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Presentation of John K. Iglehart

JOHN K. IGLEHART: As Dr. Frank mentioned, Health Affairs is bi-monthly health policy journal that is published by Project HOPE. We also publish weekly, on our website, original peer-reviewed papers that are freely accessible to anybody who visits our site. We also have an archive that goes back to Volume 1, Number 1, 23 years ago. We have no stockholders. We pay no dividends. And all revenue months we pay salaries and benefits, and the cost of publishing is ploughed back into the journal to broaden dissemination and access to our content.

Health Affairs relies heavily on the grants of private foundations, and as a result we believe that an important part of our mission is to provide content to the broad public. We pursue that mission in a variety of ways, which I'll quickly outline. Seventy-five percent of our content is freely accessible to anyone who visits our website. We've invested heavily in the technology that has improved our website and has made it more consumer friendly. Our weekly online-only papers, called Web Exclusives, are free at the time of posting and represent most of the – some or most of the timely health services research that is published today. We offer complimentary subscriptions to federal and state health policymakers, to accredited media, and to individuals in developing countries that request the publication.

We also provide very affordable rates, particularly for universities through the institution of site licenses that publications are negotiating these days as a consequence of the Internet. This allows universities to prepare free electronic course packs to their students with a very low-priced institutional subscription. For example, just last month, students and faculty at Johns Hopkins University downloaded more than 1,100 papers from Health Affairs under one library subscription, or in the current parlance, an institutional site license of \$318.

We help researchers by offering free, full-text links to sited articles within the HighWire Press Group of some 350 not-for-profit journals. We believe it is important to maintain a paid subscription model so that the cost of disseminating the health policy content that we publish is shared by subscribers who can best afford it. For example, Health Affairs subscribers, about one-third of them, come from the healthcare industry, many of them for-profit companies that can well afford our low subscription price.

In an author pay free access model, for instance, Pharma companies like Lilly and Pfizer and Merck, and health insurance giants like Aetna and the blues and United Healthcare would no longer bear any of the cost of dissemination since very few of these companies submit their intellectual property that ends up being our published content. These organizations also fund health services research, requiring them to provide support to the researchers they fund for the

purposes of publication could well lead to conflicts of interest that could place in jeopardy the objectivity of the research findings. In our current subscription model, the for-profit corporate sector pays the highest subscription price, as well they should, while smaller, not-for-profit universities and other enterprises pay a below-market subscription rate.

Finally, the federal agency that supports much of the health services research and health policy research that we publish operates on a shoestring compared to that of the NIH. Its annual budget is about 1 percent of the size of NIH's annual budget, and a few years back they went through a near-death experience when Republicans on Capitol Hill tried to kill the agency. A budget of this size, which is about \$300 million a year, could not begin to add millions to its annual research grants to provide authors support to publish their work.

In short, an open access model simply is a non-starter in the worlds that we publish in: health services research and health policy.