMENDS STATE ORDINARY LAW NO. 11.136 OF OCTOBER 22, 2019, WHICH ESTABLISHED THE “STATE ZERO WASTE WEEK” IN THE STATE OF MARANHÃO.</p> | <p>Official Gazette: No. 083 – 05/04/2021 Law No. 11.459, dated May 3, 2021</p> |
| <p style="text-align: center;"><u>PLO - 195/2021 - Ordinary Bill Project</u></p> | <p>PROVIDES FOR THE RIGHT TO HEALTH CARE FOR WOMEN WHO EXPERIENCE GESTATIONAL LOSS IN THE STATE OF MARANHÃO.</p> | <p>Official Gazette: No. 145 – 08/03/2021 Law No. 11.519, dated August 2, 2021</p> |
| <p style="text-align: center;"><u>PLO - 266/2021 - Ordinary Bill Project</u></p> | <p>ESTABLISHES MARCH AS THE MONTH FOR AWARENESS ON PHYSICALLY HARMFUL “PRANKS” IN THE PUBLIC AND PRIVATE EDUCATION SYSTEM WITHIN THE STATE OF MARANHÃO, AND PROVIDES OTHER PROVISIONS.</p> | <p>Official Gazette: No. 223 – 11/30/2021 Law No. 11.603, dated November 30, 2021</p> |
| <p style="text-align: center;"><u>PLO - 299/2021 - Ordinary Bill Project</u></p> | <p>ADDS TO THE CIVIC CALENDAR OF THE STATE OF MARANHÃO THE STATE MONTH FOR THE FIGHT AGAINST ORAL CANCER.</p> | <p>Official Gazette: No. 205 – 11/03/2021 Law No. 11.577, dated November 1, 2021</p> |
| <p style="text-align: center;"><u>PLO - 382/2021 - Ordinary Bill Project</u></p> | <p>AMENDS STATE ORDINARY LAW NO. 10.790 OF DECEMBER 4, 2017, WHICH INSTITUTES APRIL 4 AS THE STATE DAY OF ANIMAL PROTECTORS IN THE STATE OF MARANHÃO.</p> | <p>Official Gazette: No. 204 – 10/29/2021 Law No. 11.574, dated October 29, 2021</p> |
| <p style="text-align: center;"><u>PLO - 406/2021 - Ordinary Bill Project</u></p> | <p>ESTABLISHES THE STATE DAY OF SKATEBOARDING PRACTITIONERS.</p> | <p>Official Gazette: No. 196 – 10/19/2021 Law No. 11.563, dated October 19, 2021</p> |



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LEGISLATIVE PROPOSALS INITIATED BY
REPRESENTATIVE Dr. YGLÉSIO
YEAR 2022

| PROPOSAL | SUMMARY | FINAL STATUS |
|---|---|--|
| LEGISLATIVE PROPOSALS | | |
| <u>PLO - 143/2022 - ORDINARY BILL PROJECT</u> | DECLARES THE SOCIEDADE ESPORTIVA ATLÂNTICO (ATLÂNTICO SPORTS SOCIETY) TO BE OF PUBLIC UTILITY. | ORDINARY BILL No. 11.695, OF MAY 11, 2022. OFFICIAL GAZETTE: No. 087 05/11/2022 |
| <u>PLO - 181/2022 - ORDINARY BILL PROJECT</u> | DECLARES THE INSTITUTO TRANSFORMAR TO BE OF PUBLIC UTILITY. | Law No. 11.737, dated May 31, 2022 Official Gazette: No. 101 – 05/31/2022 |
| <u>BILL No. 206/2022</u> | PROVIDES FOR THE CONDITIONS FOR SUSPENSION OR CANCELLATION OF REGISTRATION IN THE STATE DEBTORS' REGISTRY (CEI), ESTABLISHED BY STATE LAW NO. 6.690/1996, AND PROVIDES OTHER PROVISIONS. | ORDINARY BILL No. 11.729, of MAY 25, 2022 Official Gazette: No. 097 – 05/25/2022 |
| <u>BILL No. 368/2022</u> | Amends State Law No. 11.344 of 2020, which prohibits the sale of substances composed of ground glass and glue (cerol), as well as thread coated with ground quartz, cotton, and aluminum oxide, or any other material used in kite flying that contains cutting elements. | Law No. 11.821, dated September 12, 2022 Official Gazette: No. 170 – 09/13/2022 |



STATE OF MARANHÃO
LEGISLATIVE ASSEMBLY OF MARANHÃO
ESTABLISHED ON FEBRUARY 16, 1835
LEGISLATIVE DIRECTORATE

LEGISLATIVE PROPOSALS INITIATED BY
REPRESENTATIVE Dr. YGLÉSIO
YEAR 2023

| PROPOSAL | SUMMARY | FINAL STATUS |
|---|--|---|
| LEGISLATIVE PROPOSALS | | |
| <u>PLO - 006/2023 - Ordinary Bill Project</u> | ESTABLISHES BIOLOGICAL SEX AS THE CRITERION FOR DETERMINING ATHLETES' GENDER IN PROFESSIONAL SPORTS COMPETITIONS IN THE STATE. | Law No. 12.375 , dated August 12, 2024 (Law promulgated by ALEMA) Official Gazette: No. 156 – 08/16/2024 |
| <u>PLO - 61/2023 - Ordinary Bill Project</u> | DECLARES THE DIVINE HOLY SPIRIT OF FREEDOM CULTURAL CENTER TO BE OF PUBLIC UTILITY. | Law No. 11.912 , dated April 10, 2023 Official Gazette: No. 06 04/10/2023 |
| <u>PLO - 161/2023 - Ordinary Bill</u> | DECLARES THE FLUMINENSE CULTURAL FOUNDATION - FUNCOL TO BE OF PUBLIC UTILITY. | Law No. 11.942 , dated May 16, 2023 Official Gazette: No. 090 05/16/2023 |
| <u>PLO - 342/2023 - Ordinary Bill</u> | ESTABLISHES JUNE 24 AS CRANIOSYNOSTOSIS AWARENESS DAY IN THE STATE OF MARANHÃO. | Law No. 11.821 , dated September 12, 2022 Official Gazette: No. 170 – 09/13/2022 |
| <u>PLO - 514/2023 - Ordinary Bill Project</u> | DECLARES THE MOTHERS' CLUB OF THE MORADA DO BOSQUE I AND II RESIDENTIAL COMPLEX) TO BE OF PUBLIC UTILITY. | ORDINARY BILL No. 12.090 , dated OCTOBER 11, 2023 Official Gazette: No. 190 10/16/2023 |
| <u>PLO - 516/2023 - Ordinary Bill Project</u> | DECLARES THE RESIDENTS' ASSOCIATION OF VILA RESIDENCIAL NOVA CANAÃ TO BE OF PUBLIC UTILITY. | ORDINARY BILL No. 12.102 , dated OCTOBER 17, 2023 Official Gazette: No. 191 10/17/2023 |



STATE OF MARANHÃO
LEGISLATIVE ASSEMBLY OF MARANHÃO
ESTABLISHED ON FEBRUARY 16, 1835
LEGISLATIVE DIRECTORATE

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| <u>PLO - 667/2023 - Ordinary Bill Project</u> | Declares the Moto Club Sports Club of São Luís to be of Public Utility. | Law No. 12.179 , dated December 27, 2023 Official Gazette: No. 237, 12/27/2023 |
| <u>PLO - 725/2023 - Ordinary Bill Project</u> | Declares the Dream Workshop Institute to be of Public Utility. | Law No. 12.204 , dated January 22, 2024 Official Gazette: No. 015 01/22/2024 |

LEGISLATIVE PROPOSALS INITIATED BY REPRESENTATIVE Dr. YGLÉSIO YEAR 2024

| PROPOSAL | SUMMARY | FINAL STATUS |
|---|--|--|
| LEGISLATIVE PROPOSALS | | |
| <u>PLO - 029/2024 - Ordinary Bill Project</u> | DECLARES THE INSTITUTO SIMPLÍCIO OLIVEIRA TO BE OF PUBLIC UTILITY. | Law No. 12.218 , dated March 6, 2024 Official Gazette: No. 044 – 03/06/2024 |
| <u>PLO - 342/2024 -</u> | ESTABLISHES JUNE 24 AS CRANIOSYNOSTOSIS AWARENESS DAY IN THE STATE OF MARANHÃO. | Law No. 12.340 , dated July 8, 2024 Official Gazette: No. 127, 07/08/2024 |
| <u>PLO - 350/2024 - Ordinary Bill</u> | Declares the Residents' Association of Vila Isabel Cafeteira, headquartered and registered in the city of São Luís, State of Maranhão, to be of Public Utility. | Law No. 12.403 , dated September 17, 2024 Official Gazette: No. 177, 09/17/2024 |
| <u>PLO - 460/2024 - Ordinary Bill</u> | PROVIDES FOR THE ACCEPTANCE OF MEDICAL EXAM AND THERAPY REFERRALS MADE BY PRIVATE HEALTHCARE PROFESSIONALS AT THE APPOINTMENT CENTERS AND HEALTH SERVICE UNITS OF THE PUBLIC HEALTHCARE SYSTEM IN THE STATE OF MARANHÃO. | Law No. 12.481 , dated February 12, 2025 Official Gazette: No. 034, 02/14/2025 |



STATE OF MARANHÃO
LEGISLATIVE ASSEMBLY OF MARANHÃO
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LEGISLATIVE DIRECTORATE

LEGISLATIVE PROPOSALS INITIATED BY
REPRESENTATIVE Dr. YGLÉSIO
YEAR 2025

| PROPOSAL | SUMMARY | FINAL STATUS |
|---|--|--|
| LEGISLATIVE PROPOSALS | | |
| <u>PLO - 110/2025 - Ordinary Bill Project</u> | Declares the Instituto El Shadday, headquartered and registered in the City of São Luís, State of Maranhão, to be of public utility. | Law No. 12.524 , dated March 31, 2025 Official Gazette: No. 059, 03/31/2025 |
| <u>PLO - 111/2025 - Ordinary Bill Project</u> | Declares the NOVARE SAUDE Institute, headquartered and registered in the Municipality of São Luís, State of Maranhão, to be of public utility. | Law No. 12.525 , dated March 31, 2025 Official Gazette: No. 059, 03/31/2025 |

This declaration is issued at the request of the interested representative, based on official records from the Legislative Directorate.

Committee Room "Deputado Léo Franklin", of the Legislative Assembly of the State of Maranhão, on April 25, 2025.


Filipe Branco Santos
Legislative Director of ALEMA


Maneton Antunes de Macedo
Deputy Legislative Director of ALEMA

I, Marina Viana Silva, certify that I, a qualified translator fluent in both languages, have performed the professional translation of this document from Portuguese to English and that the following is an accurate and complete translation of the document.

Marina Viana

Date: May 21, 2025.



ESTADO DO MARANHÃO
ASSEMBLEIA LEGISLATIVA DO MARANHÃO
INSTALADA EM 16 DE FEVEREIRO DE 1835
DIRETORIA LEGISLATIVA

DECLARAÇÃO

DECLARO, para os devidos fins, que o Senhor Deputado Doutor Yglésio Moises apresentou nos anos de 2019, 2020, 2021, 2022, 2023, 2024 e 2025, no âmbito das Assembleia Legislativa do Estado do Maranhão, as seguintes proposições que foram transformadas em Lei, nos termos seguintes:

**PROPOSIÇÕES DE INICIATIVA DO
DEPUTADO Dr. YGLÉSIO
ANO/2019**

| PROPOSIÇÃO | EMENTA | SITUAÇÃO FINAL |
|-----------------------------------|--|--|
| Projeto de Lei Nº 095/2019 | Dispõe sobre obrigatoriedade de botão de emergência em ônibus coletivos e dá outras providências. | D.O. nº 194 – 10.10.2019 Lei nº 11.125, de 09 de outubro de 2019. |
| Projeto de Lei Nº 250/2019 | Estabelece diretrizes estaduais para a implementação por uma equipe multidisciplinar de cuidados paliativos direcionados aos pacientes com doenças ameaçadoras a vida, que consistem na atenção integral a saúde dessas pessoas e dos seus familiares. | D.O. nº 191 – 07.10.2019 Lei nº 11.123, de 07 de outubro de 2019. |
| Projeto de Lei Nº 318/2019 | Altera e acresce dispositivos a lei 10.813 de 20 de março de 2018, que dispõe sobre as diretrizes estaduais de estímulo, incentivo e promoção ao desenvolvimento local de startups, os renumera, e dá outras providências. | D.O. nº 190 – 04.10.2019 Lei nº 11.119, de 03 de outubro de 2019. |
| Projeto de Lei Nº 375/2019 | Estabelece as diretrizes estaduais para as ações informativas e paliativas sobre a fibromialgia, e dá outras providências | D.O. nº 226 – 27.11.2019 Lei nº 11.177, de 26 de novembro de 2019. |
| Projeto de Lei Nº 382/2019 | Dispõe sobre a promoção de alimentação saudável e determina a exclusão de alimentos ultra | D.O. nº 242 – 19.12.2019 Lei nº 11.196, de 19 de dezembro de 2019. |



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DIRETORIA LEGISLATIVA

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| | processados e açucarados nas escolas públicas e particulares no âmbito do Estado Do Maranhão. | |
| Projeto de Lei Nº 383/2019 | Altera a Lei Estadual 11.056 de 2019, criando a prioridade de atendimento para diabéticos em laboratórios e no estado do maranhão. | D.O. nº 048 – 12.03.2020 Lei nº 11.219, de 12 de março de 2020. |
| Projeto de Lei Nº 384/2019 | Dispensa a necessidade de carimbos em prescrições, relatórios e atestados médicos para aquisição de medicamentos no estado do maranhão e dá outras providências. | D.O. nº 061 – 31.03.2020 Lei Nº 11.248, de 31 de Março de 2020. |
| Projeto de Lei Nº 421/2019 | Confere ao Município de São João dos Patos - MA o título de capital estadual dos bordados. | D.O. nº 046 – 10.03.2020 Lei nº 11.218, de 10 de março de 2020. |
| Projeto de Lei nº 522/2019 | Dispõe sobre a proibição da comercialização, importação e publicidade de cigarros eletrônicos no estado do maranhão. | D.O. nº 062– 01.04.2020 Lei nº 11.253, de 1º de abril de 2020. |
| Projeto de Lei nº 530/2019 | Estabelece as diretrizes estaduais para as ações informativas e paliativas sobre as doenças inflamatórias intestinais e assistência aos portadores, e dá outras providências. | D.O. nº 194 – 19.10.2020 Lei nº 11.364, de 19 de outubro de 2020. |
| Projeto de Lei Nº 651/2019 | Estabelece As Diretrizes Estaduais Para As Ações Informativas E Paliativas Sobre A Síndrome De Rett, E Dá Outras Providências | D.O. nº 078 – 27.04.2021 Lei nº 11.453, de 27 de abril de 2021. |
| Projeto de Lei nº 656/2019 | Dispõe sobre a Publicização da Proibição de Cigarros Eletrônicos e Similares no Estado do Maranhão pelos estabelecimentos comerciais que vendam ou distribuam Fumígenos. | D.O. nº 183 – 1º.10.2020 Lei nº 11.345, de 29 de setembro de 2020. |



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DIRETORIA LEGISLATIVA

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| PROJETO DE LEI Nº 659/2019 | institui a obrigatoriedade de programas de integridade nas empresas que contratem com a administração pública do estado do maranhão e dá outras providências. | D. ALEMA. nº 075 – 04.05.2021 Lei nº 11.463, de 04 de maio de 2021. Promulgada pela ALEMA. |
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**PROPOSIÇÕES DE INICIATIVA DO
DEPUTADO Dr. YGLÉSIO
ANO / 2020**

| PROPOSIÇÃO | EMENTA | SITUAÇÃO FINAL |
|--|---|--|
| Projeto de Lei Nº 015/2020 | Altera a Lei Ordinária Estadual Nº11.091 de 2019, que Dispõe sobre Acessibilidade em Banheiros Químicos no Âmbito do Estado do Maranhão. | D.O. nº 222 – 29.11.2021 LEI Nº 11.596 DE 29 DE NOVEMBRO DE 2021. |
| Projeto de Lei Nº 044/2020 | Cria o Dia Estadual do Investigador Particular. | D.O. nº 183 – 1º.10.2020 Lei nº 11.348, de 29 de setembro de 2020. |
| <u>PLO 81/2020 - Projeto de Lei Ordinária</u> | SUSPENDE OS PRAZOS RELATIVOS AOS CONCURSOS PÚBLICOS, EM RAZÃO DA PANDEMIA DO COVID-19 (CORONAVÍRUS). | Promulgada pela Lei nº 11.270/20, publicado no D.O nº 100 de 01/06/2020. |
| Projeto de Lei Nº 099/2020 | Dispõe sobre as diretrizes para o enfrentamento do estado de calamidade pública decorrente da pandemia da covid-19/CORONAVÍRUS, no âmbito do Estado do Maranhão. | D.O. nº 102 – 03.06.2020 Lei nº 11.273, de 03 de junho de 2020. |
| Projeto de Lei nº 144/2020 | CONSIDERA DE UTILIDADE PÚBLICA A ASSOCIAÇÃO DOS PAIS E ALUNOS DAS INSTITUIÇÕES DE ENSINO DO MARANHÃO, COM SEDE E FORO NO MUNICÍPIO DE SÃO LUÍS, NO ESTADO DO MARANHÃO | D.O. nº 229 – 10.12.2020 Lei nº 11.373, de 10 de dezembro de 2020. |
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DIRETORIA LEGISLATIVA

