

# STATED GOALS AND GRANTS OF THE OFFICE OF ALTERNATIVE MEDICINE/NATIONAL CENTER FOR COMPLEMENTARY AND ALTERNATIVE MEDICINE

*Saul Green*

**Abstract. Context:** Congressional appropriations for the National Center for Complementary and Alternative Medicine (NCCAM) have increased yearly in hopes of finding either value in some anomalous methods or ineffectiveness of them.

**Objective:** To examine the record of grants and awards, to tabulate the recipients and amounts granted, and to tabulate the number of scientific reports resulting.

**Design:** Records of the Office of Alternative Medicine (OAM) and successor NCCAM were downloaded from the NCCAM Web site and tabulated. Quotations pertinent to the OAM/NCCAM mission from public statements and private letters of officials and members of Congress were searched for and samples were recorded.

**Results:** Published reports of investigations exist but in relatively small numbers. Many publications were found to be repetitions of previously performed research, reviews, and commentaries—the latter two not requiring large grants to perform. Several individuals who were members of the OAM/NCCAM Advisory Committee were found to be repeated recipients of grants and awards. Many projects seem to be devoted to implausible methods. No clearly positive or negative findings have been reported for any method, yet many reports call for continuing research.

**Conclusions:** On the basis of grants and reports from

the first 9 years of existence, the NCCAM awards have not produced useful information.

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**T**HE PURPOSE OF THIS ANALYSIS WAS TO SURVEY and record the grants and awards of the Office of Alternative Medicine (OAM) and its successor, the National Center for Complementary and Alternative Medicine (NCCAM) and list the scientific reports resulting from those grants. According to the congressional mandate that established the OAM in 1992, its purpose was to carry out rigorous scientific evaluation of “alternative” medical treatment modalities to determine their effectiveness and to help integrate those that were effective into mainstream medical practice.

Steven Groft, PharmD, head of the Office for Study of Unconventional Medical Studies, was charged with setting up methods to evaluate folk remedies, herbs, homeopathy, nutritional treatments, and massage.<sup>1</sup>

According to Joseph Jacobs, MD, head of the OAM (personal communication, November 1993), the “OAM’s primary mission is to give fair evaluation of alternative medical practices by supporting rigorous scientific research to establish their effectiveness. OAM is an advocate for the fair evaluation of alternative medical treatments, not for the alternative treatments themselves.” He also stated that the OAM was one of the most political offices of NIH; since 1992 OAM/NCCAM founder Sen Tom Harkin (D-Iowa) and chair of the Labor, Health and Human Services, and Education Subcommittees of the Senate Appropriations Committee, personally chose members of the OAM’s Advi-

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Saul Green, PhD, is former Professor of Biochemistry at Sloan-Kettering Cancer Institute, and President of Zol Consultants, Inc., 340 West 57th Street, Suite 8J, New York, NY 10019. E-mail: saul@ssr.com.

sory Committee and made the OAM's policy decisions. Dr Jacobs resigned when Senator Harkin overrode his refusal to accept nominations to the advisory committee made by Harkin.<sup>2</sup>

According to Wayne Jonas, MD, the second director of the OAM and a practicing homeopath, "Since taking office in July 1996, I have completely reorganized the staff, the structure and the direction of the OAM to insure [sic] development of scientifically valid assessments of alternative medical therapies. I am starting an intramural research training program so NIH scientists will be involved in designing and conducting research in these areas, to assure their rigor and validity of results, positive and negative" (personal communication, March 1996).

