

A Unique Approach to Multi-State Networking: BHSL

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■ Development of a reciprocal multi-state shared resources network is described. The Basic Health Sciences Library Network (BHSL) is one the largest interlibrary loan networks free of direct charges to participants and any direct federal or state funding. Established in June 1986, BHSL started with 132 member libraries from three northeastern states. Current membership is 460 libraries in 10 states. Interlibrary loan activity for 1992 resulted in a collective cost savings of \$592,672. This model of resource sharing can be applied to any group of libraries that access a common locator tool.

The Basic Health Sciences Network (BHSL) is one of the nation's largest health related interlibrary loan networks, currently numbering 460 member libraries in 10 states. It operates free of any direct charges to participants and any direct federal or state funding.¹

Background

The National Network of Libraries of Medicine (NN/LM), formerly the Regional Medical Library Network, was established in 1967 by the National Library of Medicine (NLM) to bring high quality information services to the nation's health professionals. NN/LM's goals include access and delivery of information, maintaining a network of health sciences libraries for resource sharing, and developing linkages to other information networks and organizations.² To ensure equal access to medical information for health care professionals, regardless of geographic location, NLM divided the country into 11 geographic regions and designated a major health sciences institution in each region as a Regional Medical

Library (RML). Each Regional Medical Library, under contract with NLM, received federal funding to administer and coordinate a variety of services, including document delivery. Today, there are eight regions, each with a designated RML. Any RML may contract with other resource-rich libraries in its region to be document delivery providers. For example, Region 1, the Middle Atlantic Region, serving Delaware, New Jersey, New York, and Pennsylvania, contracts with 16 libraries designated as Area Libraries and eight libraries designated as Resource Libraries.

As federal funding diminished, cost containment measures for document delivery were instituted so that funding for other RML services would not be threatened. The RML encouraged local libraries to engage in resource sharing, yet imposed limits on the number of subsidized interlibrary loan transactions. At the start of the RML Program, there were no quotas on interlibrary loan activity, but gradually the number of subsidized loans was set at 400, and later reduced to 200. In addition, restricted journal title lists were developed.

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These journal titles, thought to be commonly available, could not be borrowed through the RML Program. The first list consisted of 30 journal titles; the second list included 100 journal titles. Despite these restrictions, the number of libraries participating in the RML system increased more than 200% from 1968 to 1972.

In 1978, a fee-for-service interlibrary loan program was instituted by the RML at a cost of \$5.00 per loan. Each RML implemented the charge gradually. In the northeast United States, the RML charge of \$5.00 per loan was imposed in 1982.³ Interlibrary loan arrangements by local consortia expanded as basic health sciences libraries sought to minimize the impact of RML fees on already tight budgets. In some cases, the consortia expanded into state-wide networks.^{4,5,6}

Evolution

BHSL evolved from the extensive network-
ing experience of health sciences librarians in
New Jersey, New York, and Pennsylvania.
Charter members of the BHSL network were
the Health Sciences Library Association of
New Jersey (HSLANJ), the Brooklyn, Queens,
and Staten Island Health Sciences Librarians
(BQSI) consortium, the Medical and Scien-
tific Libraries of Long Island (MEDLI) and the
Pennsylvania-based Consortium for Health
Information and Library Services (CHI). A
description of developments and a brief his-
tory of each charter group is important to note.

Since 1981, the Health Sciences Library
Association of New Jersey (HSLANJ) coor-
dinated a state-wide interlibrary loan network
called the New Jersey Health Sciences Net-
work (NJHSN). It had seven consortia com-
prising 96 basic health science libraries,
and was tremendously successful in cutting
interlibrary loan costs for its members. Par-
ticipating libraries were required to submit
monthly statistics, choose a representative
to the Networking and Interlibrary Loan
Committee, agree to provide document deliv-
ery to other members at no charge and
maintain current journal holdings in the
Union Catalog of Medical Periodicals

(UCMP), the Region 1 locator tool.

Efficient interlibrary loan service requires
access to a locator tool. UCMP, available in
microfiche format, was well-established and
considered a standard in health sciences
libraries to locate journal titles held by local
consortia as well as Area and Resource Li-
braries offering fee-based services through
the NLM's resource sharing program. It is
updated quarterly and arranged by journal
title with issue-specific holdings listed for
individual libraries.