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| <u>PLO 174/2020 - Projeto de Lei Ordinária</u> | ALTERA A LEI ORDINÁRIA ESTADUAL Nº 11.259 DE 14 DE MAIO DE 2020, QUE DISPÕE SOBRE OS DESCONTOS NAS MENSALIDADES DAS INSTITUIÇÕES DE ENSINO DURANTE A SUSPENSÃO DAS ATIVIDADES EM VIRTUDE DA COVID-19. | Proposição transformada em lei por promulgação - <u>Lei Ordinária - 11299/2020</u> |
| Projeto de Lei Nº 187/2020 | Institui a obrigatoriedade às Instituições Particulares de Ensino de Promover atividade de acolhimento socioemocional no retorno do isolamento social da Pandemia COVID-19, no âmbito do Estado do Maranhão. | D.O. nº 137 – 27.07.2020 Lei nº 11.301, de 22 de julho de 2020. (Lei Promulgada pela ALEMA) |
| Projeto de Lei nº 329/2020 | CONSIDERA DE UTILIDADE PÚBLICA O CENTRO DE ESTUDOS MEDIÚNICOS DO MARANHÃO. | PROMULGADA PELA LEI Nº 11.375/20, PUBLICADA NA D.O Nº 229 DE 10/12/2020. |

**PROPOSIÇÕES DE INICIATIVA DO
DEPUTADO DOUTOR YGLÉSIO MOISES
ANO/2021**

| PROPOSIÇÃO | EMENTA | SITUAÇÃO FINAL |
|---|--|--|
| PROJETO DE LEI | | |
| <u>PLO 7/2021 - Projeto de Lei Ordinária</u> | DISPÕE SOBRE A PRIORIDADE DE ATENDIMENTO AOS ÓRFÃOS E ABRIGADOS EGRESSOS DE ORFANATO OU INSTITUIÇÃO COLETIVA PÚBLICA OU PRIVADA SEM FINS LUCRATIVOS NOS PROGRAMAS HABITACIONAIS, PÚBLICOS OU SUBSIDIADOS COM RECURSOS PÚBLICOS DO GOVERNO DO ESTADO DO | D.O. nº 096 – 21.05.2021 Lei nº 11.482, de 20 de maio de 2021. |



ESTADO DO MARANHÃO
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DIRETORIA LEGISLATIVA

| | MARANHÃO E DÁ OUTRAS PROVIDÊNCIAS. | |
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| <u>PLO 8/2021 - Projeto de Lei Ordinária</u> | CRIA O DIA ESTADUAL DE COMBATE AO CÂNCER DE PÊNIS. | D.O. nº 103 – 01.06.2021 Lei nº 11.490, de 01 de junho de 2021. |
| <u>PLO 47/2021 - Projeto de Lei Ordinária</u> | ALTERA A LEI ORDINÁRIA ESTADUAL Nº 11.136, DE 22 DE OUTUBRO DE 2019, QUE INSTITUI A "SEMANA ESTADUAL DO LIXO ZERO", NO ESTADO DO MARANHÃO. | D.O. nº 083 – 04.05.2021 Lei nº 11.459, de 03 de maio de 2021. |
| <u>PLO 195/2021 - Projeto de Lei Ordinária</u> | DISPÕE SOBRE O DIREITO À SAÚDE DAS MULHERES QUE PASSEM POR PERDAS GESTACIONAIS NO ESTADO DO MARANHÃO. | D.O. nº 145 – 03.08.2021 LEI Nº 11.519 DE 02 DE AGOSTO DE 2021. |
| <u>PLO 266/2021 - Projeto de Lei Ordinária</u> | INSTITUI MARÇO COMO MÊS DE CONSCIENTIZAÇÃO SOBRE BRINCADEIRAS DE POTENCIAL LESÃO OFENSIVA FÍSICA NO SISTEMA DE ENSINO PÚBLICO E PRIVADO, NO ÂMBITO DO ESTADO DO MARANHÃO E DÁ OUTRAS PROVIDÊNCIAS. | D.O. nº 223 – 30.11.2021 LEI Nº 11.603 DE 30 DE NOVEMBRO DE 2021. |
| <u>PLO 299/2021 - Projeto de Lei Ordinária</u> | INCLUI NO CALENDÁRIO CÍVICO DO ESTADO DO MARANHÃO O MÊS ESTADUAL DE COMBATE AO CÂNCER DE BOCA. | D.O. nº 205 – 03.11.2021 LEI Nº 11.577 DE 01 DE NOVEMBRO DE 2021. |
| <u>PLO 382/2021 - Projeto de Lei Ordinária</u> | ALTERA A LEI ORDINÁRIA ESTADUAL Nº 10.790, DE 4 DE DEZEMBRO DE 2017, QUE "INSTITUI O DIA 4 DE ABRIL COMO O DIA ESTADUAL DOS PROTETORES DOS ANIMAIS.", NO ESTADO DO MARANHÃO. | D.O. nº 204 – 29.10.2021 LEI Nº 11.574 DE 29 DE OUTUBRO DE 2021. |
| <u>PLO 406/2021 - Projeto de Lei Ordinária</u> | CRIA O DIA ESTADUAL DOS PRATICANTES DE SKATEBOARDING. | D.O. nº 196 – 19.10.2021 LEI Nº 11.563 DE 19 DE OUTUBRO DE 2021. |



ESTADO DO MARANHÃO
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PROPOSIÇÕES DE INICIATIVA DO
DEPUTADO DOUTOR YGLÉSIO MOISES
ANO/2022

| PROPOSIÇÃO | EMENTA | SITUAÇÃO FINAL |
|--|--|---|
| PROJETO DE LEI | | |
| PLO Nº 143/2022 PROJETO DE LEI ORDINÁRIA | DECLARA DE UTILIDADE PÚBLICA A SOCIEDADE ESPORTIVA ATLÂNTICO. | LEI ORDINÁRIA Nº 11.695 , de 11 de MAIO de 2022. D.O Nº 087 , de 11/05/2022 . |
| PLO Nº 181/2022 PROJETO DE LEI ORDINÁRIA | DECLARA DE UTILIDADE PÚBLICA O INSTITUTO TRANSFORMAR. | LEI Nº 11.737 , de 31 de Maio de 2022. DOE Nº 101 , de 31/05/2022 . |
| PROJETO DE LEI Nº 206/2022 | DISPÕE SOBRE AS HIPÓTESES DE SUSPENSÃO OU BAIXA DE REGISTRO NO CADASTRO ESTADUAL DE INADIMPLENTES (CEI) INSTITUÍDO PELA LEI ESTADUAL N. 6.690/1996 E DÁ OUTRAS PROVIDÊNCIAS. | LEI ORDINÁRIA Nº 11.729 , de 25 de MAIO de 2022. D.O Nº 097 , de 25/05/2022 . |
| PROJETO DE LEI Nº 368/2022 | Altera a Lei Estadual n.º 11.344 de 2020 que proíbe a comercialização da substância constituída de vidro moído e cola (cerol), além da linha encerada com quartzo moído, algodão e óxido de alumínio (linha chilena), e de qualquer outro produto utilizado na prática de soltar pipas que possua elementos cortantes. | LEI Nº 11.821 , de 12 de Setembro de 2022. DOE Nº 170 , de 13/09/2022 . |



ESTADO DO MARANHÃO
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PROPOSIÇÕES DE INICIATIVA DO
SENHOR DEPUTADO DOUTOR YGLÉSIO
ANO/2023

| PROPOSIÇÃO | EMENTA | SITUAÇÃO FINAL |
|--|---|--|
| PROJETO DE LEI | | |
| <u>PLO 006/2023 - Projeto de Lei Ordinária</u> | ESTABELECE O SEXO BIOLÓGICO COMO CRITÉRIO PARA DEFINIÇÃO DO GÊNERO DOS ESPORTISTAS EM COMPETIÇÕES ESPORTIVAS PROFISSIONAIS NO ESTADO. | LEI Nº 12.375 , de 12 de agosto de 2024. (Lei Promulgada pela ALEMA) DOE Nº 156 , de 16/08/2024 . |
| <u>PLO 61/2023 - Projeto de Lei Ordinária</u> | DECLARA DE UTILIDADE PÚBLICA O CENTRO CULTURAL DIVINO ESPÍRITO SANTO DA LIBERDADE. | LEI Nº 11.912 , de 10 de Abril de 2023. DOE Nº 066 , de 10/04/2023 . |
| <u>PLO 161/2023 - Projeto de Lei Ordinária</u> | DECLARA DE UTILIDADE PÚBLICA A FUNDAÇÃO CULTURAL LUMINENSE - FUNCOL. | LEI Nº 11.942 , de 16 de Maio de 2023. DOE Nº 090 , de 16/05/2023 . |
| <u>PLO 342/2023 - Projeto de Lei Ordinária</u> | INSTITUI O DIA 24 DE JUNHO COMO O DIA DA CONSCIENTIZAÇÃO DA CRANIOSTENOSE, NO ÂMBITO DO ESTADO DO MARANHÃO. | LEI Nº 12,340 , de 08 de julho de 2024. DOE Nº 127 , de 08/07/2024 . |
| <u>PLO 514/2023 - Projeto de Lei Ordinária</u> | DECLARA DE UTILIDADE PÚBLICA O CLUBE DE MÃES DO RESIDENCIAL MORADA DO BOSQUE I E II. | LEI ORDINÁRIA Nº 12.090 , de 11 de OUTUBRO de 2023. DOE Nº 190 , de 16/10/2023 |
| <u>PLO 516/2023 - Projeto de Lei Ordinária</u> | DECLARA DE UTILIDADE PÚBLICA A ASSOCIAÇÃO DOS MORADORES DA VILA RESIDENCIAL NOVA CANAA. | LEI ORDINÁRIA Nº 12.102 , de 17 de OUTUBRO de 2023. DOE Nº 191 , de 17/10/2023 |



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DIRETORIA LEGISLATIVA

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| <u>PLO 667/2023 - Projeto de Lei Ordinária</u> | Declara de Utilidade Pública o Clube Esportivo Moto Club de São Luís. | LEI Nº 12.179 , de 27 de dezembro de 2023. DOE Nº 237 , de 27/12/2023. |
| <u>PLO 725/2023 - Projeto de Lei Ordinária</u> | Declara de Utilidade Pública o Instituto Oficina de Sonhos. | LEI Nº 12.204 , de 22 de janeiro de 2024. DOE Nº 015 , de 22/01/2024. |

PROPOSIÇÕES DE INICIATIVA DO SENHOR DEPUTADO DOUTOR YGLÉSIO ANO/2024

| PROPOSIÇÃO | EMENTA | SITUAÇÃO FINAL |
|---|--|--|
| PROJETO DE LEI | | |
| <u>PLO 029 /2024 - Projeto de Lei Ordinária</u> | DECLARA DE UTILIDADE PÚBLICA O INSTI-TUTO SIMPLÍCIO OLIVEIRA | LEI Nº 12.218 , de 06 de março de 2024. DOE Nº 044 , de 06/03/2024. |
| <u>PLO 342/2024</u> | INSTITUI O DIA 24 DE JUNHO COMO O DIA DE CONSCIENTIZAÇÃO DA CRANIOSTENOSE, NO ÂMBITO DO ESTADO DO MARANHÃO. | LEI Nº 12.340 , de 8 de julho de 2024. DOE Nº 127 , de 8/07/2024. |
| <u>PLO 350/2024 - Projeto de Lei Ordinária</u> | Declara de Utilidade Pública a Associação de Moradores da Vila Isabel Cafeteira, com sede e foro no Município de São Luís, Estado do Maranhão. | LEI Nº 12.403 , de 17 de setembro de 2024. DOE Nº 177 , de 17/09/2024. |
| <u>PLO 460/2024 - Projeto de Lei Ordinária</u> | DISPÕE SOBRE A ACEITAÇÃO DE REQUISIÇÕES MÉDICAS DE EXAMES E TERAPIAS FEITAS POR PROFISSIONAIS DA REDE PARTICULAR NAS | LEI Nº 12.481 , de 12 de fevereiro de 2025. DOE Nº 034 , de 14/02/2025. |



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DIRETORIA LEGISLATIVA

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| | CENTRAIS DE MARCAÇÃO DE CONSULTAS E SERVIÇOS DE SAÚDE DO SISTEMA PÚBLICO DO MARANHÃO. | |
|--|---|--|

PROPOSIÇÕES DE INICIATIVA DO
SENHOR DEPUTADO DOUTOR YGLÉSIO
ANO/2025

| PROPOSIÇÃO | EMENTA | SITUAÇÃO FINAL |
|--|---|--|
| PROJETO DE LEI | | |
| <u>PLO 110/2025 - Projeto de Lei Ordinária</u> | Declara de utilidade pública o Instituto El Shadday, com sede e foro no Município de São Luís, Estado do Maranhão. | LEI Nº 12.524 , de 31 de março de 2025. DOE Nº 059 , de 31/03/2025 . |
| <u>PLO 111/2025 - Projeto de Lei Ordinária</u> | Declara de utilidade pública o Instituto INOVARE SAÚDE, com sede o foro no Município de São Luís, Estado do Maranhão. | LEI Nº 12.525 , de 31 de março de 2025. DOE Nº 059 , de 31/03/2025 . |

A presente declaração é firmada a pedido do parlamentar interessado, com base em registros oficiais da Diretoria Legislativa.

Sala das Comissões "Deputado Léo Franklin" da Assembleia Legislativa do Estado do Maranhão, em 25 de abril de 2025.


Filipe Branco Santos
Diretor Legislativo da ALEMA


Maneton Antunes de Macedo
Diretor Legislativo Adjunto da ALEMA



Search...



History



Examining the history of the Legislative Assembly of the State of Maranhão is, above all, taking a beautiful journey through time and contemplating important episodes in the life of the nation and the State, which marked the country's politics, from the First Empire until reaching the notion of democracy that we have today, whose fundamental principle is the idea that power emanates from the people and is exercised in their name.

The most distant example of this, linked to the state parliament, dates back to the first Brazilian Constitution of 1824, granted by Dom Pedro I, which created the General Councils of the Provinces (at that time, states and municipalities did not yet exist). These bodies lacked legislative powers, but they were responsible for developing projects of specific interest to the region, according to the degree of urgency and need.

Although the Magna Carta came into effect in 1824, the General Council of the Province was only established in Maranhão on December 1, 1829, in one of the upper rooms on the right side of the Main Chapel of the Cathedral, where the Episcopal Palace stands today, in Pedro II Square. The councilors, numbering 21, could not be under 25 years of age.

The General Council of the Province existed for six years, ceasing its activities in 1835 to make way for the Provincial Legislative Assembly, which would last until 1889. With the Assembly came the emergence of provincial deputies. They were elected in two rounds. Their terms were two years. Legislative sessions lasted only two months.

A dedicated building for the Legislative Assembly, which still operated in the Consistory of the Cathedral, was a topic of debate for over half a century. It wasn't until 1885 that the seat of power shifted to the building on Rua do Egito in São Luís's Historic Center, where the Assembly remained for 123 years, with the exception of brief hiatuses when it operated in the Benedito Leite Library and the São Luís City Council due to architectural renovations.

With the coup that overthrew the imperial regime and established the Republic in 1889, the provincial councils began to be called State Congresses. At this stage in history, it is worth noting that the Maranhão Congress, which had emerged under the Republic, indirectly elected the state's first governor, José Lourenço de Sá Albuquerque, who months later would be deposed in an opposition maneuver led by Representative Benedito Leite, with the support of the Army.

From then on, a series of events altered the notion of national identity. Coups and constitutional revisions set the tone for the 20th century, leading to a series of closures and reopenings of the Maranhão Legislative Assembly. The last major upheaval occurred with the 1964 deposition of President João Goulart, which had a profound impact on the Maranhão State Legislative Assembly, resulting in the revocation of mandates, arrests, and threats of torture. In 1984, during the election of state delegates who would vote in the Electoral College to choose President João Figueiredo's successor, the Assembly also experienced moments of unrest, with the presence of security guards armed with machine guns and rifles on its premises, a story that ended up making the front pages of major newspapers and major television networks.

PROTAGONISTS

In these 197 years (1825-2022) of activities, the state parliament had among its members historical figures of recognized intelligence, such as João Lisboa, Sotero dos Reis, Odorico Mendes, Benedito Leite, Genésio Rego, Tarquínio Lopes, Barbosa

de Godois, Viveiros de Castro, Domingos Barbosa, Dunshee de Abranches, Viriato Corrêa, Lino Machado, Rosa Castro, Zuleide Bogéa, Fernando Viana, Orlando Leite and Erasmo Dias, among others.

It is also worth highlighting the names of those who have held the position of president of the Assembly, some of recognized intellectual value and undeniable political articulation skills, others due to the historical events that occurred during their administration. This group includes Dom Marcos Antônio de Sousa (1840-42), a theologian, representative of the courts of Lisbon, and an internationally renowned intellectual; Luís Antônio Vieira da Silva (1860-61), holder of the title of Viscount and author of the book *History of the Independence of Maranhão*; and Gentil Homem de Almeida Braga (1864-65), a public prosecutor, magistrate, journalist, poet, and prose writer, author of *Between Heaven and Earth*.

Also part of this select club are Augusto Olímpio Gomes de Castro (1877), jurist, lawyer, senator of the Empire, president of the Province of Maranhão, member of the Maranhão Academy of Letters and the Federal Supreme Court; Benedito Pereira Leite (1898-1900), political leader and governor of Maranhão; Genésio Euwaldo de Moraes Rego (1926-1930), doctor, secretary of State of Maranhão, vice-governor, federal deputy and senator, last president of the Legislative Congress, abolished with the coup d'état of 1930.

NEW CHAPTER

The 1930 coup d'état opened a new chapter in the history of the state parliament. The Legislative Branch took on the name of the Assembly, a model that has endured to this day.

