

CHAPTER
2

The Woman Who Answered More Than One Calling

Dr. Anne Brooks

Dr. Sister Anne Brooks started her medical mission in Mississippi's Delta region, one of America's least affluent areas, in 1983. She and three other sisters of her order set up the Tutwiler Clinic, an ambulatory care medical clinic dedicated to the idea that quality health care is a right, not a privilege.

Anne Brooks has been a Sister of the Holy Names of Jesus and Mary since 1955. Founded in 1840 and headquartered in Montreal, the congregation is active internationally. For 17 years, Sister Anne taught school in Florida, and volunteered after school at the Clearwater free clinic, an institution for the disadvantaged. She left teaching to start a second free clinic in another Florida community, St. Petersburg. There she lived in a garage behind the clinic with another sister. John Upledger, an osteopathic physician (DO) and founder of the clinics, encouraged Sister Anne to go to medical school. She graduated with the help of a scholarship from the National Health Service Corps. The terms of her scholarship included 4 years of service in a medically deprived area. After completing her internship, she offered her services to cities and counties in impoverished areas. When Tutwiler responded, she reopened a clinic that had been built and abandoned in the 1960s. It still had two waiting rooms, two drinking fountains, and two bathrooms, one for "Whites" and one for "Coloreds."

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One third of the people in Tallahatchie County, where Tutwiler is located, live below the poverty level, and most of the rest live just barely above it. For many years, Dr. Brooks has been the only physician in the western part of the county. Treating illnesses is only one part of the health care Dr. Brooks has provided. Under her direction, the Tutwiler Clinic also established the town's first community center. It includes classrooms to help townspeople earn high school equivalency diplomas as well as a gymnasium for exercise. With 8000 patient visits a year, Dr. Brooks cannot leave the clinic often, but she has developed unique relationships that have resulted in what she calls wonderful gifts: a physician from New York comes for a week during the summer, and an internist from New Jersey comes for a week in the spring and fall. This has allowed Dr. Brooks to attend Continuing Medical Education (CME) meetings and go on fundraising trips.

Tutwiler Clinic and Dr. Brooks have been featured in People Magazine and was the subject of a segment on 60 Minutes. She has been honored by the Caring Institute in Washington, D.C., as one of the most caring people in America. Dr. Brooks graduated cum laude from Barry University, Miami, Florida, and received her Doctor of Osteopathy (DO) from Michigan State University at the age of 44 years.

There have been several phases in Dr. Sister Anne Brooks's life. The first phase, what she calls "a home life of sorts," began in 1938 and ended in 1950. Her father fought in the first World War, and then was deployed again by the navy in 1943 to the Pacific. During that time, Anne was home alone with her mother who began to drink heavily, and dealing with her became very difficult. Anne tried not to do anything that would aggravate her—the classic behavior of a child of addicted parents, which meant learning to walk on eggshells. Anne made a promise to herself that she would never smoke or drink. When her father returned, things went from bad to worse as her parents engaged in physical fights. Anne slept upstairs, and they fought downstairs. Every now and then, she would hear a crash or a thud. She sat the top of the stairs and cried "because I didn't want my parents killing each other."

When her father told her he was going to leave her mother, Anne asked him to take her with him. She was in the middle of sixth grade. They went to Key West, Florida. Because she couldn't stay in the bachelor offi-

cers' quarters, her father sent her to a convent boarding school even though she wasn't Catholic and didn't even attend church. When she arrived at the convent, she was terrified by the nuns because of their dress and their unfamiliarity. At age 9, a friend had convinced her that nuns kept little babies hostage in the basements of their convents. A year or 2 later, her beliefs were almost confirmed when a nun who was a librarian picked out a book for her to read called *Murder in the Nunnery*, which now gives Anne a good chuckle.