Reconfiguration of the NN/LM from 11
regions to seven regions occurred in 1982,
placing New Jersey, New York, and Pennsyl-
vania together for the first time in a greatly
expanded Region 1. By 1983, the cost per loan
obtained through the NN/LM network had
risen to \$6.00. Given these prevailing external
factors and the successful experience gained
from the New Jersey Health Sciences Network
(NJHSN), the Networking and Interlibrary
Loan Committee recognized the opportunity
for region-wide expansion. Therefore, a docu-
ment seeking other eligible consortia was dis-
tributed at state and regional meetings, and
was published in the Region 1 newsletter dur-
ing 1984-85.⁷

Simultaneously, in response to the rising
costs of interlibrary loans, the Medical and
Scientific Libraries of Long Island (MEDLI)
and the Brooklyn, Queens, and Staten Island
Health Sciences Librarians (BQSI) consor-
tium agreed to a joint project which would
secure expanded access to member library
collections on a no-charge basis. Thirty libr-
aries from the two networks volunteered to par-
ticipate, and in early 1985 the MEDLI/BQSI
network became operational with formalized
guidelines, a participants' directory and a hier-
archical borrowing structure with the smallest
collections accessible first. Members agreed
to provide free interlibrary loans, to maintain
holdings in UCMP Quarterly, and to access
the network through the established hierarchy.
In August 1985, a letter was sent by MEDLI/
BQSI to HSLANJ suggesting the possibility
of interstate network cooperation.

Concurrent networking activities were oc-
curring in southeastern Pennsylvania. The

Consortium for Health Information and Library Services (CHI) was created in 1976 with National Library of Medicine Resource Project Grant funding. CHI is a multi-type library network of hospitals, colleges, and health-related institutions. CHI's early participation in the UCMP Quarterly paved the way for many of its networking activities. A cooperative resource agreement with the Southwest New Jersey Consortium for Health Information Services (SWNJCHIS) was formalized in 1982, thus establishing interstate borrowing on a limited scale.

By 1985 the charter members had made contact with each other and an initial meeting was held. All participants agreed to accept the proposal developed by New Jersey, which included an interlibrary loan code clearly stating the responsibilities of both lending and borrowing libraries, procedures for placement of loans, and detailed operational rules. The founding BHSL members agreed on UCMP as the official locator tool for direct and easy access to the holdings of BHSL libraries.

The representatives of these charter member consortia who attended this initial meeting determined what documents were to be developed for distribution to member libraries and divided the tasks among the group. A massive effort throughout Spring 1986 resulted in the development of a detailed information packet and directory for each member. A smaller group of representatives met to compile the sections, which had been developed and duplicated in various locations, and divide the completed packets for shipping.

BHSL was established in June 1986 with 132 charter members from New Jersey, New York, and Pennsylvania within the geographic Region 1, which consisted of the eight northeastern states. Membership more than doubled during the first two years of operation and the current roster totals 460 member libraries from 10 states. In 1987, the first full year of operation, interlibrary loan activity among BHSL members totaled 118,043 loans. Of those, 81,487 were filled by the local consortia, 18,816 were filled by BHSL libraries, and 25,740 were paid loans. Loans for 1992 totaled 412,314. Of those, 270,392 were filled by the

local consortia, 74,084 were filled by BHSL libraries and 67,838 were paid loans (See Figure 1 on page 192).

In 1988 BHSL had 268 members representing 21 consortia from Connecticut, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont. In April 1988 the producers of the UMCP, the Medical Library Center of New York, which is a cooperative fee-based organization providing a myriad of library services to member and non-member health sciences libraries, agreed to identify BHSL members by placing an asterisk immediately after the library's SERHOLD code on the first line of each holdings statement (See Figure 2 on page 192). SERHOLD is the NLM's database of machine-readable holdings statements for serial titles held by United States and select Canadian biomedical libraries. These holdings statements are linked to NLM's authoritative bibliographic data.⁸

UCMP was very important to BHSL for three reasons: 1) using an existing locator tool meant that one did not have to be created; 2) after BHSL library holdings were exhausted, the same tool could be used to access fee-based providers; and 3) the need for BHSL to produce a new directory of members was eliminated. At this time, BHSL membership was expanding rapidly, and updating the directory had become an enormous task. With the addition of the BHSL tag in UCMP, the BHSL directory was discontinued in 1989 for the annual print UMCP directory.

