His Way or No Way: An Interview with Dr John Beumer III

Many see him as a maverick—some with distaste, most with admiration and respect—but there is no denying that John Beumer has made a significant contribution to prosthodontics and maxillofacial prosthetics. From his early experience with pioneers such as Sol Silverman and Tom A. Curtis at the University of California at San Francisco (UCSF) to Jim Kratochvil at the University of California at Los Angeles (UCLA), John developed a deep appreciation for extending the influence of prosthodontics both geographically and conceptually within the health care arena. This resulted in the development of strong ties between his UCLA programs and leading universities throughout the world while at the same time developing a special local environment through his relationships with a broad swath of the intellectual resources at UCLA. To this day, he continues to travel to developing areas of the world, freely offering his help to improve their educational programs and quality of patient care. I had a chance to talk with him about a few of his major achievements and how he "willed" them to take wing.

How did you get started with International Outreach?

It started in the late 1970s at the Faculty of Dentistry, University of Alexandria in Egypt. A prominent head and neck surgeon, Prof Mohamed Shek, one of the leading head and neck surgical oncologists in the Middle East, recognized the importance of providing rehabilitation services to his patients and contacted Project Hope.

At the time, Project Hope was in the process of phasing out their ship-based health care outreach program and establishing new outpatient clinics in the third world. Egypt had one of the highest rates of oral cancer in the world. Project Hope contacted me and I put together a team consisting of a head and neck surgical oncologist, an oral and maxillofacial surgeon, two prosthodontic lab technicians, and myself. We were provided a generous budget by Project Hope and laboratory and clinic space by the university. With this support, we were able to set up a maxillofacial rehabilitation clinic and fully equipped dental lab at the University of Alexandria. In the spring of 1978, I arrived in Alexandria and spent the next 3 months training their junior faculty and staff. It was a wonderful experience. I have been participating in these types of programs ever since.

What have been the outcomes of the International Outreach activity (benefits to recipients and UCLA)?

As I and others conducted these programs, international interest and awareness in the field of maxillofacial prosthetics increased substantially, most recently in the third world. This increased interest eventually led to the establishment of the International Society for Maxillofacial Rehabilitation (ISMR) in the early 1990s and has spawned several new national organizations devoted to the art and study of maxillofacial prosthetics. Our most recent efforts (India in 2007 and China in 2009) have been particularly productive. Following outreach visits to China and India, national organizations devoted to maxillofacial rehabilitation were formed in each of these countries. The ISMR meeting for the year 2014 will be held in Xi'an, China, and will be conducted by the newly formed National Society of Maxillofacial Prosthetics. As a result of these activities, the level of expertise and the standard of care in these countries have been raised dramatically, as has their commitment to a multidisciplinary approach to care. Other outreach activities conducted by our group have contributed to the formation of well-established maxillofacial prosthetics programs in Italy, Hungary, Serbia, South Korea, and Thailand.

The long-term benefits were obvious for our division (Division of Advanced Prosthodontics) and UCLA. Over time, these outreach programs, in addition to our cutting-edge clinical and research programs in implant dentistry, developed in the 1980s, raised our international profile dramatically. As a result, talented young clinicians and researchers from universities all over the planet make application to study, receive training, and participate in the clinical and educational programs in our division and the research programs of the Weintraub Center. They bring with them professional expertise and life experiences that broaden the clinical and research perspectives and enrich the personal lives of our faculty and students. UCLA study clubs associated with our division have been established in Japan and South Korea, and these groups have provided strong support for our clinical and research programs both intellectually and financially. Several very close productive international research collaborations have been developed as a result of these activities. In addition, significant financial resources have been generated for our division and UCLA.

You have been very successful in developing a strong department with balance between education, research, and service. What prompted this vision, and how did you achieve it?

When I assumed the position of chair, I realized our group needed to create a productive research program if we were to survive as an academic entity within the University of California system. I inherited very strong clinical education and service programs in removable prosthodontics developed by Jim Kratochvil and Ted Berg, my predecessors at UCLA. Based on my travels and numerous visits to several other schools, I realized that they had created the best educational program devoted to removable prosthodontics in the country. My challenge was to create productive research programs without compromising what Berg and Kratochvil had created. This required acquiring suitable research space and additional full-time faculty positions, generating financial resources to build out and maintain the space and support the initial research efforts, obtaining support from the School of Dentistry and the university's campus administration, and most importantly, recruiting talented faculty who shared my vision. Henry Cherrick, the dean of our school, was most helpful and supportive, as was his successor, Jay Gershin. This project took many years to materialize and spanned several School of Dentistry administrations. The support of the campus administration was to prove crucial, for there were those in our school who opposed my vision.

At the time, most basic science research activities in our school were housed in one department, and there was little or no communication between the clinician educators and the research group. Many of our research faculty did not even know the names of their colleagues, whose primary mission was directed toward education, service, and clinical research. In addition, they often showed little appreciation for the efforts of these faculty members when serving on appointment and promotion committees. I wanted to change this culture and provide opportunities for clinicians and researchers to develop strong professional and personal relationships that would result in targeted translational and clinical research efforts. Incidentally, after we had raised the requisite funding, were about to begin construction on the research facilities (The Jane and Jerry Weintraub Center for Reconstructive Biotechnology), and had recruited the core faculty, the program was almost stopped in its tracks by a newly installed dental school administration. The project was saved by the timely intervention of the chancellor's office, hence the importance of campus involvement and support in the initial planning.

