

Articles

Deadly silence: the (lack of) access to information by deaf Brazilians in the context of Covid-19 pandemic

Silêncio mortal: a (falta de) acesso à informação por surdos brasileiros no contexto da pandemia da Covid-19

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ABSTRACT

Although Brazilian Sign Language – Libras - was legally recognized in 2002 as the national language for deaf people, their access to interpreted information (i.e., information in their own language), especially in the media, is still very precarious. In the context of the pandemic, having access to information and guidance in one's first language can be decisive in caring for and maintaining life. With this in mind, this paper aims at pointing out the barriers experienced by deaf people in Brazil, considering the absence of Brazilian Sign Language translators and interpreters in mainstream journalism and in channels of organizations that are responsible for explanations and guidelines regarding care and

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prevention. We also seek to reflect about the socio-emotional effects caused by the lack of clear information, and how this may risk causing excessive concern and panic. In order to achieve that, we adopt a qualitative perspective of investigation stemming from the collection of testimonies from deaf people about their experiences in the context of the pandemic. The testimonials, collected by means of a semi-structured questionnaire, allowed us to point out the urgency for greater accessibility in the media context, and the risks resulting from the absence of accurate information both for deaf and hearing people.

Key words: *Deaf accessibility; Brazilian Sign Language; Mainstream media; Pandemic.*

RESUMO

Embora a Língua Brasileira de Sinais - Libras - tenha sido legalmente reconhecida em 2002, o acesso dos surdos à informação interpretada, especialmente nos meios de comunicação, é ainda muito precário. No contexto da pandemia, o acesso à informação e orientação na primeira língua pode ser decisivo para cuidar e manter a vida. Com isto em mente, este artigo aponta as barreiras experimentadas pelos Surdos no Brasil, considerando a ausência de tradutores e intérpretes de Língua de Sinais na grande mídia, bem como nos canais de entidades responsáveis por explicações e orientações sobre cuidados e prevenção, como se viu no caso do contágio e divulgação do novo Coronavírus. Procuramos também refletir sobre os efeitos sócio-emocionais causados pela falta de informações claras, e seus riscos que resultam em preocupação e pânico. Para isso, assumimos uma perspectiva qualitativa de investigação partindo da coleta de depoimentos que nos permitiram evidenciar a urgência de maior acessibilidade no contexto dos meios de comunicação, e os riscos resultantes da ausência de informações precisas para Surdos.

Palavras-chave: *Acessibilidade para Surdos; Língua Brasileira de Sinais; Grande Mídia; Pandemia.*

From a silenced life to a life of silence – there and back again

The history of the deaf in the world has been marked by intense struggle that unfolds in the social, political and educational environments. For centuries the deaf have been cast on the sidelines

of education and social interaction, engendering labels that may vary from the notion of cognitive disability to the demonization of deafness, though, in the last decades, there has been an increase in a more positive view, i.e., that deaf individuals perceive the world in different linguistic and cultural perspectives (Sacks, 2010).

Nonetheless, although the first labels sound absurd in current terms, they persist socially, underlying thoughts and actions, sometimes subtly camouflaged in restrictive policies in relation to language and education access, and in terms of relationships with deaf peers (Nascimento, 2019). As a result, although many Sign Languages are being legally recognized in several countries, their social recognition still seems almost utopic.

The Brazilian Sign Language (hereinafter Libras) was legally recognized in 2002 (Act No. 10.436/2002), after intense movements from the part of deaf and hearing teachers, translators and interpreters, researchers and family members who, grounded on national and international studies, supported (or made demands for) accessibility. From that moment onwards, more forceful discussions were drawn, henceforth unfolding into new legal instruments that deal with the schooling of the deaf, reflecting on teacher education, as well as that of translators and interpreters, besides enhancing the dissemination and appreciation of the national Sign Language.

This does not mean that formal education was not offered prior to 2002. On the contrary, the foundation of the first Brazilian deaf school dates from June 26, 1857 in Rio de Janeiro, receiving the name of the Imperial Institute for Deaf-Mutes, an institution that today has been incorporated as one of the Federal Government tertiary institutions, i.e., the National Institute for Deaf Education – (hereinafter Ines).