From this period, it is worth mentioning among its presidents Ivar Saldanha (52-53, 55-57, 71-73, 81), who in addition to being a deputy was mayor of São Luís and governor of Maranhão; Alexandre Costa (61-61), deputy and senator of the Republic; Freitas Diniz (61-62), federal deputy and icon of democratic resistance; Osvaldo Nunes Freire (66, 68), governor of Maranhão; Enoc Vieira (79-81), from whose administration the first History books of the Assembly date; Ricardo Murad (87-89), expanded the real estate assets and restored three colonial buildings attached to the main building.

Manoel Ribeiro (1993-2003) remained at the helm of the Assembly for the longest uninterrupted period of time. Carlos Alberto Milhomem (2003-2004) had as a landmark of his administration the approval of the Code of Ethics and Parliamentary Decorum, the new Internal Regulations and the service order for the construction of the new Legislative building.

João Evangelista also chaired the Board of Directors of the State Legislative Assembly for four years (2005–2007 and 2007–2009). He distinguished himself with his innovative approach to democratizing information, significantly expanding the state legislature's communication channels with the public. Regular sessions and public hearings began to be broadcast live and in real time online.

The approval of the Position, Career, and Salary Plan for civil servants, the establishment of the Legislative School, and the construction and inauguration of the state-of-the-art legislative headquarters at Sítio do Rangedor, Cohafuma, were important milestones in Evangelista's administration. The new headquarters remains known as Palácio Manoel Bequimão, the same name it had at its previous location in the Historic Center of São Luís.

Marcelo Tavares (2009–2011) implemented the State Legislature's Transparency Portal, a tool through which society can monitor the Parliament's budget execution. Another important achievement for the administration was the launch of the Assembly TV channel, which broadcasts plenary sessions, as well as the activities carried out by the institution and its representatives.

Arnaldo Melo presided over the Legislative Assembly for four consecutive years (2011/2012 and 2013/2014), with the main role of his administration being to bring the State Legislature closer to the Municipal Chambers through the Legislative Integration Journey.

It was also during Arnaldo Melo's administration that the Assembly gained the Communications Complex, the most modern TV, radio, and news agency structure in Maranhão, housed in a three-story building with cutting-edge technology. TV Assembleia, previously a closed-circuit TVN channel (17), began broadcasting its programming on open-channel TV (51.2) via the TV Senado signal.

In February 2015, deputy Humberto Coutinho (PDT) was elected president of the Legislative Assembly for the 2015/2016 biennium and re-elected, unanimously by his peers, for the 2017/2018 biennium.

Due to an aggressive cancer, Humberto Coutinho had his political career interrupted on January 1, 2018. And on January 4, in a discreet ceremony, deputy Othelino Neto was officially sworn in as President of the Legislative Assembly.

On February 1, 2023, state deputy Iracema Vale (PSB) was unanimously elected the first female president of the Legislative Assembly of Maranhão for the 2023/2024 biennium.

The current Board of Directors is constituted as follows: Iracema Vale (President), Rodrigo Lago (1st Vice-President), Arnaldo Melo (2nd Vice-President), Fabiana Vilar (3rd Vice-President), Andreia Martins Rezende (4th Vice-President), Antônio Pereira (1st Secretary), Roberto Costa (2nd Secretary), Osmar Filho (3rd Secretary) and Guilherme Paz (4th Secretary).



Manuel Beckman Palace
Jerônimo de Albuquerque Avenue
Rangedor Farm – Calhau
São Luis – Maranhão – Zip Code: 65071-750
Phones: (98) 3269-3000 | 3269-3001

FILE

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PLENARY SESSIONS

Tuesday to Thursday: from 9:30 am.



Developed by DTI



History

History of the Maranhão State Legislative Assembly

Examining the history of the Maranhão State Legislative Assembly is, above all, a beautiful journey through time, contemplating important episodes in national and state life that shaped the country's politics, from the First Empire to the current notion of democracy, whose fundamental principle is the idea that power emanates from the people and is exercised in their name. The

most distant history of the state parliament dates back to the first Brazilian Constitution of 1824, granted by Dom Pedro I, which created the General Councils of the Provinces (at that time, states and municipalities did not yet exist). These structures lacked legislative powers, but they were responsible for developing projects of specific interest to the region, according to the degree of urgency and need.

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61), deputy and senator of the Republic; Freitas Diniz (61-62), federal deputy and icon of democratic resistance; Osvaldo Nunes Freire (66, 68), governor of Maranhão; Enoc Vieira (79-81), from whose administration the first history books of the Assembly date; Ricardo Murad (87-89), expanded the real estate assets and restored three colonial buildings attached to the main building.

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The approval of the Position, Career, and Salary Plan for civil servants, the implementation of the Legislative School, and the construction and inauguration of the state's modern Legislative Branch headquarters at Sítio do Rangedor, Cohafuma, were important milestones in Evangelista's administration. The new headquarters remains known as Palácio Manoel Bequimão, the same name it had at its previous location in São Luís's Historic Center.

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Arnaldo Melo presided over the Legislative Assembly for four consecutive years (2011/2012 and 2013/2014), with the main focus of his administration being the rapprochement between the State Legislature and the Municipal Chambers through the Legislative Integration Journey.

It was also during Arnaldo Melo's administration that the Assembly gained the Communications Complex, the most modern TV, radio, and news agency facilities in Maranhão, housed in a three-story building with cutting-edge technology. TV Assembleia, which until then was a closed channel on TVN (17), now has its programming broadcast on an open channel (51.2) via the TV Senado signal.

In February 2015, Congressman Humberto Coutinho (PDT) was elected President of the Legislative Assembly for the 2015/2016 term and re-

elected, unanimously by his peers, for the 2017/2018 term.

Due to an aggressive cancer, Humberto Coutinho had his political career interrupted on January 1, 2018. And on January 4, in a discreet ceremony, Congressman Othelino Neto was officially sworn in as President of the Legislative Assembly.

The current Board of Directors is as follows: Othelino Neto (President), Glalbert Cutrim (1st Vice-President), Detinha (2nd Vice-President), Dr. Thaiza Hortegal (3rd Vice-President), Roberto Costa (4th Vice-President), Andreia Martins Resende (1st Secretary), Dr. Cleide Coutinho (2nd Secretary), Pará Figueiredo (3rd Secretary) and Daniella Tema (4th Secretary).

Institutional

Access

History

Function and Definition

Internal Regulations

Ombudsman / SIC

Organizational chart

Service

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Rangedor Farm São Luís, MA

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Opening hours: Monday to Friday
from 8am to 6pm

Plenary Sessions

Monday: from 4pm

Tuesday to Thursday: from 9:30 am



STATE OF MARANHÃO
LEGISLATIVE ASSEMBLY OF MARANHÃO
ESTABLISHED ON FEBRUARY 16, 1835
LEGISLATIVE DIRECTORATE

Memorandum No. 08/2025/DL

São Luis, April 23, 2025.

To the Honorable
DOCTOR YGLÉSIO MOYSÉS
State Deputy
Parliamentary Office
Present

Subject: Submission of Declaration – Participation in Standing Committees

Dear Deputy,

We hereby forward the **declaration issued by this Legislative Directorate** of the Assembly, as requested by Your Excellency through Official Letter No. 48/2025 – OFFICE OF DEPUTY DR. YGLÉSIO, dated April 14, 2025.

The referred declaration addresses your participation, as a full and alternate member, in the **Health Committee and the Committee on Human Rights and Minorities**, within the scope of the 19th and 20th Legislatures.

With no further matters for the moment, we renew our expressions of esteem and consideration.

Sincerely,

----//signature//----

Filipe Franco Santos
Legislative Director
Legislative Assembly of the State of Maranhão



STATE OF MARANHÃO
LEGISLATIVE ASSEMBLY OF MARANHÃO
ESTABLISHED ON FEBRUARY 16, 1835
LEGISLATIVE DIRECTORATE

DECLARATION

I hereby declare, for all due purposes, that the Honorable Deputy DOCTOR YGLÉSIO MOYSÉS participated in the following Standing Committees of the Legislative Assembly of the State of Maranhão, as detailed below:

1. Committee on the Defense of Human Rights and Minorities

- Served as President during the Second Legislative Session of the 19th Legislature (2020);
- Served as Full Member during the Third Legislative Session of the 19th Legislature (2021);
- Served as Full Member during the Second Legislative Session of the 20th Legislature (2024);
- Served as Rapporteur during the Second Legislative Session of the 19th Legislature (2020) - **13 reports**;
- Served as Rapporteur during the Third Legislative Session of the 19th Legislature (2021) - **4 reports**;
- Served as Rapporteur during the Second Legislative Session of the 20th Legislature (2024) - **3 reports**.

2. Health Committee

- Served as Full Member during the First Legislative Session of the 19th Legislature (2019);
- Served as Full Member during the Second Legislative Session of the 19th Legislature (2020);
- Served as Full Member during the Third Legislative Session of the 19th Legislature (2021);
- Served as Alternate Member during the Fourth Legislative Session of the 19th Legislature (2022);
- Served as Alternate Member during the Second Legislative Session of the 20th Legislature (2024);
- Served as Rapporteur during the First Legislative Session of the 19th Legislature (2019) - **14 reports**;
- Served as Rapporteur during the Third Legislative Session of the 19th Legislature (2021) - **9 reports**.

This declaration is issued at the request of the interested parliamentarian, based on official records of the Legislative Directorate.

São Luís, April 23, 2025.

----//signature//----

Filipe Franco Santos
Legislative Director
Legislative Assembly of the State of Maranhão

I, Carolina Favero da Silva, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



Date: May 21, 2025.



ESTADO DO MARANHÃO
ASSEMBLEIA LEGISLATIVA DO MARANHÃO
INSTALADA EM 16 DE FEVEREIRO DE 1835
DIRETORIA LEGISLATIVA

Memorando nº 08/2025/DL

São Luís, 23 de abril de 2025.

Ao Exmo. Sr.
DOUTOR YGLÉSIO MOYSÉS
Deputado Estadual
Gabinete Parlamentar
Nesta

Assunto: Encaminhamento de Declaração – Participação em Comissões Permanentes

Senhor Deputado,

Encaminhamos, por meio deste, **declaração emitida por esta Diretoria Legislativa** desta Assembleia, conforme solicitado por Vossa Excelência por meio do Ofício nº 48/2025 – GAB. DEP. DR. YGLÉSIO, datado de 14 de abril de 2025.

A referida declaração trata de sua participação, na qualidade de membro titular e suplente, nas **Comissões de Saúde e de Defesa dos Direitos Humanos e das Minorias**, no âmbito das 19ª e 20ª Legislaturas.

Sem mais para o momento, renovamos protestos de estima e consideração.

Atenciosamente,

Filipe Franco Santos
Diretor Legislativo
Assembleia Legislativa do Estado do Maranhão



ESTADO DO MARANHÃO
ASSEMBLEIA LEGISLATIVA DO MARANHÃO
INSTALADA EM 16 DE FEVEREIRO DE 1835
DIRETORIA LEGISLATIVA

DECLARAÇÃO

Declaro, para os devidos fins, que o Senhor Deputado **DOUTOR YGLÉSIO MOYSÉS** participou das seguintes Comissões Permanentes da Assembleia Legislativa do Estado do Maranhão, nos termos abaixo:

1. Comissão de Defesa dos Direitos Humanos e das Minorias

- Exerceu a função de Presidente na Segunda Sessão Legislativa da 19ª Legislatura (2020);
- Atuou como Membro Titular na Terceira Sessão Legislativa da 19ª Legislatura (2021);
- Atuou como Membro Titular na Segunda Sessão Legislativa da 20ª Legislatura (2024);
- Atuou como Relator na Segunda Sessão Legislativa da 19ª Legislatura (2020) – **13 relatorias**;
- Atuou como Relator na Terceira Sessão Legislativa da 19ª Legislatura (2021) – **4 relatorias**;
- Atuou como Relator na Segunda Sessão Legislativa da 20ª Legislatura (2024) – **3 relatorias**.

2. Comissão de Saúde

- Atuou como Membro Titular na Primeira Sessão Legislativa da 19ª Legislatura (2019);
- Atuou como Membro Titular na Segunda Sessão Legislativa da 19ª Legislatura (2020);
- Atuou como Membro Titular na Terceira Sessão Legislativa da 19ª Legislatura (2021);
- Atuou como Membro Suplente na Quarta Sessão Legislativa da 19ª Legislatura (2022);
- Atuou como Membro Suplente na Segunda Sessão Legislativa da 20ª Legislatura (2024);
- Atuou como Relator na Primeira Sessão Legislativa da 19ª Legislatura (2019) – **14 relatorias**;
- Atuou como Relator na Terceira Sessão Legislativa da 19ª Legislatura (2021) – **9 relatorias**.

A presente declaração é firmada a pedido do parlamentar interessado, com base em registros oficiais da Diretoria Legislativa.

São Luís, 23 de abril de 2025.

Filipe Franco Santos
Diretor Legislativo

Assembleia Legislativa do Estado do Maranhão

Viver o Maranhão é descobrir o melhor da nossa terra.

CONHEÇA O TRABALHO DA ASSEMBLEIA LEGISLATIVA DO MARANHÃO




Tagged [Socorrão I](#), [Yglésio Moyses](#) Leave a Comment

Ministry of Health recognizes Yglésio Moyses' commitment to Socorrão I

Editorial Staff August 1, 2013

On the morning of this Wednesday, the 31st, a team from the Ministry of Health (MS) was at the Djalma Marques Municipal Hospital (Socorrão I) to carry out a new inspection.

The Ministry of Health's Network Coordinator, Alberto Fagundes, highlighted the improvements made by the City of São Luís to the physical and administrative structure of the health center.

 [Yglésio Moyses' work is recognized even by hospital patients](#)

Earlier this year, a technical team from the Ministry of Health visited the hospital to assess the conditions at the state's main public emergency hospital. At the time, improvements to Socorrão I were identified.

During this new team visit, just over six months later, the hospital's progress was recognized. **"We saw significant progress in the structure of reception, social assistance, risk assessment, and other areas of the hospital,"** stated Alberto Fagundes.

Yglésio Moyses' work is recognized even by hospital patients

The general director of Djalma Marques Hospital, Yglésio Moyses, welcomed the news. **"We're working very hard here at Socorrão I. Mayor Edivaldo Holanda Júnior and**

Secretary César Felix have provided all the necessary conditions to bring significant improvements to the population," he stated.

Advances also highlighted biometric patient registration, the installation of electronic medical records, new access for visitors to hospitalized patients, a better division of the yellow and red axis, among others.

The Ministry of Health's Network Coordinator also drew attention to the implementation of the endoscopy and laparoscopic surgery service, which will take place in the coming days.

Alberto Fagundes also checked and inspected the technical project that plans to increase the number of ICU beds at Socorrão I, which will have 22 beds.

"There is a significant change in patient care. One of the biggest problems was the separation of the red and yellow axis, where patients are classified according to the severity of their condition upon arrival at the hospital," said Alberto Fagundes.

Yglésio Moyses stated that the improvements cited by the Ministry of Health technician were the result of administrative and structural adjustments at the hospital, without requiring excessive expenditures. "With ongoing dialogue between the Socorrão I departments and the Health Department, we have improved the quality of our care for the population," he said.

Previous: Secretary secures salary increase for teachers in Buriticupu

Next: Sarney is doing well at night and remains hospitalized at the Sírio-Libanês hospital

Leave a comment

Your email address will not be published. Required fields are marked *

Comment *

Name *

Email *

São Luís, Maranhão – Brazil

May 11, 2025

RE: Letter of Recommendation for Dr. Yglésio Luciano Moyses Silva de Souza in Support of EB1-A Petition

To Whom It May Concern,

My name is Tiago José Mendes Fernandes, and I am honored to write this letter in support of Dr. Yglésio Luciano Moyses Silva de Souza's petition under the EB1-A classification as an individual of extraordinary ability. As the current Secretary of Health for the State of Maranhão, I have had the opportunity to directly observe Dr. Souza's significant contributions to our public health system—spanning clinical practice, legislative leadership, and strategic policymaking.

Before assuming this position, I built a multidisciplinary career at the intersection of law, public administration, and healthcare governance. I hold a Master's Degree in Public Administration from the Instituto Brasiliense de Direito Público (IDP), as well as specializations in Administrative Law and Electoral Law from the same institution. I am a licensed attorney, professor of Law at UNDB (Dom Bosco University Center), and have previously served as Municipal Secretary of Health of São José de Ribamar (2017–2020) and State Secretary of Human Rights and Citizenship of Maranhão (2012–2014). This trajectory has provided me with a broad and practical understanding of the institutional frameworks that enable effective public service—especially in healthcare.

It is important to emphasize that my relationship with Dr. Yglésio Souza is entirely institutional. This letter does not arise from any personal connection, but rather from an impartial, evidence-based evaluation of his performance as a healthcare leader, legislator, and public servant. My recommendation is based solely on the measurable impact of his work and its relevance to public health outcomes in our state.

Dr. Souza is a highly regarded physician with a Ph.D. in Experimental Pathophysiology and has held key leadership roles within Maranhão's healthcare infrastructure. He served as Director of Djalma Marques Municipal Hospital (Socorrão I), one of the largest emergency and trauma centers in Northern and Northeastern Brazil. Under his leadership, the hospital expanded surgical capacity and intensive care access, significantly improving outcomes in a complex patient population.



Concurrently, he served two terms as a State Representative and chaired the Health Commission of the Legislative Assembly. In that role, he was instrumental in designing and passing policies that increased ICU capacity, strengthened mutirão (mass surgical efforts), and broadened access to high-complexity care across the state. His legislative proposals were consistently evidence-based, financially responsible, and aligned with the state's strategic public health objectives.

