WITH APOLOGIES TO GIUSEPPE DI LAMPEDUSA…

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(NAHSL, OCTOBER 20th, 2015)

With your permission, I want to begin my conversation with you today by dedicating this presentation to Dr. Gertrude Lamb who died early this year. Her invention of clinical librarianship was original and a game changer in the fullest sense of the word. She presaged the development of the embedded librarian through her vision of the librarian’s role as a member of the clinical care team and brought literature to the bed side with LATCH (literature attached to charts) in a world before the Internet. I want to return to this theme a little later in my presentation.

Let me now tell you about the title of my paper which some of you may have wondered about.

In the classic novel of Giuseppe di Lampedusa, The Leopard, that first appeared in 1957 and in its English translation in 1960, Don Fabrizio, the titled nobleman of the narrative, meditates on the enormous changes that were rocking his kingdom of Sicily at the time of Garibaldi. The period of the Risorgimento was to unify the Italian states in the mid 19th century. He
understood the necessity of the profound political and social changes that were taking place and yet he mourned the passing of his world. He reflects, and I paraphrase, that “If we want things to stay as they are, things will have to change."1

When I first read these lines I was transfixed by their relevance to our library world a half century after they were written. At the time, I was enjoying a stay in Italy, although not in Sicily, and reflecting on some work I was doing for the University of Turin. The Library was going through profound transformation and its staff was being pushed strongly to move towards a more highly digitized environment and one, thank goodness, that took full advantage of the opportunities offered by the open access initiative. I could not help but reflect on how relevant the Lampedusa quotation was to this situation. Staff was working hard to make the digital transformation work. But they also wanted to preserve the traditional values that the library had represented.

This morning, I want to develop the idea of transformative change, as in the Leopard. Change of this magnitude is part of today’s library world. And librarians are concerned to retain what is of value while moving forward.
But how do we know what we need to retain when everything is changing so rapidly and so profoundly? I found part of the answer when I wrote a little book about seven years ago. For me the answer was in the values that grounded our profession over the past 100 years.

*The Comparison between the Welch Medical Library and McGill*

This morning I want to examine fundamental change that took place in two iconic medical libraries and to explore how values can continue to shape our work in the digital age. I will look briefly at the closing of these two libraries: the Welch Medical Library at Johns Hopkins University and the Medical Library at McGill University.

My perspective is personal since I was no longer either Head of the Medical Library at McGill or Director the Libraries, although I had occupied both positions during my career at the University.

It was in the spring of 2013 that I first became aware of the fact that the Medical Library of McGill was to close its doors. Friends who were in the Library had alerted me to this strong possibility. They had mounted a “Save the McGill Medical Library “campaign on Facebook. I too was concerned as I had spent the most rewarding days of my library career in that library and it was during this period too that I had the honour of serving as the President
of the Medical Library Association preceded by Sir William Osler ninety years earlier. And YES MY EGO WAS INVOLVED.

I also believed that the relationship between the history of medicine and current medical research and practice is fundamental to medical history. This view was based upon five wonderful years I spent at the Falk Library of the Health Professions of the University of Pittsburgh where I had the honour of being the Curator of the History of Medicine when this program was first developed.

Some of the finest treasures of the Osler Library of the History of Medicine at McGill had arrived not only from Sir William’s bequest but as transfers from the Medical Library. These had been accumulating through gifts and purchases since the Medical Library was first established in 1827. This history and the fact that the Medical Library had been the oldest and the largest in Canada would be, I thought, a strong safe guard to the continuity of a medical library in a period of great change.

But I was dead wrong.

On the 190th anniversary of its founding, the Library closed. The many accomplishments during its almost two centuries had included

- the founding library of McGill University
• the first medical library in Canada.

• the first Canadian academic medical library to sign a contract with the National Library of Medicine (US) to gain access to the Medline database

• the first McGill library to introduce on-line searching

• the first McGill library to introduce CD-ROM technology

Librarians from the Library had contributed to library scholarship and were instrumental in the founding of the Medical Library Association (MLA) and the Canadian Health Libraries Association (CHLA). Two notables with McGill heritage include Margaret Ridley Charlton who worked closely with Sir William Osler to found MLA.