"It turned out," Dr. Brooks says now, "that nuns were absolutely wonderful people, who insisted that my mother was good, and that my father was good. I didn't believe them of course, because when you are a teenager in the middle of a divorce, you hate both parents." It was the nuns' ability to be substitute parents for Anne and their wholeness in doing so that made her begin to trust them. She also admired their kindness and their willingness to do whatever was asked of them, never saying they couldn't do it, or it was too much, or they were too tired. During that time, Anne became interested in the Catholic faith, but her father refused to let her be baptized.

After her parents' divorce, Anne went to spend the summer with her mother, who had gone further downhill. At least every third day "she'd bring a bottle home and be out of work." Anne discovered that the girl across the street was Catholic and was going to a school taught by the same order as the school Anne had attended in Key West; in fact, one of the nuns from Florida had transferred there. Anne enrolled in that school and signed up to take instruction in the Catholic faith; the pastor of the parish agreed to pay for it. In the midst of the chaos that was her young life, the nuns provided her with a holding place, and what they modeled was extremely influential for Anne. "Happiness was very important to me," she explains, "and to find someone who was happy, content, kind, helpful, and considerate—that was just wonderful." She recognizes that there were insecurities in her own life that led her to find solace with the nuns, but she also believes she has a true calling. She recently celebrated her 50th year in the order.

Dr. Brooks came to medicine through her own medical crisis. She planned to enter her religious community after graduating from high school, and convinced her father, ill with cancer, to let her do it by telling him it was like being in the navy. In training, she began to have trouble with her knees. Well-meaning people told her that she had been kneeling

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too much to pray. She saw several doctors, and was told that she had arthritis and could not teach a full day, needed to use a wheelchair in the long halls in which she was then teaching, and needed to take 40 aspirin a day. She was to rest in bed the half of the day she wasn't teaching. Despite this arrangement, her pain and debilitation increased. Eventually she ended up in the Brigham Rehabilitation Hospital in Boston for 6 months, getting gold shots to block her immune system, which was attacking her joints.

With the assistance of crutches, Sister Anne went back to teaching, and at one point, served as the principal. She was transferred from an inner-city Black school to a very wealthy White school, which she found quite difficult. She decided to volunteer at a free clinic to feel like she was still doing outreach to the less affluent. The doctor who had started the clinic was John Upledger, a well-known osteopathic physician. He told her that he could make her pain free, and Sister Anne laughed. He had just gotten back from an acupuncture course and was eager to try it on his pain patients. Sister Brooks was quite intrigued. He treated her with acupuncture, nutrition, and general medical and osteopathic treatments, including manipulation under anesthesia for the contractions she had developed from being in and out of a wheelchair or on crutches for 17 years. Finally, she was able to be free of the back brace she had been in for 12 years.

John became a close friend of Sister Anne. Eventually the malpractice insurance became too much for him, and he left Florida and joined the faculty at Michigan State University College of Osteopathic Medicine. On her way to a retreat in Albany, Sister decided to stop and see him. "I got off the plane, and first thing he said was not, 'Hi Anne,' but, 'You've got to be a doctor.' I said, 'You are crazy, I can't even pass chemistry.'" That was the second time he presented her with a major turning point in her life. She stayed with John and his family for a while when she attended premed and medical school. Reflecting on that time, Dr. Brooks sees that these two sections of her life, each with its wonderful people, made her appreciate the gifts that everyone has and the need to give to others.

No one tried to dissuade Sister Anne from becoming a doctor. She was 40 years old when she started medical school, but osteopathic medical schools look for mature students. The University of South Florida told her she couldn't come because she was older than 25; she said, "Well, all

right, I'll show you." The residents at Bayfront Medical Center in St. Petersburg invited her to come to their resident talks. One of the doctors at the clinic invited her to observe a thoracotomy. The help she received is one reason she feels so strongly that the patients she sees now need to be cared for, no matter what's wrong with them and whether or not they have any money. She takes her motto from Matthew 10: "Freely you have received, freely give." More than two thirds of her patients have no way of paying for their care.

