

The Regional Medical Library Program

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If you need medical information—and who does not from time to time?—the national network of libraries known as the Regional Medical Library Program can help you. This article will examine the legislation, funding, history, organization, and future of this program. It will specifically address itself to North Carolina's place in the network.

In 1964 Martin M. Cummings, the director of the National Library of Medicine, said that "our country requires the development of a complex of medical libraries with adequate facilities, resources, and personnel to serve those sections of the nation with underdeveloped library facilities."¹ The need had existed for some time, but not until the mid-1960s was a program begun to remedy the situation. The National Library of Medicine (NLM) requested that Congress grant it the authority and funds to provide assistance to local and regional libraries for library construction, training of librarians, research in the field of information science, library resources, the development of regional libraries, and publication and translations support.²

The 84th Congress granted NLM most of its requests in the form of the Medical Library Assistance Act of 1965 (Public Law 89-291). The act was initially funded for five years.³ Among other things, it authorized the NLM to create a national network of regional medical libraries.⁴ These libraries were to serve as regional links interrelating national and local institutions. To save money and utilize existing resources, the NLM decided not to establish its own new regional branches but to support regional services through existing libraries.⁵ The regional medical libraries were chosen according to (1) the need for the library assessed in terms of the level of research, teaching, and medical activities in the region and the library service available; (2) the adequacy of resources of the library measured in terms of collections, staffing, equipment, and facilities; and (3) the size and nature of the population in the region.⁶ Consequently the libraries selected as the regional medical libraries are located in large medical centers where resources are plentiful.

Since the implementation of the Medical Library Assistance Act in 1965, there have been extensions in 1970 for three years and in 1974 for two years.⁷ The act was renewed in the period 1976-1979. Presently the funding for the act is riding along on extensions. The proposed new legislation for the bill is now being discussed in the House Energy Committee and also in the Senate Labor and Human Resources Committee. The proposed legislation calls for a three-year reauthorization and funding of \$8 million for fiscal year 1983, \$8.5 million for fiscal

year 1984, and \$9 million for fiscal year 1985. The Medical Library Association calls for \$10 million for fiscal year 1983, \$11 million for fiscal year 1984, and \$12 million for fiscal year 1985. It endorses all sections of the act and calls for broader program support.⁸

Even though the first regional medical library was established in 1967,⁹ it took until 1971 for a formal policy statement to be drawn up and endorsed by the Board of Regents of NLM. This NLM Regional Medical Library Program Policy Statement identifies the general objective of the program as follows: "To develop an interactive cooperating network as a model for study, growth, and development of a nationwide Biomedical Communications Network designed for information transfer to support health services delivery, education, and research." The immediate objective of the program is "to support the development and operation of a network for document delivery for the nation's medical libraries."¹⁰ The network was formed by eleven regional medical libraries, with the NLM itself designated as the regional library for the Mid-Atlantic Region. NLM helped with the original organization, but once a library is designated a regional medical library, the region and the library have the autonomy to develop their own programs. Only the funding comes from NLM. Consequently there is much variety in the regions. The management of the Regional Medical Library Program at NLM was given focus by the creation of the position of Regional Medical Library Program Coordinator in 1978.¹¹

Structure of the Program

The structure of the national program is a hierarchial arrangement with each higher level facility acting as a backup resource to the echelon below. There are four levels to the national structure—the basic unit, the resource library, the regional medical library, and the National Library of Medicine. For example, Lenoir Memorial Hospital in Kinston, North Carolina, is a basic unit, the Health Sciences Library at ECU in Greenville is a resource library, and the National Library of Medicine is North Carolina's regional medical library as well as its national backup.

The basic units are essentially independent, free-standing educational organizations. They include but are not limited to the following: (1) community hospitals, (2) colleges and junior colleges with meaningful health science education and training programs, and (3) other health-related schools, research organizations or governmental agencies. Each basic unit must assume a certain amount of responsibility for belonging to the network. It must be willing to underwrite the continuing costs of participation. It must have adequate staff to supervise and manage its resources. It must assume the costs of communication charges between itself and the resource library it is assigned to.¹²

At the second level in the structure, the resource library is a selected institution with more extensive informational resources. In most instances it is affiliated with a medical school. In North Carolina there are four resource libraries—the health science libraries of the University of North Carolina at

Chapel Hill, East Carolina University, Duke University, and Wake Forest University. A resource library has three major responsibilities: "to support the information needs of the basic units located within its geographic area; to join with other resource libraries within the region in a coordinated effort to support network development" (for example, coordinating regional acquisitions); and to undertake such coordinated educational activities for the basic units in its geographic area as it deems necessary for the implementation of the regional plan.¹³

Each regional medical library is responsible for serving as a backup facility for the resource libraries of the region; planning a coordinated system within the region for provision of library services; determining how resources and project grants with regional implications fit into the regional plan; and backing up the educational activities of the region.

Services Provided

The services provided by the regional medical libraries are diverse and many, but the most widely used service is interlibrary loan. From 1968 to 1972 about two million interlibrary loans were filled in the United States through the network.¹⁴ Regional medical libraries offer free loan service, or free photocopy in lieu of loan, to qualified users within the region. In North Carolina only the four resource libraries and a few basic units who have received special permission from NLM are qualified to obtain interlibrary loans from NLM. All the other libraries must go through their nearest resource library. Some of the eleven regions in the United States have formalized structures so that each library in the region is assigned a library to which it should direct its interlibrary loans. Other regions are not so organized.

