Arnold D. Vetstein, DMD: A Man for All Reasons

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Dr. Millstein is historian of the Massachusetts Dental Society.

INTRODUCTION
Massachusetts Dental Society Historian Dr. Charles Millstein—who is also historian for the Tufts University School of Dental Medicine (TUSDM) Alumni Association—sat down earlier this year with Arnold D. Vetstein, DMD, an MDS Past President (1984–1985) and former professor of prosthodontics at TUSDM, where he created an enviable record as a teacher and mentor. The two discussed Dr. Vetstein’s life and career, covering everything from dental school, the Korean War, and private practice, to TUSDM, organized dentistry, and family.

Q: You attended Boston Latin School (class of 1943). Why do you feel that school was so important to your generation?
A: I believe Boston Latin was the most significant learning experience of my life. It programmed us for academic success.

Q: After graduation, you chose Tufts and entered the V-12 Program. What was behind that decision?
A: During World War II, there were no exemptions granted for attending college. Everyone physically qualified was subject to military service. On April 2, 1943, I was one of the high school seniors across the country who took the examination for the Navy V-12 Program, which began on July 1, 1943. The primary goal of the V-12 Program was to provide a constant flow of qualified candidates for officer candidate schools. There were 1,000 V-12ers at Tufts. For someone like me, with limited financial means, this program was a godsend, since it paid for my college.

Q: What can you tell us about your experience at the Chelsea Naval Hospital?
A: There was a period of six months between the time I had completed the required five semesters for dental school in March 1945 and the beginning of dental school in September. For that interval, I was ordered to report to Chelsea Naval Hospital. I was trained as a Navy hospital corpsman, working in a large ward tending to sick and wounded Navy and Marine Corps patients. I was later assigned to a medical laboratory, drawing blood for hematology studies during the day and performing special duty every other night and every other weekend. Assignments included assisting in autopsies, special duty on spinal injury patients (quadriplegics), and driving Navy ambulances to pick up patients at local shipyards.

Q: In September 1945, you entered Tufts Dental School (class of 1949). World War II had just ended, and you were soon discharged from the Navy. You studied under three deans: Drs. Basil Bibby, Joseph F. Volker, and Cyril David Marshall-Day. You weren’t the only veteran in your class. What was your class like? Who were your fellow students?
A: My class was made up of those who had served in the Armed Forces and were going to college under the GI Bill of Rights, as well as those who had just completed their pre-dental school requirements. Also, there were students from many foreign countries. We had 22 Norwegian students because Norway’s dental schools were closed during the Nazi occupation. They had a great impact upon us, and we upon them. One of my early friends was Erling Johansen, who later became the dean of Tufts Dental School. In the second and third years, we had an influx of students from England, Greece, Lithuania, India, and other countries. This was a period of great unrest in the world. Many were victims of German oppression and others later of communism in Europe.

Q: What did you do after graduation?
A: In 1949, during my senior year, I made a two-year commitment to serve as a dentist in the Army Dental Corps after graduation. I thought I would gain valuable experience practicing in the Army, and I also felt somewhat guilty about not having made a meaningful contribution to the war effort. My brother and most of my friends had served overseas. I reported on July 1, 1949, to Fort Bragg, North Carolina.

Q: This was right before the Korean War, during which you served. Did the North Korean invasion of South Korea constitute a just war?
A: There’s no question in my mind that our intervention was justified. The Korean War began when the army of Communist North Korea crossed the 38th Parallel into South Korea in June 1950. The U.S. Army was deployed from Japan—and elsewhere—to
A: I received orders to join the medical battalion of the Third Infantry Division at Fort Benning, Georgia. We were sent to southern Japan. By the time my ship reached Japan, UN forces had been driven to the southern-most part of Korea and were in danger of being totally defeated. They withdrew to what was called the “Pusan Perimeter.” It was then that General Douglas MacArthur orchestrated a brilliant but dangerous maneuver when the Allied Forces landed at the Port of Inchon on September 15, 1950, behind enemy lines. The enemy was forced to withdraw and the course of the war was reversed—for then.