One person from whom Sister Anne learned her basic respect for humanity is Warner J. "Butch" Anderson. He is a colonel in the army now, but when Sister Anne met him he had just returned, very disillusioned, from Vietnam. He had been a medical corpsman and wanted to go to school to become a physician's assistant. He was the on-site person at the free clinic. The clinic held counseling nights and legal nights for people who were on drugs, and the clinic staff helped them get off drugs. Sister Anne recalls that Butch "didn't care what time of night or day it was; he was there, helping people." Butch's example reinforced for her the need to take all comers.

Anne had some negative experiences with caregivers along the way. When her mother died, she was in the ICU in the city hospital in Washington, D.C. Anne would go there and stand outside the low-walled alcove that was her room. Her mother couldn't talk and didn't know who she was or who Anne was, and young Anne "didn't know what to do with that." None of the nurses seemed to notice; none ever came to stand with her or said anything to her. When she was teaching in Tampa, in the school with the long halls, it was sometimes difficult for her to roll the wheelchair the whole distance, and sometimes people didn't want to take the trouble to push her. Even some of the nuns kept their distance from her.

Her experiences taught her that listening as crucial to the practice of medicine. It means taking into consideration the patient's culture and ability to trust. "When I first came to Tutwiler," she remembers, "the patients would not look me in the eye, because they were Black and I was White, and they knew what happened to people who looked White people in the eye. So I had to completely revise my approach with them." Her patients did not trust her, and they didn't want to tell her anything. However, when she did not leave after a year, as most of the preceding doctors in her position had done, they began to trust her a little bit.

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When she showed up at the hospital to see them, their trust in her grew. When they found her coming to their homes when they needed home care or could not get a ride, they began to open up to her. Twenty-five years later, she is able to cajole information out of people, asking them in a way that allows them to give her the information she needs.

Dr. Brooks recalls a particular incident in which listening to a patient was critical. A teacher's aide came in with the complaint of a rash. She was very nervous, and Dr. Brooks listened as she talked about the kids and how hard it was, about being part time and not having any medical benefits, and how glad she was that they were helping her. As she talked, Dr. Brooks noticed that she was catching a breath after every third word. When she listened to her lungs, they were "sopping wet." She took her patient to the hospital for a heart test, and then went to a meeting. She was called out of the meeting when it was discovered that her patient had a clot inside her heart, a rare occurrence, and she was in such terrible cardiac distress that she was only pumping out about 10% of the blood in her heart. In that case, listening to the patient's body language led Dr. Brooks to assess her patient in a way she may not have otherwise.

What gets Sister Anne up in the morning and going strong is that she loves what she is doing. The only times when she wants to stay in bed are when she has had calls every 2 hours through the night or has had to get up and care for a patient who has come to her home in the middle of the night. Although physically exhausted at those times, she does not feel burdened. Rather, she has a sense of her patients' handing her life and wanting her to help polish it up. Although she belongs to a healing profession, she does not consider herself a healer. She specifies: "I am not a healer, I am a facilitator; my job is to empower my patients, and I do that by instructing them and also by loving them to pieces." She realizes that although some of her patients do not care, she has also "got some fellows who are pretty much in love with me . . . If I tell them to do something, they do it. They come in and say, 'Well, doc, you told me I couldn't have my beer, I didn't have any beer all week, and it was really hard, but I did it for you.' " Their attachment to her gives her leverage to move them forward along the health continuum.

It is clear how much Sister Anne loves her patients and staff, so I was happy to hear another story from her that showed me that affection is mutual. "I recently turned 70—and didn't my dear staff put a huge sign on the town fire truck and park it across from the clinic! I didn't know it

until they staged a fire drill and we all bailed out of the building. I have a photo of me and a fellow in a wheelchair who drives me nuts with his ability to be uncooperative with the plan of care. He is holding both my hands in his and tears are running down his face and he's saying 'I love you, Dr. Brooks!' What could I say?"