Membership applications are accepted at any time and a member library's commitment is for one year.

BHSL Network Operation

BHSL membership is currently restricted to library consortia within Region 1 and the recently created Region 8. These regions encompass the 10 northeastern states of Connecticut, Delaware, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont and all are represented by the BHSL members. Membership is open to consortia of any size and it is not required that every consortium

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and 268 members represent Connecticut, New Hampshire, New York, Pennsylvania, Vermont. In April 1988 the UCMP, the Medical Library Network, which is a cooperative network providing a myriad of services to member and non-member libraries, agreed to identify and place an asterisk immediately after the SERHOLD code on the holdings statement (See 1992). SERHOLD is the machine-readable holdings statement held by United States biomedical libraries. Statements are linked to the bibliographic data.⁸ It is important to BHSN for having an existing locator tool not have to be created; 2) holdings were exhausted, the need for BHSN to provide members was eliminated. BHSN membership was updated the directory was a tedious task. With the addition of UCMP, the BHSN continued in 1989 for the directory. Applications are accepted at each library's commitment

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is currently restricted to Region 1 and the region 8. These regions encompass the eastern states of Connecticut, Maine, Massachusetts, New Jersey, New York, Rhode Island, and Vermont. BHSN is supported by the BHSN members. No consortia of any size that every consortium

member join BHSN. All participating libraries must submit a memorandum of understanding indicating their acceptance of the BHSN guidelines.

Eligibility requirements are:

- 1) Maintain holdings in the Union Catalog of Medical Periodicals (UCMP), used as the union list/locator tool for BHSN;
- 2) Fill interlibrary loan requests from other participating libraries at no charge;
- 3) Submit statistics on a timely basis; and
- 4) Adhere to network rules.

BHSL Guidelines include:

- 1) Borrowing libraries must make an effort to locate requested materials within their local consortium before entering the Basic Health Sciences Library Network (BHSL);
- 2) Upon determining that requested material is not held by the local consortium, borrowing libraries will follow the hierarchy established by the BHSL;
- 3) If automatic referral is desired, the UCMP code of a second and third choice should be indicated on the request form. If the third choice indicated is an Area or Resource Library (AL or RL), the borrowing library will be responsible for charges incurred; and
- 4) Care should be taken to avoid concentrating requests on a few libraries. No more than two requests per day may be sent to any one library.

BHSL member libraries range in size from those with as few as 35 journal subscriptions to those with well over 1,000 subscriptions. Every library contributes some unique serial title(s) to the network. Membership consists of 10 college/university libraries, two pharmaceutical firm libraries, two advertising firm libraries, two medical society libraries, one academy of medicine library, one foundation

library, three technical college libraries, one veterinary hospital library, one research center library, and four other specialized libraries. The remainder are hospital libraries. The hospitals vary greatly in size from those with fewer than 100 beds to those with over 500 beds. The hospitals are of many types, from general hospitals and medical centers to those specializing in a variety of disciplines. Membership includes rehabilitation institutes, children's hospitals, women's hospitals, Veterans Affairs medical centers, and psychiatric hospitals. There are also several schools of nursing. These many and varied types of members each give the network distinction.

Each consortium must appoint a network coordinator. The coordinators are members of the BHSL Board of Directors and serve as the network liaison for their individual consortium. They keep participating member libraries updated on changes in the BHSL Network and solve any local problems that arise. They also impart information on library closings, policy changes and communications received from other coordinators or from the committees, and notify other coordinators of changes within their groups.

The best monitoring mechanism for a network of this size is the collection and analysis of statistics. Therefore, statistics are submitted by all member libraries to the network coordinator on a monthly basis. Statistical data is collated and analyzed using Lotus 1-2-3. In most groups, the coordinator also compiles the statistical forms submitted and summarized by each library twice per year. Several groups have designated a second individual to assume responsibility for this statistical function.