Upon arrival in Japan, I was assigned to our battalion. I had spent as a hospital corpsman at Chelsea Naval Hospital proved to be invaluable. I was officially reassigned from the medical battalion to the artillery battalion, with the dual assignment as battalion surgeon and dental surgeon, along with the responsibility for the health of 661 officers and men. I continued serving in both capacities for the next 16 months except for a three-month period when we finally had a Navy medical officer assigned to our battalion.

We stayed in Japan for approximately six weeks of training, after which we were transported by ship to the Port of Wonsan in North Korea. The war was going well; the Allies had by then recaptured all of South Korea and were driving north, dangerously close to the Yalu River and the border with China. This was November 1950. Suddenly, a huge army of Chinese military crossed the Yalu into North Korea, joining forces with the North Koreans in attacking our armies.

The U.S. Marines became entrapped at a place called the Chosin Reservoir. The battle that ensued from November 27 through December 9, 1950, is now legendary. The cold was unbearable, the coldest on record. A book later written by David Halberstam, The Coldest Winter, describes it vividly. Our battalion was ordered there to bring relief to the marines with our artillery. My role was to treat their wounded—as well as their many casualties—due to frostbite. None of us was prepared for these conditions. We had not been issued winter equipment or sleeping bags. My first winter sleeping bag was retrieved from one of the marine casualties I treated who was being taken to an Army evacuation hospital.

We were obviously not expecting the Chinese incursion and were overwhelmed by their sheer numbers. Our forces eventually left that sector, not knowing for certain where we were destined to end up. We finally withdrew to the Port of Hungnam. Our battalion covered the withdrawal from North Korea and our 155-millimeter self-propelled howitzers were at the beaches and partially in the water. We were the last unit out of North Korea and were evacuated to South Korea on LSTs [landing ship, tank Naval vessels]. We continued battling the Chinese and North Koreans on our drive north to Seoul, the capital of South Korea, which we eventually liberated. Later, the peace talks began at Munsan-Ni on the 38th parallel. A cease-fire was declared on July 27, 1953, but reunification of the country never did occur, and to date, there is still no peace treaty in Korea.

Q: Where were you stationed during the war?
A: I was assigned to our battalion after three months of service and returned to the United States. I was then reassigned as battalion surgeon. Early one morning, we received reports by radio that some of our battalion units had been overrun by the Chinese and were still under enemy fire. There were dead and wounded. During a meeting with the colonel, battery commanders, and other key officers to plan our course of action, I volunteered to attempt to retrieve our wounded. My driver and I proceeded in my litter-carrier jeep to recover the casualties. We reached our trapped and wounded men, some of whom were unable to walk. I carried some out on my shoulders to the jeep and sent them back to the medical tent with my driver. I stayed there until we had retrieved all the wounded. We were under fire at the time. Back at the medical tent, we treated them for their

Q: How did you earn a Silver Star?
A: During this period, our Navy medical officer was relieved of duty with our battalion after three months of service and returned to the United States. I was then reassigned as battalion surgeon. Early one morning, we received reports by radio that some of our battalion units had been overrun by the Chinese and were still under enemy fire. There were dead and wounded. During a meeting with the colonel, battery commanders, and other key officers to plan our course of action, I volunteered to attempt to retrieve our wounded. My driver and I proceeded in my litter-carrier jeep to recover the casualties. We reached our trapped and wounded men, some of whom were unable to walk. I carried some out on my shoulders to the jeep and sent them back to the medical tent with my driver. I stayed there until we had retrieved all the wounded. We were under fire at the time. Back at the medical tent, we treated them for their
wounds. Those who required evacuation were sent out in our ambulance to a “MASH”-type outfit. I was later informed that I was being recommended for a Silver Star for “gallantry in action.” At the time, I had no idea of the significance of this award. I’m not sure that I deserved it, but am honored to have received it. I was also later awarded the Bronze Star medal.

Q: How did you end up back in the United States?
A: I couldn’t leave until I was relieved of my responsibilities and had both a medical and a dental officer in place. While in Korea, my two-year commitment had expired and my enlistment was extended another two years. I thus had a remaining year and a half more to serve.

