

November 12, 2004

Elias A. Zerhouni, M.D.  
National Institutes of Health  
9000 Rockville Pike  
Bethesda, Maryland 20892  
RE: Enhanced Public Access; Public Comment Request

Dear Dr. Zerhouni:

I am writing on behalf of The Endocrine Society in response to the National Institutes of Health request for comments regarding its notice, "Enhanced Public Access to National Institutes of Health (NIH) Research Information," published in the September 17, 2004 *Federal Register* [Docket No. 04-21097].

The Endocrine Society cannot accept this proposal. We have serious concerns and questions about the proposed NIH policy, and we respectfully request that NIH delay implementation of this policy until these concerns and questions are addressed.

The Endocrine Society, a non-profit society representing more than 11,000 researchers and clinicians in the field of endocrinology, publishes four highly regarded peer reviewed scientific journals and has been publishing scientific findings since 1917. Through the years, The Endocrine Society has accommodated the public's increasing need for easy access to scientific information and continues to be a leader in providing such access. Currently, the Society makes all accepted manuscripts immediately available without charge to the public through its Web site, and all of the Society's final published content is available free of charge after 12 months. Thus, we not only support free access to the scientific literature but have invested our financial resources in developing and implementing definitive Web technology to accomplish this.

Nevertheless, despite our evident support for the concept of open access, The Endocrine Society cannot accept the proposed manner of its implementation. We have serious concerns and questions, as outlined below, about the current NIH policy and respectfully request that NIH address these questions and concerns prior to implementing a new policy.

**The NIH proposal will duplicate existing resources at great cost.**

NIH estimates the cost of implementing the proposal to be \$2 – 4 million per year. Other estimates are much higher. However, societies such as ours as well as other publishers have already established a large archive of scientific content. It seems a waste of limited resources to create a costly, duplicative system to compete with an existing system which makes a significant fraction of the scientific literature readily available to the public and could be efficiently modified to fulfill NIH's goals. We believe that there are more effective ways to pool resources for the benefit of the scientific community and the public than the proposal currently put forth by the NIH.

**NIH's six-month model is an untested one.**

The Endocrine Society is gravely concerned about the effect this wholesale shift in policy will have on the publishing models of the scholarly publishing community. A vast majority of journals have

determined that a 12-month free access policy is more sustainable than a six-month policy. To date, the NIH has not articulated its methodology or shared data that support this seemingly arbitrary time frame. According to NIH's own documentation, fewer than 24 percent of the journals that make content available for free have chosen six months as the appropriate break point for free access.

Scientific publishers have invested considerable financial and other resources into the “value added” that we bring to the results of scientific data—peer review, copyediting, and formatting. Each publisher must be allowed to decide when it is fiscally feasible to open access to the content of its journals in order to recoup its investment. Just as we recognize that our business model cannot work for every publisher, you must recognize that forcing all publishers to adhere to one untested model could have severe consequences for many non-profit societies, which rely on publications to support their scientific missions.

**The proposed policy leaves many questions unanswered.**

The NIH proposal contains confusing and ambiguous language, and therefore makes it difficult to assess the practical ramifications. Please clarify the following:

- How will NIH assess the effectiveness of the NIH policy?
- How will the Agency monitor the impact of the policy on all stakeholders?
- What will the real cost to taxpayers be for implementation of this plan, and how will NIH determine this figure?

Recognizing that satisfying the needs of multiple stakeholders on an issue such as this is complex, we appreciate your thoughtful consideration of our comments, which can be summarized in one statement: We urge NIH not to implement this proposal until sufficient data are collected to gauge the impact—economic and otherwise—of such a policy. This should be the minimal standard for any NIH policy initiative with such far-reaching implications. Moreover, we suggest there are other models that NIH can use to promote the open availability of scientific information, and we would be happy to be part of a process to develop those.

Each year, when The Endocrine Society establishes its public policy priorities, advocating for increased NIH funding is our most important goal. We advocate for you not only as a society but also through coalitions, such as the Federation of American Societies for Experimental Biology (FASEB), of which we are a member. The fact that, in developing its proposal, NIH did not request the input of The Endocrine Society and FASEB and other non-profit societies is particularly distressing, given that we expend considerable resources advocating on your behalf. Now, we are faced with a proposal from you that effectively puts our society at risk. We have been longstanding partners and supporters of yours. Please include us in the process as you move forward.

Should you have any questions regarding our comments, please feel free to contact me at (919) 681-6209 or by email at [means001@mc.duke.edu](mailto:means001@mc.duke.edu).

Sincerely,



Anthony R. Means, PhD  
President