Dr. Brooks finds it a big challenge to help people at times because she is a White person caring for Black people. For example, if they do not have money, they do not have food, but "you can't just hand out food," she says, because that won't enable them to preserve their dignity. What she does is say something like, "Listen, my gutter is a mess—it's full of leaves—can you clean up from here to here, while I finish up getting your medicines ready?" Then she can get them something to eat. Sister explains that the relationships between Blacks and Whites where she is are different than they are in the North, "because we still have plantations down here. We still have people who grew up with the guy who's now the owner of the plantation, and the relationship is a little bit different." She combats these stratified relationships by being present with her care and concern. She visits her patients at home when they are dying, and "people fall over and say, 'She did?'" To Dr. Brooks, it's clear: "Of course I did. That patient was dear to me."

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Dr. Brooks closed the "Coloreds only" waiting room when she arrived at the clinic. When she hired her first Black employee, the Ku Klux Klan put their newspaper under the windshield wiper of her car. She went on with her work with a knot in her stomach, but luckily nothing happened. One night someone who had been stabbed in the chest was brought to her house. She put him in the dining room. Then the stabber, who had also been stabbed by the man in the dining room, was brought in too. In the meantime, the police were out front, along with about 20 other people, all Black, in a White neighborhood, and Dr. Brooks's next-door neighbor, the deacon of the Baptist church, had gone and gotten his shotgun to protect the nuns. In the end, the patient in the dining room was helping the other patient get his shirt back on, and the police took them both up to the hospital because there was no ambulance service in that part of the county at that time. Dr. Brooks certainly brought changes to the area.

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With regard to how her goals are tied into her sense of personal ethics, Sister Anne wants to do her best for people, because that's what was done for her. She is acutely aware that she would not be where she is if other people had not stepped up to the plate and helped her. "It's very strong in my heart that I want to give to people, but I want to give in a way that preserves their dignity and responsibility," Sister Anne says. She adds, "And sometimes they don't take their responsibility, and I yell at them and stamp my foot and make a big scene, and they smile and they say, 'I'll try better, Doctor.'" Dr. Brooks doesn't spend much time thinking about herself. She just keeps on trucking because she has a lot to do. She gets up at 5 a.m. and works until 9 p.m., and sometimes does not pay any more attention to herself than is required to grab lunch and a short nap at noon.

One major obstacle that gets in the way of Dr. Brooks's accomplishing her goals is that, at the time of this interview, she was the only doctor in her county of 14,000. A second doctor is finally coming to join her, now that she is in her 7th decade. The clinic does have a half-time nurse practitioner who also runs their satellite clinic in a town of 283 people. She sees about 1500 people a year there. Sister sees 7500 to 8000 people a year.

Dr. Brooks resists burnout and despair with prayer. "You have to keep your prayer going or you're going to fall on your face," she says. "Part of the prayer is meditation, just jaw-boning with the Lord, and part of it is formal," she explains. She also tries to get to mass a couple of times a week in addition to Sunday. She asserts, "It's easy to dump on the Lord. The shoulders are wide and the wisdom is there." There are also times when she has the weekend off, and she also has doctor friends who come to provide her a few weeks off each year. She spends one of those weeks with friends in the Berkshires. Because Dr. Brooks finds classical music renewing and one of her friends is on the board of the Boston Symphony Orchestra, they go to Tanglewood together. This friend saw Dr. Brooks's clinic on *Good Morning America* in 1985, and she and her husband have supported the clinic in a number of its undertakings ever since. The couple has helped to develop the community education center and outreach program, and participated in Habitat for Humanity. The clinic now has 25 Habitat houses and added the community education center and a gym. "When you see this kind of success and this kind of hope," Dr. Brooks points out, "it's very hard to burn out."

