



October 29, 2004

NIH Public Access Comments  
National Institutes of Health Office of Extramural Research  
6705 Rockledge Drive, Room 350  
Bethesda, MD 20892-7963

I am writing on behalf of the Association of Research Libraries to express our strong support for the NIH proposal to provide freely available online access to NIH-funded manuscripts via PubMed Central <http://grants1.nih.gov/grants/guide/notice-files/NOT-OD-04-064.html>. There are many aspects of the NIH plan that ARL endorses and ARL applauds NIH's leadership in promoting this balanced initiative. There are six issues concerning the NIH plan that are the focus of ARL's comments, including how the proposal:

- reflects the way scientists conduct research and discovery;
- allows some libraries to provide additional resources to their users;
- creates an archival resource for biomedical literature funded by NIH;
- provides significant protections to commercial and not-for-profit publishers;
- follows congressional and administration policy; and
- expands and improves public access to biomedical information.

Information and communications technologies have had a profound impact on how science and research is conducted. These technologies have permitted researchers and scientists to manipulate, analyze, disseminate, and share data in new ways. Such capabilities have in turn, prompted many in the scientific community to promote new models of scholarly communication. Importantly, the NIH proposal reflects how the scientific community uses these new methods in support of research and discovery.

Second, sharp increases in journal subscription costs have led many, including the library community, to believe that the current system of scholarly publishing is neither a sustainable system nor one that adequately supports the research and education enterprise. For example, at a time when a single journal subscription can cost thousands or tens of thousands of dollars per year—and library users need access to thousands of journals—not even the largest research institution can provide all the journals needed by scientists and other users. Clearly, such costs limit what libraries can make available to the research and education communities and to the public. It is also important to note that the restrictive licensing terms and conditions imposed by many publishers severely limit the amount and type of access that libraries are able to provide to users.

Third, an essential component of the NIH plan is the role of PubMed Central as an archival resource for biomedical information, in particular, NIH-funded literature. Despite the promise of information technologies and search engines, a user could not find all of the relevant NIH-funded literature if these articles were posted on thousands of Web pages and databases in the highly decentralized Internet environment. In addition, in a decentralized environment, there is no commitment to the long-term

preservation and access of this literature and supplementary data. Thus PubMed Central serves as an important model (as NIH's institutional repository), to other organizations and libraries establishing institutional repositories nationally and internationally.

Fourth, ARL believes that the six-month embargo on the release of the NIH-funded research provides commercial and not-for-profit publishers significant protection against the possibility of lost subscription revenues. Most journals publish more than NIH-funded research. This means that PubMed Central will only provide access to a subset of the articles in a given issue of a given journal. In addition, many journals publish more than peer-reviewed research articles, including letters, editorials, opinion pieces, review articles, book reviews, and more. None of these items would be deposited in PubMed Central. As a consequence, ARL libraries will continue to license these journals as our users require access to all of those resources and in a timely fashion.

It is also important to note that the NIH initiative is consonant with the market models that many publishers use that place short-term embargoes on access to scientific literature. In fact, some journals report that delayed open access increases subscriptions. The increase seems to be a result of the heightened visibility, impact, and usage of the journal's articles.

Fifth, this proposal follows congressional and administration policy that encourages agencies to adopt evolving information and communications technologies in support of agency missions. The NIH proposal is specifically designed to provide the agency with additional capabilities to manage its research portfolio. At the same time, it will provide timely and effective access to NIH-funded research by members of the scientific community, teachers, health care providers, students, first responders, and members of the public—key elements of the agency's mission.

Finally, ARL commends the NIH for crafting a measured and incremental step within long-standing NIH policy that does not impinge on grantees' or publishers' copyright and intellectual property nor interfere with the private, commercial marketplace. The proposal is designed to accelerate the pace of discovery, provide additional capabilities to NIH to manage its research portfolio, and enhance public access to biomedical literature.

Sincerely,

Prudence S. Adler  
Associate Executive Director  
Association of Research Libraries