The regional medical libraries also offer MEDLARS facilities to the region. MEDLARS is a computer system of databases which contain citations to the professional medical and health-related literature of the world. During the development of the MEDLARS network, MEDLARS briefings were scheduled at each regional medical library.¹⁵ Now of course many other medical libraries offer MEDLARS services.

Regional medical libraries offer many other services as well. They offer assistance to local libraries and qualified individuals in providing reference services. They provide orientation and training of personnel from major user facilities in medical library services to assure effective use of regional resources.¹⁶ Unfortunately these orientations and workshops are sometimes merely piecemeal efforts toward the enlightenment of persons in charge of small rural hospital library collections, many of whom are not professionally trained librarians. Greater levels of funding would remedy this problem to a degree.¹⁷ Many regional medical libraries publicize new acquisitions and publish a union catalog of books and a union list of periodicals in the region.¹⁸ Most regional medical libraries offer continuing education programs for librarians, generally hospital librarians.¹⁹ The National Library of Medicine serves as a backup facility

to each of the eleven regional medical libraries.

Approximately 50 percent of the Regional Medical Library Program budget is allocated to network interlibrary loan services, 30 percent to administrative costs including overhead, and 20 percent to other activities and services. The annual expenditure for the program has generally been less than \$3 million. In 1978 the Medical Library Association Legislation Committee called for a new minimum level of funding to be \$5 million per year.²⁰

Mid-Atlantic Region

Region IV of the Regional Medical Library Program, also called the Mid-Atlantic Region, includes Maryland, North Carolina, Virginia, West Virginia, and Washington, D.C. The National Library of Medicine at Bethesda, Maryland, is its regional medical library. When this region was created in 1968, North Carolina was not included in it. Later that year medical schools in the state requested inclusion in the Mid-Atlantic Region because of past cooperation with other states in the region, particularly Virginia, and the request was granted.

In 1972 a regional task force was selected to plan implementation of regional activities. The ensuing plan for the region provides for centralized management at regional medical library headquarters but decentralized administration by the resource libraries throughout the region. One representative from each of the five mid-Atlantic states and the regional medical library director as chairman coordinate the affairs of the Region IV program.²¹ As reported in a NLM publication,

The plan for Region IV emphasizes active participation by all libraries in the region. Recognizing the potential of the community hospital library, this program intends to foster Basic Units among the more promising hospital libraries in the region. As a Basic Unit, a library or group of libraries will function as a 'resource' library on a local level. The Basic Unit will hold five years of the Region IV core list of journals (35 titles), thus assuring a limited degree of local self sufficiency.²²

The 1979 budget allocation for Region IV was \$396,490.²³

Sheldon Kotzin, director of the Regional Medical Library Program, has commented on the differences between Region IV and other regions. In all of the other regions, the regional medical library is under contract to provide certain services to the region. In Region IV this is not the case since NLM serves as regional medical library as well as National Library. Region IV utilizes many NLM staff to perform regional medical library services. Kotzin stated:

There are advantages to having the Regional Medical Library located at NLM—great collections, large staff, strong resources, and we can absorb many costs in our operating budget (There are also disadvantages) progress is often slow, our performance is not always as good as it can be. Another disadvantage has been a long standing

objection by some in the region to having the Regional Medical Library at the National Library of Medicine. Because of these feelings, the region has lacked the sense of identity and cohesiveness of other regions.²⁴

Problems and Prospects

One of the main problems of the Regional Medical Library Program is caused by the institutional context in which it tries to function. If it is difficult to get the cooperation of all or even most of the people within a single organization, how much more difficult it is to get the cooperation of the federal government, all the state governments, and hundreds of private organizations. This is just what the program is trying to do. The NLM is a federal agency, most of the regional medical libraries and medical school libraries are parts of state governments, and the hospital libraries are private organizations.²⁵ Even if librarians and library staff are willing to cooperate fully, the library's parent organization (the university, the hospital, the community college) may prohibit them from doing so.

What is in the future for the regional medical library program? This program, like all others, is subject to change that will alter existing methods of operation. Some changes—such as loss of funding—might destroy the program. One change that very well may occur, according to Sheldon Kotzin, is that the NLM may cease to be headquarters for Region IV. Another library in the region may be given regional library status, or the states of Region IV may be realigned with other regions.²⁶ Sam Hitt, director of the UNC Health Sciences Library in Chapel Hill, foresees even more radical changes in the program. He says there will probably be a decrease in the number of regions in the program in one or two years.²⁷ Of course this would change the geography of every region and thus alter long established patterns of interlibrary loans, meetings, committees, and relationships. Whatever the future holds for the program, we may hope that our nation will continue to strive toward greater efficiency in providing information to health professionals.

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27. Sam Hitt to Maxine Hanke, 13 August, 1980. Since this article was written, a decrease in the number of regions from eleven to seven has been announced in *MLA News* 141 (January 1982): 11. The change will take effect in November 1982 and involves merging five east-coast regions into two larger regions and combining the two midwestern regions.