Proposal for Public Archive Draws Support, Criticism

The National Institutes of Health has announced that it intends to create a publicly accessible archive of all publications of research funded by the agency. Under the proposal, final versions of manuscripts would be made available on PubMed Central, an online archive run by the National Library of Medicine, 6 months after publication in a peer-reviewed journal.

The proposal, announced in September, has gained support from some patient groups and other organizations that believe that the plan is a step in the right direction toward making all taxpayer-funded research freely available. Other organizations point out that the effort has come about quickly and largely without input from groups most likely to be affected—including publishers and scientific societies, which rely on profits from journal subscriptions.

The wording of the plan closely mirrors language that the House Appropriations Committee added this summer to the 2005 appropriations bill for NIH. In a show of support of the committee’s suggestion, 25 Nobel laureates submitted an open letter to Congress urging members to uphold the report language and support NIH efforts.

“We ask Congress and NIH to ensure that all taxpayers get their money’s worth,” they wrote. “Our investment in scientific research is not well served by a process that limits taxpayer access instead of expanding it.”

The newly announced plan states that NIH would request that its grantees and principal investigators submit to PubMed Central electronic copies of the final versions of manuscripts upon acceptance by a journal. “Submission of the electronic versions of final manuscripts will be monitored as part of the annual grant progress review and close-out process,” the proposal states.

NIH Director Elias Zerhouni, M.D., has been involved in developing strategies to improve access to NIH research since early on in his tenure, he said. “As we looked at [the issues], we thought it was important to understand that the status quo is not an option,” Zerhouni said at an August meeting of patient advocates and medical and scientific society representatives. He added that the present publication system is hampering the easy exchange of research, although he conceded that there are no firm data to indicate that this is the case.

In 2003, a report that accompanied the 2004 appropriations bill encouraged the National Library of Medicine “to examine how the consolidation of for-profit biomedical research publishers, with their increased subscription charges, has restricted access to vital research information to not-for-profit libraries.”

The resulting NIH report concluded that “[t]he NIH recognizes that a variety of publishing approaches should be explored to identify the full range of options for ensuring broad access to research results while maintaining quality through effective peer review processes...”

But there was little time or opportunity for such options to be explored, said Martin Frank, Ph.D., executive director of the American Physiological Society, which publishes more than a dozen journals.

“Over last 6 years of online publication, we as publishers have all experimented on adapting our access policies to ensure that both the scientific community and the public can gain access to our content without jeopardizing any revenues that are used to support the mission of our societies and not-for-profit publishers,” Frank said. “By issuing this notice, [Zerhouni] said, ‘OK guys, everybody is going to do the same experiment.’ That’s not the way to do research, and that’s not the way to answer the question that we’re trying to answer.”

Zerhouni maintains that the “value-added services” of journals—review articles, commentaries, and news sections—are the driving force behind subscription sales, so subscriptions are unlikely to be affected by the NIH proposal. Rick Johnson, enterprise director of the Scholarly Publishing and Academic Resources Coalition (SPARC), added that the Internet has enabled publishers to separate out some of these value-added services from the dissemination of the research itself, and the NIH policy capitalizes on this ability.

“We’re very enthusiastic about [the proposal],” Johnson said. “We would like to see immediate access to this research, but we recognize that this is a process that requires balancing various interests.”

But those who oppose the new policy say that access is not the main issue; rather, the speed with which the effort has advanced has left many questions unanswered, including how much the proposal’s implementation will cost NIH in the short-term and the long-term.

“We feel that there is an unexplained and unjustifiable rush to move forward with implementing a plan that, at this point, no one really knows the consequences of,” said Allan R. Adler, J.D., vice president of legal and governmental affairs for the Association of American Publishers. “We think that there are a number of very important questions that should be asked about the potential implications of the plan that has been proposed before it can go into effect.”

The NIH policy is available at http://grants1.nih.gov/grants/guide/notice-files/NOT-OD-04-064.html and is open for comment through the last week in October.

—Kate Travis