In particular, how did the emphasis on biologic research begin?

My training and interests initially led me to recruit individuals with interests in bone biology and implant surface science. This in turn led to the recruitment of additional faculty with related interests, such as tissue engineering (in collaboration with the bioengineering group, then in its inception at UCLA). I felt that if we developed the right mix of faculty, the collaborations we would develop with groups with focuses in bioengineering, head surgery, and orthopedic surgery would give us the critical mass of individuals to allow us to compete successfully for extramural support from both the NIH and commercial interests.

You have been a big proponent of an interdisciplinary team approach to the care of the maxillofacial patient population. Was this adapted from other models or did it crystallize from the experiences with this population early in your career?

This approach was emphasized by my mentors at UCSF, Thomas A. Curtis and Sol Silverman Jr. Following graduation from the UCSF School of Dentistry, I completed fellowships sponsored by the American Cancer Society and the National Cancer Institute. These fellowships were devoted to oral oncology and oral medicine. Silverman had created a multidisciplinary team composed of Bill Ware (an oral and maxillofacial surgeon), Tom Curtis (one of the pioneers in maxillofacial prosthetics), and himself (oral medicine and oral pathology) that was devoted to the care of patients with head and neck cancer. This group interacted closely with the Divisions of Surgery, Radiation Oncology, and Medical Oncology in the School of Medicine. As a resident and graduate student, I was able to attend clinics, tumor boards, seminars, and conferences conducted by this group. Even by that time (the late 1960s), the culture of multidisciplinary cancer care was well developed at UCSF. I just followed their lead when I came to UCLA. When I arrived at UCLA, the chiefs of head and neck surgery (Paul Ward) and radiation oncology (Ned Langdon) were likewise devoted to this approach, and both were very supportive of my efforts.

These experiences were quite helpful when we started our implant program at UCLA in the mid-1980s. One of the reasons this program has been so successful in obtaining financial support for our training and research programs in implant dentistry is because we were able to convince our surgical colleagues to work with us as well as with each other.

People may talk about undertaking multidisciplinary care and research, but few have been able to make it happen in prosthodontics. It appears that funding and developing core faculty are barriers. How did you make it happen?

Obtaining funding was the easy part. I had several patients whom I had treated over the years who understood my goals and were willing to help. The UCLA chancellor (Charles Young) was also very supportive. He made significant contributions to the recruitment of the primary faculty and provided substantial financial support for the project. The primary challenge was to create the right mix of clinical researchers and basic scientists. We were fortunate because most of the prosthodontists in our clinical research group had training in maxillofacial prosthetics and therefore were comfortable functioning in a multidisciplinary environment. The first basic scientist recruited (Ichiro Nishimura, the first director of the Weintraub Center) shared our vision and attracted several talented postdoctoral scholars and other young faculty who bought into the culture. Equally important, he developed effective collaborations with other research units on campus, which allowed our research group to develop a sufficient critical mass of individuals to be productive.

I have been fortunate to be a benefactor of your continuous efforts here at UCLA to develop and share resources to advance education, research, and outreach in dentistry in general and more specifically in prosthodontics. As you have entered into "semiretirement," you began the Foundation for Oral-Facial Rehabilitation. This foundation seems to exemplify your desire to elevate prosthodontic education globally to improve patient care. What are your goals for the foundation and how would you like to see it utilized in the international dental community?

The goal of our foundation is to help raise the standard of prosthodontic care in the world. We intend to accomplish these goals by supporting research, sponsoring scientific meetings, conducting outreach educational programs for professionals in underdeveloped countries, and providing free educational materials on the foundation website (ffofr.org) for international practitioners providing care. Our first outreach program is devoted to maxillofacial prosthetics and will be conducted at Tata Memorial Hospital in Mumbai, India, on November 26–29, 2012. The website is up and running with PowerPoint presentations devoted to implant dentistry, maxillofacial

prosthetics, complete dentures, and removable partial dentures, and these presentations are currently being translated into several languages including Chinese, Japanese, and Farsi. We plan to translate these presentations into several other languages as well.

In Closing

So how did he achieve these many successes? One could cite his considerable competitive spirit in all things, whether it is academics or sports (get him to tell you about being the only kid to hit a home run out of Army Field in San Francisco); the intensity he exhibits as he strives to achieve what he see as a critical outcome (often a source of negative feedback from others caught in the path); the strength to bluntly inform us of his perception of individual strengths and weaknesses and make difficult choices based on those perceptions (and yes, he admits he is not always right on these); or the willingness to throw his career on the line to try and get people to do the right thing. All of these surely contribute. But as he tells me in golf, sometimes you hit the perfect shot and it turns out badly and sometimes you hit a poor shot and it turns out great. He has the expertise to hit many good shots that turn out great, but when he hits a poor one, he seems to will it to turn out well. That extra bit of luck is the "Beumer bounce," and he has been fortunate to get it more frequently than random chance predicts. That's his way.

Neal Garrett is John Beumer's friend and colleague at UCLA.