In the early days, as a boarding school, Ines was the only specialized institution for the education of the deaf in the country, and therefore concentrated deaf people from various states and regions. At first, French Sign Language (hereinafter LSF) was taught, and education targeted at learning and enhancing writing skills - both implemented due to the influence of the deaf French teacher, Ernest Huet, who arrived in Brazil in 1855, invited by Emperor Pedro II, with the assignment of organizing the groundings for deaf education in Brazil (Diniz, 2010).

In her PhD's thesis, Diniz (2010) highlights aspects of the development of Libras during the nineteenth century, and its consolidation process as a genuinely national Sign Language that gradually gained its own features, distinguishing itself from LSF.

When the Institute was founded, deaf Brazilians would attend the boarding school (Ines), being educated by means of sign languages and, after completion of their studies, they would return home - which could be in any of the five major regions of the country – acting as multipliers of what they had learned for other deaf peers.

This socialization process served as a catalyst for the transformation of Libras and expansion of its lexical repertoire.

Although Libras thrived and the use of Sign Language proved to be effective, this progressive framework of deafness acceptance as a difference that allows for the emergence of cultural and linguistic aspects lost space in the formal context after 1880 (Rodrigues, 2018), due to the well-known conference held in Milan, which resulted in the prohibition of the use of Sign Languages around the World.

Therefore, several countries, including Brazil, progressively considered that teaching the deaf to speak orally would be the ideal and most effective way of schooling (Campos & Fidalgo, 2017; Hollosi, 2017) as determined in the Milan conference – which met the social ideal of normalization policies and sought to bring the deaf closer to hearing biological and communicative patterns.

This resulted, as Diniz (2010) explains, in pedagogical practices aiming at oralization that lasted for over a century, being, in certain periods, imposed harshly, and followed by the absolute repression of the use of signs. However, the partial or total repression of the use of Libras did not succeed in extinguishing it. Much to the contrary, it provoked the rising of clandestine spaces for signing, away from the surveillance of teachers and tutors, later giving rise to associations for deaf people, spaces of resistance and socialization among the deaf individuals and hearing individuals that supported the use of Libras.

It is from 1980 onwards that, after consecutive failures pertaining the results of exclusively oral practices, new studies in the fields of Linguistics, Cultural Studies and Pedagogy concentrated on discussions

regarding the education of deaf students were taken into account (Sacks, 2010).

Marked by advances and setbacks, this path reinforces the coexistence of a medical perspective of deafness that focuses on disability and a social perspective of deafness anchored on the concept of difference (Skliar, 1999), the former aiming at hearing rehabilitation, and the latter led by many deaf themselves advocating for the right to use Sign Language.

Moreover, it is possible to notice that these constant reformations in the policies of education for the deaf have undermined efforts to consolidate a bilingual method that is suitable for deaf people towards a communicative development not only in Libras, but also in written Portuguese. In Brazil, this has established a scenario in which access to Sign Language by deaf children occurs late, usually in the first school years, when they are between 6 and 7 years of age, whilst most hearing children will have mastered a vast number of aspects in their first language by the time they begin school. Therefore, deaf children learn language later than hearing children and, since language organizes thought (Vygotsky, [1934]1993), deaf children are often seen as having learning or even cognitive difficulties. What they have, in fact, is a delayed access to language.

To make matters worse, along their initial period of schooling, Portuguese continues to be taught based on methodologies used for teaching mother tongues that are oral, i.e., teaching is centralized on sound distinction in a kind of audiolingual approach for first language education (Freitas et alii, in print), which is obviously not natural for deaf people, frequently placed in classrooms with their hearing peers for the sake of an inclusion policy that is not fulfilled, since the deaf have no access either to their first language, nor to what should be their second language, Portuguese (in the written form). It is also important to mention that most teachers do not know Libras in order to communicate with the deaf student, not even rudimentary information about their language and culture.

With little or no access to other deaf peers with whom they could relate, the child is slowly ostracized. As one can infer, the idea of inclusive schools or classrooms is that of physically placing all children,

regardless of their uniqueness or specific need, in the same classroom, organized by age group and/or by grade (Fidalgo, 2018).