Steven Straus, MD, was appointed director of the NCCAM. He declared that the institute's mission would be "to explore CAM healing practices in the context of rigorous science, to educate and train CAM researchers and to disseminate authoritative information about CAM to the public."<sup>3</sup> Further, he said, "If the public is spending billions of dollars on CAM treatments, they are either delusional en masse or there is some communal wisdom they are expressing. I believe the tools of science can provide very powerful answers on what it is they are doing."<sup>4</sup>

According to Richard Nahin, PhD, director of the Division of Extramural Research, NCCAM, "The growing use of unsubstantiated CAM therapies by the people in the U.S. along with its increasing coverage by third party payers encouraged Congress to create the NCCAM at the NIH. The centre's mission is to explore CAM healing practices in the context of rigorous science, to educate and train CAM researchers and to disseminate authoritative information to the public and to professionals. The centre's resources, although 'generous' (\$68.3 million for fiscal year 2000), are not sufficient to study all CAM practices."<sup>5</sup>

The original OAM Advisory Committee<sup>1</sup> included Berkely Bedell (former congressman from Iowa); Frank Wiewal (alternative medicine activist and agent for the Burton Clinic of the Bahamas); Gar Hildenbrand (public relations for the Gerson Clinic for Cancer, Tijuana, Mexico); Ralph Moss (writer, publicist; fired from Sloan-Kettering Cancer Institute, New York, for misrepresenting information about Laetrile, a fraudulent cancer remedy); David Eisenberg, MD (advocate for traditional Chinese medicine); Dean Ornish, MD (*Nutrition*); and Brian Berman, MD (head of the University of Maryland Pain/Acupuncture Clinic; recipient of \$1-million grant from the UK Laing Foundation; Table 1). Many of the individuals who held posts on the OAM ad-

Table 1. OAM and NCCAM Research Grants, 1993–2000\*

Name	Organization	Years	Subject	Total \$	Papers Published
<i>Individuals</i>					
JJ Allen	U. Ariz.	'93-'00	Acu/Depression	1 289 142	2
B Berman	U. Md. Balt.	'94-'00	Acu/Osteo/Pain	5 077 007	45
S Bollings	U. Mich.	'98-'00	CAM / CVD	3 014 913	0
D Cherkin	CHS/Wash.	'98-'00	Acu/Back Pain	758 177	0
D Clegg	U. Utah	'99	Osteo/Glu/Chond	1 681 466	0
D Eisenberg	Deac./Mass.	'95-'00	CAM/Pain/Illness	4 213 423	18
M Gershwin	U. Calif.	'95-'00	CAM/ASTH/BILO.	3 537 242	11
F Ghishan	U. Ariz.	'98-'00	CAM/Herbs/Ped.	2 091 179	0
W Jonas	Jack. Fnd.	'00	Homeop/Herbs/Prost.	657 909	2
F Kronenberg	Col. Univ.	'94-'00	Ch. Herbs/Woms. Hlth.	5 123 048	8
C Loprinzi	Mayo Fnd.	'98-'99	SharkCart/Cancer	1 327 396	8
L Standish	Bastyr U.	'94-'00	CAM/AIDS/Garlic	2 030 947	3
A Stoll	McLean Hosp.	'99-'00	Depress/Omega-3	1 301 345	0
E Targ	Cal. Pac. Med. Ctr.	'00	Distant Heal/AIDS	445 824	0
R Wynn	U. Tx., MD And.	'98-'99	SharkCart/Cancer	1 497 784	0
J Farquhar	Stanford U.	'00	Herbs/Vasc Function	651 008	0
<i>Specialty Centers</i>					
A Taylor	U. Virginia	1993-'94	Pain	1 103 486	
S Shiflett	Kessler Inst.	'93-'94	Stroke, Neurol.	1 089 922	
F Kronenbg	Columb. Univ.	'93-'94	Women's Hlth.	1 067 587	
G Parcel	U Tex., Houst.	'93-'94	Cancer	1 040 585	
D Eisenberg	Harvard U.	'93-'94	General Med.	935 696	
L Standish	Bastyr U.	'94	HIV/AIDS	920 000	
B Berman	U. Md.	'93-'94	Pain	900 088	
M Gershwin	U. Cal., Davis	'93-'94	Asthama, Allergy	899 021	
W Haskell	Stanford	'93-'94	Aging	864 150	
G Parcell	U. Tex., Houst.	'95-'97	Alt Med Cancer	941 552	
S Shiflett	Kessler Inst., NJ	'95-'97	Alt Med Cancer	1 631 058	
W Meeker	Palmer Coll.	'97-'00	Chiropractic	2 458 178	