Dr. Souza's ability to bridge clinical expertise with health policy formulation and systems oversight has produced tangible improvements in Maranhão's health indicators. His work helped reduce elective surgery wait times, improve trauma response efficiency, and streamline care delivery in public hospitals.

Although his work has been centered in Brazil, the relevance of his experience is clearly translatable to international contexts. His leadership during the COVID-19 pandemic—including early advocacy for booster doses for vulnerable populations—demonstrated a strong commitment to evidence-based practice and public health protection.

In my professional opinion, Dr. Yglésio Souza meets and exceeds the standards of excellence required under the EB1-A extraordinary ability classification and would provide valuable contributions to any healthcare system worldwide.

Sincerely,

ASSINADO DIGITALMENTE

TIAGO JOSE MENDES FERNANDES

CPF

02724725301

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<http://serpro.gov.br/assinador-digital>



Dr. Tiago José Mendes Fernandes

Secretary of Health – State of Maranhão

Address: Av. Carlos Cunha, s/n – Calhau, São Luís, MA, ZIP Code 65076-820 – Brazil

Phone: +55 (98) 3218-8749

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UNIVERSITY HOSPITAL OF THE FEDERAL UNIVERSITY OF MARANHÃO
Rua Barão de Itapary, No. 227 – Centro District, São Luís/MA, ZIP Code 65020-070
- <http://huufma.ebserh.gov.br>

Declaration - SEI

Process No. 23523.016969/2025-65

Interested Party: Medical Residency Committee

We hereby declare, for curricular verification purposes, that **YGLÉSIO LUCIANO MOYSES SILVA DE SOUZA** carried out **PRECEPTORSHIP** activities for the Medical Residency Program in the specialty of **GENERAL SURGERY** at the University Hospital of the Federal University of Maranhão, from **November 3, 2014, to June 5, 2018**, having demonstrated good performance during this period.

São Luís, date of electronic signature.

Prof. Dr. Sebastião Barreto de B. Filho Dr. Waston Gonçalves Ribeiro

Vice-Coordinator of COREME/HU-UFMA Supervisor of the General Surgery Residency Program



Document electronically signed by **Waston Goncalves Ribeiro, Physician**, on 04/10/2025, at 1:57 p.m., official Brasília time, pursuant to Article 6, caput, of [Decree No. 8.539, of October 8, 2015](#).



Document electronically signed by **Sebastião Barreto de Brito Filho, Head of the Medical Team**, on 04/10/2025, at 2:08 p.m., official Brasília time, pursuant to Article 6, caput, of [Decree No. 8.539, of October 8, 2015](#).



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Reference: Process No. 23523.016969/2025-65

SEI No. 48586220

COREME - Medical Residency Commission
EBSERH - Empresa Brasileira de Serviços Hospitalares
HU-UFMA - University Hospital of the Federal University of Maranhão
SEDE - Electronic System for External Documents
SEI - Electronic Information System

I, Carolina Favero da Silva, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



_____ Date: May 22, 2025.



HOSPITAL UNIVERSITÁRIO DA UNIVERSIDADE FEDERAL DO MARANHÃO
Rua Barão de Itapary, nº 227 - Bairro Centro, São Luís/MA, CEP 65020-070
- <http://huufma.ebserh.gov.br>

Declaração - SEI

Processo nº 23523.016969/2025-65

Interessado: Comissão de Residência Médica

Declaramos para fins de comprovação curricular, que **YGLÉSIO LUCIANO MOYSES SILVA DE SOUZA**, desenvolveu atividades de **PRECEPTORIA** do Programa de Residência Médica na especialidade de **CIRURGIA GERAL** do Hospital Universitário da Universidade Federal do Maranhão, no período de **03 de novembro de 2014 a 05 de junho de 2018**, tendo realizado um bom desempenho durante esse período.

São Luís, data de assinatura eletrônica.

Prof. Dr. Sebastião Barreto de B. Filho Dr. Waston Gonçalves Ribeiro
Vice-Coordenador da COREME/HU-UFMA Supervisor do PRM em Cirurgia Geral



Documento assinado eletronicamente por **Waston Goncalves Ribeiro, Médico(a)**, em 10/04/2025, às 13:57, conforme horário oficial de Brasília, com fundamento no art. 6º, caput, do [Decreto nº 8.539, de 8 de outubro de 2015](#).



Documento assinado eletronicamente por **Sebastiao Barreto de Brito Filho, Presidente da Equipe**, em 10/04/2025, às 14:08, conforme horário oficial de Brasília, com fundamento no art. 6º, caput, do [Decreto nº 8.539, de 8 de outubro de 2015](#).



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Ministry of Education

- Government bodies
- Access to information
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- Accessibility



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Brazilian Hospital Services Company



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 [University Hospitals Northeast Region HU-UFMA - University Hospital of UFMA](#)
[Communication News](#) HU-UFMA stands out in international ranking > > > > >

SEARCH

HU-UFMA stands out in international ranking.

The hospital ranked 1st in Brazil in the Scholar indicator (which evaluates the number of papers and citations for each academic domain) and 11th overall in the national ranking.



Published on 21/02/2017 at 2:18 PM Updated on 12/05/2017 at 2:48 PM

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The University Hospital of the Federal University of Maranhão (HU-UFMA), linked to the Brazilian Hospital Services Company (Ebserh), is among the best health institutions in terms of commitment to disseminating content on the internet about academic production, institutional information and services, according to the results of the latest research published by *Webometric Ranking (Web of World Hospitals)*.

HU-UFMA holds the 1st position in Brazil in the *Scholar* indicator (which evaluates the number of papers and citations for each academic domain) and the 11th position overall in the national ranking. Among hospitals in Latin America, the hospital is in 29th place.

The research highlights the ease with which this information is accessed or located by internet users, including individuals and legal entities that aim to facilitate access to this data for all interested parties. The objective is to provide motivation for researchers worldwide to publish scientific content on the Web, making it available to the scientific community.

CONTENT 1 HOMEPAGE 2 NAVIGATION 3 SEARCH 4 SITE MAP 5

The ranking is an initiative of the Cybermetrics Lab, a research group of the *Center for Information and Documentation (CINDOC)*, which is part of the *National Research Council (CSIC)*, the largest public research body in Spain. The Cybermetrics Lab is dedicated to the quantitative analysis of the Internet and web content, especially those related to processes of generating and communicating academic scientific knowledge.

Para a superintendente do HU-UFMA, Joyce Santos Lages, o destaque é resultado de um intenso trabalho que vem sendo realizado ao longo dos anos no HU-UFMA, onde a preocupação com uma assistência à saúde aliada a um ensino de qualidade, sempre fez com que o incentivo à produção científica e ao compartilhamento de conhecimento fosse uma prioridade na instituição. Para ela, esse reconhecimento só foi possível a partir do investimento implementado pelo Governo Federal e de um trabalho coletivo do corpo técnico da instituição.

O objetivo do Ranking é promover as publicações Web por hospitais, avaliando o comprometimento na distribuição eletrônica dessas organizações e lutar contra a divisão digital acadêmica. O Ranking está medindo o volume, visibilidade e impacto das páginas web publicadas pelos hospitais, com ênfase especial em produção científica (papéis, contribuições em conferências, pre-impresões, monografias, teses, relatórios) mas também levando em consideração outros materiais (cursos, seminários ou documentação de Workshop, bibliotecas digitais, bancos de dados, multimídia, páginas pessoais) e o material gerado na instituição, seus departamentos, grupos de pesquisas ou serviços de suporte e pessoas trabalhando e fazendo uso dos cursos.

Ebserh

A Empresa Brasileira de Serviços Hospitalares (Ebserh), estatal vinculada ao Ministério da Educação, administra atualmente 39 hospitais universitários federais. O objetivo é, em parceria com as universidades, aperfeiçoar os serviços de atendimento à população, por meio do Sistema Único de Saúde (SUS), e promover o ensino e a pesquisa nas unidades filiadas. O órgão, criado em dezembro de 2011, também é responsável pela gestão do Programa Nacional de Reestruturação dos Hospitais Universitários Federais (Rehuf), que contempla ações nas 50 unidades existentes no país, incluindo as não filiadas à Ebserh.

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TRANSPARENCY

HU-UFMA is the sixth Federal institution with the greatest active transparency in the country

The ranking released by the CGU evaluated information made available online by all institutions of the Federal Executive Branch

Published on September 30, 2020, at 3:27 PM Updated on October 16, 2020, at 4:27 PM

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The Federal University of Maranhão (UFMA) University Hospital, affiliated with the Brazilian Hospital Services Company (HU-UFMA/Ebserh), is among the six institutions in the Federal Executive Branch with the highest active transparency out of a total of 300 institutions evaluated. Among the hospitals in the Ebserh Network, HU-UFMA ranked third, and among the Federal institutions in Maranhão, it ranked first, reaffirming the administration's commitment to information transparency for society as a whole. The ranking was released by the Comptroller General's Office (CGU), the agency responsible for monitoring the implementation of Law No. 12,527/2011 (Access to Information Law - LAI). The agency does so through the Active Transparency System (STA), a tool that Federal Executive Branch agencies and entities must complete.

CONTENT 1 HOME PAGE 2 NAVIGATION 3 SEARCH 4 SITE MAP 5

To prioritize compliance with these recommendations and the speed of information updates on the institutional website, a working group was created specifically to address these issues. The group is comprised of HU-UFMA's ombudsman, Pedro Germano Neto; Álvaro Andrade, head of the Planning Unit; and Danielle Morais, journalist from the Social Communications Unit. The group held in-person and online meetings and continued its activities even during the novel coronavirus pandemic, delivering excellent results, as evidenced by the 97.92% completion of the items by the STA filing deadline. Of the 49 active transparency items assessed, 47 met the requirements.

Ainda em março, quando o processo de organização das informações no site foi iniciado, o HU-UFMA ocupava a 152ª posição no ranking, com 14,29% de itens cumpridos, 18,37% de cumpridos parcialmente e 67,35% que não estavam de acordo. O ouvidor Pedro Germano Neto, destaca a importância do trabalho desenvolvido e o impacto positivo dessa transparência para a melhoria da gestão "A transparência, apesar de um requisito legal a ser cumprido, é uma estratégia de gestão que facilita o fluxo informacional e o controle das prestações de serviços. Toda a equipe está de parabéns, pois mesmo em meio à pandemia, conseguiu-se evoluir consideravelmente, em relação à transparência ativa no HU-UFMA" ressaltou ele.

Esse resultado positivo só foi possível graças ao empenho de toda uma equipe e principalmente da Gerência Administrativa e dos setores ligados a ela, responsáveis por fornecer boa parte dos dados que precisavam ser disponibilizados de forma transparente e de fácil acesso a todos.

O gerente de Administração, Eurico Santos Neto, reforça que o resultado demonstra a maturidade da gestão administrativa e financeira do HU-UFMA. "As informações administrativas precisam ser coletadas em sistemas gerenciais do hospital, bem como em sistemas públicos financeiros que buscam garantir a efetividade e eficiência com a qual gerimos os recursos. Não é fácil consolidar essas informações, uma vez que elas estão distribuídas em vários sistemas. Hoje, conseguimos mostrar pelo site de forma atualizada dados de contratos, de execução orçamentária, financeira, entre outros, além do painel financeiro elaborado pela sede, que demonstra todo o andamento administrativo e financeiro, em vários aspectos, fazendo também a comparação com outros anos. Tudo isso demonstra uma maturidade de gestão, de transparência e de responsabilidade com o recurso público".

Para o reitor da Universidade Federal do Maranhão - UFMA, Natalino Salgado Filho, é motivo de grande júbilo ter uma das unidades da universidade nessa colocação. "O Hospital Universitário é o maior centro de extensão da UFMA, responsável pela formação de milhares de estudantes da área da saúde. Perceber que essa grandiosa missão de educar, ensinar e tratar os pacientes do SUS está aliada a um esforço exitoso de gestão é muito gratificante. O HU, possui uma cultura de décadas de boas práticas de gestão que se aprimora a cada dia, sempre em sintonia com os órgãos de auditoria federal. A transparência dos nossos processos é exemplar, o reconhecimento pelos órgãos de controle ratifica essa tradição".

A superintendente do HU-UFMA, Joyce Santos Lages, afirmou que o resultado foi fruto de um esforço coletivo e parabenizou a equipe pelo trabalho desenvolvido. "Não medimos esforços e evoluímos muito em todos os quesitos recomendados pelos órgãos de controle, esse resultado nos dá ânimo para continuarmos trabalhando e não só manter, mas melhorar ainda mais, pois isso reforça o nosso compromisso com cada usuário da nossa instituição e com toda a sociedade", disse ela.

A LAI estabelece que as informações de interesse coletivo ou geral devem ser divulgadas pelos órgãos públicos, espontânea e proativamente, independentemente de solicitações. Além disso, no art. 8º prevê um rol mínimo de dados

que os órgãos e entidades devem, obrigatoriamente, divulgar nas suas páginas oficiais na internet, no menu "Acesso à Informação". Diante disso, a equipe do HU-UFMA trabalhou para atender a todas essas exigências.

Para conferir os dados do ranking e outras informações do Painel "Lei de Acesso à Informação" clique no link:

<http://paineis.cgu.gov.br/lai/index.htm>

Sobre a Ebserh

Desde janeiro de 2013, o HU-UFMA é filiado à Ebserh, estatal vinculada ao Ministério da Educação que administra atualmente 40 hospitais universitários federais. O objetivo é, em parceria com as universidades, aperfeiçoar os serviços de atendimento à população, por meio do Sistema Único de Saúde (SUS), e promover o ensino e a pesquisa nas unidades filiadas.

O órgão, criado em dezembro de 2011, também é responsável pela gestão do Programa Nacional de Reestruturação dos Hospitais Universitários Federais (Rehuf), que contempla ações nas 50 unidades existentes no país, incluindo as não filiadas à Ebserh.

Por Danielle Morais

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**Exhibit III.V - High
salary or other
significantly high
remuneration**

SUPPLEMENTAL ACCOUNTING STATEMENT

Re: Clarification of Professional Medical Income – Dr. Yglésio Luciano Moyses Silva de Souza

GENESIS CONSULTORIA LTDA

Carlito Faria Pereira

Certified Public Accountant – CRC No. MA-004001/O

CNPJ No. 13.105.806/0001-96

São Luís, Maranhão – Brazil

Date: 04/01/2026

To Whom It May Concern,

I, Carlito Faria Pereira, certified public accountant and owner of Genesis Consultoria Ltda., registered with the Brazilian Federal Accounting Council (CRC-MA No. 004001/O), respectfully submit this supplemental accounting statement in order to provide clarification and additional context regarding the professional earnings of Dr. Yglésio Luciano Moyses Silva de Souza, previously documented in my accounting statement dated April 7, 2025.

My firm has served as the accounting office responsible for maintaining the financial records and tax documentation of Dr. Souza since October 2009. The information reported in both the prior statement and the present clarification derives from:

- official accounting records maintained by Genesis Consultoria Ltda.;
- corporate financial statements of Instituto Gastro Digestivo e Obesidade do Maranhão Ltda.;
- income declarations submitted to the Brazilian Federal Revenue Service (Receita Federal do Brasil).

The purpose of this supplemental letter is to clarify certain aspects of the previously reported income figures, particularly with respect to the nature of the income, the methodology used for national salary comparisons, and the professional scope of Dr. Souza's medical remuneration.

1. Nature of the Reported Income

The income figures presented in the prior statement refer exclusively to Dr. Souza's professional earnings derived from medical services, including surgical procedures, medical consultations, and related clinical activities performed as a specialist physician in general and digestive surgery.

These figures represent professional compensation generated through his medical practice and billed through Instituto Gastro Digestivo e Obesidade do Maranhão Ltda., where Dr. Souza performs specialized surgical services.

For clarity, the previously reported figures do not include income from:

- personal investments
- business equity holdings
- real estate activities
- corporate ownership unrelated to medical services

Therefore, the amounts reported in the accounting statement represent remuneration directly attributable to Dr. Souza's professional work as a physician and surgeon.

2. Verification Through Tax and Accounting Records

The income values referenced in the accounting statement are based on official accounting documentation and tax filings, including:

- annual financial statements maintained by the accounting office;
- accounting ledgers documenting revenue from medical services;
- income declarations filed with the Brazilian Federal Revenue Service.

These records reflect Dr. Souza's documented professional income over more than fifteen consecutive years, demonstrating sustained and increasing earnings derived from his surgical practice.

3. Clarification Regarding the "19-Hour Workweek" Benchmark

In the previous accounting statement, a comparison was made using data from Salario.com.br, which reported an average annual income figure for surgeons in Brazil.

Upon review, it is important to clarify that the reference to a “19-hour workweek” was not intended to describe or reflect the beneficiary’s working hours, and may have resulted from a misinterpretation or imprecise reading of the salary database’s reporting format.

In fact, Salario.com.br aggregates compensation data based on reported employment records, and its methodology does not establish a standardized or representative workload applicable to individual physicians.

Regardless of this reference, Dr. Souza’s actual professional activities as a physician and surgeon involve a full scope of medical practice, including surgical procedures, patient care, hospital responsibilities, and related clinical duties, consistent with the expectations of his specialty.

Accordingly, the mention of a “19-hour workweek” should not be interpreted as indicative of the beneficiary’s workload, but rather as a non-material reference that does not affect the validity of the income comparison or the conclusion that his professional earnings are substantially higher than those of others in the field.

4. Comparison With National Compensation Data

The national comparison used in the prior accounting statement relied on publicly available Brazilian labor market data.

To further contextualize Dr. Souza’s earnings, additional compensation benchmarks may be considered.

For example, according to international compensation analytics platforms such as ERI SalaryExpert, the average annual income for surgeons in Brazil is approximately R\$ 471,967 per year, with a typical range between approximately R\$ 302,000 and R\$ 640,000 annually, depending on experience and specialization.