A BHSL hierarchical borrowing structure, based on the statistics collected, was developed. It is revised annually. The original BHSL hierarchy was based strictly on the library's lend-fill ratio, which resulted in some inequity and the over-taxing of some libraries' resources. For example, a library that fills 300 loans per month and requests 310 per month was placed in the same category as a library which filled 20 loans per month but requested only 10. Both libraries were net borrowers with a value of 10. In an effort to even out the

work load, BHSL libraries have been grouped into eight categories.

Category one is reserved for those libraries who neglect to submit statistics. There are usually fewer than 10 libraries in this category. These libraries are accessed first. This measure is taken to induce BHSL libraries to comply with the policy on submission of statistics. Category two are small libraries which filled 200 or less interlibrary loans in the previous year. Category three filled 201 to 500, category four filled 501 to 1,000, and category five filled 1,001 to 2,000 interlibrary loans in the previous year. Category six libraries filled more than 2,000 requests annually. Category seven libraries filled more than 2,000 interlibrary loans annually and are also net lenders to other libraries in the BHSL Network. Finally, category eight designated libraries are used for unique holdings only. These are the largest libraries and are net lenders which request very little from the network.

DOCLINE

The advent of DOCLINE, the NLM's electronic interlibrary loan routing system, altered the health sciences interlibrary loan process. It is a nationwide interlibrary loan system used by biomedical libraries. NLM divided the country into geographic regions and libraries can borrow from institutions within their Regions. If an item is not held by a Region's Area or Resource libraries, the request is routed to NLM. This system was instituted in 1985, and by April 1991 approximately 2,100 libraries were accessing DOCLINE.

The equipment specifications are very basic, and libraries accessing NLM's MEDLARS databases have the capability to access DOCLINE, which is also available via the Internet. Libraries using DOCLINE are assigned unique identification code names, LIBIDs, and can generate and receive interlibrary loan requests. DOCLINE is easy to use, comes with a manual, and NLM provides a service desk for telephone assistance.^{9,10}

Interlibrary loans can be generated by two methods, automatic and prefixed. The auto-

matic method is time-efficient because the loan is routed through a predetermined listing of up to 180 libraries. When a library agrees to be a DOCLINE participant, an automatic routing table is completed. This is a customized hierarchical listing composed of 10 levels, called cells, to which a loan can be routed. Automatic routing identifies the smallest library collection holding the journal title. BHSL guidelines for filling out the table state that the first one or two cells contain the local library network, followed by BHSL members, in hierarchical order up to cell seven. Cells eight and nine are reserved for the larger BHSL libraries or for fee-based borrowing. Cell ten is reserved for the NLM.

The prefixed method of requesting is used when the borrowing library routes a request directly to another library reported as owning the title. DOCLINE etiquette dictates that libraries check daily for incoming requests. Access to this network is free, but both free and fee-based collections are listed. NLM and each of its designated Resource and Area Libraries currently charge \$8.00 per loan. Since DOCLINE requests are generated via computer, the processing and turnaround time of ILL requests was significantly streamlined. DOCLINE had a positive impact on BHSL because member libraries could automatically route requests to a pool of free libraries in a rapid and cost-efficient manner. As BHSL interlibrary loan activity increased and DOCLINE routing tables were established, a number of concerns, inequities, and problems emerged.

Misuse of some of the unique and large collections was noted. For instance, some loans that should have been routed to very small libraries went directly to very large libraries, which placed an undue burden on the larger libraries. Therefore, instructions for customized DOCLINE routing tables were established by the BHSL board based on the eight categories of libraries. Category seven libraries must be placed on the routing table directly preceding area and resource libraries. Category eight libraries must not be placed on the routing table and must be used on a prefix only basis.

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Governance

As the BHSL Network evolved, it became apparent that an official, autonomous governing body was necessary. The organization was large and growing with widespread geographic distribution and an ever-increasing interlibrary loan volume. This created enormous administrative responsibilities. Bylaws were drafted and adopted on June 14, 1988, and a Board composed of Network Coordinators was designated to assure direct lines of communication to each member library as well as to review operating goals, initiation fees, recommendations, and acceptance of new consortia, solve problems, and plan meetings. Each consortium represented appoints one Network Coordinator. There are presently 26 board members with one vote each, plus two ex-officio members from Region 1 and Region 8. The officers, including the chairperson, vice-chairperson, secretary, and treasurer are nominated by the Nominating Committee, and are elected by the board.

