IF YOU THINK this is the era of e-government and transparency, it’s time to think again. Hard as it is to imagine, there’s a move afoot in Congress to take away the public’s free online access to tax-funded medical research findings.

That would be bad for medical discovery, bad for patients looking for the latest research results, and another rip-off of the American taxpayer.

Today anyone who wants to investigate a medical topic or see the outcomes of the $30 billion annual taxpayer investment in the National Institutes of Health has simply to visit PubMed Central, the agency’s popular online archive. It provides free access to the knowledge recorded in 80,000 journal articles published each year as a result of NIH grants, plus many other peer-reviewed, open-access research papers.

Under the current policy, which is similar to practices of other funders worldwide, researchers who accept NIH funds must deposit their resulting peer-reviewed scientific articles in the PubMed Central archive. There the articles are permanently preserved in digital form, made searchable, linked to related information, and offered free to all on the Web. It’s a fair deal: Researchers get financial support for their work; taxpayers get a resource that will further advance science and address the public’s need to know.

But a group of well-heeled scientific journal publishers is trying to turn back the clock. They’ve backed legislation to rescind this widely hailed NIH policy. Elsevier, publisher of The Lancet, for example, is part of the Association of American Publishers, which has joined with the so-called DC Principles Coalition to ramrod the bill in Congress.

The giant American Chemical Society is another vocal advocate of the bill.

Not all publishers support the bill, but those who do are among the richest and best connected on Capitol Hill. If the pending legislation passes, public access will take a back seat to publisher self-interest. Instead of the current free access to PubMed Central, NIH research will be shared only with the privileged - few journal subscribers or those who can afford to pay publishers up to $30 to read a single article.

PubMed Central is vital for researchers and the public alike. Only through free
access can everyone find out where the cutting edge of research lies. With access to the latest studies, patients and their families have a much-needed piece of the puzzle as they consider treatment options and potential outcomes. Educators and students at rich and poor schools alike have an unmatched resource for teaching and learning about the life sciences. Small businesses can put advances in knowledge to work and drive American innovation.

Health advocate Sharon Terry of the Genetic Alliance, whose children have a rare genetic disease, contends that before NIH put its research online, her own search to understand her children’s situation ran into a “wall around published scientific research. Information was being held hostage by outmoded publishing practices.”

The publishers are pulling out all the stops to overturn the current NIH policy. They claim it “violates the rights of the publisher.” It’s a ludicrous allegation and it ignores the legitimate rights of the public, which paid for the research.

It is time that publishers stop trying to rob the public of access to NIH research. Instead of rolling back the current NIH policy, we need to strengthen it. For example, NIH should shorten the present one-year wait for public access, which was implemented in response to publisher pressure. Also, public access requirements should be extended to all federal research grants, not just those of NIH.

Just as big financial firms don’t seem to understand that public obligations come with their government bailout funds, some publishers seem clueless about the public’s right to public research. NIH and agencies throughout government owe it to taxpayers to share the findings of their research investments as widely as possible.

Handing publishers the right to lock up research isn’t a government giveaway taxpayers can afford.

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