In contrast, Dr. Souza’s documented professional medical income for 2024 totaled R\$ 1,260,000.

This level of income is therefore:

- significantly higher than the national average reported for surgeons in Brazil;
- substantially above the upper range reported for most physicians in the surgical field.

These figures indicate that Dr. Souza's professional earnings place him well above typical compensation levels for surgeons practicing in Brazil.

5. Long-Term Pattern of High Professional Earnings

Another important aspect reflected in the accounting records is the consistency and growth of Dr. Souza's professional income over time.

From 2009 through 2024, his documented medical earnings increased steadily from R\$ 360,000 to R\$ 1,260,000 annually, demonstrating:

- sustained demand for his surgical services;
- increasing professional valuation in the medical market;
- long-term financial success within the surgical profession.

This pattern is not typical of average medical practitioners and reflects a high level of professional recognition and economic valuation in his specialty.

Certification

Based on the accounting records, tax filings, and financial documentation maintained by my office, it is my professional opinion that Dr. Yglésio Souza's earnings derived from his medical practice are substantially higher than the typical compensation levels for surgeons in Brazil.

His documented income represents exceptionally high remuneration within the medical profession, supported by long-term financial records and official tax documentation.

Should further clarification be required, I remain available to provide additional documentation or explanations.

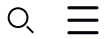
Sincerely,

CARLITO FARIA
PEREIRA:076472
80325

Assinado de forma digital
por CARLITO FARIA
PEREIRA:07647280325
Dados: 2026.04.01 14:41:45
-03'00'

CARLITO FARIA PEREIRA
CRC No. MA – 004001/O

To enter



Surgeon Salaries

Salaries Interviews

Surgeon Salaries (Brazil) ⓘ

Experience

All years of experience ▾

Base salary

R\$ 7 thousand - R\$ 24 thousand / month

R\$ 15 thousand / month Average base salary

About our data

Very high confidence Last updated: December 13, 2024 22 salaries sent

How do we calculate compensation? ▾

How do you like the average base salary range of R\$7,000-R\$24,000/month?

Low

It needs

High






Your input helps Glassdoor refine our salary estimates over time.

Trending Companies for Medical Surgeon – Brazil ⓘ

Search by company or location

41 Companies Looking for Medical Surgeon Jobs

Sort by popularity ▾

- 
Unimed 4.1 ★ 451 vacancies open
R\$ 6 thousand - R\$ 40 thousand/month Full payment
 R\$ 21 thousand Average
 Surgeon
- 
Hospital Israelita Albert Einstein 4.4 ★ 54 vacancies open
R\$ 19 thousand - R\$ 27 thousand/month Full payment
 R\$ 20 thousand Average
 Surgeon
- 
Rede D'Or 3.6 ★ 23 vacancies open
R\$ 57 - R\$ 150/hour Full payment
 R\$ 104 Average
 Surgeon
- 
Brazilian Army 4.3 ★ 2 vacancies open
R\$ 15 thousand - R\$ 16 thousand/month Full payment
 R\$ 15 thousand Average
 Surgeon
- 
None 3.8 ★ Create job alert
R\$ 1 thousand - R\$ 2 thousand/month Full payment
 R\$ 1 thousand Average
 Surgeon

< 1 2 3 4 5 ... 9 >

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Recent salaries shared by professionals in the role of Surgeon ⓘ

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Last updated: October 20, 2025

Surgeon Salary in Brazil

This page is an excerpt of the much more complete compensation information available in [ERI's Assessor Series \(/products\)](#).

BRL 471,967

Average Salary

BRL 227/hr

Average Hourly

BRL 44,270

Average Bonus

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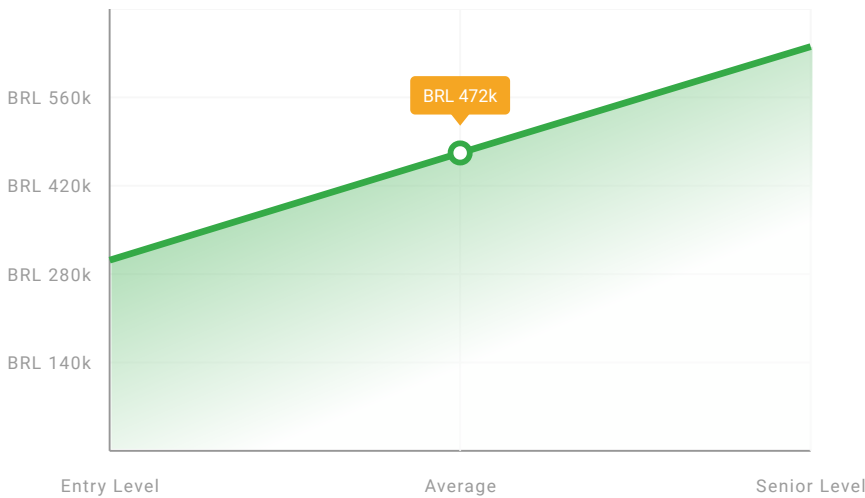
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Education And Skills

Education And Skills



Do You Have Certifications For Surgeon?

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Salary Potential

Salary Potential



Shift Differentials

Shift Differentials



About Brazil

Brazil Cost of Living Score:

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Description: Brazil, officially the Federative Republic of Brazil, is the largest country in South America. It is also the world's fifth-largest country by area and the seventh-largest by population, with over 213 million people. The country is a federation composed of 26 states and a Federal District, which hosts the capital, Brasília. Its most populous city is São Paulo, followed by Rio de Janeiro. Brazil has the most Portuguese speakers in the world and is the only country in the Americas where Portuguese is an official language. Bounded by the Atlantic Ocean on the east, Brazil has a coastline of 7,491 kilometers (4,655 mi...

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Salary Recap

The average pay for a Surgeon is **BRL 471,967** a year and **BRL 227** an hour in Brazil. The average salary range for a Surgeon is between **BRL 302,059** and **BRL 640,459**. On average, a Doctorate Degree is the highest level of education for a Surgeon. This compensation analysis is based on salary survey data collected directly from employers and anonymous employees in Brazil.

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Salaries By Country

Surgeon

| | |
|-------------------|--|
| the United States | USD 457k (/salary/job/surgeon/united-states) |
| India | INR 4,392k (/salary/job/surgeon/india) |
| Peru | PEN 261k (/salary/job/surgeon/peru) |
| Canada | CAD 414k (/salary/job/surgeon/canada) |
| New Zealand | NZD 477k (/salary/job/surgeon/new-zealand) |

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Surgeon

| | |
|-------------------|---|
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| Vascular Surgeon | BRL 503k _(/salary/job/vascular-surgeon/brazil) |
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| Surgeon Neuro | BRL 631k _(/salary/job/surgeon-neuro/brazil) |

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March 27, 2026

U.S. Citizenship and Immigration Services (USCIS)

To Whom It May Concern:

My name is Leoberth Araujo, and I serve as Technical Director of Hospital Dr. Tarquínio Lopes Filho, located in São Luís, Maranhão, Brazil.

I write in my professional and institutional capacity regarding Dr. Yglésio Luciano Moyses Silva de Souza, specifically with respect to his professional role, technical profile, and compensation in connection with the medical services he rendered at our institution during calendar year 2025.

At the outset, I wish to make clear that my relationship with Dr. Souza is strictly professional and institutional. We do not have a personal friendship, family relationship, or any private business relationship outside the scope of his professional medical activities. The statements in this letter are based solely on my direct knowledge of his work, responsibilities, technical abilities, and professional standing within the hospital environment.

Based on my direct observation and professional knowledge, Dr. Souza is a reference physician in thoracoscopic esophageal surgery and advanced gastric procedures. He has demonstrated a level of technical expertise and surgical capability that distinguishes him from other physicians in the same specialty. To my knowledge, he was the first physician in the State of Maranhão to perform a thoracoscopic esophagectomy more than a decade ago, which, in my view, reflects the advanced nature of his surgical training and practice.

His work at Hospital Dr. Tarquínio Lopes Filho was not limited to routine clinical activities. It involved high-complexity surgical procedures, advanced technical judgment, and responsibilities of a technical and leadership nature. He was regarded within the institution as a physician capable of performing demanding procedures requiring differentiated expertise, particularly in esophageal and advanced gastric surgery.

Within our institutional reality, during calendar year 2025, the gross monthly compensation ordinarily received by other digestive surgeons at the hospital was approximately R\$ 20,000.00. By contrast, Dr. Souza's gross monthly compensation at this institution during calendar year 2025 reached approximately R\$ 40,000.00 per month.

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Fone: (98) 3218-8600 - E-mail: abeas@abeas.org.br - www.abeas.org.br

In my professional judgment, this higher compensation was justified by objective professional factors. In particular, Dr. Souza's Ph.D.-level academic training, combined with his advanced technical quality as a surgeon, placed him in a differentiated professional position within the institution. His compensation was therefore above the level ordinarily paid to comparable physicians because of his qualifications, technical capability, and the complexity of the services he performed, rather than for any personal or non-professional reason.

I further confirm that, pursuant to a contractual update applicable this year, Dr. Souza is expected to receive a 6.5% increase in his compensation. In my view, this adjustment is consistent with the institution's continued recognition of his technical qualifications, academic background, and the value of the professional services he provides.

I provide this statement solely as a professional and institutional assessment. It is not based on friendship, personal loyalty, or any non-professional consideration. Rather, it reflects my direct knowledge of Dr. Souza's work and responsibilities in the hospital setting.

Should additional clarification be required, I remain available to confirm the contents of this letter.

Sincerely,

Leoberth Araujo
Technical Director
CRM-MA 8121
Hospital Dr. Tarquínio Lopes Filho
São Luís, Maranhão, Brazil
Email: dr.leoberth@gmail.com
Phone: +55 98 98415-4474

Exhibit IV - Objective Bibliometric Evidence

Objective Bibliometric Evidence Demonstrating That the Petitioner's Scientific Publications Have Achieved High-Level Scientific Influence Consistent With Individuals Among the Small Percentage at the Very Top of the Field

I. Prefatory Statement

In response to the concerns expressed in the Notice of Intent to Deny regarding the impact of the Petitioner's scientific work and the Final Merits Determination, the Petitioner respectfully submits the following objective bibliometric analysis. The Notice indicates, in substance, that citation of the Petitioner's publication may reflect only the ordinary collaborative nature of scientific research and that the record does not establish that his work had impact beyond what is normally expected in the field. Respectfully, that conclusion gives insufficient weight to the objective, cumulative, and academically recognized indicators of scientific influence reflected in the present record.

The evidence below demonstrates not merely that the Petitioner published an article and later received citations, but that his work was published in a top-quartile specialty journal, accumulated an unusually high citation count for a specialized clinical field, and was later incorporated into an international consensus recommendations paper, major review literature, and a systematic review appearing in high-impact journals with strong bibliometric metrics. Beyond that, the broader citation profile reflected in Web of Science confirms that the Petitioner's scholarly influence is sustained, independently recognized, and not confined to a single publication or a single line of research. Taken together, this is objective evidence of scientific influence well above the ordinary level expected in the specialty.

II. Methodological Framework: How Scientific Influence Is Actually Measured

In contemporary academic practice, the influence of a scientist's work is not measured simply by the existence of a publication. Rather, it is measured through objective indicators such as citation counts, journal prestige, quartile ranking, SJR score, H-index, inclusion in review literature, citation in international consensus publications, and sustained citation by independent authors over time. These are the same types of tools used by universities, promotion committees, research institutions, funding agencies, and scientific organizations to distinguish routine scholarly participation from unusually influential research.


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Academic guidance on research metrics confirms that percentile-based citation analysis and journal-impact analysis are standard methods for determining whether a publication falls within the most influential portion of the literature and whether an author's work has achieved unusual scientific distinction. Such tools are routinely used in research assessment to evaluate whether a publication exceeds the norm of the discipline and whether an author's work has had measurable influence on the field.

Bibliometric literature further demonstrates that citation distribution is highly uneven. Most scientific publications receive relatively few citations, while only a small fraction attain high citation counts. In other words, publications cited in the hundreds do not represent routine scholarly participation; they occupy a comparatively rare and more influential segment of the literature. This point is critical here, because the Petitioner's evidence is not limited to one or two incidental citations. The record instead demonstrates substantial citation volume, citation in elite journals, citation in review literature, citation in consensus literature, and sustained citation over time. Together, these indicators show scholarly influence materially above the norm for a practicing physician in this specialty.

III. Hierarchy of Scientific Influence: Not All Citations Are Equal

While the Petitioner's article has received more than 200 independent citations, it is neither necessary nor practical to reproduce every subsequent citation individually in order to demonstrate scholarly influence. In bibliometric analysis, the probative value of a citation record is established not only by the total number of citations, but also by the quality, authority, and scientific function of the literature in which the work is cited. Accordingly, the Petitioner highlights below a representative group of especially probative citations drawn from high-level scientific literature, including an international consensus publication, major review articles, and a systematic review published in top-quartile journals with strong SCImago metrics. These examples are not offered as the entirety of the citation record, but as qualitatively significant illustrations of the broader citation history. In other words, the total citation count establishes the breadth and sustained visibility of the Petitioner's work, while the selected citations demonstrate the level, character, and scientific importance of the downstream literature that relied upon it. Considered together, they provide a reliable and objective picture of influence in the field that goes well beyond routine scholarly participation.

Y. Lin
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A central point missing from the NOID's analysis is that not all citations are equal. In scientific literature, there is a meaningful hierarchy of downstream influence.

Primary citations are citations in ordinary research articles. Standing alone, they may show relevance, but not necessarily unusual influence.

Synthesizing citations include citations in review articles and systematic reviews. These are more significant because the authors are not merely presenting new data; they are selecting, evaluating, and synthesizing the studies they consider most relevant to understanding a scientific problem or assessing the evidence base.

Authoritative citations include citations in consensus statements, expert recommendations, and similar publications intended to guide professional understanding, shape standards of care, or identify future research priorities. These are particularly important because they reflect review and use of the literature by experts operating in a field-defining capacity.

The Petitioner's work appears across this hierarchy, including at the highest and most authoritative levels. That fact directly rebuts any characterization of the work as merely routine scholarly participation.

IV. The Cornerstone Publication

The cornerstone publication at issue is the Petitioner's co-authored article, "Laparoscopic Duodenal–Jejunal Exclusion in the Treatment of Type 2 Diabetes Mellitus in Patients with BMI < 30 kg/m²," published in *Obesity Surgery*. This article reported clinical research involving a metabolic surgical approach for the treatment of type 2 diabetes mellitus in human patients with lower body mass index and addressed a scientifically important question: the role of gastrointestinal surgery in the regulation of glucose metabolism.

At the time of publication, this line of inquiry was specialized, clinically relevant, and important to the evolving scientific understanding of metabolic surgery as a treatment modality for diabetes. The article explored the role of proximal intestinal exclusion in glycemic control and provided clinical evidence relevant to a rapidly developing area at the intersection of surgery, endocrinology, and metabolic disease.

This point is particularly important because the NOID appears to

J. L. Linn
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require a showing akin to a field-wide transformation. That is too narrow a lens. In medicine, influential work often contributes not by instantaneously remaking the whole specialty, but by becoming part of the body of evidence later used by experts to explain mechanisms, compare interventions, assess treatment strategies, and synthesize knowledge. That is exactly what the Petitioner's work did.

V. Bibliometric Significance of the Original Journal

The article was published in *Obesity Surgery*, which is itself a significant fact. According to the SCImago Journal Rank database, available at <https://www.scimagojr.com>, *Obesity Surgery* is classified in Quartile Q1, with SJR = 1.189 and H-index = 141. These metrics demonstrate that the journal is not a peripheral or low-visibility venue, but a well-ranked and influential publication in bariatric and metabolic surgery.

Publication in a Q1 journal means publication in the top 25 percent of journals within its category, based on citation impact. Thus, the Petitioner's article did not appear in an obscure or low-impact journal; it appeared in a journal recognized by objective bibliometric standards as influential in the specialty. That fact matters because it shows that the work entered the literature through a respected academic venue from the outset.

VI. Citation Volume: Why 200+ Citations Matter

The impact of the Petitioner's article is further confirmed by its citation record. According to Google Scholar, available at <https://scholar.google.com>, the article has been cited more than 200 times by independent authors worldwide.

In a highly specialized clinical field, citation counts of this magnitude are uncommon. Bibliometric research demonstrates that citation distribution is highly skewed, with most publications receiving relatively few citations and only a limited fraction attaining very high citation counts. Articles cited in the hundreds therefore occupy a comparatively rare and influential segment of the literature.

One bibliometric discussion explains that even relatively modest citation counts can place a paper above the median and that reaching 100 or more citations places a publication in a very small upper segment of the citation distribution, while average citations per manuscript are substantially lower. In that context, a citation count exceeding 200 is not ordinary. It is objective evidence of unusually

Y. Li
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high scholarly visibility. See Luc Beaulieu, "How Many Citations Are Actually a Lot of Citations?", available at <https://lucbeaulieu.com/2015/11/19/how-many-citations-are-actually-a-lot-of-citations/>.

This point is reinforced by broader bibliometric analysis showing that articles cited hundreds of times represent a small fraction of the scientific literature and are generally associated with work that has had measurable influence on subsequent research. See <https://www.sciencedirect.com/science/article/pii/S269461062500044X>.

Accordingly, the Petitioner's citation record is not merely evidence that his work was noticed. It is evidence that his work crossed a threshold of scholarly attention well above what is typically seen in a specialized clinical field.

VI-A. The Scale of the Scientific Publication Landscape Further Highlights the Significance of the Petitioner's Citation Record

The scale and competitiveness of the relevant scientific publication landscape further underscore the significance of the Petitioner's scholarly record. A recent bibliometric study reported that 2,845,748 papers were published in 2022 across more than 18,000 journals indexed in Web of Science, including 124,736 papers in the fields of Medicine General Internal and Surgery alone. See <https://pmc.ncbi.nlm.nih.gov/articles/PMC11822671/>.

