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PROGRESS REPORT ON THE  
INTER-AMERICAN BIOMEDICAL COMMUNICATIONS NETWORK

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Summary Statement

Eight years ago, the Pan American Health Organization Advisory Committee on Medical Research (PAHO/ACMR) recommended that the Organization establish a Regional Library of Medicine (RLM) at the Escola Paulista de Medicina in São Paulo, Brazil. This recommendation had a dual significance. It reaffirmed the importance of biomedical communications to the advancement of research and health care delivery, and it initiated an international approach to improve the existing system. RLM, I believe, is becoming a model activity which other areas of the world are examining for possible emulation.

Explicit in the ACMR's recommendation was that the Library be a PAHO entity. It was implied that achievements unattainable at the national level are possible through multinational cooperation. The international interdependency would be based on mutual service and mutual benefit and not on intricate administrative relationships.

The topic given to me, "A progress report on the inter-American biomedical communications network," cannot be discussed in isolation because there is no operational network on which to report progress. Such a network is presently utopian in concept and not an immediate practical reality. We can, however, discuss "progress toward" an inter-American biomedical communications network, because I believe that adequate and effective biomedical information services for Latin America will be realized through networking only. It will not be easy, because a "network" is synonymous with "regionalism," which in turn signifies a partial "abandonment of autonomy."

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Thus, I have accepted the challenge of this topic of an inter-American biomedical communications network because it will emphasize that RLM has accomplished much, but it is essentially the first step, along what may be a long and circuitous path. Furthermore, it is necessary now to plan a course of action in order to develop a network; and there is always intrinsic value in being able to maintain one's sight of an ultimate goal as you try to confront and surmount operating difficulties.

What is a biomedical communications network? One can define it in many ways--in terms of hardware, software, or intellectual effort. Essentially, it is a sharing and linking of talent and resources to improve information services for the advancement of medical research, education, and health care. There are several ingredients necessary to develop a network--well-informed decision-makers; adequate fiscal and personnel resources; users who have a demonstrated need; the effective application of technology; and a commitment to cooperate.

Assessing the experience of RLM these past 8 years, lends perspective to the feasibility and probability of an inter-American biomedical communications network. The first 2 years, 1965-1967, were spent on searching for funds, resources, and staff. Some activities were then initiated during 1967-1969. In 1969, Dr. Amador Neghme was appointed Director of the Regional Library. Since that time, the Library has enjoyed 4-1/2 years of operational activities with a constantly increasing workload. The accomplishments during this period of the Library's existence are directly traceable to the energy, dynamism, and enthusiasm of its Director, Dr. Neghme.

RLM now provides services, primarily within Brazil, that encompass the major functions of a library--provision of reference services, specialized bibliographies, photocopies of research articles. A Brazilian library network of eight subcenters has been identified to interact with RLM. These subcenters, however, all need additional resources to perform their role effectively. RLM has had under consideration for a period of time the development of specialized audiovisual and computer-based reference services. Through the

courtesy of the Escola Paulista de Medicina, new physical facilities for audiovisual services have been constructed; but the implementation of the audiovisual program awaits the addition of a specialist to the staff. More recently, the National Library of Medicine (NLM) has agreed to a PAHO/RLM experiment using our on-line, time-shared bibliographic retrieval system, MEDLINE. This system is part of NLM's national biomedical communications network in the United States. The NLM/PAHO/RLM experiment will determine whether such an on-line system can be used within Latin America to provide information services, not only to Brazil, but to other South American countries.

RLM conducted a survey of some 231 biomedical libraries in 15 Latin American countries. This survey emphasized the dire needs that exist in many of these libraries and the resources necessary to improve their status and effectiveness.

Is an inter-American biomedical communications network needed, possible, and/or probable? In the light of the current status of RLM and the staggering needs of biomedical libraries in Latin America, there is an urgent need for such a network. The actual development of a biomedical communications network, however, will depend upon a number of factors: the interrelationship of RLM to medical and library communities in South America, the supportive role of governments, and the allocation of resources. There are some very practical problems in terms of strengthening basic collections, training people, and increasing the awareness and sensitivity of the medical community to the potentialities of modern information handling. In addition, there are problems external to medicine and related to transportation, postal service, and telecommunications, which represent the technology or the mechanism for information transfer.

I believe that, as the ACMR took the first step recommending a Regional Library of Medicine, it should now begin to consider what actions in the next 10 years will significantly improve biomedical communications in Latin America. Can one Regional Library serve the needs of all South American countries? A network must have nodes to be interconnected and interrelated. The October 1972 Ministers of Health Meeting in

Santiago recommended for the decade 1971-1980, the establishment of national documentation systems for the health sciences to be coordinated by RLM into an inter-American biomedical communications network. These might be the basic nodes of the network.

Perhaps the network should be approached on three levels: international (RLM); regional, and national. A selected number of resource centers, that are not at the broad international level of RLM, nor at the national level, could provide services within a geographic area and be interrelated to both RLM and national institutions. It will depend upon available resources and the determination as to what constitutes an effective balance between centralization and decentralization of functions and services.

In summary, we can only be pleased with the progress made at RLM. At the same time, we must be aware that much remains to be done. We are only justified in applying resources and new technology if, in fact, we are truly responding to the needs of the Latin American medical researcher, educator, and practitioner. Your judgment of the relative importance of these needs will do much to stimulate or depress the future development of a biomedical communications network for the Americas.