Q: Then you were assigned to Fort Dix in New Jersey?
A: I reported to Fort Dix, the basic training center for the entire Northeast, in January 1952. Before that, I was reunited with the woman who was to become my wife, Leona. We were married in March and she joined me at Fort Dix for what was a 15-month extended honeymoon. I was assigned to the prosthetic clinic on base. We had experienced assistants and 20 laboratory technicians on-site, and we produced approximately 500 dentures a month, in addition to some crown and bridge work. I was very fortunate to have had that assignment.

Q: What were your plans when you came back from the service?
A: I was discharged from the Army on June 30, 1953, after four years of service. I came back to the Boston area and purchased a dental practice in Framingham. Within a short time, the town’s population exploded because people were moving to the suburbs. My practice grew very quickly. In the meantime, my former chief, the post dental surgeon at Fort Dix, wrote to Dr. Irving Hardy, professor of prosthetics at Tufts, recommending me for a faculty position. I became a visiting instructor and later an assistant clinical professor in that department. I taught for 17 years.

Q: Tell us about your experiences as an Officer of the Massachusetts Dental Society.
A: I originally became involved with organized dentistry at the local level with the West-Metropolitan Dental Group. I later became active in the Metropolitan District Dental Society and was eventually elected its President. Subsequently, I became very involved in the Massachusetts Dental Society, and served as Treasurer and then President. The next year [1985], I was appointed to the Board of Registration in Dentistry by Governor Michael Dukakis for two five-year terms. During this same time, I became an examiner for the Northeast Regional Board (NERB), and served for 26 years.

Q: What other organizations were you involved in while you were teaching at Tufts?
A: I was involved in the International College of Dentists and the American College of Dentists, both honorary dental societies to which membership is by invitation. I also became involved with the highly regarded Greater Boston Dental Society and eventually became its president.

Q: How did you transition out of your practice in 1995?
A: I sold my practice to Dr. Marilyn Rivero, a fellow graduate of TUSDM. We worked together two days a week for the first year, then one day a week for two more, to introduce her to my patients and ease the transition. The entire experience has been very rewarding for both of us. We have become close friends. I look forward to visiting my old office, seeing my former patients and staff, and receiving my own dental care there.

Q: In 1966, you co-founded the League School. Can you tell us about its importance to you?
A: My wife, Leona, and I are parents of an autistic son, Richard. This illness was not apparent until he was three years old, when he began to demonstrate unusual behavior. Nursery school teachers and others reported their concerns, but no one was able to put a label on the condition. We finally had him evaluated...
We searched in vain for a proper school. We then began searching for a place to have him treated and were directed to the Putnam Center in Boston. When I called the center’s director to ask if it was an appropriate place for him, he replied, “This is the only place on the planet.”

We enrolled him there. He was seen by a psychiatrist, who explained that “it was too costly to educate such children.” This situation existed despite the fact that the City of Newton was noted for its fine public school system. At that time, there didn’t seem to be any legal requirement that states or communities had to educate seriously disturbed children. We were thus left to fend for ourselves. He spent a total of three years in either inadequate or inappropriate schools.

Meanwhile, we continued to look for schools. We attempted to enroll Richard in the special education classes of the public schools in Newton, where we lived. He was denied admission because he was judged as inappropriate for their classes. I called the superintendent of the Newton School Department, who explained that “it was too costly to educate such children.” This situation existed despite the fact that the City of Newton was noted for its fine public school system. At that time, there didn’t seem to be any legal requirement that states or communities had to educate seriously disturbed children. We were thus left to fend for ourselves. He spent a total of three years in either inadequate or inappropriate schools.

We searched in vain for a proper school that would admit our son. It was then that we and Dr. and Mrs. Morton Olin, parents of another autistic boy, decided to explore the possibility of forming our own day school. Eventually, Leona and I took the lead in this endeavor and spent countless evenings writing letters to mental health facilities, university special education departments, and medical schools. We knew nothing about forming, staffing, or funding a school. We enlisted the help and advice of former school administrators, teachers, professionals, and parents. The name of one school came up frequently in our search: the League School of Brooklyn, which dealt with only autistic children.

