

**Archival & Historical Committee  
July 16, 2009  
Chicago, Illinois**

**Interview with  
Frank A. E. Bonifacio, DO, FACOFP  
Chair, American Osteopathic Board of Family Physicians  
2006 - Present**

Committee Chair: Dr. Bonifacio, thank you for being here today. We are very happy to have you and we would like to start by asking you to giving us a thumbnail sketch of your background and what got you into osteopathic medicine.

Dr. Bonifacio: Thank you, Mr. Chairman. Basically I applied to two medical schools which were Seaton Hall University and University of Italy. The professor I had at Widener University then told me about Philadelphia College of Osteopathic Medicine. I did not know anything about osteopathic medicine, so I did what I was supposed to, I read and found about osteopathic medicine. I happened to get a laceration of my elbow and I went to my family doctor and he sewed up my elbow; and as we were talking. I told him I had applied to Seaton Hall and was accepted as an alternate. I applied to Italy; I was accepted there, and I filled in an application for Philadelphia College of Osteopathic Medicine. And he says, "Oh." He says, "That's where I went." So I'd been going to a guy all my life who was a DO; I never knew it. That's basically the story how I got into the profession. The professor that told me about PCOM was the assistant dean and he was a chemical engineer that taught engineering, and biochem.

Committee Chair: Do you remember his name?

Dr. Bonifacio: Dr. Earp, we used to call him Wyatt. I think I had his first name. Of course I was born in Brooklyn, raised in Brooklyn, then moved to New Jersey with a family construction, hardware stores and plumbing supplies business. I ran the business throughout my life. When I got accepted into medical school, I ended that career.

Committee Chair: What age were you when you entered medical school?

Dr. Bonifacio: I would say 23.

Committee Chair: Did you do an internship?

Dr. Bonifacio: Yes, South Bend Osteopathic Hospital.

Committee Chair: And then from there, where did you go to practice?

Dr. Bonifacio: I went to Hawthorne, New Jersey, which is the north central part of the state. The reason Hawthorne was because there were only very few osteopathic hospitals at that time and I wanted hospital privileges. I could not get them, at that time, where I wanted to live and so I moved. I went to Hawthorne and practiced there 32 years, and then St. Joe's Hospital bought my practice and I taught family practice and geriatrics at St. Joe's Hospital, which is a thousand bed institution with 178 patients, so it was a big place.

Committee Chair: Doctor, I am interested in what you mentioned that you couldn't get privileges just anywhere if you wanted to be in a hospital? Can you describe that?

Dr. Bonifacio: Well, it was fairly typical: I wanted to live in a town called Red Bank. Red Bank is a town where I live next to now. It's on the water. It's on two rivers. It's called the Twin River Communities. There are three towns built out on this point, and that's where I wanted to live. That was it. We used to build homes there, et cetera. So I had a cousin who was a relative of my cousin, who's a dentist, and we were trying to find a place, an office, a good location, and two of the osteopathic physicians at that time stated that, "if he comes here, we'll drum him out." Hey, what do I know? I'm now about 27-years-old. I was ready to put up a fight, but I don't want to start like that. I just didn't want to. And they did that to another doctor, a DO in Red Bank also. They drummed him out of town. I didn't want to be the second one, so I went to North Jersey, opened up a practice and that was about it.

Committee Chair: Can you describe the discrimination that you were facing at that point when you first came out? What year was that?

Dr. Bonifacio: 1962. I got out of my internship in 1961. I came home and my father died a few days after I finished my internship so I took over the hardware/plumbing supply/contracting agency, and I did that for about seven months. I sold all the businesses to get my mother settled, basically and then I found a place and went into practice. The first thing I was told was that I could join the fire department and work for them; they were looking for a physician. But when

they found out I was D.O., they said I could not belong to the fire department. That opened my eyes. Instead, they said they could use me as a police surgeon. I was D.O., but I could do all the police work at night. In other words, the hangings and the shootings and the people who got hit with pool cues, all those guys, they would send them to me at 3:00 in the morning. Even at that there were physicians in the town who would say, "He's not a physician; he's an OD." And I would say, "No, D.O., an OD, an optometrist." So talk about discrimination! The worst case of discrimination I ever had that still effects me today was when I was making house calls every Friday to a little old lady. I saw her four times a month. I charged her one visit and the other three were free. I used to go up and have a cup of tea with her. I was doing this for six or seven months and it was just a courtesy. What the hell was I doing? So I went up there one time and her nephew meets me and he says, "Are you an MD?" And I said, "No, I'm a D.O." At that time we didn't call ourselves osteopathic physicians. We called ourselves osteopaths. I had no problem dealing with it, except he said, "I don't want you to come to her anymore, because you're an osteopath." It was like a curse word. I think I left that room or that home...well I was dumbfounded. I was in tears and it really hurt. That was the discrimination that occurred at that era. So if you want to hear about the stories, I have them..