The Statistics Committee collates each consortium's statistics, prepares yearly statements, and annually prints and distributes the hierarchical borrowing list to all members. The Membership Committee speaks to prospective consortia, describes and answers questions pertaining to the operation of BHSL, and distributes information packets to new members. Committee participation is open to all BHSL members. Meetings are held annually and are open to all members. Additional special meetings may be called by the chairperson as needed.

Financial Impact/Cost Savings

The primary objective of the BHSL network is cost savings. By providing expanded opportunities for free loans, the BHSL network enables participating libraries to reduce the number of paid transactions.

During the first full year of operation, beginning in July 1986, the BHSL Network saved \$54,456. This figure represents the additional cost savings for loans not available within the local consortia, and which would have had to

be purchased through the NN/LM system, at \$8 per loan, had BHSL not been available. A look at the loan picture for that first year reveals that 7% of all loans were filled within BHSL at no charge. A total of 7,182 loans were filled by BHSL members at no direct charge and not by the NN/LM system, which would have cost \$8 per loan.

Collective savings more than tripled by 1988, as membership and the cost of paid loans increased. Loans filled within the BHSL network at no charge rose from the 1986 figure of 7% to 12% of all loans processed. This calculates out to 27,267 loans at \$8 per loan, or a network savings of \$218,136.

In 1990, 17% of all loans were filled by BHSL libraries. Collective savings was \$439,672 for the year, with 54,959 loans filled by network members.

When the network was formed, the charter members agreed that if an additional 2% was saved, the network would be deemed successful. In 1992, 18% of all loans were filled within BHSL. Collective savings was 74,084 loans times \$8 per loan, or \$592,672 for the year. This far exceeded the original goal of an additional 2% (See Figure 3 on page 193).

Lessons Learned/Future Plans

The primary long range goal of the BHSL Network is to further reduce the number of paid loans by increasing network membership throughout the 10 participating states.

Future plans must also be based on lessons learned in order for a network of any type of libraries to evolve, grow, and achieve its goals. Issues of governance, economics, and the impact of technological change must continue to be addressed as the network grows.

It was quickly learned that inequities endemic to interlibrary loan networks must be minimized if BHSL is to attract and retain libraries with larger and more specialized collections. Methods to avoid overburdening net lenders must be continually monitored and modified when necessary, and the concept of offering some kind of incentive to net lenders should be considered.

In the area of governance, representation

all participating groups is important. However, it is proving difficult to accomplish specific tasks and projects over such a broad geographic area. The wide geographic distribution makes it difficult for many board members to attend meetings, and as a result, most of the responsibilities for policy making, problem solving, and future planning fall on the board members who can attend because of their proximity to one another. Because of this, the feasibility of rotating operational responsibilities by state is being explored. A session for BHSL coordinators or their representatives, to be held at the Annual Meeting of the Medical Library Association, is also being considered. Strict adherence to the bylaws is another important objective. This became evident as some activities, which were conducted informally, such as nominations, were no longer manageable.

The commitment to continue BHSL as an interlibrary loan network free of direct charges to participants and independent of any federal or state funding is strong. The National Network of Libraries of Medicine, NN/LM, strongly supports the BHSL Network and encourages network development and cooperative, reciprocal interlibrary lending among health sciences libraries. They do not want libraries to have to pay directly for material that can be obtained through cooperative agreements.¹¹ Costs associated with administrative tasks such as photocopying, supplies, mailings, telephone calls, local meeting expenses, and with the flagging of BHSL libraries in UCMP are minor and are absorbed by the budgets of member libraries. The cost of staff time can only be determined on an individual basis, as this depends on the volume of transactions and level of responsibility within the network as well as the salaries and professional levels of the individuals involved. An entry fee of \$25 was imposed for new members to cover basic operating expenses. To further reduce costs, in the future each coordinator will be assuming the responsibility of photocopying and mailing updated hierarchies and information packets to his or her consortium members. These and other financial issues are addressed on an ongoing basis.