Sister feels that her greatest failure has to do with her own personal time and how she nourishes herself. She was teaching herself how to play

the soprano recorder, but ran out of time when she began to accept more nursing home patients because they pay, and the clinic needs money desperately. The clinic's budget is now \$2 million. About 73% of that comes from donations, and Dr. Brooks feels she has a huge responsibility to get the money in, so she cuts corners on herself. Her other failure, she thinks, is not ordering the approved tests "like they say in the book," for specific medical problems. For example, if someone comes in with a bad back, she will examine and treat them with hot packs, ultrasound, and osteopathic treatment; she will have them come back every day if they need to for treatment, but she does not order X-rays the first day. Instead, she waits a few days to see if it will settle down, and if it doesn't, then she x-rays. She can do X-rays at the clinic, but with 30 salaried people on staff, paying for an MRI out of donations can be a problem. Not only does she have to do the testing, she then has to find someone who is willing to see the patient for free or for a very limited amount of money. "That's a big hassle coughing up \$4000–5000, and sometimes I just can't do it," Dr. Brooks laments. Truly her biggest failure is not being able to duplicate herself.

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Dr. Brooks has the support of the three other sisters with whom she lives. They took her off cooking duty because they never knew if she would be home for supper. From different religious communities, they are all roughly the same age, and all work at the clinic. One is a psychologist, one is the clinic coordinator, and the other is the community organizer who runs the community education center. They have been together for 17 or 18 years now, and are each other's family. "We take each other to task if we need to," Sister Anne says. "We do what we can because we love each other; to ease the burden on somebody else . . . It's a whole different thing than having a family with children, where there are squabbles and things that need to be done for your children's sake. It's a whole different level. This celibate life actually has a lot of advantages to it!" They have a rule that anything that's said in the house stays in the house, so they can let their hair down—so to speak. "It's a comfortable feeling," Sister says. They help each other keep a sense of humor. Sometimes at work, Sister will call up the clinic coordinator and for giggles "tell her something absolutely asinine, just to hear her laugh."

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The evolution of Dr. Brooks's style of practice has been affected by external circumstances. For the first 10 years she was in Tutwiler, people had no access to the emergency room because there was no transportation. Instead, they came to her house. Many were the nights when she sat up with an asthmatic patient, or checked a baby with a cold, or came over to the clinic and set someone up with a breathing treatment. Occasionally, someone would be so sick that Dr. Brooks and the nurse would drive that person to the emergency room, with one of them doing CPR in the backseat. As time passed, the hospital began to allow its ambulance to come 1 mile into the county. Dr. Brooks happened to live within that 1 mile. She would call the ambulance, and when it arrived she would hop in and say, "Oh, Joe was going to meet us at my house, but he didn't make it, so we gotta go here, there, around the curve, over by the turn-row. The guys would just sort of laugh, and we'd keep on going for another 20 miles, and Joe would get the care he needed at the hospital." No one ever said that Sister is not clever.

Dr. Brooks believes that as she has mellowed, she has learned to practice better and with more confidence. She no longer panics when she sees someone come in with a brown recluse spider bite. She has delivered 18 babies outside the hospital in adverse circumstances—most recently in a

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car in the backyard of her house; they were twins, the fifth and sixth children of a 21-year-old mother who was 7 months pregnant. With a huge thunderstorm overhead, the RN clinic coordinator was there with Dr. Brooks, handling her umbilical cord clamps, and

the counselor was inside warming blankets in the oven. "It was a very interesting experience," Dr. Brooks recalls. "I didn't panic. I would have panicked early on." She notes that, "The mellowness that comes with age and grace and wisdom has played a part in that, also. I no longer have a heart attack when someone comes in with a heart attack." Dr. Brooks has grown into the practice she was put on Earth to do.

Asked when she has surprised herself with cowardice or courage, Dr. Brooks remembered a woman who caught herself on fire leaning over the stove and refused to go to the hospital. "I was terrified caring for her, but I also respected her wishes. And I think in the end, when she did die, she

died without a whole lot of pain and without suffering . . . because we weren't pulling her skin off every day and that sort of thing. It was hard to go with her wishes, but she was steadfast. She was old, she was probably 83, and I think she felt she was finished. I thought she was probably ready to go to God, so I didn't get quite as bent out as shape as I might have when I was younger. I might have not given her a chance to be respected as much. That's something that's been back and forth in my mind. I think that I did contribute to her death by not taking action, but it's like a person who says they're not a code, you gotta respect that, even though it gets to be hard." Sister Anne certainly is equipped to wrestle with the most difficult things in life.

