

## Facelessness

By Jamie Uhrig

For over a year now I've felt uneasy when seeing my patients in jail clinics. I didn't have a word for what was causing my unease until I recently heard it on the radio: facelessness. A long, indistinct, sibilant rich word that may only be fully perceived when it is spoken by someone wearing a mask. I have realized that I have been made uneasy by facelessness.

I love seeing eyes. Both my patients and I see much in each other's eyes. And in the last year we have been forced to try to see more. Eyes widen and narrow. Eyebrows go up and down. Foreheads are raised and lowered. Sometimes on one side, sometimes the other, often both at the same time. I can make wrinkles at the sides of my eyes with a big smile and I certainly try to do this as often as I can. And when I see wrinkles, they give me a hint that my patient is smiling. But wrinkles from smiling are more visible in older people. Younger people don't have them. And eyes alone are not faces.

I can't be the only one among health care providers who finds that facelessness has changed relationships with my patients. Are the few clues we give to each other through our eyes enough to build trust in a clinical encounter?

Trust is in short supply in a jail. The entire security apparatus of incarceration is fueled by mistrust. My patients who are detainees say that you can't trust anybody. There is also a culture of mistrust among correction officers and among some of my fellow health care providers. I am not encouraged to trust detainees by some of them as they consider detainees to be untrustworthy by nature. My status as a health care provider, my bald head betraying my age, and my white skin privilege will not earn me unconditional trust. I have to trust my patients if I want them to trust me. Facelessness cannot be allowed to lead to faithlessness.

What about saving face? Can both of us in a clinical encounter save face through mutual respect? Most of my patients are men and I am a man. In the culture in which I work, respect is something that men give to and take from other men. I can't think of anything more offensive to my patients than for health care providers to disrespect them. Listening to patients, correction officers, and providers in the clinic I hear the words respect and disrespect many times a day. "I don't mean any disrespect." is probably the most important disclaimer one can make. And simply saying "I respect you" is a common affirmation I hear my coworkers and patients often use.

Since I usually have a chance to meet a person who is incarcerated only one time, developing mutual respect has to begin quickly, as soon as I meet him, and it needs to continue throughout the clinical encounter. I have to stand up when my patient enters my cubicle and I need to catch his eye. Before face masks were ubiquitous it was easy for me to give a respectful

smile. Now I don't have that option. If I need to look at my computer screen to see a lab result, what happened on a previous encounter, or what referrals have been made for him, I tell him that I am going to turn my attention away from him. And otherwise I don't look at the computer at all during a patient encounter. That's respectful. Accepting a fist bump at the end of an encounter usually means agreement with an added dose of respect. I'm not sure that fist bumps are allowed any longer. But we still do them.

How can I bear witness to my patients' experience in jail in this time of facelessness? Everything I learn in the clinic comes from my patients and all the information I have about their experiences comes directly from what my patients say from behind their masks. The conditions that have led to the wearing of masks in jail clinics have also led to increasingly intolerable conditions in housing areas. Fear of COVID-19 infection, no family visits, housing area lockdowns, staff shortages. I have to double my listening time. Can I do more?

Masks have been mandatory in the clinic for only a year and a half. I put mine on when I enter the jail and take it off when I leave eight hours later. There are some who propose that the wearing of masks in clinical settings should become normal behavior in the future. I hope not. But for the next while, rather than looking at peer reviewed papers on masks in patient care, I am going to keep my eyes fixed on those of my patients.

---

**Jamie Uhrig provides medical care for people who are incarcerated in New York City jails. Read more of his work on his Health in Myanmar blog [hivinfo4mm.org/](http://hivinfo4mm.org/)**

---

© 2021 *Intima: A Journal of Narrative Medicine*