Technological advancements such as DOCLINE, telefacsimile and electronic mail are changing the ways libraries locate and access information.^{12,13,14} Operational policies and procedures are adjusted to respond to these changes.

BHSL is a powerful grassroots cooperative which succeeds in maximizing resources for its members with dramatic cost savings. BHSL's most distinctive characteristic is the willingness and spirit of cooperation among its members. All efforts have been voluntary from the outset, and despite its size and multi-state representation, BHSL is able to address problems on a local level. The BHSL network is prepared to meet the challenges of growth and change with the spirit of cooperation and enthusiasm with which it was created.

Conclusion

The BHSL model could be adapted by other special librarians. Its advantages are clear: expanded resources and cost savings. As budgets shrink in today's economic atmosphere, librarians are facing a shift of emphasis from collection building to ready access. However, interlibrary loan and document delivery are two very labor-intensive and costly processes in all special libraries.

Justifying the formation of and participation in a BHSL-like network is realistic for groups of libraries with similar document delivery needs. Ladner's research¹⁵ demonstrates that membership in formal resource sharing networks is important to special libraries and that the most heavily used services reported by sci-tech and business library network members relates to interlibrary loans. Using BHSL experiences and statistics, several advantages can be highlighted. Rapid access to information through networking is enhanced, not limited. The BHSL Network transmits requests and documents via electronic transfer systems which are expedient and efficient. The network provides a greatly expanded pool of journal titles available to library patrons, with little or no additional cost to an individual library. BHSL librarians no longer need to purchase documents needed for one-time, or

advancements such as file and electronic mail. Libraries locate and 13,14 Operational policies adjusted to respond to

grassroots cooperative maximizing resources for dramatic cost savings. A characteristic is the spirit of cooperation among libraries. There have been voluntary efforts despite its size and multi-level. The BHSL network addresses challenges of growth and spirit of cooperation and how it was created.

could be adapted by other libraries. Advantages are clear: reduced cost savings. As budget-conscious atmosphere, a shift of emphasis from ready access. However, document delivery are more and costly processes

on of and participation is realistic for groups. For document delivery, Hill¹⁵ demonstrates that resource sharing network for special libraries and that services reported by sci-entific network members. Using BHSL examples, several advantages: rapid access to information is enhanced, not limited. It transmits requests through electronic transfer systems and efficient. The network has expanded pool of library patrons, with no cost to an individual. Users no longer need to be needed for one-time, or

limited use. Cost savings can be demonstrated by the BHSL experience. Direct cost per document charges are eliminated.

The issue of proprietary or confidential materials, frequently raised as a possible deterrent to resource sharing, is not a problem for BHSL libraries and need not be a problem for special libraries using the BHSL network as a model. Libraries with materials that are restricted need not list these journals in the locator network tool.

Furthermore, the Ladner study¹⁵ bears out the findings of Ferguson and Mobley¹⁶ and Hill¹⁷ that this often-cited issue of confidentiality is, when objectively studied, really a "non-issue" for most special librarians. Only six percent of sci-tech libraries and seven percent of business libraries participating in networks surveyed by Ladner mentioned confidentiality as a problem.¹⁵

Special librarians interested in forming an interlibrary loan network can use the BHSL experience as a developmental and operational guide. Through experience, BHSL members have found that success depends on a few key elements: a commitment to sharing by all participants, a quick electronic communications method, an actively involved board comprised of network members, and a continually updated locator tool.

Potential tools for resource location worthy

of exploration for special libraries are the use of Online Computer Library Center (OCLC), UCMP, and Internet. OCLC and catalogs on the Internet are accessible via standard telecommunications methods and contain bibliographic and location information on a wide variety of materials. OCLC has its own document delivery module. Although UCMP's strength is journal titles in the health sciences, its coverage is not limited to this area. It is a useful locator tool for many types of libraries. The Internet, which enables access to the on-line catalogs of several different types of libraries, is useful for locating needed resources and could be a valuable tool in building a network.