No celebrations marked this 190th landmark anniversary. Budgetary constraints and the 21st century digital environment are being cited for the Library's demise. ([http://www.mcgill.ca/.../chan.../news/lifesciences-consultations](http://www.mcgill.ca/.../chan.../news/lifesciences-consultations)). The collection was transferred to off-site storage (for older material) or to McGill’s Schulich Library of Science and Engineering. A few reserve textbooks, a librarian and a library assistant remained to provide
limited service in much reduced space while the remainder of the staff moved to the Schulich Library in early September.

The comment of Sir William Osler that “There is no better index of the intellectual status of the profession in any town than the condition of its medical library” had become sadly anachronistic.

“What was happening here?”

I determined to come to terms with my own reactions to this change and did some reading on other library closures, in particular the Welch Medical Library of Johns Hopkins University. An interview with Nancy Roderer at the time the Director of the Welch was particularly helpful. The Director of McGill Libraries agreed to discuss with me the closing of the Library, now *a fait accompli* and I prepared some questions in advance for our discussion.

1. *Can you describe the conditions that brought about this change?*

Both the Welch and the McGill Library were in the habit of continuing review of the cost effectiveness of their services. Both had seen the continuing shift to digital delivery of information with a parallel reduction in visits to the physical library and a reduction in circulation. In an average day 104 users walked into the Welch and 40 people checked out books; 35,000 articles were downloaded. (No comparable data on McGill was made

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available). It does appear, however, that both libraries had reached a tipping point.

But there is one major difference: as early as 2002 the Welch began a visioning process that looked at the future of the library when most of what was needed would be delivered digitally. Welch staff imagined what the library would look like 10 years into the future. They also were very much concerned with the advancement of medical information services in the digital age and had been working on new roles for the delivery of library services for a full decade.

At McGill, medical library staff was taken by surprise to learn in April 2013 that the Library was very likely to close by September of the same year. The financial situation of the University was dire. The chief librarian had been instructed to take a 1.8 million cut from an annual global library budget of about 31 million. Further constraints imposed protected the collection budget and required that cuts be made in support staff only. During this period 40 retirements occurred in non-academic library staff. As a final hurdle, these financial requirements needed to be implemented in a matter of weeks!

In short the McGill situation was the direct and immediate result of a financial crisis.
2. What was the most challenging aspect of the re-conceptualization of services?

Despite the fact that the staff of the Welch had been in the planning process for the last decade, when the time came to close the doors there were many details of operation that had to be rethought if the Library were to have a uniquely virtual future. Both nostalgia and anxiety are very human reactions even when leadership has prepared a strategy and it has been effectively communicated. Libraries have iconic value in most communities and something of equal value needs to be identified to compensate for the loss.

At McGill, the budget crisis, the constraints and the short timetable taxed the library leadership. A series of hearings were held that provided the opportunity for all stakeholders to express their thoughts but many, both staff and users, felt that the decision was already made. The advisory report recommended closing with the provision of a small service point, previously mentioned.

Perhaps the most important contrast between the two situations is the question of leadership. At the time of closing, the medical library at McGill was without a head librarian. The initiative to close the library came from outside the library, from the Director of Libraries, in consultation with the
Dean of Medicine. Administrators perceived the medical library as no longer critical to meeting the information needs of library users.

3. What are the major long term implications of the change?

During the decade that preceded the closing of the doors of the Welsh Library, librarians worked to develop a new service model based upon embedded librarianship. Changing to a new service model required dedicated leadership and careful planning. Implementation of the Welch service model for medical information delivery required skilled leadership and solid communication between users of medical information and library staff.

At McGill, an old service model was abandoned clearing the way for a new one, yet to be developed. Whether concepts such as “medical informationist” or “embedded librarian” will play a role has yet to be determined.…..

The Welch Library had made public some statistics and I asked myself “How much was enough?”

