



29 July 2008

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&  
Naomi Schrag  
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and Training  
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Dear Mr. Hirsh and Ms. Schrag,

I received Mr. Hirsh's letter of 25 June 2008 concerning Columbia's concerns regarding publisher support and compliance with the Public Access policy of the National Institutes of Health, as regards authors affiliated with Columbia. I am pleased to tell you that Elsevier has been submitting directly to the NIH of NIH-funded journal articles for posting on PubMed Central. Our approach has actually been in place for over two years, and we have not had to make any change in our procedures to accommodate the change in January 2008 of NIH policy from a "voluntary" policy to a "mandatory" policy. We deposit with PMC a revised author manuscript that includes peer-review comment and request that PMC make the article available on PMC at 12 months after the formal publication of the article. We are actively engaged in discussions and monitoring of the deposit and posting process with NIH staff on a regular basis.

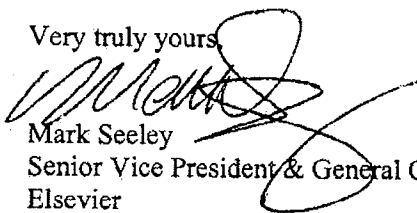
I refer you to our NIH policy and the form of our journal publishing agreement on the elsevier.com web site. With respect to the publication in an Elsevier journal, authors at Columbia can feel assured that the normal submission process to the journal will satisfy the obligations of the NIH policy. There is no need for Columbia to do any form of amendment to the standard Elsevier journal publishing agreement for the purposes of NIH compliance. In fact we would be surprised if this form was necessary for most science and medical journal publishers, but in any event it is clearly unnecessary for Elsevier. Please see the following links:  
<http://www.elsevier.com/wps/find/authorshome.authors/nihauthorrequest> and  
[http://www.elsevier.com/framework\\_authors/pdfs/JPA\\_example.pdf](http://www.elsevier.com/framework_authors/pdfs/JPA_example.pdf).

You may be aware that Elsevier and most other journal publishers have serious reservations about the NIH Public Access policy. Researcher access to the published literature has never been higher, due in significant part to the substantial investments that publishers have made in on-line journal platforms. Access to the literature on the part of the general public is made much more efficiently and effectively through programs such as PatientInform (see <http://www.patientinform.com/>), a collaborative effort between voluntary health organizations and publishers to put together patient-literacy information on a variety of important health topics. The perils of parallel publishing and online distribution programs, the concerns that the public should have about the politicization of science under this administration, are among the many reasons we believe this policy to be unsound and unwise.

Nonetheless, we do not believe in placing our authors or their institutions into positions of possible conflict with the NIH, and we have been a leader in trying to work with NIH to minimize the worst aspects of the NIH implementation.

I hope this has clarified our position and I am happy to provide any further information.

Very truly yours,



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