Dr. Brooks does recall a time when she felt the best course of action to take on behalf of a patient was evident, but it was impossible for her to take it. She was chief of staff at the local hospital, and another physician, a surgeon, developed a rare condition. It was sensory, so he could not feel his fingers or his feet. He started self-medicating, and he would go into rages; he became impossible to deal with. One day, the anesthesiologist refused to put his patients to sleep, so Dr. Brooks cancelled his surgeries and went over to his office personally with the CEO to talk with him, and "he beat it out the back door." The next thing Dr. Brooks knew, lawyers were talking to her and litigation was pending. Trying to protect patients from a physician who was clearly incapacitated brought her up against the protections of the legal system.

Sister's biggest regret is that she was not able get her second physician into the clinic sooner. It certainly was not from lack of trying. She talked with every student who had come to do clinical rotations with her, called people, and worked with recruiters "until I was purple in the face."

Finally she met a doctor from Nepal. Born into a Hindu family, he learned about Buddhism, studied Judaism for a number of years, and learned that there is one God for all of us. "He made me cry when he said that," Sister recounts. "If there's one God for all of us, why are we killing each other?" With his broad theology, this new doctor, who, at the time of this interview, had not yet arrived, will most likely fit right in.

Asked about the spiritual component of her work, Sister points to the osteopathic manipulation techniques and the treatments that deal with the craniosacral system. "That cranial rhythm is not just the Qi of the body," Sister contends, "that cranial rhythm is the soul breathing, and you can't tell me it's anything different." Sister believes that when she is able

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to touch a patient “without being afraid that I’m going to get sued,” there’s “a much different connection, because touch can communicate much more than words can.” Words have to be interpreted, but touch is direct. “It’s very easy for me in caring for my patients to be caring for Christ, and it’s easy for me to bring people together in prayer. Even in sealing their charts on our computer system after their visit is done, when the computer takes a few seconds to digest the information and confirm the seal, I always pray for that patient.” Dr. Sister Brooks’s spirituality is fully integrated in her practice of medicine.

From praying and from reading the Scriptures, from reading people like Louis Thomas, Elie Wiesel, and Teilhard de Chardin, and from experience, Dr. Sister Brooks has come to believe that there’s a difference between illness and disease. She explains: “Disease is like the biological entity that has assaulted us, or the autoimmune assault, or whatever it is

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that caused us to break our leg. It’s not truly external to us, but it is in a way. On the other hand, illness is how that sickness has affected us at every level of our being.” She questions, “What’s our relationship with disease in the form of viruses? Are we more susceptible? What’s our relationship with the dog? Do I kick the dog because

I’m mad at my disease, or mad at God? What’s my relationship with the family, and what’s my relationship with God?” She believes that, in many cases, a person who has a disease can be cured, but a person who has an illness requires healing.

Dr. Brooks points out that she knows a lot of people who have cancer, which she considers a disease, who are in a way healed. They’re healed because they’ve faced their disease and dealt with it. They’re not happy to have the disease, but they are at ease with it and able to manage what is happening in their lives. Dr. Brooks thinks that being able to empower people to heal themselves in this way puts “that whole illness thing in control more.”

Dr. Sister Anne Brooks hopes that her lasting legacy will be that people remember her as someone who cared and are inspired by her example to go out and do likewise. “If more people cared about each other, for cry-

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ing out loud, we wouldn't be in the mess that we're in," she asserts. She continually asks herself how to better express her life in a way that will encourage others to do as she has done. Throughout her life, she was inspired by examples of people loving and caring, and she strives to pass that along in the world.