“Was 104 people coming into the library in a day with 40 items being checked out the real tipping point? How much was enough or how many were too few?”
I was beginning to understand that the answer was not in the numbers but rather in the profound change that was taking place in our profession and even more so in our society. Could it be true that the comment of Sir William Osler regarding the intellectual status of the profession and the condition of the medical library was no longer true? I tried to balance the comments of a variety of leaders. (These had been nicely summarized by Vanessa Proudman (accessed 7/15.2015)

- “Whatever the cost of our libraries, the price is cheap compared to that of an ignorant nation.” Walter Cronkite

- “The health of our civilization, the depth of our awareness about the underpinnings of our culture and our concern for the future can all be tested by how well we support our libraries.” Carl Sagan

- “To ask why we need libraries at all, when there is so much information available elsewhere, is about as sensible as asking if roadmaps are necessary now that there are so many roads.” Jon Bing

- “Our traditional model was one in which we thought of the user in the life of the library … but we are increasingly thinking about the library in the life of the user” Lorcan Dempsey
• “To be a librarian is not to be neutral, or passive, or waiting for a question. It is to be a radical positive change agent within your community” R David Lankes

There has to be something in between *philosophizing on the value of libraries* and purely *quantitative decision making*. [This sentence offers a transition that should be amplified a bit – two or three more sentences].

The transformation of medical library services at the Welch embodied at least part of the answer. The library and the librarian became part of the work place where the information was needed. By 2005 the Welch was training its information professionals as informationists. This began as early as 2000 with a liaison program that involved users in their place of work in the development of library services\(^2\). Librarians became part of the sites in the Population Center, Basic Sciences Research, Oncology Patient Information, and Aids Information Outreach at a Maternity Center.

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Let me return to the title of my talk…

It seems that the team of librarians, informationists and users at Johns Hopkins had also read their Lampedusa… everything had changed and yet

the librarians was still doing what they do so well… providing information to users and helping to use that information most effectively. And they were also incorporating the ideas of Trudi Lamb as they brought information direct to the user at point of need.

Part 2  PERENNIAL VALUES IN A PERIOD OF INSTABILITY

When a profession or, in fact, a society is undergoing a period of great change, opinions become polarized. The variety of opinions in our profession on issues as wide ranging as the future of the book or open access are just two examples. Strongly differing points of view begin to divide us. It seems that it is at such a juncture that a profession needs to clearly articulate its fundamental beliefs. What is it that unites us? I had begun to answer this question for myself when I wrote my book back in 2007. I proposed…

Three basic and perennial values:

1. Promoting the effective use of information … information literacy in general;

2. Preserving the accumulated wisdom of the past;

3. Providing public access to information for all who need to use it.
Today I want to look at what happens to these professional values in the virtual medical library when there no longer is a place called The Medical Library..

Are these values sustained in the absence of a library?

1. **Promoting the effective use of information … helping users to make the very best use of the information at hand**

Let me begin with the role of the librarian in promoting the effective use of information.

This generic statement relates to all forms of librarianship, beginning with the role of the library in promoting reading and literacy in the print era and continuing to the role in computer literacy. Indeed the transformation of our public libraries in the respect is nothing short of remarkable.

In the field of medical librarianship this role has taken on new meaning.

A tsunami of innovation has taken place in this arena since the appearance over 15 years ago of the foundation article by Davidoff and Florance “The Informationist: a New Health Profession?”³

Five years later, Donald Lindberg and Betsy Humphries spoke from the perspective of the NLM when they foresaw the increasing involvement of medical librarians as members of the health care team. They predicted the

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involvement of librarians as bioinformaticians, database specialists, as professors of evidence-based medicine, and providers of health literacy programs.

A new vocabulary has evolved to describe these new roles: data science, data curation and data visualization. New knowledge and skills are required to provide these services but many examples exist to demonstrate that the profession is acquiring this capability.

Indeed the medical librarian today is developing such an army of new services that the word “Library” is often not part of their job description. Here in the NAHSL world, we see one of the best examples of this transition in the work being done in translational science at the University of Massachusetts Medical center. Sally Gore’s blog “a librarian by any other name” captures this transformation in our profession and the high expectations we have for new roles that we can play in health sciences information.

