

We at The Rockefeller University Press (RUP) strongly support the release of scholarly journal content to the public after a short period under subscription access control. As a biomedical research publisher, we understand that much of our content is generated through publicly funded research, that the peer review process is performed in large part by publicly funded individuals, and that a significant portion of subscription revenue is obtained from publicly funded institutions. As a result, RUP and several other scientific publishers feel an obligation to give back to the public and thus release their content after a short period under subscription control. But other publishers are reluctant to do so, and the government has been forced to mandate content release with the NIH Public Access Policy. We continue to support the government's efforts to make the results of publicly funded research available to the public after a short delay.

We have released the content of our three biomedical research journals to the public six months after publication since January, 2001, and our subscription revenues have grown since then. We are not aware of any data indicating that subscription revenues of biomedical research journal publishers have been directly and negatively affected by the NIH mandate.

All of the content in our journals is released to the public, regardless of funding source, and we think all funding agencies should mandate this level of public access for primary research journal articles. For biomedical research, we think six months is a reasonable embargo before release to the public. This provides sufficient time for publishers to sell content of immediate value to the research community. Publishers that focus on less-urgent content can recoup costs through other business models, such as an author-pays system.

We view PubMed Central as a good model for the dissemination of research articles by a Federal agency. The administrators of PubMed Central work closely with publishers to facilitate submission and display of articles. They honor individual publishers' embargoes up to the mandated maximum 12-month delay, they are willing to host and display the final published version of journal content if it is provided by a publisher, and they keep the content updated with corrections and retractions. The PubMed Central model could be used for the development of a central repository for all primary journal articles resulting from federally funded research. Although centralization is not necessary for discoverability, we believe that it is vital to ensure long-term accessibility to the archived content.

Another benefit of centralization is that it imposes standardization of metadata. The National Library of Medicine has already created a document type definition (DTD) for journal articles that enables extensive tagging of metadata. This type of standardization expedites the discovery, display, and analysis of content fed into the central repository from a wide variety of publisher platforms.

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