Within that exceptionally large and highly competitive publication universe, the journals that cited the Petitioner's work belong to the most influential tier of Health and Medical Sciences literature. This point is reinforced by Google Scholar Metrics, which ranks leading journals in Health and Medical Sciences through objective citation-based indicators. See https://scholar.google.com/citations?hl=en&view_op=top_venues&vq=med.

Accordingly, the Petitioner's citation record should be understood not only in terms of raw citation volume, but also in terms of the competitive and hierarchical scientific ecosystem in which those citations occurred. In a global publication environment comprising millions of papers and more than 18,000 journals, the Petitioner's ability to publish in a top-quartile specialty journal, achieve more than 200 citations, and then be cited in elite journals in Health and Medical Sciences is objective evidence of scholarly influence well above the norm for the specialty.

VII. Granular Downstream Impact: Which Later Works Cited the Petitioner and Why That

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Matters

The significance of the Petitioner's publication becomes much clearer when one examines which later works cited it, what those works were intended to do, and the journals in which they appeared.

A. "Diabetes Surgery Summit Consensus Conference Recommendations for the Evaluation and Use of Gastrointestinal Surgery to Treat Type 2 Diabetes Mellitus"

Published in *Annals of Surgery*, this article is an international consensus recommendations paper. Consensus publications are among the most important forms of scientific literature because they are intended to guide professional understanding, clinical reasoning, and future research direction. Such papers do not casually cite irrelevant studies. According to the SCImago Journal Rank database at <https://www.scimagojr.com>, *Annals of Surgery* is classified in Quartile Q1, with SJR = 2.593 and H-index = 360. Citation of the Petitioner's work in a consensus paper in *Annals of Surgery* is compelling objective evidence of recognized scientific relevance at the highest level of the surgical literature.

B. "Mechanisms of Changes in Glucose Metabolism and Bodyweight After Bariatric Surgery"

Published in *The Lancet Diabetes & Endocrinology*, this article is a high-level explanatory review. Review articles of this type synthesize and evaluate the most relevant literature on a major scientific problem. According to the SCImago Journal Rank database at <https://www.scimagojr.com>, *The Lancet Diabetes & Endocrinology* is classified in Quartile Q1, with SJR = 6.982 and H-index = 197. Citation of the Petitioner's work in a review article in a journal of this caliber is objective evidence that his work contributed to high-level scientific discussion in endocrinology and metabolic disease.

C. "Morbid Obesity in Pediatric Diabetes Mellitus: Surgical Options and Outcomes"

Published in *Nature Reviews Endocrinology*, this article is a high-level review. Review articles in the *Nature Reviews* series synthesize the most important and scientifically relevant evidence in a field. According to the SCImago Journal Rank database at <https://www.scimagojr.com>, *Nature Reviews Endocrinology* is classified in Quartile Q1, with SJR = 10.541 and H-index = 292. Citation of the Petitioner's work in this journal is compelling objective evidence of high-level scientific relevance.

D. "Surgical Cure for Type 2 Diabetes by Foregut or Hindgut Operations: A Myth or Reality? A Systematic Review"

Published in *Surgical Endoscopy*, this article is a systematic review. Systematic reviews identify, evaluate, and compare available studies

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on a question of clinical and scientific importance. According to the SCImago Journal Rank database at <https://www.scimagojr.com>, Surgical Endoscopy is classified in Quartile Q1, with SJR = 1.248 and H-index = 176. Inclusion of the Petitioner's study in this systematic review shows continued scientific relevance years after the original publication.

VIII. Objective SCImago Profile of the Citing Journals

The SCImago metrics provide an objective framework reinforcing the qualitative significance of the citations described above. The Petitioner's original article appeared in Obesity Surgery (Q1; SJR 1.189; H-index 141). It was then cited in Surgical Endoscopy (Q1; SJR 1.248; H-index 176), Annals of Surgery (Q1; SJR 2.593; H-index 360), The Lancet Diabetes & Endocrinology (Q1; SJR 6.982; H-index 197), and Nature Reviews Endocrinology (Q1; SJR 10.541; H-index 292). This is not the pattern of an article circulating only in low-visibility or ordinary literature. It is the pattern of an article that was published in, and then reused by, the most influential portion of the relevant scientific literature.

Table 1. Objective Bibliometric Profile of the Petitioner's Publication and the High-Impact Journals That Relied Upon It

| Journal | SCImago Tier | SJR | H-Index | Significance to the Present Petition |
|-------------------------------------|--------------|--------|---------|--|
| Obesity Surgery | Q1 | 1.189 | 141 | The Petitioner's cornerstone article was published in a top-quartile specialty journal and later achieved an unusually strong citation record for a specialized clinical field. |
| Annals of Surgery | Q1 | 2.593 | 360 | Citation in an international consensus recommendations paper demonstrates that the Petitioner's work was considered relevant by leading experts in one of the most authoritative surgical venues in the world. |
| The Lancet Diabetes & Endocrinology | Q1 | 6.982 | 197 | Citation in a high-level review article confirms that the Petitioner's work contributed to elite scientific discussion in diabetes, endocrinology, and metabolic disease. |
| Nature Reviews Endocrinology | Q1 | 10.541 | 292 | Citation in one of the highest-impact review journals in endocrinology demonstrates recognition in exceptionally influential scientific literature. |
| Surgical Endoscopy | Q1 | 1.248 | 176 | Citation in a systematic review confirms continued relevance of the Petitioner's work in later evidence-based evaluation of surgical treatment strategies. |

As Table 1 demonstrates, the Petitioner's publication was not merely cited in passing. It was published in a Q1 specialty journal and subsequently cited in a consensus paper, major review articles, and a

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systematic review appearing in multiple Q1 journals with strong SJR and H-index metrics.

IX. Independent Web of Science Citation Metrics Further Demonstrating Sustained Scholarly Influence

Beyond the citation history of the Petitioner's cornerstone publication and its downstream recognition in elite journals, the record also contains broader bibliometric evidence from Web of Science demonstrating that the Petitioner's scholarly influence is sustained, independently recognized, and distributed across multiple medically significant disciplines.

The Web of Science Citation Report independently confirms that the Petitioner's scholarly influence is substantial, sustained, and materially above what would be expected from routine academic participation. Far from reflecting an isolated publication or ordinary collaboration, the report shows a body of work associated with 107 indexed publications, 6,080 citing articles, 7,555 total citations, 7,316 citations excluding self-citations, an average of 70.61 citations per item, and an H-index of 35. These are objective bibliometric indicators of broad and durable scientific recognition.

The fact that the overwhelming majority of these citations remain even after excluding self-citations is especially important, because it confirms that the Petitioner's influence is being driven by independent researchers rather than self-referential activity. The citation trend over time likewise demonstrates continued scholarly relevance rather than a short-lived or episodic burst of attention. Moreover, the Web of Science subject-area distribution shows that the Petitioner's work has been cited across multiple medically significant disciplines, including Surgery, Endocrinology & Metabolism, Nutrition & Dietetics, Gastroenterology & Hepatology, Biochemistry & Molecular Biology, Physiology, Pathology, and General Internal Medicine. This breadth of recognition is highly probative because it demonstrates that the Petitioner's scientific contributions were not confined to a narrow niche, but instead achieved interdisciplinary visibility across core areas of biomedical and clinical science.

Table 2. Web of Science Citation Report Summary

| Indicator | Value | Relevance to the Present Petition |
|----------------------|-------|---|
| Indexed Publications | 107 | Demonstrates a substantial and sustained body of scholarly work rather than isolated academic activity. |
| Citing Articles | 6,080 | Shows that the Petitioner's work has been relied upon by thousands of subsequent publications. |

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|------------------------------------|---|---|
| Total Citations | 7,555 | Confirms strong overall citation impact across the Petitioner's publication record. |
| Citations Excluding Self-Citations | 7,316 | Demonstrates that the Petitioner's influence is overwhelmingly driven by independent researchers. |
| Average Citations per Item | 70.61 | Reflects unusually strong citation performance across the publication record as a whole. |
| H-Index | 35 | Confirms sustained and distributed scientific influence across multiple publications. |
| Citation Trend Over Time | Sustained across multiple years | Shows continued scholarly relevance rather than isolated or short-lived recognition. |
| Subject-Area Breadth | Surgery; Endocrinology & Metabolism; Nutrition & Dietetics; Gastroenterology & Hepatology; Biochemistry & Molecular Biology; Physiology; Pathology; General Internal Medicine | Demonstrates interdisciplinary recognition across multiple core areas of biomedical and clinical science. |

As reflected in Table 2, the Petitioner's bibliometric profile is not consistent with routine scholarly participation. Rather, it reflects a substantial body of scientific work that has attracted broad independent citation, sustained attention over time, and recognition across multiple medically significant disciplines.

When considered together, the premium Q1 journal citation evidence and the Web of Science citation profile directly rebut any suggestion that the Petitioner's work reflects only routine scholarly participation. Instead, they show a record of continued citation in high-level journals, strong aggregate bibliometric performance, minimal dependence on self-citation, and a citation trajectory that remained active across approximately a full decade. These objective features support the conclusion that the Petitioner's work achieved lasting and meaningful relevance in the field.

The citation timeline is highly probative in the present case because it does not show a single isolated spike followed by disappearance; instead, it shows continuing publication and citation activity extending from the late 2000s through the following decade and into the recent period. In other words, the Petitioner's work has resisted the passage of time. In the context of 8 C.F.R. § 204.5(h), that kind


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of long-term, independent, and interdisciplinary citation performance is highly relevant because it reflects sustained acclaim rather than temporary visibility and confirms that the Petitioner's scholarly influence is materially above what is ordinarily expected in the field.

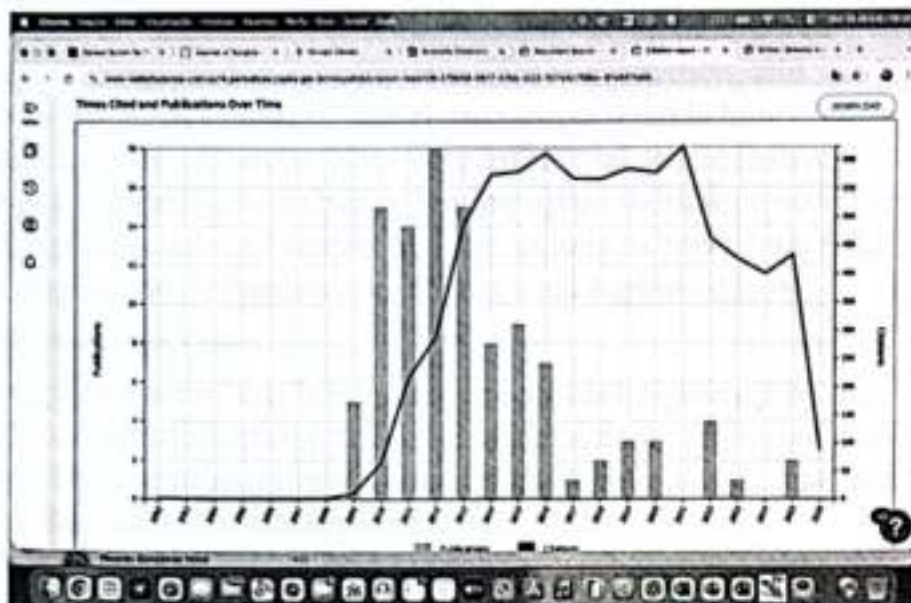


Figure 1. Web of Science citation and publication trend over time, showing sustained scholarly recognition across many years.

The fact that the overwhelming majority of citations remain after excluding self-citations is especially important, because it confirms that the Petitioner's influence is being driven by independent researchers rather than self-promotion. Just as importantly, the citation trend over time demonstrates that the Petitioner's work has not merely attracted a brief burst of attention, but has remained citable, useful, and scientifically relevant across many years.

The quantitative metrics summarized in Table 2 are further corroborated by the accompanying graphical evidence from Web of Science. In addition to the raw citation totals reflected above, the visual record confirms that the Petitioner's influence is not temporary, isolated, or dependent on self-referential citation practices, but instead reflects durable and independently sustained recognition over time.

X. Why This Demonstrates Influence in the Field Even If the Work Did Not Single-Handedly Transform the Entire Discipline

The NOID appears to place substantial weight on the absence of evidence that the Petitioner's work changed the field in some major way. Respectfully, that framing risks imposing a standard more demanding than the one required by the regulation. EB-1A does not require proof that a physician-scientist single-handedly transformed

Y. J. Kim
03-31-2020

an entire discipline in the manner of Einstein or Hawking. The regulation instead asks whether the evidence shows sustained acclaim and a level of expertise placing the beneficiary among the small percentage at the very top of the field.

In academic medicine, influence often manifests cumulatively and iteratively. A publication may influence the field by contributing data, informing mechanistic understanding, being incorporated into reviews, being cited in systematic evidence evaluation, and becoming part of consensus-level discussion. That is how clinical science usually advances. Not every influential article instantly changes all practice worldwide, but important work is repeatedly cited, synthesized, and reused by later authors as part of the field's evolving scientific framework. That is what happened here.

XI. Clinician-Scientist Context

The significance of this bibliometric record is heightened by the Petitioner's professional profile. He is a practicing physician and surgeon whose primary professional activity involves patient care rather than full-time academic research. In that context, a publication record including a Q1 specialty article cited more than 200 times and reused in elite journals such as *Annals of Surgery*, *The Lancet Diabetes & Endocrinology*, and *Nature Reviews Endocrinology* is particularly notable.

Most practicing physicians do not produce work that reaches this level of visibility and reuse in top-tier literature. Thus, the record is not only above average in the abstract; it is especially above average for a clinician in this specialty. That fact is directly relevant to whether the Petitioner stands among the small percentage at the very top of the field.

XII. Additional Supporting Publications Demonstrating Breadth, Continuity, and Resistance Over Time

While the Petitioner's most highly cited publication in metabolic surgery provides clear evidence of strong scholarly impact, a comprehensive evaluation of academic influence is not limited to a single work. A broader view of the publication record offers additional insight into patterns of research activity, continuity of output, and sustained engagement within the field.

In this context, the Petitioner's additional and more recent publications are also relevant. Together, they reflect an ongoing commitment to scientific inquiry, continued participation in scholarly discourse, and the progressive development of his research

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profile over time. These works further indicate that his contributions are not isolated, but part of a broader trajectory of academic activity that has remained active and visible within the field.

A. Ozone-Related Experimental Surgical Research

The Petitioner's broader scholarly influence is further demonstrated by the downstream recognition of his article "Evaluation of the Effects of Ozone Therapy in the Treatment of Intra-Abdominal Infection in Rats," published in CLINICS in 2010. This study addressed a medically relevant question in experimental surgical and translational research by evaluating the therapeutic effects of ozone in intra-abdominal infection and its impact on inflammatory response in an established disease model. According to Google Scholar, the article has received approximately 60 citations, which independently confirms that it achieved recognition beyond routine publication.

Its significance is further reinforced by the fact that this same work was later cited in Expert Review of Anti-Infective Therapy, an international journal classified by SCImago in Quartile Q1, with SJR = 1.090 and H-index = 103, in the fields of infectious diseases, microbiology, and virology. In addition, the Petitioner's ozone-related work was also cited in the Journal of Surgical Research, another internationally recognized journal classified by SCImago in Quartile Q1 in the category of Surgery, with SJR = 0.736 and H-index = 131. Although this ozone-related publication does not carry the same evidentiary weight as the Petitioner's cornerstone metabolic surgery article, its citation record and subsequent reuse in two separate first-quartile journals materially strengthen the broader pattern reflected in the record.

Table 3. Additional Supporting Q1 Citing Literature for the Ozone-Related Publication

| Journal | SCImago Tier | SJR | H-Index | Significance to the Present Petition |
|---|--------------|-------|---------|--|
| Expert Review of Anti-Infective Therapy | Q1 | 1.090 | 103 | Citation of the Petitioner's ozone-related work in this journal demonstrates broader downstream recognition in international biomedical literature beyond the core metabolic surgery discussion. |
| Journal of Surgical Research | Q1 | 0.736 | 131 | Citation in a well-ranked international surgical journal further confirms continued scientific relevance and broader recognition of the Petitioner's work within surgery. |

B. Pancreatic Anastomosis and Technical Surgical Innovation

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Contrary to the Notice's apparent characterization of the Petitioner's work as reflecting only routine scholarly participation, the Petitioner's article "Modified Heidelberg Technique for Pancreatic Anastomosis" provides additional objective evidence of durable and clinically meaningful scientific contribution. This publication addressed one of the most technically critical steps in pancreatic surgery—the construction of the pancreatic anastomosis after pancreatoduodenectomy, where technical failure may lead to postoperative pancreatic fistula, a major source of morbidity and mortality. Published in *Arquivos Brasileiros de Cirurgia Digestiva (ABCD) / Brazilian Archives of Digestive Surgery*, a peer-reviewed journal classified by SCImago in Quartile Q2, with SJR = 0.405 and H-index = 28, the article did not merely restate existing knowledge, but proposed a modified operative approach intended to improve how pancreaticojejunal anastomosis is performed across different pancreatic textures and duct sizes. That alone is relevant, because it reflects technically original and clinically consequential scholarship directed at a major postoperative complication in pancreatic surgery.