2. Preserving the accumulated wisdom of the past

The problem of assuring the survival of digitally born documents is front and center in the minds of many information professionals and cultural organizations today. This should give us some measure of assurance as we
come to terms with our responsibility as digital curators. This is no easy task as digital materials require a more active stewardship than print.

In the period between 1990 and 2005 the scientific journal was fully transformed to digital format. And it will be the journal article that tells the history of science and medicine in our era. Journal archives were largely housed on publishers' servers. Librarians gradually became aware of the problem in this arrangement. What happens to the archive if a publishing firm closes its door? How do we trace an early archived article when large conglomerates buy out smaller publishers?

And more important recently the question of open data and the journal article as a portal to data. Who will control and preserve this access?

Recently a storm of interest broke over a talk given by a vice president of Google, Vint Cerf, who warned of the “digital Dark Age.” This father of the Internet was worried that images and document we have been saving on computers will eventually be lost. The result will be the 21st century digital Dark Age. He believes that the solution is to take an x-ray snapshot of the content and the application and the operating system together with a description of the machine that it runs on and to preserve these in perpetuity. The digital snapshot will enable us to create the past in the future.
His idea seems to have traction. Google has entered into a partnership with computer scientists at Carnegie Mellon University and Yale in the Olive project to investigate the technical solution of assuring access to digital information in perpetuity.

The issue of digital preservation is a very large scale and tremendously complex issue and too massive to expect any single institution to address alone. It may be beyond the scope of most of us to address the problem in our daily activities, As we strive to provide access to the most recent information, it is easy to think only of the pressing needs to today, But the responsibility lies with all of us if we are to assure that the values of the profession are maintained The field of data curation has become a large scale undertaking with new cadres of professionals emerging, equally important to the assurance of our professional values.

Data curators, like informationists and data scientists are the librarians of yesterday assuring that the perennial value of assuring access to the past continue into the digital age and that society does not enter a Digital Dark Age.

Parenthetically, I do want to add that medical librarians in the United States have been relatively protected from this full force of the issue of preservation due to the fundamental emphasis that the profession of medical
librarianship has always placed upon SERVICE. Unlike large university libraries, medical libraries were not caught in the paradigm of collections centeredness and were able to divert resources to cutting edge services. In the United States they were twice blessed due to the programs and services of the National Library of Medicine and a sophisticated system of resource sharing in the print and electronic age. And of course, within the Division of the History of Medicine, to preserving the accumulated history of health and medicine.

3. **Providing public access to information for all who need to use it.**

I have left the consideration of this value to the last because for me it is the most perplexing since it is a real and present DANGER.

**IT IS THIS VALUE THAT COULD BE JEOPARDIZED IF THE COMMUNITY OF MEDICAL LIBRARIANS AND USERS OF MEDICAL INFORMATION DOES NOT CONTINUE TO ACT AGGRESSIVELY.**

Scientific communication has been an essential part of the research process since the 17th century and it was only with the rise of large commercial publishing that cost became a restriction on scientific exchange.

A few words about costs of materials although you are, I am certain, very aware of this problem. For the past 40 years, so many studies have been
done on exorbitant costs of scientific journals that I feel almost apologetic in mentioning it to you. But it is a problem that simply will not go away. In fact it is a three headed dragon with the heads of ….  

1. Increasing commercial publishing conglomerates  

2. Rising costs of materials … a direct outcome of the first head, and  

3. Shrinking library budgets  

Permit me to indulge in a few examples of each problem  

1. **Fiest dragon’s Head: Increasing commercial publishing conglomerates**  

Let me mention a recent significant contribution that appeared in PLOS ONE⁴ that analyzed 44 million documents over a 40 year period from 1973 to 2013 using Thomson Reuters Web of Science, including the Science Citation Index Expanded, the Social Science Citation Index and the Arts and Humanities Citation Index.  