Committee Chair: I understand that you became very active in the ACGP/ACOFB and eventually in education in ACOFB. Tell us about how you got into the ACGP at first?

Dr. Bonifacio: I took my exams in Hawaii, and I had such a good time. I really did. People who were there were Joe Guzik and Sevastos and Koplovitz. They were past presidents or presidents, et cetera, at the time. So I started going to all the AOA and the ACGP conventions and one day Joe Guzik says, "Well why don't you go onto the AOBFP Board? We're going to nominate you for AOBFP," and I didn't even know what it was. I really didn't. I didn't know there was a difference between ACOFB and AOBFP. It didn't faze me. I'm a little slow, so it took me time to realize that one is the educational branch and one is a college. But I joined that and I was very happy there, you have to love the

work. You have to give up six weeks a year out of your practice, and that's that. We can't accept less. So you really are stretched. It's a losing situation if you are worried about your practice. You have to love it, and you have to love the people you work with, so that's basically what it's about.

You asked me how our board evolved? Our board has evolved from a political board to a very education oriented board and it's all about the type of exam we give, the validity of our exam, the scoring of our exam. These are the things that we basically worked on.

Committee Chair: Were you in the first group to take the certifying exam since you took it in Hawaii?

Dr. Bonifacio: There were two groups before me.

Committee Chair: Two groups before you, so your certificate number is, what, in the 20s or 30s, something like that?

Dr. Bonifacio: I don't even know. I honestly don't know. It wasn't very high; I know that. I think the people... I think it was about 50 or 55. We took the exam at the Del Webb, or something like that, hotel in Oahu. It was a great time. After I was in practice, I joined Saddle Brook Hospital. It was a small community hospital. It kept getting larger. I got involved with people who were having residency programs and all, so I talked to Joe Stella [D.O.] and I formed a residency program there. The residency program did very well. Steve Rubin [ACOFB Past President] was one of my interns and residents. We had a lot... I don't remember how many residents we had. And then it became... well, it became a political mess at the hospital with the sale of the hospital and changing direction of the hospital and maybe some money disappearing, et cetera, and so I left. It was more convenient for me to leave than put up with all the mess. I mean we're talking 20 years ago/25 years ago.

Committee Chair: When you first joined the AOB Board, who were some of the other board members?

Dr. Bonifacio: Bob Sharp, Matt from Missouri, Mary and John Burnett, Joe Namey. They were all on the Board

Committee Chair: What year about was it that you came onto the Board?

Dr. Bonifacio: Oh I think it was 1977-78, something like that

Committee Chair: So when you joined the board it was only a few years old right?

Dr. Bonifacio: Yes.

Committee Chair: Please talk about the evolution of the Board, how it was more, as you said “political” at times.

Dr. Bonifacio: It was political in a sense that they were trying to get a board off the ground. We were not recognized as a specialty group at all by the BOS. And even today, we're not, but we were not recognized at all. Here's a bunch of people disjointed from different parts of the country that have taken their own money, putting it together and trying to build a college and a board and become certified. When you start off like that, what happens is you take the best people for the job to do the job for that time. You needed politics, politicians, et cetera, and it was good because they did a hell of a job. They started something that has an ending. In the last probably four or five years before Frank McDevitt died, he and I talked and he said - - we were talking about changing the type of questions, validities, (or maybe it's longer than that, maybe 10 years before he died, I don't remember exactly), but we talked changing the whole thing on the Board and about what we needed and what to expect, how to make it a better board, and the people that we needed to put on the Board, etc. There were two of the criteria: First, you have to get along with each other because you live with each other six weeks/eight weeks a year. You can't have fighting or anything on the Board, there cannot be any backstabbing. I will not permit it. Frank McDevitt wouldn't permit it. You have to be able to work and give up time. Arnold Sokol came in for one day to an appeals committee meeting at the BOS. It was here I think on Monday. Arnold Sokol gives up a lot of time to the BOS. Bob George gives up a lot of time, extra time; Mc Nerney gives up plenty of time. They all give up a lot of time. So there's a lot to our board and the way it functions. Now we are preparing for the first computerized examination, which will happen in March and which we do have problems with because a hotel hasn't been picked yet. So that's... Well the hotel doesn't bother us. It's just that the company that's going to give

the computerized exam reneged on the date that they wanted to give it and so we're trying to substitute dates into it. It's a big process right now. And the other thing is that I want to give credit to not only to my board but to Carol Thoma and her sister, Pat. They are the best. They really run a tight ship and I don't have to worry about anything. I mean they have it solved. So those are some of the answers I can give you.

Committee Chair: Were you involved earlier? Let's go back to the historical fact that the AOA didn't look at family practice as a specialty. Were you involved in those early negotiations and some of those meetings where the political infighting occurred?