Critically, the relevance of this work did not fade after publication. To the contrary, this article continued to generate total citations over time, including citations in top-line journals of recognized international standing. This downstream citation history is especially probative because it demonstrates that the Petitioner's technical contribution was not confined to its original publication venue, but remained relevant to later authors engaged in high-level surgical discussion of the same operative challenge—namely, how to construct pancreatic anastomosis and reduce postoperative pancreatic fistula after pancreatoduodenectomy. Among those later citations are citations in *Annals of Surgery*, classified by SCImago in Quartile Q1, with SJR = 2.593 and H-index = 360, and in the *Journal of Surgical Oncology*, likewise classified in Quartile Q1, with SJR = 0.741 and H-index = 136. These are not trivial citing venues. They are premium surgical journals, and their reliance on the Petitioner's work confirms that his technical contribution entered the continuing expert discourse on pancreatic reconstruction and postoperative fistula prevention.

Ygh
03-31-2028

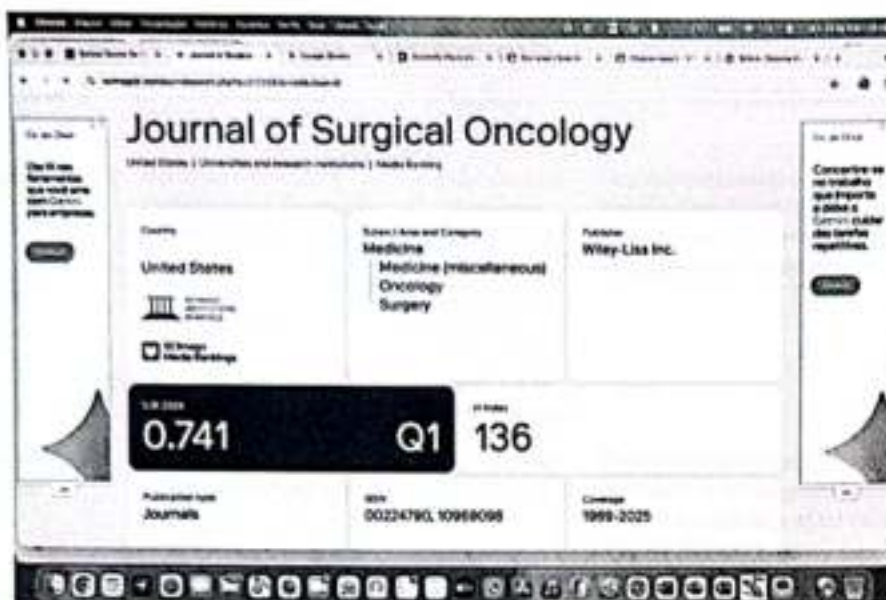


Figure 2. SCImago profile for Journal of Surgical Oncology (Q1; SJR 0.741; H-index 136).

The premium status of one of the later citing journals is further reflected in the SCImago profile of the Journal of Surgical Oncology, which confirms that the Petitioner's pancreatic anastomosis work continued to circulate within first-quartile international surgical literature rather than fading after publication.

As reflected above, this is not the profile of a minor or merely local publication. It is the profile of a technically meaningful contribution that entered the continuing expert discourse on how pancreatic anastomosis should be constructed and refined in order to reduce postoperative pancreatic fistula after pancreateoduodenectomy. That point is important not only scientifically, but systemically: any operative modification capable of reducing morbidity and mortality after complex pancreatic surgery also tends to reduce prolonged hospitalization, intensive care utilization, reinterventions, infection-related complications, and the overall economic burden associated with postoperative failure. Accordingly, the relevance of the Petitioner's contribution extends beyond technical surgical discussion in the abstract and bears directly on hospital efficiency, resource utilization, and healthcare cost containment, including in high-cost healthcare environments such as the United States. When considered together with the Petitioner's broader citation profile and decade-long pattern of recognized scientific production, this article directly rebuts any suggestion that his work reflects only routine scholarly participation and instead confirms that his contributions have achieved lasting and meaningful relevance in the field.

Table 4. Downstream Recognition of "Modified Heidelberg

E. J. Lin
03-31-2026

Technique for Pancreatic Anastomosis”

| Item | Evidence | Objective Metrics | Why It Matters |
|-----------------------------------|--|--|--|
| Original Article | Modified Heidelberg Technique for Pancreatic Anastomosis | Published in Arquivos Brasileiros de Cirurgia Digestiva (ABCD) / Brazilian Archives of Digestive Surgery | Demonstrates original technical contribution directed at reducing postoperative pancreatic fistula after pancreatoduodenectomy. |
| Publishing Journal | ABCD / Brazilian Archives of Digestive Surgery | Q2 · SJR 0.405 · H-index 28 | Confirms that the article was published in a recognized peer-reviewed surgical journal rather than an obscure venue. |
| Clinical Problem Addressed | Pancreatic anastomosis after pancreatoduodenectomy | Major source of morbidity and mortality: postoperative pancreatic fistula | Shows that the article addressed a clinically consequential and technically demanding problem in pancreatic surgery. |
| Nature of Contribution | Modified operative technique | Technical refinement applicable to different pancreatic textures and duct sizes | Demonstrates that the publication proposed a practical surgical modification rather than merely summarizing prior knowledge. |
| Citation Record | Total downstream citation history | Includes citations in top-line surgical journals | Shows that the article remained relevant after publication and continued to be used by later authors, including in premium journals. |
| High-Impact Citation #1 | Citation in Annals of Surgery | Q1 · SJR 2.593 · H-index 360 | Demonstrates recognition in one of the most authoritative journals in surgery and confirms that the technical contribution entered elite surgical discourse. |
| High-Impact Citation #2 | Citation in Journal of Surgical Oncology | Q1 · SJR 0.741 · H-index 136 | Confirms continued relevance in high-level surgical literature addressing pancreatic anastomosis and postoperative pancreatic fistula. |
| Temporal Significance | Continued citation years after publication | Citation in later premium journals | Supports the conclusion that the contribution was durable and resisted the passage of time rather than being isolated or short-lived. |
| Relevance to the Present Petition | Broader pattern of scientific influence | Technical originality + downstream recognition + continued expert reuse | Reinforces that the Petitioner's scientific work was clinically meaningful, enduring, and well above routine scholarly participation. |

Y. Jim
03/31/2020

XIII. Conclusion

When considered in its totality, the record demonstrates a coherent and compelling pattern: a cornerstone publication in a Q1 specialty journal; a citation count exceeding 200 in a specialized clinical field; downstream citation in an international consensus publication, major review literature, and a systematic review; reuse in multiple Q1 journals with strong SJR and H-index metrics; a broader Web of Science citation profile reflecting substantial, independent, and interdisciplinary scientific recognition; and additional supporting publications confirming breadth and continuity of scholarly influence across a full decade.

These are objective indicators of scholarly influence that exceed what is ordinarily expected in the specialty and are fully consistent with the level of recognition associated with individuals who belong to the small percentage at the very top of the field. Properly understood, this record directly rebuts the concerns expressed in the Notice of Intent to Deny and supports a favorable finding that the Petitioner's scientific publications reflect the type of high-level influence and recognition contemplated by the regulations.

I declare that everything
stated in this section is true.

Y. Lian. Lian. Mayo Jh. L. J. J.

March, 31 / 2026

Exhibit V - Mukherji vs. Miller

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEBRASKA

ANAHITA MUKHERJI,

Plaintiff,

vs.

LOREN K. MILLER, in his official capacity
as Director, Nebraska Service Center, U.S.
Citizenship and Immigration Services; and
UR MENDOZA JADDOU, in her official
capacity as Director, U.S. Citizenship and
Immigration Services,

Defendants.

4:24CV3170

MEMORANDUM AND ORDER

This matter is before the Court on Plaintiff’s motion for summary judgment, [Filing No. 19](#), and Defendants’ motion for summary judgment, [Filing No. 21](#). Plaintiff, an Indian national, sought the highest preference “extraordinary ability” immigrant worker classification from USCIS on the basis of her work as a journalist. On March 8, 2024, Plaintiff filed an I-140 petition seeking to qualify as an individual of extraordinary ability under [8 U.S.C. § 1153\(b\)\(1\)\(A\)](#). [Filing No. 1 at 2](#). USCIS denied Plaintiff’s petition for the “extraordinary ability” immigrant classification. Plaintiff challenges that finding as arbitrary and capricious under the Administrative Procedure Act (“APA”).¹

¹ The “Initial Evidence” section of Volume 6, Part F, Chapter 2 of the USCIS Policy Manual, concerning “Two-Step Evidentiary Review” states as follows:

The first step of the evidentiary review is limited to determining whether the evidence submitted with the petition meets the regulatory criteria. The evidence must be comprised of either one-time achievement (that is, a major, internationally recognized award) or at least three of the ten regulatory criteria or be comparable to at least three of the ten regulatory criteria. The officer should apply a preponderance of the evidence standard when making this determination.

For purposes of the first step of the analysis, officers should consider the quality and caliber of the evidence to determine whether a particular regulatory criterion has been met, to the extent the criterion has qualitative requirements. Officers should not yet make a

LEGAL STANDARDS

A. Summary judgment under the APA

In a case under the APA, “summary judgment ‘serves as the mechanism for deciding, as a matter of law, whether the agency action is supported by the administrative record and otherwise consistent with the APA standard of review.’” *Friends of Animals v. Ross*, 396 F. Supp. 3d 1 (D.D.C. 2019) (quoting *Sierra Club v. Mainella*, 459 F. Supp. 2d 76, 90 (D.D.C. 2006)). When conducting a review under the APA, the district court “sits as an appellate tribunal” and the “entire case on review is a question of law.” *Am. Bioscience, Inc. v. Thompson*, 269 F.3d 1077, 1083 (D.C. Cir. 2001).

“It is well-established that judicial review under the APA is limited to the administrative record that was before the agency when it made its decision.” *Voyageurs Nat. Park Ass’n v. Norton*, 381 F.3d 759, 766 (8th Cir. 2004). “By confining judicial review to the administrative record, the APA precludes the reviewing court from conducting a de novo trial and substituting its opinion for that of the Agency.” *Id.* (citing *United States v. Morgan*, 313 U.S. 409, 422 (1941)). Agency action is required to be upheld on review unless it is “arbitrary, capricious, an abuse of discretion, or otherwise not in accordance with the law.” 5 U.S.C. § 706(2)(A).

B. Arbitrary and Capricious

An agency decision is arbitrary and capricious if “the agency acted outside ‘the bounds of reasoned decision making,’” *Russellville Legends LLC v. United States Army Corps of Eng’rs*, 24 F.4th 1192, 1196 (8th Cir. 2022) (quoting *Dep’t of Com. v. New York*,

determination regarding whether or not the person is one of that small percentage who have risen to the very top of the field or if the person has sustained national or international acclaim.

588 U.S. 752 (2019)), “relied on factors which Congress has not intended it to consider,” provided an explanation “that runs counter to the evidence,” or makes a decision that is “so implausible that it could not be ascribed to a difference in view or the product of agency expertise.” *Bettor Racing, Inc. v. Nat’l Indian Gaming Comm’n*, 812 F.3d 648, 651 (8th Cir. 2016) (citing *Motor Vehicle Manufacturers Ass’n of the United States, Inc. v. State Farm Mut. Auto. Ins. Co.*, 463 U.S. 29, 43 (1983)) (“*State Farm*”).

This standard is deferential to the agency. It is not enough that the court would have come to a different conclusion than the agency. *Nat’l Ass’n of Home Builders v. Norton*, 340 F.3d 835, 841 (9th Cir. 2003). Instead, the court reviews the agency’s decision to determine if it “considered the relevant factors and articulated a rational connection between the facts found and the choice made.” *Id.* (citing *Baltimore Gas & Elec. Co. v. Nat. Res. Def. Council, Inc.*, 462 U.S. 87, 105 (1983)).

A decision is arbitrary and capricious if the agency “relied on factors which Congress has not intended it to consider, entirely failed to consider an important aspect of the problem, offered an explanation for its decision that runs counter to the evidence before the agency, or is so implausible that it could not be ascribed to a difference in view or the product of agency expertise.” *State Farm*, 463 U.S. at 43. “Under the APA, review of an agency decision is limited. “The reviewing court decides whether the agency’s decision was ‘based on consideration of the relevant factors and whether there has been a clear error of judgment.’” *Id.* (quoting *Voyageurs Nat. Park Ass’n*, 381 F.3d at 763). Although a reviewing court “may not supply a reasoned basis for the agency’s action that the agency itself has not given,” it may “uphold a decision of less than ideal clarity if the agency’s path may reasonably be discerned.” *State Farm*, 463 U.S. at 43.

DISCUSSION

A. History and the two step analysis

In 1990, Congress sought to facilitate the immigration of highly talented aliens to the United States by creating a new employment-based immigration preference for those of “extraordinary ability in the sciences, arts, education, business, or athletics which has been demonstrated by sustained national or international acclaim and whose achievements have been recognized in the field through extensive documentation.” IMMIGRATION ACT OF 1990, PL 101–649, November 29, 1990, 104 Stat 4978. This classification is known as “EB-1A.” 8 U.S.C. § 1153(b)(1)(A). The INA provides for the allocation of immigrant visas to such persons if the alien “seeks to enter the United States to continue work in the area of extraordinary ability,” and the alien’s “entry into the United States will substantially benefit prospectively the United States.” 8 U.S.C. § 1153(b)(1)(A).

When Congress created the “extraordinary ability” category, according to a House report, it intended it “to be reserved for that small percentage of individuals who have risen to the very top of their field of endeavor.” H.R. Rep. 101-723, at 59 (Sept. 19, 1990). To show extraordinary ability, the statute requires a showing that the applicant possesses “extraordinary ability in the sciences, arts, education, business, or athletics which has been demonstrated by sustained national or international acclaim and whose achievements have been recognized in the field through extensive documentation.” 8 U.S.C. § 1153(b)(1)(A). Plaintiff applied for the “employment based” classification under the Immigration and Nationality Act.

The Immigration and Naturalization Service issued a legislative rule through notice and comment rulemaking defining extraordinary ability to mean “a level of expertise indicating that the individual is one of that small percentage who have risen to the very top of the field of endeavor.” 8 C.F.R. § 204.5(h)(2). To meet the stricter definition of “extraordinary ability,” the petitioner must submit evidence that he or she “has sustained national or international acclaim and that his or her achievements have been recognized 8 C.F.R. § 204.5(h)(3). Such documentation may include evidence of a one-time achievement—that is, a major, internationally recognized award such as an Olympic gold medal or a Nobel or Pulitzer Prize, or it may include evidence that satisfies at least three of ten specific criteria intended to identify benchmarks for determining “extraordinary ability.” 8 C.F.R. § 204.5(h)(3). That is, in the absence of evidence of a one-time achievement, a petitioner may qualify by submitting evidence of at least three of the following:

- (i) Documentation of the alien’s receipt of lesser nationally or internationally recognized prizes or awards for excellence in the field of endeavor;
- (ii) Documentation of the alien’s membership in associations in the field for which classification is sought, which require outstanding achievements of their members, as judged by recognized national or international experts in their disciplines or fields;
- (iii) Published material about the alien in professional or major trade publications or other major media, relating to the alien’s work in the field for which classification is sought. Such evidence shall include the title, date, and author of the material, and any necessary translation;
- (iv) Evidence of the alien’s participation, either individually or on a panel, as a judge of the work of others in the same or an allied field of specification for which classification is sought;
- (v) Evidence of the alien’s original scientific, scholarly, artistic, athletic, or business-related contributions of major significance in the field;

- (vi) Evidence of the alien's authorship of scholarly articles in the field, in professional or major trade publications or other major media;
- (vii) Evidence of the display of the alien's work in the field at artistic exhibitions or showcases;
- (viii) Evidence that the alien has performed in a leading or critical role for organizations or establishments that have a distinguished reputation;
- (ix) Evidence that the alien has commanded a high salary or other significantly high remuneration for services, in relation to others in the field; or
- (x) Evidence of commercial successes in the performing arts, as shown by box office receipts or record, cassette, compact disk, or video sales.

8 C.F.R. § 204.5(h)(3); see *Matter of Price*, 20 I. & N. Dec. 953, 954 (BIA 1994). Should a petitioner believe that the enumerated criteria “do not readily apply to [her] occupation, the petitioner may submit comparable evidence to establish [her] eligibility.” 8 C.F.R. § 204.5(h)(4).

USCIS now follows a two-step analysis of the petitioner's evidence in adjudicating EB-1A petitions. First, it determines whether the petitioner provided evidence of a one-time achievement or evidence satisfying at least three of the ten regulatory criteria. See *Kazarian v. U.S. Citizenship & Immigr. Servs.*, 596 F.3d 1115, 1121 (9th Cir. 2010). If so, USCIS then considers the totality of the evidence to make a final merits determination regarding the petitioner's qualifications and achievements. Volume 6, Part F, Chapter 2 of the USCIS Policy Manual. At this second step, the evidence must demonstrate “sustained national or international acclaim” and establish that the petitioner is one of a small percentage who has risen to the very top of their field of endeavor to be eligible for extraordinary ability designation. 8 U.S.C. § 1153(b)(1)(A)(i); 8 C.F.R. § 204.5(h)(2).

B. PLAINTIFF'S ARGUMENTS

Plaintiff summarizes her arguments from her Motion for Summary Judgment as follows:

- Congress created the priority worker extraordinary ability classification in Section 121(a) of the Immigration Act of 1990;
- Legacy-INS promulgated implementing regulations in late November 1991, which are codified at 8 C.F.R. § 204.5(h);
- In 1995, Legacy-INS published a proposed final rule that created a two-step adjudication process for EB-1A petitions, but the rulemaking never proceeded to the final action stage. In this 1995 NPRM, Legacy-INS classified the change as a “substantive rule”;
- Adjudications under 8 C.F.R. § 204.5(h) remained largely unchanged from 1991 through 2010, when USCIS adopted its *Kazarian* Policy after the Ninth Circuit issued its decision in *Kazarian*, 596 F.3d 1115;
- In its 2010 Memorandum adopting the *Kazarian* two-step process, Defendant USCIS claimed that it was not a legislative rule change, despite changing the manner of EB-1A adjudications that had been in place for nineteen (19) years.