Very briefly, the study found a **striking drop** since the advent of the digital era beginning in the mid 1990’s in the proportion of papers, journals and citations that were published by journals from publishers OTHER THAN Reed Elsevier  

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In 1973 these 5 major publishers published about 20% of all papers. In 1996 the percentage had increased to 30%. In 2006 the percentage published by the big 5 was 50%. In 2013 these publishers controlled 53%. Also in 2013 three publishers Reed-Elsevier, Springer and Wiley-Blackwell accounted for 47% of the published papers. Clearly the digital era has benefited the top commercial publishers and has led to a dramatic increase in their share of the “core” scientific literature. The scientific journal publishing market is dominated by an oligopoly of big players determining annually the increases in subscription rates that resulted in 9.4 billion dollars in 2011.

2. Second dragon’ head: Rising costs of materials … a direct outcome of the first “dragon” head of increasing commercial conglomerates One of many possible examples is the American Library Association State of American Libraries Report
demonstrating that from 2008 to 2010 library expenditures on licensed electronic resources grew by 23%. And I do not need to remind anyone here that these were the Great Recession Years.

3. **The third dragon’s head: Shrinking library budgets**

At the same time, library budgets were flat in real dollars.

In university libraries, ARL library expenditures as a recent of total university expenditures dropped from 3.7% to 1.9% of the total university budget in the 27 years from 1982 to 2009.

**NOT COST BUT BENEFIT OF OPEN ACCESS**

But I believe that the issue of cost is not the one that we should continue to hammer at. Rather we need to consider the benefits that open accessibility brings.

Librarians are doing their best with repositories to keep the information pump primed. But it is up to the scientific community to repatriate of the system of scholarly communication, And they are working to do this … for example … the COST OF KNOWLEDGE campaign at Cambridge where Tim Gowers, a Fields Medalist, asked researchers to protest Elsevier’s business practices by ceasing submitting, editing and refereeing papers for their journals.
I believe that large commercial publishers perceive the open access initiative as a growing threat and for this reason large publishers are putting in place every possible barrier to its success. It is another chapter in this tense and continuing struggle between the large commercial publishers and the library community.

The development of the open access initiative and repository movement over the past decade have given us some hope for a better future.

However as we celebrate the eighth anniversary of Open Access Week, I offer a cautionary note. Based on some of the advice to groups celebrating this anniversary and found on the SPARC website, I sense a need for revitalization, for a renewed commitment from those who would benefit most from open access… the writers and readers of the literature themselves.

I believe that we medical librarians have taken this initiative about as far as we can, We must have commitment from growing numbers of faculty and researchers as well as from administrators for the open access paradigm to take hold.

There have been many developments on the road to accessibility since the Budapest Open Access agreement of 2001. The number of documents available in open access has been growing so that today the total number has reached a point sufficient large that commercial publishers are pushing back.
In a recent publication produced by Éric Archambault sponsored by the European Commission\(^1\), we are told that in April 2013, 50% of academic articles published worldwide between 2004 and 2011 are available via open access.

This figure has been called into question by other researchers at the American Institute of Physics based in College Park, Maryland, and Stevan Harnad, an early supporter of open access, of the University of Quebec, in Montreal. The team of researchers directed by Stevan Harnad estimates that the figure for open access journals available in 2011 is 32%.

Whatever the reality, a figure of between one third and one half of the published scientific output is not too bad, given the time frame and the large number of obstacles in the road.

One of the reasons for success is doubtlessly the number of mandates requiring the deposit of research outputs that have been passed by institutions, governments and funding agencies. You are, I am sure, quite aware of them. I would draw to your attention, however, the great importance of institutional mandates as well as those of funding agencies. One in particular comes to mind…. The University of Liège in Belgium has an exemplary Open Access mandate. It inspired a unique collaboration among researchers, university administration and the library.
At the University of Liège in 2007, the Administration adopted an Immediate Deposit and Open Access mandate (IDOA) and took the radical step of making it compulsory for Liège researchers to add references for all their publications and academic conferences to the institutional repository, backdated to 2002, and to deposit the full electronic version of all the articles that they have published since 2002.

Reference to a scholarly publication has to be placed in the repository as soon as the publication has been accepted by the publisher or as soon as the document is considered to be complete. Authors grant open access to the full text of the documents if the publishers’ terms allow them to do so. In cases where embargoes or other restrictions are imposed by a publisher, readers can still request as a print copy from the author directly through the repository. [use of the “request button”].