These problems provoke several ruptures in the different ways of conceiving deafness and, as a result, the expectation of having translators and interpreters in public spaces and accessibility guidelines with caption and Libras translation window on mainstream media, even though legally mandatory, is often not met. Moreover, when there is interpretation into Libras, there is little or no supervision - resulting in further misunderstanding and even conflict. Similarly, keeping only automatic subtitles or closed caption (CC) features does not allow for information to clearly reach a significant portion of deaf people who cannot read Portuguese – which, as we have clarified, represents a vast number of deaf individuals, since they do not have appropriate access to written Portuguese in schools. This causes many members of the deaf community to either give up watching the news or make decontextualized inference from the few words that they can recognize, as the data here presented shows.

This conundrum assumes even greater proportions when there is a national or even international crisis, such as the one we have been undergoing, with the pandemic caused by the new coronavirus, that threatens World safety and causes drastic changes in everyone's routines based on recommendations of social (or physical) distancing and prophylactic measures aiming at containing the advances of the virus and deaths resulting from Covid-19.

As hearing people, we are flooded with daily information from the media, in oral and written forms. About the new coronavirus, we see guidelines provided by municipal, state and federal governments (or lack thereof). Even though this almost monothematic flow of news proves to be exhausting, the information is crucial to understand the problem and care for the safety of one's health and that of others.

Our investigation has focused on this context. For us, understanding how basic information regarding the pandemic has reached the deaf and those with hearing disability can contribute to understanding the dimension of the problem, as well as to reflecting on its possible effects for the safety of the deaf community.

We emphasize that when we mention those with hearing loss, this shows that the scope of analysis needs to consider not only deaf users of Sign Language, but others that use alternative forms of communication such as lip reading, which can be rendered impossible by the wearing of masks by reporters in the news or in services provision organizations such as hospitals, pharmacies, schools, among others.

In terms of organization, starting from this initial contextualization and delimitation of the scope of the study, the reflections we carry out are organized in five sessions, namely: 1) Data produced and organized: Going beyond silence - in which we present the theoretical grounds of the investigation as well as the research nature; 2) Breaking through silence - in which we present the agents involved in this research and the means of data collection; 3) Listening to the unheard - in which the general analytical discussions of the data and participants take place; 3) The deadly silence - where we draw considerations on these communication barriers and their socio-emotional crossings in the context of the pandemic, and finally 5). Echoing silence – where we discuss impacts of the discussed data.

We hope, through these tensions, to contribute to the discussion about communicational accessibility as a survival mechanism, especially, but not solely in mainstream media.

1. Data produced and organized: Going Beyond silence

This paper was organized in the format of a collective case study, i.e., a “study of a phenomenon context” (Troudi & Nunan, 1995). By looking at the cases of deaf people across the country, we will discuss their general condition as to information accessibility. We use, as often happens in casework investigations, both quantitative and qualitative methods of analysis (Stake, 2008).

In order to keep the group of research participants as varied as possible, our elicitation technique had to be quite carefully considered, i.e., we did not want to use leading questions, such as “Do you think that the mainstream media fails to provide interpreters for the deaf community?” Nor did we want our questions to be too complex or confusing (Troudi & Nunan, 1995), especially considering that

some of our participants may not be too familiar with the Portuguese written language as we have stated above. We took into account that, if questions were too difficult for the participant to understand, we would run into a problem of lack of construct validity (Fidalgo, 2002), since what would stop the participant from answering would not be their lack of knowledge about the phenomenon investigated, but their inability to understand the written question.

Some of the questions asked were open-ended; others generated yes/no responses. The latter was used for information regarding their familiarity with Portuguese, their access to information on the news, for example. For the analysis of such questions we used quantitative measures. As for answers provided to open-ended questions, we used the concept of thematic content (TC) proposed by Bronckart ([1997] 1999), whose objective is to find textual references, i.e., the knowledge with which the speaker seeks to validate their language action. In other words, TC is a kind of information that will allow us to look at the senses and meanings (Vygotsky, [1934] 1993), which may or may not be clearly stated in the participant's utterances. For Vygotsky, senses are most commonly seen in the individual's understanding, whereas meanings are socially constructed.

