



August 5, 2004

The Honorable Elias Zerhouni  
Director  
National Institutes of Health  
9000 Rockville Pike  
Bethesda, MD 20892

Dear Dr. Zerhouni,

On behalf of the Public Library of Science [PLoS], I want to thank you for your leadership in revisiting National Institutes of Health [NIH] policy on taxpayer access to the results of federally funded biomedical research. The prospect of PubMed Central being made an even more powerful resource for scientists, physicians, patients, entrepreneurs, and other Americans promises profound benefits for all of us who invest in scientific and medical progress.

It is not only appropriate but necessary that NIH should take steps to ensure that the results of government-funded research are publicly available. Certainly as a matter of principle, citizens should be able read the reports of important clinical and scientific studies that their tax dollars pay for, and that they sometimes participate in. Unfortunately, the unparalleled opportunity afforded by PubMed Central to disseminate such information as widely as possible has failed to attract a substantial portion of articles describing the results of NIH-funded research. For that reason, Congress requested that the National Library of Medicine “identify potential remedies to ensure that taxpayer-funded research remains in the public domain and recommend steps to be taken to alleviate restrictions on access” (US House report No. 108-188). There is no question, then, that NIH must intervene to change the status quo.

It has become clear in recent weeks that a suitable compromise among different constituents’ interests in these matters is undoubtedly reachable. PLoS would be pleased to endorse the language that we understand was recently passed by a House Committee on Appropriations that would require articles summarizing the results of NIH-funded research to be made available, expediently, in PubMed Central. Such a plan serves taxpayers, by allowing them access to relatively current works in a single, stable, searchable information space; and it serves the publishers of subscription-based peer-reviewed journals, by allowing them the flexibility they need to maintain incentives for researchers, institutions, and others to pay subscription fees.

Certainly, different publishers of scientific and medical journals rely on different business models. However, support for the mandatory deposition of NIH-funded research articles in PubMed Central has been expressed by publishers and scientific societies of all stripes—from the National Academy of Science to the American Society for Cell Biology to, indeed, the Public Library of Science. The breadth of these endorsements suggests that increased access to the results of government-sponsored research is compatible with conventional business models in scientific publishing, as well as the more recently developed “open access” business model.

As the July 28, 2004, meeting made clear, a number of logistical questions will need to be resolved as NIH revises its policy governing public access to research results. These include (but of course are not limited to) the following issues:

- *Whether PubMed Central is preferable, as a destination for NIH-funded works, to a dispersed network of locally operated archives run by other institutions*

We share your concern that smaller electronic archives tend to be substantially less stable than large, robust repositories such as PubMed Central. Furthermore, there are many technological advantages to storing articles in a single information space rather than multiple information spaces—including the ease with which archivists can migrate data to other formats as technology advances, and, more notably, the effectiveness with which the content can be searched. PubMed Central has already become a tremendously valuable resource for “text mining” by scientists, and for finding literature that is reliably accessible without barriers to users; expanding its reach will substantially increase its utility.

- *The financial implications of PubMed Central archiving substantially more content*

We trust that the value to NIH of serving “the public interest in . . . achieving an effective return on federal investments” (as your May 2004 report stated) will vastly outweigh the relatively minor costs of expanding the existing infrastructure of PubMed Central.

- *Potential re-uses of articles required to be deposited in PubMed Central*

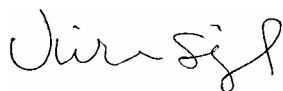
We hope that NIH will ensure that scientists, teachers, archivists, and others will be permitted to use the articles as needed. Many publishers already strike agreements with authors allowing articles to be reproduced for various purposes and hosted online in various locations; in order to maximize the utility of articles in PubMed Central, NIH should insist that they be governed by less, rather than more, restrictive legal terms.

Once again, we appreciate the initiative NIH has taken to investigate the important issue of taxpayer access to federally funded research results. As a recent report from the Science and Technology Committee of the United Kingdom’s House of Commons suggested, scientific and medical literature can and must be made freely available online—not just to academics affiliated with wealthy research institutions, but to everyone who underwrites its creation and could benefit from its findings. PLoS advocates for, and believes in the inevitability of, open access to our treasury of scientific knowledge immediately upon the publication of articles in peer-reviewed journals. However, we recognize that compromises such as the one reached by the House Appropriations Committee represent reasonable transitional measures as the scientific and medical communities begin to embrace less restrictive models for publishing the results of the work they produce.

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Sincerely,



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