In early 1966, Leona arranged a visit. She flew to New York and spent a day with Dr. Carl Fenichel, founder and director of the school. Returning home that evening, Leona was very enthusiastic. Dr. Fenichel believed in “employing the discipline of special education and the specially trained teacher as the major therapeutic agent.” Instead of relying on the “holy trinity” of the psychiatrist, psychologist, and social worker to provide a few hours of individual therapy by one of these disciplines each week, the school employed a daily six-hour program of special education to play the key role. Its approach was to use well-trained teachers and staff in addressing the children’s disabilities. We had our model.

I called Dr. Fenichel and described the progress we had made thus far, including obtaining permits from the state, soliciting the City of Newton for classroom space, and organizing a board of directors. He agreed to help as much as possible and to visit Boston to address the psychiatric/special education community. I asked for permission to use his school’s name in Boston, and he graciously agreed.

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The pace of our work increased considerably. Our friends and colleagues were energized by the progress we had made and excited to hear Dr. Fenichel speak. Dr. Lou Calisti, TUSDM dean, gave us permission to use the Tufts Medical/Dental School auditorium for his talk. The Dr. Fenichel meeting at Tufts on March 28, 1966, was a huge success. We solicited support from attendees, and many committed to join us. The key recruit was Dr. Donald Gair, a child psychiatrist at Massachusetts Mental Health Center and assistant professor at Boston University Medical School. His work over the years proved to be vital to the growth and success of the school. He joined our board of directors and formed the professional advisory board, which was composed of leading educators and mental health experts. Dr. Gair also volunteered to assist the school’s part-time psychiatrist and assumed responsibility for participating in the hiring of the director, social worker, and other key personnel. He led the professional advisory board in developing critical guidelines for defining the school’s mission.

Leona and I spent much of our time writing to various charities in our attempt to raise money, a difficult task at best. I made an appointment with the director of the Committee for the Permanent Charity Fund, a major charitable organization. As luck would have it, Dr. Wilbur Bender, the director, had previously
served as a Navy lieutenant with the V-12 unit at Tufts while I was there. We had a pleasant reunion, the result of which was our first grant of $10,000.

The search for classroom space was our continuous problem. I appealed to the Newton School Department, and they granted us the use of two of their classrooms within their special education building as of November 7, 1966. We had already hired our first director, teacher, and part-time social worker. The school was now in operation and began to grow. In 1968, we then discovered a nearby small, unused building that the Newton School Department owned, and we gained use of this dilapidated building. Contractors, parents, and other volunteers physically restored the building, which we occupied for several years. We eventually bought a very large school building from the City of Newton in 1981. We purchased it with the condition that, if the city needed the space for its own use within 15 years, we were required to sell it back. In 1996, just prior to the 15-year cutoff, the city notified us that it needed the building. We were given a year’s notice to find another facility. The League School then built a new home in Walpole. It is a beautiful, modern building that just completed a $10 million addition. There are 99 students enrolled, including more than 22 in residence.

The school celebrated its 45th anniversary a few years ago. Some of the faculty there asked if I would come to the school and speak to them about the school’s beginnings. It was a very emotional experience for me. I told them that when planning the school, we had hoped it would be a place that would be parent-friendly and would provide education and training for autistic children. We wanted it to be a place where candidates for degrees in special education could come for training. I looked out and said, “You know, you are my dream come true.” When I finally stopped talking, I was rewarded with a standing ovation. The League School has been one of the most meaningful experiences of my life.

Q. Please describe the legislation that made it mandatory for Massachusetts to provide educational opportunities for all children.

A. It was not until the early 1970s when the Bartley-Daly Act, which later became Chapter 766, made it mandatory for the state to support communities in educating these children. Richard attended the League School for three years and was then accepted into the Newton special education program. His greatest growth occurred when he attended integrated classes. Years later, he graduated from Newton North High School.

My son is now 57 years old and lives independently. He works at a market, pays his own bills, and balances his own checkbook. With his driver’s license, he can drive everywhere on his motor scooter. My son makes his own medical appointments, does his own food shopping, and cooks his own meals. We’re in contact every day but he’s essentially independent. That’s been our success story.