



April 14, 1982

Ms. Gloria Ruby
Office of Technology Assessment
600 Pennsylvania Avenue, S.E.
Washington, D.C. 20003

Dear Ms. Ruby:

I am pleased to have the opportunity to comment on the OTA draft report entitled MEDLARS AND HEALTH INFORMATION POLICY, dated March 1982. My response is based on my knowledge of the National Library of Medicine, and my experience as a practicing surgeon as well as my responsibilities as Surgeon General of the U.S. Public Health Service.

Overall, the report presents a comprehensive discussion of the history of Library, its development of modern communication and information systems, and gives special attention to the public/private sector issues involved in scientific information handling. Yet the overall tone of the report is unfortunate. Despite statements indicating that the National Library of Medicine provides high quality, important services and products at reasonable prices, the report seems reluctant to draw the conclusion that NLM deserves strong support as a public health enterprise. NLM serves as a vital national resource for health care delivery, public health, medical research, and health professional education. It should have a stronger endorsement from OTA on the basis of the factual content of this report alone.

Furthermore, I believe that statements like the one appearing on page 6, paragraph 3, draw incorrect conclusions. The statement "Most private data base producers and private information services take exception to the dominant role of NLM in the creation and distribution of health-related bibliographic information," is erroneous. In fact, only one large foreign-owned private data base producer and one U.S. vendor have taken exception to NLM's role in this regard; they may be motivated by self-serving interests. This narrow viewpoint has been generalized to give a misleading impression.

In addition, I note some misrepresentations concerning the scope and usefulness of INDEX MEDICUS and the MEDLARS system. It is not true that MEDLARS slights diseases prevalent in the southern hemisphere and public health information needed in developing

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countries. Neither is it true that the medical vocabulary needed to retrieve information from MEDLINE is too complex to serve the needs of family physicians. It is my experience that family practitioners fully understand and commonly use the terminology used by the rest of the medical community. You may wish to re-examine such statements before publication.

More specific comments and suggestions will be forthcoming from the National Institutes of Health and the National Library of Medicine.

It is my understanding that this revised draft represents a great improvement over earlier drafts. Thank you for sharing it with me at this time.

Sincerely yours,

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for → C. Everett Koop.
C. Everett Koop, M.D.
Surgeon General