



# Public Should Have Free Access to the Research it Funds

## Citation

Suber, Peter. 2004. Public Should Have Free Access to the Research it Funds. Knight Ridder Tribune, September 21, 2004.

## Published Version

<http://web.archive.org/web/20041204203933/http://www.tallahassee.com/mld/democrat/news/opinion/9714842.htm>

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Posted on Tue, Sep. 21, 2004

## **Public should have free access to research it funds**

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This fall, Congress will have the chance to accelerate medical research and give taxpayers more value for their money. But the prospect is opposed by an industry that likes things just the way they are.

At issue is whether the results of publicly funded medical research should be made available free, online, to the public, or whether these results should only be available to paying customers of expensive private publications.

In July the House Appropriations Committee recommended that the National Institutes of Health provide free online access to peer-reviewed journal articles based on NIH-funded research grants. The NIH just released for public comment its plan to implement the House recommendation.

The plan would require that anyone publishing a journal article based on NIH-funded research deposit a copy in PubMed Central, the NIH's online digital library. PubMed Central would make the work freely available online for researchers who could build on it, physicians who could apply it, and taxpayers who paid for it. This simple step would do more to share knowledge and accelerate research in medicine than any policy change or technical innovation in decades.

NIH-funded scientists could submit their work to any journal of their choice, as they do now. If a journal accepts the work, using its own peer-review standards and processes, then it could publish it on its own timetable and be the article's exclusive distributor for six months. But six months after publication, PubMed Central would open its copy for public access. The six-month delay is one of several concessions to journals designed to help them retain subscribers. The publishing industry, however, is lobbying hard against the plan.

The NIH spends \$28 billion a year on medical research in the public interest. It's the largest funder of medical research in the world and the largest funder of nonclassified research in the federal government. However, most NIH-funded research ends up in scientific journals whose average price has risen four times faster than inflation since the mid-1980s.

The resulting sky-high prices mean that even the wealthiest research universities cannot afford the full range of journals they need. The pricing crisis has triggered an access crisis. In the past year, more than a dozen affluent universities such as Harvard, Stanford, Duke and Cornell have canceled journals by the hundreds, publicly condemned the current journal system as dysfunctional and unsustainable, and endorsed open access as part of

any overall solution. Less affluent institutions suffer even greater access restrictions, as do practicing physicians, nonprofit patient-advocacy groups and individual patients.

Rising journal prices, limited subscriptions, forced cancellations, and the background model of metered knowledge have slowed down medical research and subverted our enormous national investment in it. We may not know when we're spending enough on medical research, but we know that access barriers limit the usefulness of knowledge. Open access will make this research as useful as it can be, which we deserve as taxpayers as well as beneficiaries of medical advances.

Scientific journals do not pay authors for their articles. Nor in most cases do they pay the referees whose professional judgments facilitate the peer-review process. When the "talent" is giving away its work in this way (a tradition in science since 1665), and the research costs are paid by taxpayers, then there is no excuse for unnecessary access barriers. In the age of print, there were unavoidable access barriers based on print itself, its costs, and the difficulty of copying and distributing it. But the Internet allows us to distribute perfect copies to a worldwide audience at virtually no cost. This convergence of factors has led a growing number of scientists to call for open access to all scientific research.

In a compromise, the House Appropriations Committee and the NIH are saying that we should start with taxpayer-funded medical research. This plan has already been endorsed by a wide range of organizations representing medical research, patients, universities, libraries and taxpayers. Late last month it was supported by an open letter signed by 25 American Nobel laureates in science. The plan does not interfere with copyright. It does not bypass or modify peer review. It does not tell scientists what to write or journals what to publish. It's good for science, good for medicine, good for health-care providers, good for patients, and good for taxpayers.

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