Summary

Interlibrary loan and resource sharing is an integral part of a health sciences library's operation. Demonstrated cost savings in a time of tight fiscal control and high accountability in health care heightens the need for networking among health sciences libraries. The BHSL resource sharing model can be applied to any group of libraries that access a common locator tool. The ongoing development and expansion of the Basic Health Sciences Library network meets these challenges and assists libraries in fulfilling their mandate to provide timely information to their users.

The views expressed in this article do not necessarily reflect those of the U.S. Department of Veterans Affairs.

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Figure 1

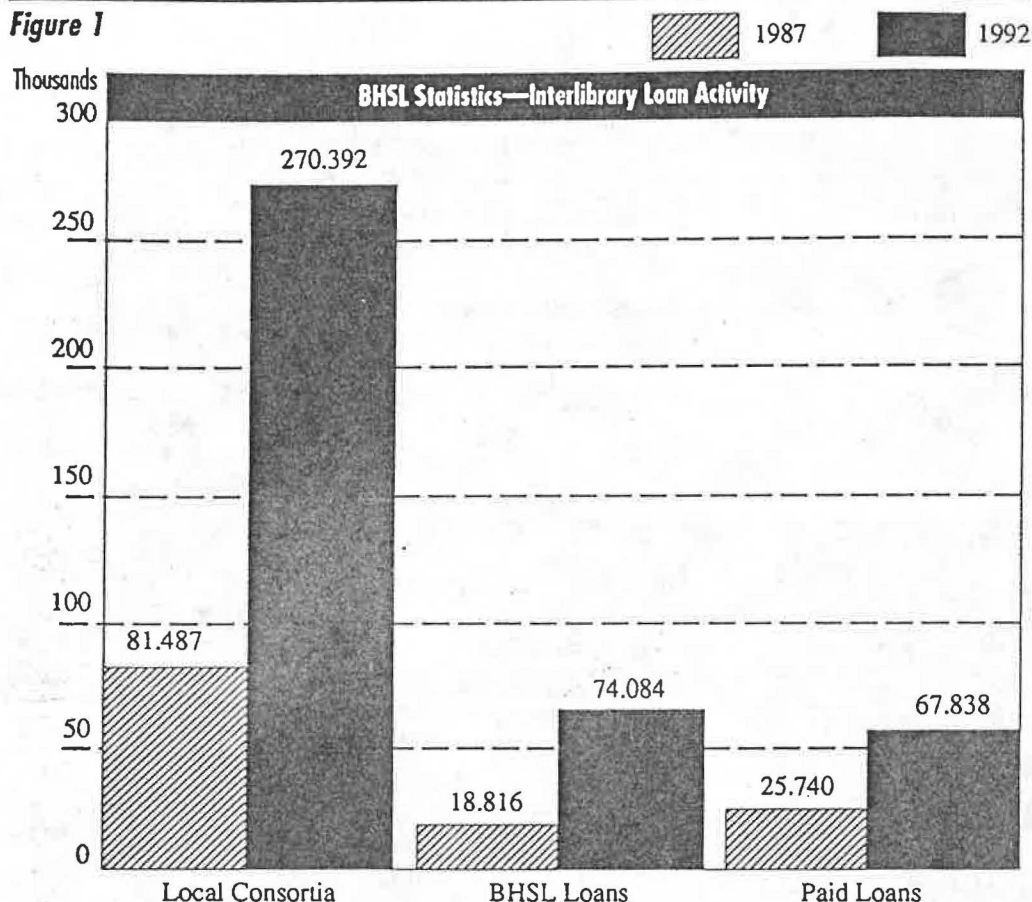
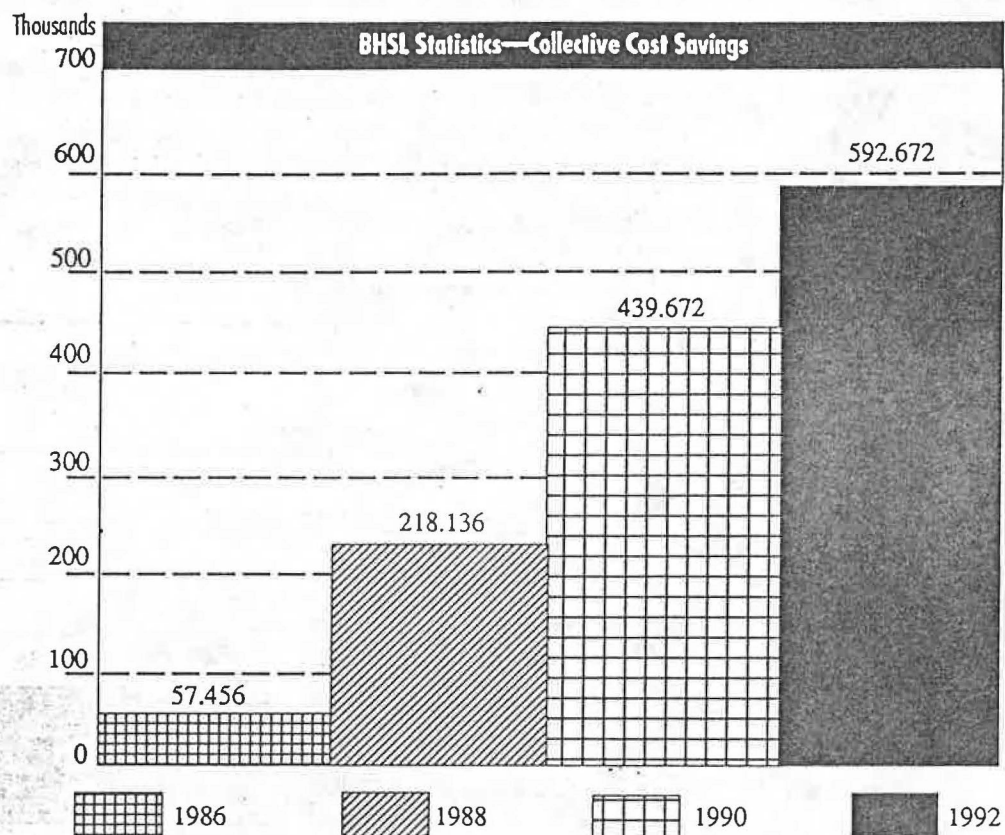


