

November 15, 2004

Elias Zerhouni, MD, Director National Institutes of Health 9000 Rockville Pike Bethesda, MD 20892 Re: Open Access Comments

Dear Dr. Zerhouni:

We are writing to comment on the NIH draft policy regarding "Enhanced Public Access to National Institutes of Health Research Information" as published in the Federal Register on September 17, 2004.

The American Psychological Association (APA) is the largest association of professional and scientific psychologists in the world, representing about 150,000 members and affiliates worldwide. In addition, APA is the largest publisher of behavioral science research and applications, with 37 of the premier scholarly journals in the field of psychology and five major scholarly databases of scientific and professional information for and about psychology and related fields. About half of APA's approximately 500 employees based in Washington, DC, are employed in APA's nonprofit publishing enterprise.

Our understanding of the proposed new policy is that NIH will request its grantees to provide it with all final version manuscripts immediately upon acceptance for publication if the research was supported, in whole or in part by NIH funding. Such manuscripts would then be made available freely within six months after publication. The goal of this policy, as stated in the Federal Register, is to make scientific information arising from NIH-funded research available in a timely fashion to other scientists, health care providers, students, teachers, and the many millions of Americans searching the web to obtain credible health-related information.

APA shares the goals of broad dissemination of research results to the scientific community and to the public, and we applaud the intent of NIH's draft policy on open access. However, we believe that these goals can be achieved in ways that are far more efficient than those proposed by NIH. Further, we are concerned that the current proposed policy may have a number of unanticipated and damaging consequences for the integrity, diversity and impact of scientific results.

In our comments below we first address ways we believe the goals of broad dissemination can be better achieved in the publishing process. We then outline a number of potential unanticipated and damaging consequences of the proposed policy:

- Rather than requiring the full, final manuscript to be deposited in PubMed Central (PMC), limit the deposited material to a full citation, including the final, published abstract. This will allow NIH to build a searchable electronic resource of NIH-funded research, but without creating an undue burden on itself, on publishers, or on authors. Each such deposited record should include a hyperlink to the publisher's own system for access to the complete publication. The deposited record could also include a link to the authors' websites. Under APA publishing policy, our authors may post electronic copies of their published papers on their own websites, providing a very effective means for other researchers and for the public to gain ready access to those papers. Publishers and authors could also be encouraged to produce two abstracts one written for a scientific audience, and another for a lay audience. This would satisfy the need to communicate results to audiences who have clearly different needs and goals.
- Creating a repository of technical and scientific publications is not the most effective way to inform the public about new and emerging health care research findings. A better approach is to create daily press releases, weekly news alerts, and monthly newsletters for the public on the results of NIH supported research, written in a style, format, and language level appropriate for health care users and taking full advantage of all available media, including websites, radio, television, newspapers and magazines. Science writers can craft materials that inform the general public about the latest research results from NIH supported projects. In addition, NIH can develop attractive and informative magazines, newsletters, and brochures on the latest NIH supported research projects and provide them in bulk to hospitals, clinics, and doctors, who in turn can make them available to their patients. Our many years of experience with scientific publishing tell us that approaches such as these provide the most effective means for informing the public about new and emerging research findings.

We are encouraged that NIH intends to maintain a dialogue with publishers, investigators, and representatives from scientific associations to ensure the success of this initiative. However, we believe that NIH should adopt a more cautious and thoughtful approach, and to follow through in its partnerships with scientific publishers in exploring a variety of other dissemination models. In addition, data should be gathered to assess the short- and long-term costs and benefits both to enhancing public access and to maintaining the integrity of the scientific record. To rush the implementation of a dramatic new policy could carry with it the potential of causing irreparable harm to the integrity of science and to the very mission of NIH.

The full impact of the proposed new policy on research publishing cannot be specified at this point. This is why we urge NIH to adopt a more cautious approach, focusing on a careful testing and evaluation of any proposed new policy. We believe that there will be

unintended negative consequences, in the form of fewer publishing outlets and reduced editorial assessment. We are confident that NIH will agree that none of these consequences, outlined in more detail below, is desirable:

- The quality of science depends on the availability of publication outlets and on the scientific peer review process a process on which NIH depends itself in selecting grants to be funded. Scientific publishers, such as APA, are able to maintain the highest standards of quality by investing considerable resources in editorial and peer review infrastructure. Those resources depend on the proceeds from the sale of scientific publications. We believe that the proposed NIH policy will carry profound economic implications that will cause a reduction in the availability of scientific publication outlets. It will also produce a shift in who will bear the cost of scientific publishing.
- Reducing the availability of scientific publication outlets will harm the entire scientific enterprise, and make it more difficult for researchers, including those supported by NIH grants, to disseminate their results. Rather than increasing access to research results, the proposed policy could easily produce just the opposite it could reduce both scientific and lay audiences' access to the research because there will be fewer places for scientists to publish their results. JAMA and NEJM are not good models of whether a mere six month delay will have a major negative impact on journals' print and electronic revenue, since they are the absolute leaders in the field. Rather, it is necessary to consider the financial impact on the second tier scientific journals and whether they can continue to exist with reduced revenue that will follow a six month release.
- The proposed policy will not change the cost of scientific publishing, but it will shift the burden of that cost away from scientific publishers and onto authors and the funding agency. This shift will carry with it numerous undesirable consequences. It will mean that authors who possess greater financial resources will have privileged access to scientific publishing, while those who do not possess such resources will be increasingly denied access to scientific publishing. We already know that the availability of financial resources is not distributed evenly across the diversity of our nation's scientists, institutions, and geographic regions. Thus, the proposed new policy could amplify rather than ameliorate inequities and unacceptably low diversity in the people and the places of science.
- APA is particularly concerned about the potential impact of these policies on scientists of color. If NIH funding begins to drive the entire publication process, then those researchers who historically have had more difficulty securing NIH grants are likely to be differentially impacted by the policy in negative ways. We know that NIH continues to be concerned about the low numbers of scholars of color who are principal investigators on NIH grants. We have strong reservations about an open access policy that carries with it even the slightest potential of undermining our shared commitment to increasing the participation of

underrepresented groups in all phases of the scientific process, including the publication of research results.

- We believe that placement of articles in one repository does not in itself make research more accessible or understandable to members of the lay public. Because a study may or may not be replicable, any one article needs to be placed in its proper context. Lay audiences, and indeed scientific audiences outside each journal's specialty, need help to interpret research results. The proposed NIH policy apparently defines "access" to mean free and easy, but the consumer is still left largely on his or her own to interpret and impart meaning. Results of this significant policy shift may fail to achieve the goal of helping many millions of Americans make more sense of NIH-funded research.
- In our view, the proposed new policy is not well specified. The details will be crucial, yet those details have not been offered for comment. For example, the draft policy includes no protections for the publisher's copyright, it does not define what is meant by "additional supplemental material" that should be archived in PubMed along with the publication, the scope of research publications to be deposited (defined as funded wholly *or in part*) is not well-defined, the additional costs to NIH and to taxpayers are not specified, and NIH has not anticipated the confusion that will be caused by the existence of multiple accessible versions of the same manuscript (e.g., the version deposited in PubMed and the one ultimately appearing in published form). In addition, we believe that the selection of a six-month delay to public archiving is arbitrary, and fails to take into account how the length of delay may impact numerous aspects of scientific publishing. Given the multitude of unanswered questions, it is surprising that NIH has not first engaged in a more careful testing and assessment of the proposed new policy.

The impact of the proposed NIH policy extends well beyond the scientists who accept grants from the NIH. It adversely affects the publishing activities of both non-profit and commercial scientific publishers, leading to the unintended consequences for scientific dissemination. Furthermore, it creates the false impression among lay consumers that they will somehow enjoy better or less expensive access to the results of NIH-funded research. Worst of all, it carries with it the potential to stifle scientific progress and to diminish access to scientific publishing among those scientists who already suffer from disadvantage. Good arguments can be made that these effects will be felt far and wide, and that they will not be positive ones.

Since the years before World War II when science became a publicly funded enterprise, the scientific publishing industry has served as an important gatekeeper – selectively showcasing scientific articles judged to be significant and of high quality. While NIH and other public institutions have channeled public funds into research, publishers such as APA have worked with federal agencies in a public-private partnership, continuing to winnow scientific output so that only the higher quality research articles reach the public

marketplace. It would be unwise for NIH to precipitously jeopardize the fragile reward structure that is at the heart of much of the nonprofit scientific publishing world.

APA is eager to work with NIH to enhance public accessibility of scientific research results. We hope to find ways to do so while continuing to protect the publishing enterprise that has nurtured and served the scientific enterprise.

Respectfully,

Norman Anderson, PhD Chief Executive Officer

Steven Breckler, PhD

Executive Director for Science

Gary R. VandenBos, PhD

APA Publisher