The reasons behind this policy are simple. Firstly, University management needs to track its output. The Rector of the University of Liège, Bernard Rentier, explained “If you don’t know what the scientific production of your university is, you have a problem.” But with an institutional repository, the institution can easily derive statistics for its output. Bernard Rentier has spoken out strongly on this issue, explaining that scientists who are satisfied with being able to claim that they have published in a prestigious
journal—even though it is only accessible for users in universities who can afford it—are completely missing the point. The point is that you want everybody to read your scientific output, to understand it, and to reuse it.

Liège’s mandate was further advanced by a policy advising that evaluations, appointments, promotions, and budget allocations decisions will take into account only references that are archived in Liège's repository.

Besides the endorsement of the strong institutional policy, other factors played a major role in the success. The repository is very user oriented: referencing and dissemination are considered fundamental to increase the visibility of the authors’ academic production. On that point, the Library’s efforts are very effective. For example, once a reference has been archived, it is searchable in Google within an hour of archiving and is also harvested by other search engines and archives, e.g., Google Scholar, OpenAIRE, and Driver.

Clearly the University of Liège grappled with some fundamental issues: ITH

1. Toll gated science publishing distorts scientific communication by limiting research results to those who can afford to access them.

2. Optimal science requires good access to research results.

3. Open access can optimize investment in research.
The success of the University of Liege’s mandate was possible because of the three-way involvement of the library, the University administration and the research community. If our repositories are not filling up, are not becoming the go-to place for the research of the research community, probably one or more of these three partners is missing. For success this three-way collaboration must be assured. And a strong institutional mandate is without a doubt the most effective way of assuring that our repositories will do their job.

BUT…

The success of individual institutional mandates and repositories is not going to assure the success of public and open access. These individual successes must operate in a linked environment if they are to become the GO-TO place for the research community.

In North America SHARE (the Shared Access to Research Ecosystem) links individual repositories and other sources of information. The brain child of groups that include the Association of American Universities, the Association of American Land Grant Universities, the Association of Research Libraries and the Center for Open Science, SHARE offers enormous potential for enhancing scientific advancement. The goal is to provide a single framework for research outputs at an individual and
institutional level, much like Bernard Rentier at the University of Liège was trying to do for his University. The ecosystem relies of existing repositories and shared metadata. Again the value of mandates is demonstrated: SHARE is the direct result of an initiative from the White House Office of Science and Technology (February 2013) that directed science agencies with more than 100 million dollars in sponsored research funds to create public access policies for research including data as well as publications.

But … Let me again refer to one example from the European research community. OPENAIRE. (Open Access Infrastructure for Research in Europe) This program involves the countries of the European Union and is well supported financially by the European Commission. Like Share it coordinates repositories and provides access to research infrastructure in publications and data produced by European scientists. It provides trans European coordination through national help desks in participating countries. Its solid financial support and open mandate demonstrate an increasing commitment to the idea of openness and the spirit of collaboration rather than competition.

Conclusion

I have covered a lot of ground from the closing of two medical libraries to institutional repositories and national and international collaboration.
I have tried to show you how I came to terms with the closing of a much loved medical library, much as Giuseppe di Lampedusa in the *Leopard* came to accept a destabilization of a much loved way of life ….understanding that out of the change would emerge a unified country and a better way.

Sharing my ideas on the fundamental values that I believe we represent as a profession has helped me to see that these values of sharing, helping and preserving are very present in the virtual medical library just as they were in the pre digital world.

But there are threats as well as promise in our future. Keeping open the gates of scholarly communication is one of them.

Also we need to be vigilant about our unity as a profession. When we no longer rely on the unifying force of a place called “Library”, what will bind us together? Is it those shared values?

I believe that our professional associations are a powerful force for maintaining our shared values and our unity of purpose.

We need to establish a new icon of the library in people’s minds, one that is not based on physical elements – buildings and books – but on the role of providing support and assistance in the difficult process of using information and transforming it into knowledge.
The creation of this new perception must be performed by the current generation of librarians – those who are inheriting physically renovated libraries but also virtual libraries. This is the responsibility for this generation on young librarians: to create a new perception of our profession.