Figure 2

Sample UCMP Entry			
UNION LIST ENTRY			
BHSL MEMBERSHIP INDICATED BY AN ASTERISK (*)			
532836 0000			
MEDICAL CLINICS OF NORTH AMERICA			
PHILADELPHIA PA			
1,1917—BM			
SUPERCEDES MEDICAL CLINICS OF CHICAGO			
NLM M12840000			
SAUNDERS			
CMS*	SW	34—	(1950—)
KMH*	PL	24N6/25—	(1941—)
MSG*	MC	29—	(1945—)

Figure 3



Appendix 1

BHSL MEMBERSHIP BY CONSORTIA

Alphabetic List

25 Participating Consortia

- Association of Rhode Island Health Sciences Libraries (RI)
- Bergen Passaic Health Sciences Library Consortium (NJ)
- Brooklyn, Queens, Staten Island Health Sciences Librarians (NY)
- Central Jersey Health Sciences Library Association (NJ)
- Central Pennsylvania (PA)
- Connecticut Association of Health Sciences Libraries (CT)
- Consortium for Health Information and Library Services (PA)
- Cooperating Hospitals of the Lehigh Valley Area (PA)
- Cosmopolitan Biomedical Library Consortium (NJ)
- Delaware Valley Information Consortium (DE)
- Health Information Library Network of Northeastern Pennsylvania (PA)
- Health Information Libraries of Westchester (NY)

- Health Sciences Libraries and Information Consortium of Maine (ME)
- Hospital Library Service Program of the Capital District Library Council (NY)
- Laurel Highlands Health Sciences Consortium (PA)
- Library Consortium of Health Institutions of Buffalo (NY)
- Manhattan-Bronx Library Consortium (NY)
- Massachusetts Basic Health Sciences Libraries (MA)
- Medical and Scientific Libraries of Long Island (NY)
- Medical Resources Consortium of Central New Jersey (NJ)
- Monmouth, Ocean Biomedical Information Consortium (NJ)
- New Hampshire-Vermont Basic Health Sciences Libraries (NH)
- Pinelands Consortium for Health Information (NJ)
- Pittsburgh Basic Health Sciences Libraries (PA)
- Southwest New Jersey Consortium for Health Information Services (NJ)

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