\*Bibliographic citations and abstracts from journal articles titled Complimentary and Alternative Medical Research sponsored by OAM and NCCAM (Pub. No. S-12) were sent to the author by Irene Lie of the NCCAM as a personal communication, June 11, 2001. Grant award data on OAM sponsored research between FY '93–97 were provided by the NCCAM: For the OAM, '93–'97, [nccam.nih.gov/research/grants/rfb/grant-\(1,2,3,4\)htm](http://nccam.nih.gov/research/grants/rfb/grant-(1,2,3,4)htm); for the NCCAM, '98–'00, [nccam.nih.gov/research/grants/rfb/combined\\_fy00.htm](http://nccam.nih.gov/research/grants/rfb/combined_fy00.htm).98-00.

visory committees were appointed to the NCCAM advisory committees, and many were subsequently awarded grants (Table 2). More recently appointed members of the advisory committees are largely advocates of aberrant methods. Few members have been chosen to serve on these committees from the ranks of the standard medical science community.

Considering the total amount of grant funding awarded by both the OAM and the NCCAM, few research papers containing results that can be independently reproduced have been written (Table 1). Among the individuals and institutions that were awarded these grants were some that received additional funding from the NIH and from private foundations. Their total

Table 2. Selected NCCAM Grant Recipients, 1998–2000\*

Organization	Name	Treatment	\$ Total
1. U. of Ariz.	F Ghishan	CAM, herbals	2 688 097
2. U. of Md.	B Berman	CAM, arthritis	4 196 928
3. Columbia U.	F Kronenberg	CAM, aging	3 433 834
4. Beth Israel, Deac.	D Eisenberg	CAM, back pain	1 708 945
5. U. Calif.	M Davis Gershwin	Ginko bilboa, asthma	601 766
6. Ctr. Hlth. Study	D Cherkin	Acupuncture, back pain	344 625
7. Bastyr U.	L Standish	Neur. trans./garlic therapy	337 286
8. Con. Clin. Onc.	C Loprinzi	Shark cartilage	1 160 782
9. U. Texas, M.D. Anderson	R Wynn	Shark cartilage	748 892
10. U. Mich.	S Bolling	CAM/C.V.D.	1 051 361
Total for these 10 individuals, grants for 2 years			16,272,481
Total for all recipients for these 2 years— 89,133,883			
Percent of Total received by these 10 — 18.25%			

\*Data obtained on May 27, 2001, from [nccam.nih.gov/research/grants/rfb/combined\\_fy00.htm](http://nccam.nih.gov/research/grants/rfb/combined_fy00.htm). 98-00

funding frequently exceeded the amounts awarded by the OAM/NCCAM (Table 2). Of interest was the finding that 10 individuals who were awarded NCCAM grants accounted for nearly 20% of the total funding granted to all recipients in the period between 1998 and 2000. Of the total number of reports written by recipients of these grants (Table 1), most were not original research results but appeared to be reviews of the results of their previous studies or commentary on the work of others. Of actual clinical trials, many were repeats of previously performed studies. To my knowledge and based on a review of abstracts published by the OAM/NCCAM, no report stated that a treatment did not work. The mandate for the OAM and the newly formed NCCAM, given by Senator

Harkin repeatedly, was that they were to determine, by rigorous scientific research, whether these CAM treatments worked or were worthless, and if worthless should be discarded.<sup>6</sup> In the past 9 years, no negative result has been published, nor have any of the methods studied been shown to work to the satisfaction of the medical science community.

## CONCLUSION

Between 1993 and 2000, close to \$110 million in grants has been awarded to individuals and centers for research into effectiveness of “alternative” and complementary methods. So far, few basic science experiments and clinical trials have been performed. Reports in the literature are mainly reviews and commentaries and no method has been determined to be either useful or ineffective on the basis of OAM or NCCAM grants.

## REFERENCES

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