

**From:** Bruce Hamilton <[bah@health.ucsd.edu](mailto:bah@health.ucsd.edu)>  
**Sent:** Tuesday, May 5, 2020 6:55 PM  
**To:** MBX OSTP Public Access <[MBX.OSTP.PublicAccess@ostp.eop.gov](mailto:MBX.OSTP.PublicAccess@ostp.eop.gov)>  
**Subject:** [EXTERNAL] RFI Response: Public Access

I write to express strong support for making public-funded science available to the public without delay or restriction once the work is completed and peer-reviewed.

The current subscription-based model is outdated and inefficient. Subscription charges were sensible in the print era, when significant costs accrued with printing and distribution. Specialists subscribed (typically at public expense) and the public accessed the same publications through libraries that subscribed. But this is no longer how words and images are distributed. Production costs are predominantly fixed and not scaled with distribution. Publication in professional scientific journals relies on unpaid labor from authors, editorial boards, and peer reviewers.

In addition to being outdated by electronic publication, the subscription model imposes real costs that reduce the value returned to the public. While university researchers typically have access to professional journals through bundled institutional subscriptions, access to the published record is too often limited by budget choices—even to authors of the article. For biomedical research in particular, subscription models and paywalls keep research out of the reach of entrepreneurs, physicians, and patients. Translating basic discoveries into therapies would faster if every start-up had full access to the latest results. Physicians could better advise their patients if they didn't have to wait 6-12 months for new results to enter the public domains. Patients and their families could make more informed decisions on experimental treatments if they could see the results.

Every group currently disadvantaged by the subscription model—entrepreneurs, physicians, and especially patients—are taxpayers who funded the research. Blocking or delaying their access is a drain on resources and on precious time that many patients simply do not have. As a matter of fairness, as a matter of equity, as a matter of letting Americans benefit from the research they fund, I implore you: tear down these paywalls.

Sincerely,

Bruce A. Hamilton, Ph.D.  
Professor of Cellular & Molecular Medicine,  
Professor of Medical Genetics,  
Associate Director, Institute for Genomic Medicine  
UC San Diego School of Medicine  
9500 Gilman Drive  
La Jolla, CA 92093-0644

><https://profiles.ucsd.edu/bruce.hamilton><  
><http://hamiltonlab.ucsd.edu/><  
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