

Thank you for the opportunity to speak to you today. My name is David Carlson and I am Dean of the Library at Southern Illinois University Carbondale. I made a special trip to Washington to attend this meeting and express my enthusiastic support for the deposit of NIH-funded articles into the PubMed Central database.

In five minutes, I cannot give a full accounting of the reasons for the wide support that this policy has by the Library and research community. The changes occurring as a result of the transition from print to digital are complex and strategic – these changes strike deep at the heart of traditional library processes and procedures. However, libraries are not idle. We are focusing our energies not on the elements of what we are losing but on the opportunities of what can be gained with these changes.

Libraries are exploring and experimenting with new models of preservation..., distribution..., and service... that preserve the important and successful elements of a print-bound system, but combine them with the exciting opportunities of a digital networked environment. I cannot stand here today and say that this particular requirement for article deposit will be a lynchpin of a new information distribution environment, but we **are** confident that it represents the right direction and we applaud NIH in this change to research distribution as we adapt and change to the new opportunities of digital networking.

It is important that I take one minute (of my precious five) to speak to the critical importance of peer review. **Libraries value peer review.** We recognize that the peer review process is a critical element of the research infrastructure that must be preserved. Peer review ensures that the information we provide is reliable and vetted to the best of our ability and present state of research and knowledge. **We see no threat to peer review from this change by NIH.** This article deposit requirement is not about a change to the quality of information but about a broadening of access to information. This distinction is vital.

Library concerns about the article deposit requirement are much different than some of the other comments you've heard today. We want to see this change be successful and we stand ready to work with NIH and our researchers on campus to make it successful. However, I hope that you would consider two changes that we believe would improve the value and impact of the deposit requirement.

First, we believe that the lag time of one year for deposit of articles is excessive and longer than necessary. The information in medical research has long-lasting value but its **market value** in the information marketplace is immediate and rapid. Libraries favor a shorter embargo period than one year, closer to three months after publication and certainly no more than six months. We believe that this would still preserve the market value of research information which is critical to the publishing community. Even if this were not the case, however, NIH has already paid for the information gained from the research and as an agency of government expending public funds, its primary obligation is not the publisher's bottom line, but the welfare and support of the public good.

Secondly, we would encourage NIH to strengthen its enforcement mechanisms for the deposit requirement. While the deposit of articles is a requirement, we believe that the current procedures do not have adequate enforcement. Minimally, we believe that non-compliance with the article deposit requirement should be an element in the evaluation of future grant applications by researchers.

Thank you for the opportunity to speak with you today and thank you for this change which in my judgment represents an important and progressive step in our pursuit of a research system in a digital networked environment that balances quality and excellence of content with access that is fair, equitable and an appropriate use of public funds.