Dr. Bonifacio: No, I came after Bob Sharp. It was Eli Stark, Bob Sharp, and those guys that fought those battles. Mary Burnett was the first one there and she really is the one that pushed it through, and then Bob Sharp took over. He used to come out of those meetings shaking his head. Then I went in and they had made a big mistake. They never put a term limits on it, so I was there for 12 years. I was supposed to be there 9 years, but I got there 12 years and then George Coreel\* and I got fired the same day. So anyway, there are 19 boards and there's always an 18-to-1 vote, 18 against us. So if you think it's fun, I feel sorry for a guy like Arnold Sokol who gets his come-up-ins, but he did what I did. He's now on the executive board. We both got to the Executive Board. But still, when it comes to a vote, you lose. And it could be handing out gold nickels to everybody on the board but if we suggested it, they'd turn it down. That's what you fight.

Committee Chair: You mentioned Dr. McDevitt. Did Dr. McDevitt play much of a role over the years?

Dr. Bonifacio: Oh, he was fabulous. He was a guy who controlled the Board without being a control freak. He was bright. He was a genius. He could handle every part of the board by outthinking everybody and he was wonderful. As far as I'm concerned, he was probably one of the best men in our profession, so I can't say enough about the man. He was honest. He once said to me, "If it became..." And I didn't know Frank McDevitt at the time. He just came on the Board about a year and we're someplace and he says to me, "If it came to a vote..." And this was the Armbruster situation, and I didn't know much about Armbruster or what was going on or anything. So we were standing there one day and he said, "If it came for a vote between Joe Namey and me, who would you vote for?" And I said, "Joe Namey. I owe him." I said, "He put me on this Board. He's been a lot of help, gave me a lot of help. I mean he took care of

me. Naturally I would vote for him." And he shook his head. What the hell's going on? So he takes a few steps away and then he comes back and he says, "You're the only one who's ever told me the truth."

Committee Chair: What has been the greatest threat to the Board over the years while you've been a part of it?

Dr. Bonifacio: Well, let's not go into that.

Committee Chair: Tell us about any threats to the Board, complications, problems or anything.

Dr. Bonifacio: Really we've had no real problems except I'm aggressive and if you're not as aggressive as I am and you start... I can't say that. I don't know how to put this. If you don't like change on my board, don't be on my board, okay, because it's going to change and you have to roll with it. I mean if you're going to give me a negative... I don't believe in negative comments. I mean there's so much: "Oh, you can't do this." I don't want that. I want to know how I'm going to do it and when I'm going to get it done and I don't care how we do it, but we're going to get there. If it's a good idea, we change, but I don't want negativity. That's not permitted.

Committee Chair: How do you view the trend in education now is more to dual track. And we're getting more of our people training outside of the profession. How do we go ahead and solve that issue of licensure with an increasing number of people who are taking dual track residency?

Dr. Bonifacio: You've got a problem. The AOA has a problem. Everybody has a problem because the number of students that are coming out to the number of people joining ACOFP or AOA is not good right now. It doesn't fall within what it should be. One of the things that you should think about and is that every resident that joins a dual track program has to sign a contract that you have to take our exam. I don't know if it's legal, but you should try it. I mean you should approach the legality of it. I talked to my nephew who's a contract attorney and he says, "There's nothing illegal if it's there at the beginning. You can't put it on the second year or third year." When he signs that contract with that hospital and it's a dual track program, it ought to be legal, okay. So those are the things we should look at.

The other thing is family practice. I see it coming. But if we don't get off our butts and start having more CAQs in different areas, we're going to lose out. My niece is now a nurse practitioner. She just graduated. She starts at \$110,000 a year. Why would I go to college for chemistry and engineering, four years, four years to medical school, and now I didn't take a residency, but now a residency? That's 11 years to

make \$145 and come out \$250,000 in debt. What we have to do in the future is think of where we're going and how we will keep people in family practice. Why did internal medicine get hematology, gastroenterology, and all these other things? Students aren't going into general medicine anymore. They're going into the sub specialties. So we have to think the same way. We have to think of how to institute special training within our educational structure. And it's got to be promoted from here. You're going to have a hard fight to get it done. But you should be out there five years or ten years in your thinking because the era of the - - my era of the family physician who did everything is gone. It will be, I think, oh so much more specialized. I did some fractures, simple fractures. We took care of our own MIs and read EKGs. We didn't have electronic computerized EKGs at that time. That's over. That is over and with the new changes coming up, we have to expand and we do have to expand right now. How do you do it? I think you should have a team sit down and see how we are you're going to work it. That is where you're going to put up a big fight is saying you're going to do a one-year rotation in derm because you know the derm college is going to come right after you or gastroenterology or OB/GYN ... But you're going to have to do something. You're going to have to attract people to our profession.

Committee Chair: Thank you so much, Dr. Bonifacio, for being here today. We appreciate your insight, your time and your dedication and sacrifices to the profession.