See Plaintiff's Reply Brief, [Filing No. 22](#) at 9.

Plaintiff offered evidence to satisfy five of the different categories. The USCIS denied Plaintiff's claim, finding that while she met the requirement for the five categories (only three were needed), she failed to show that she met the extraordinary ability standard. USCIS explained that Plaintiff failed to establish “the high level of expertise required for the E11 immigrant classification.” This denial was made through the agency's “final merits determination.” See [Filing No. 1-2](#), Ex. A.

Plaintiff contends that this “final merits” determination is not found in statute or regulation and is taken from the Ninth Circuit's decision in *Kazarian*, which USCIS

adopted as a nation-wide policy on December 22, 2010. [Filing No. 22 at 9–10](#). The adoption of this policy was a violation of the APA, argues Plaintiff.

C. DEFENDANTS' ARGUMENTS

Defendants contend that in the second step of the analysis, the officer should consider the petition in its entirety to determine eligibility according to the standard. To establish eligibility, the petition must demonstrate that the person has sustained national or international acclaim and that their achievements have been recognized in the field of expertise, indicating that the person is one of that small percentage who has risen to the very top of the field of endeavor. The officer applies a preponderance of the evidence standard when making this determination.

An officer may not limit the kind of evidence the officer thinks the person should be able to submit and deny the petition if that particular type of evidence (whether one of the prescribed types or comparable evidence) is absent, if the person nonetheless submitted other types of evidence that meet the regulatory requirements for the classification. 6 USCIS Policy Manual F.2, <https://www.uscis.gov/policy-mnual/volume-6-part-f-chapter-2> (last visited Dec. 23, 2025) (internal footnotes omitted).

D. COURT'S ANALYSIS – Two Step Framework

The statutory requirements are:

(i) the alien has extraordinary ability in the sciences, arts, education, business, or athletics which has been demonstrated by sustained national or international acclaim and whose achievements have been recognized in the field through extensive documentation, (ii) the alien seeks to enter the United States to continue work in the area of extraordinary ability, and (iii) the alien's entry into the United States will substantially benefit prospectively the United States.

[8 U.S.C. § 1153\(b\)\(A\)\(i\)](#), (ii), and (iii). Review for whether agency action is “not in accordance with law” under [5 U.S.C. § 706\(2\)\(A\)](#) is reviewed de novo like any other issue

of law. *Loper Bright Enters. v. Raimondo*, 603 U.S. 369 (2024) (“The Administrative Procedure Act requires courts to exercise their independent judgment in deciding whether an agency has acted within its statutory authority, and courts may not defer to an agency interpretation of the law simply because a statute is ambiguous.”). Additionally, informal agency adjudications may also be reviewed for whether they are “arbitrary, capricious, [or] an abuse of discretion.” 5 U.S.C. § 706(2)(A).

The definitive issue before the Court is whether the defendants properly created this two-step process for determining eligibility for this group of special applicants. The Court is not permitted, in this analysis, to determine the merits of the plaintiff’s application. The Court must only review the legal issue of the creation and use of the two-step process.

When the Agency initially started the rulemaking process for this two-step analysis, it viewed the process as substantive. 8 C.F.R. § 204.5(h)(3). The Office of Personnel Management’s docket for the 1995 NPRM—RIN 1115-AD55—shows that: (1) this NPRM was classified as a substantive rule; and (2) that the rulemaking process never proceeded to the final action stage. Many years later in 2010, the agency published an interim policy memorandum with a 14-day comment period, followed by a final memorandum—neither of which went through the APA’s notice and comment in accordance with 5 U.S.C. § 553—to adopt the agency’s stance that it would now require a second-step showing beyond the analysis required by 8 C.F.R. § 204.5(h)(3) which the agency referred to as a “final merits determination.” In addition, “[t]he Ombudsman recommended that USCIS conduct formal rulemaking to, among other things, explicitly incorporate a final merits determination component into the regulations, in that ‘USCIS could promulgate regulations to formally

establish an objective two-part *Kazarian*-derived test as the standard.” Filing No. 20 at 14. No such rulemaking has ever occurred.

“Administrative agencies are creatures of statute. They accordingly possess only the authority that Congress has provided.” *Nat'l Fed'n of Indep. Bus. v. Dep't of Lab., Occupational Safety & Health Admin.*, 595 U.S. 109 (2022); accord *Lyng v. Payne*, 476 U.S. 926, 937 (1986) (“[A]n agency’s power is no greater than that delegated to it by Congress.”). “[A]n order of [an agency] made in excess of its delegated powers” is an action not “made within its jurisdiction.” *Leedom v. Kyne*, 358 U.S. 184, 188 (1958). Such an action is “ultra vires agency action.” *Fed. Express Corp. v. United States Dep't of Com.*, 39 F.4th 756, 763–64 (D.C. Cir. 2022). And as has long been understood, an act without jurisdiction is void. *Harris v. Hardeman*, 55 U.S. 334, 339 & 342 (1852).

The agency cited its statutory rulemaking delegation, 8 U.S.C. § 1103(a), as the authority for the publication of the final memorandum. *Id.*, Subject: Evaluation of Evidence Submitted With Certain Form I-140 Petitions; Revisions To the Adjudicator's Field Manual Chapter 22.2, *Afm Update Ad11-14*, 2010 WL 5597716. The Agency published a Memorandum in this regard creating the two-step process indicating that “two-part adjudicative approach” that requires a secondary analysis beyond that required by 8 C.F.R. § 204.5(h)(3). The agency made zero recognition of the fact that it was discarding the prior single-part adjudicative approach it had used for nearly twenty years. *Id.* The only support offered by the Agency was a case decided by the Ninth Circuit which created this two-system analysis. See *Kazarian*, 596 F.3d 1115.

With regard to this case, the Agency concluded in its findings that:

- (a) “USCIS has determined that while you have had achievements that have been recognized in your field of expertise, indicating that

you were once a part of the small percentage who has risen to the very top of your field; the record does not establish that you have sustained national or international acclaim.” (A.R. 00014);

(b) “More specifically, the record lacks sufficient evidence to support your sustained national or international acclaim after 2015.” (A.R. 00014);

(c) “[I]t appears that all of your national acclaim as a journalist in the field of arts (public interest journalism) occurred prior to 2016.” (A.R. 00014);

(d) “[T]he record also includes evidence of your continued work in the field, but USCIS doubts how these experiences have contributed to your sustained national or international acclaim after 2015.” (A.R. 00014);

(e) “USCIS recognizes that you have had original contributions of major significance in the field as supported by various reference letters and corroborated by your receipt of awards and published materials about you and your work. However, as noted previously, the record fails to suggest your receipt of an award or published material about you and your work since 2015.” (A.R. 00014);

(f) “As noted previously, the record fails to suggest how you have sustained any national or international acclaim from your work for the [sic] Times of India and for Spaceship Media after 2015.” (A.R. 00015-00016);

(g) “[T]he totality of the evidence failed to sufficiently establish, by a preponderance of the evidence, that you have sustained national or international acclaim in the field of the arts (public interest journalism).” (A.R. 00016).

Filing No. 20 at 15–16.

As for the Senate Bill that actually and ultimately ended up becoming the law, the House Conference Report says absolutely nothing about a requirement that persons seeking priority worker extraordinary ability classification need to be part of “that small percentage of individuals who have risen to the very top of their field” or some other formulation to that effect. [H.R. CONF. REP. 101-955](#), 101st Cong., 2d Sess. (Oct. 26, 1990).

Further, the Court finds the agency unlawfully adopted its “final merits determination” test without notice and comment rulemaking. The APA, 5 U.S.C. § 553, requires that its notice and comment rulemaking procedures be followed when an agency creates “‘legislative’ or ‘substantive’ rules.” *Lincoln v. Vigil*, 508 U.S. 182, 196 (1993); *Green Rock LLC v. Internal Revenue Serv.*, 104 F.4th 220 (11th Cir. 2024) (“To enact regulations that have the force of law, a federal agency ordinarily must abide by the notice-and-comment procedures prescribed in the Administrative Procedure Act, 5 U.S.C. § 553(b).”). The Agency initially determined that this was substantive. Years later, the Agency changed this determination and proceeded to adopt the new standards without following any rulemaking process. The Court finds the Agency failed to follow its own rules in this regard.

In addition, the agency arbitrarily and capriciously adopted its “final merits determination” for failure to acknowledge and reason through the fact that it was changing its adjudicative policy. “Agencies are free to change their existing policies as long as they provide a reasoned explanation for the change.” *Encino Motorcars, LLC v. Navarro*, 579 U.S. 211 (2016) (citations omitted). “But the agency must at least ‘display awareness that it is changing position’ and ‘show that there are good reasons for the new policy.’” *Id.* “In such cases it is not that further justification is demanded by the mere fact of policy change; but that a reasoned explanation is needed for disregarding facts and circumstances that underlay or were engendered by the prior policy.” *Id.* That did not happen in this case.

One of the basic procedural requirements of administrative rulemaking is that an agency must give adequate reasons for its decisions. The agency “must examine the relevant data and articulate a satisfactory explanation for its action including a rational

connection between the facts found and the choice made.” *Motor Vehicle Manufacturers Association of the United States, Inc.*, 463 U.S. at 43 (internal quotation marks omitted). That requirement is satisfied when the agency's explanation is clear enough that its “path may reasonably be discerned.” *Bowman Transp., Inc. v. Arkansas-Best Freight Sys., Inc.*, 419 U.S. 281, 286 (1974). But where the agency has failed to provide even that minimal level of analysis, its action is arbitrary and capricious and so cannot carry the force of law. See 5 U.S.C. § 706(2)(A); *State Farm*, 463 U.S. 29. *Encino Motorcars, LLC*, 579 U.S.

211. The Court stated in *Encino*:

Agencies are free to change their existing policies as long as they provide a reasoned explanation for the change. When an agency changes its existing position, it “need not always provide a more detailed justification than what would suffice for a new policy created on a blank slate.” But the agency must at least “display awareness that it is changing position” and “show that there are good reasons for the new policy.” In explaining its changed position, an agency must also be cognizant that longstanding policies may have “engendered serious reliance interests that must be taken into account.” “In such cases it is not that further justification is demanded by the mere fact of policy change; but that a reasoned explanation is needed for disregarding facts and circumstances that underlay or were engendered by the prior policy.” It follows that an “[u]nexplained inconsistency” in agency policy is “a reason for holding an interpretation to be an arbitrary and capricious change from agency practice.” An arbitrary and capricious regulation of this sort is itself unlawful and receives no Chevron deference.

Encino Motorcars, LLC, 579 U.S. 211 (internal citations omitted).

The law requires that “agenc[ies] must at least ‘display awareness that it is changing position’ and ‘show that there are good reasons for the new policy,’” *Encino Motorcars, LLC*, 579 U.S. 211 (citation omitted), such that “an unexplained inconsistency in agency policy is a reason for holding an interpretation to be an arbitrary and capricious change from agency practice,” *id.* “An arbitrary and capricious regulation [i]nterpretation

of a regulation] of this sort is itself unlawful and receives no Chevron[/*Auer*] deference.”

Encino Motorcars, LLC, 579 U.S. 211 (citation omitted).

Finally, the Court must acknowledge the recent *Loper* case wherein the Supreme Court recently diminished the validity of Chevron. As stated in *Loper*:

The APA thus codifies for agency cases the unremarkable, yet elemental proposition reflected by judicial practice dating back to *Marbury*: that courts decide legal questions by applying their own judgment. It specifies that courts, not agencies, will decide “all relevant questions of law” arising on review of agency action, § 706 (emphasis added)—even those involving ambiguous laws—and set aside any such action inconsistent with the law as they interpret it. And it prescribes no deferential standard for courts to employ in answering those legal questions. That omission is telling, because Section 706 does mandate that judicial review of agency policymaking and factfinding be deferential. See § 706(2)(A) (agency action to be set aside if “arbitrary, capricious, [or] an abuse of discretion”); § 706(2)(E) (agency factfinding in formal proceedings to be set aside if “unsupported by substantial evidence”).

Loper Bright Enterprises, 603 U.S. at 391–92.

In summary, the Court finds the adoption of the two-tiered system by the Agency did not follow the required law. First, there was no notice discarding the policy that had been in place for 20 years. Second, the Agency changed its position adopting the legal analysis of the Ninth Circuit in *Kazarian*. Third, the final merits determination provided no notice and comment. Fourth, the Court finds that this change after 20 years is legislative, not interpretive, and even the Agency itself at one time found it to be legislative/substantive. Fifth, the Agency failed to clearly articulate a clear and justified reason for the policy change, after 20 years of using its original policy. Adequate reasons were simply not articulated by the Agency. This clearly violates the legal requirements set forth herein. Such failure makes the decision arbitrary and capricious. This is a long-standing policy. The Agency is free to change their policies in some circumstances, but

they must articulate their reasoning. Last, the Court determined in *Loper* that there is very limited *Chevron* deference now. All questions of law will be determined by the Court. These are clearly questions of law, not facts. Accordingly, for these reasons, the Court finds the two-tier analysis was not valid at its inception.

E. Arbitrary and Capricious Finding

Although the above findings are more than sufficient to find the Agency was arbitrary and capricious, in the alternative, the plaintiff argues that she clearly met the requirements set forth by Congress. The plaintiff presents APA claims that Defendant USCIS improperly rejected evidence of her qualifications under 8 C.F.R. § 204.5(h)(3). Plaintiff filed an I-140 petition seeking to qualify as an individual of extraordinary ability under 8 U.S.C. § 1153(b)(1)(A). USCIS denied Plaintiff's petition for the "extraordinary ability" immigrant classification. Plaintiff challenges that finding as arbitrary and capricious under the Administrative Procedure Act ("APA").

That classification is defined by statute as follows:

An alien is described in this subparagraph if—

- (i) the alien has extraordinary ability in the sciences, arts, education, business, or athletics which has been demonstrated by sustained national or inter- national acclaim and whose achievements have been recognized in the field through extensive documentation,
- (ii) the alien seeks to enter the United States to continue work in the area of extraordinary ability, and
- (iii) the alien's entry into the United States will substantially benefit prospectively the United States.

8 U.S.C. § 1153(b)(1)(A).

The Agency found with regard to Plaintiff in this case that:

- (1) that she has demonstrated her "[d]ocumentation of [her] receipt of lesser nationally or internationally recognized prizes or awards for excellence in

the field of endeavor,” § 204.5(h)(3)(i); (2) “[p]ublished material about [her] in professional or major trade publications or other major media, relating to [her] work in the field for which classification is sought,” § 204.5(h)(3)(iii); (3) “[e]vidence of [her] participation, either individually or on a panel, as a judge of the work of others in the same or an allied field of specification for which classification is sought,” § 204.5(h)(3)(iv); (4) “[e]vidence of [her] original scientific, scholarly, artistic, athletic, or business-related contributions of major significance in the field,” § 204.5(h)(3)(v); and (5) “[e]vidence that [she] has performed in a leading or critical role for organizations or establishments that have a distinguished reputation,” § 204.5(h)(3)(viii).

Filing No. 20 at 14, see *also* Filing No. 15 at 11. The Agency then determined that Plaintiff failed to support the criterion: “§ 204.5(h)(3) (‘Documentation of [her] membership on [sic] associations in the field for which classification is sought, which require outstanding achievements of their members, as judged by recognized national or international experts in their disciplines or fields’).” Filing No. 20 at 15, see *also* Filing No. 15 at 18.

The Court is very aware of its limited review in this case. However, the Court determines that the defendant has acted in an arbitrary and capricious manner. The plaintiff submitted substantial documentation of her excellence, including most impressive letters of recommendation touting her high-level contributions in her journalistic specialty; Plaintiff submitted a number of authorships and co-authorships in her areas of research, although many were discounted by the Agency; and she clearly has a very high level of achievement. The Court has carefully reviewed the decision of the reviewing officer. It is unclear as to why the officer determined that Plaintiff did not meet the “Excellent” level. There is no articulated standard, objective, or specific criteria upon which this Court can judge why she did not meet the standards. “If the officer determines that the petitioner has failed to demonstrate eligibility, the officer should not merely make general assertions regarding this failure. Rather, the officer must articulate the specific and legal reasons as to why the officer concluded that the petitioner has not demonstrated by a preponderance

of the evidence that the person has extraordinary ability.” USCIS Policy Manual, Vol. 6, Part F, Chapter 2 (December 22, 2025), <https://www.uscis.gov/policy-manual/volume-6-part-f-chapter-2>. If the reviewing officer fails to delineate the specific and legitimate reasons for the denial, then that is an arbitrary and capricious decision. Here, the reviewing officer failed to articulate the required standard and the failure to meet that standard by the plaintiff. Nor does the statute say anything about an individual being required to stay indefinitely at the top of their field. It is clear that the Plaintiff in this case was at the top of her field. No one argues that is not accurate. The Agency based its decision on whether she continuously received awards recognizing her status or kept up with that level of production. The Court finds nothing in the statutory scheme that would support such a finding. Accordingly,

The Court vacates the Agency’s denial and remands the petition to the Agency with instructions to approve the petition because there is nothing else left for the Agency to do.

THEREFORE, IT IS ORDERED THAT:

1. Plaintiff’s motion for summary judgment, [Filing No. 19](#), is granted.
2. Defendants’ motion for summary judgment, [Filing No. 21](#), is denied.
3. The Secretary’s decision is set aside. The Court vacates the Agency’s denial and remands the petition to the Agency with instructions to approve the petition.

Dated this 28th day of January, 2026.

BY THE COURT:

s/ Joseph F. Bataillon
Senior United States District Judge