This said, we turn to some description of the researchers and other participants, followed by the data and analyses.

2. Breaking through silence

Before we start the discussions of the data *per se*, we consider it important to make a few considerations about the agents involved in this investigation as a means to clarifying the core aspects that shape it and drive our will, as hearing people, to address this theme. It is important to highlight that we do not carry out investigations without a social context, i.e., the research community is an integral part of any study, and not because one can draw information from the community, but because one needs to build knowledge with each other.

Thus, the idea of discussing deaf accessibility in the pandemic context was triggered from the relations each one of us has with the deaf community at different levels, as well as the fact that we all work

in the field of Education, where the essentiality of communication, understanding and collective knowledge production is evident.

One of the three researchers is a child of deaf parents who works as an education Sign Language translator and interpreter. A hearing person whose parents are deaf is referred within the deaf community as Coda, i.e., a *Child of Deaf Adults*. Being a Coda, culturally locates a hearing person as close as possible to the deaf cultural and linguistic situations. Codas are often revered as natural users of Sign Language as their mother tongue (in the cases where parents are signers), as well as natural interpreters from their early childhood, supporting their parents with the Portuguese language (Quadros, 2017).

This researcher is deeply affected by the theme discussed here because both his parents are members of the elderly community of deaf people in Brazil, illiterate in written Portuguese and poor lip readers, which almost limits Libras as their sole means of communication and access to information.

In this pandemic context, we must also take into account that the elderly are listed within the risk group, due to their frailty and higher chances of comorbidity (Guan et al., 2020). For this reason, they need even more caution to avoid contagion, which results in the need to even more accurate information about prevention and countermeasures for Covid-19. Thereby the elderly who are deaf can be twice as much endangered in the absence of clear information in Sign Language.

The other two researchers are teachers in public federal institutions with considerable experience in research and interaction with the deaf community working with deaf colleagues in their respective institutions, as well as in constant interaction with deaf students and friends. One of them is also a Sign Language translator and interpreter whose parents-in-law are both deaf. Therefore, even though the three of us are hearing people, our roles in the educational context, as well as our long relationship and proximity to the deaf community, especially with deaf friends, colleagues and parents, trigger our intent to break the silence of the frequently unheard so as to further trigger the engines of change.

As for the participants who answered the questionnaire, they were mostly from the Southeast region of Brazil, but there are respondents from each of the five Brazilian regions - thus allowing for some social-geographic diversity since the Southeast and the South are richer regions, and therefore, one might arguably expect that information would be more accessible in these places (Pedroso Júnior et al., 2008).

Twelve deaf people answered the questionnaire, some of them by reading the questions in Portuguese and replying in a written file; others interviewed in real time by one of the interpreters, who instantly registered their answers in a form and recorded the videos for later access in case some information requires to be revised. Another group received the questionnaire and replied through video recordings. In all cases, they were previously requested not to search for information, given the fact that we intended to understand what they already knew about the theme.

Along the discussion, some excerpts of the collected testimonials will be quoted to support our arguments. In these moments, the respective participant will be identified as “P plus a number to distinguish different participants’ replies, as in “P1”.

The questionnaire consisted of 20 questions divided in three categories, each aiming at different aspects of this investigation as described in the chart below:

Table 1 – Categories of questions

<p>A. Questions intended to obtain information about their deafness or hearing loss conditions; the means by which they communicate; what they consider to be their first and second languages.</p>	<ol style="list-style-type: none"> 1. Were you born deaf or did you eventually lose your hearing? 2. Which one do you consider your first language, Portuguese or Libras? 3. Can you read and comprehend written texts in Portuguese? 4. Can you lip read?
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Deadly silence

B. Questions intended to gain knowledge about their sources of information.	5. Do you watch the news? If so, how do you manage to understand what is reported? 6. If not, what is your main source of information?
C. Questions intended to verify their knowledge about basic issues related to coronavirus and Covid-19, as well as their means to reach those information, and lastly socio-emotional aspects in the pandemic context.	7. What do you know about coronavirus? 8. What do you know about Covid-19? 9. Where and how did you get this information? 10. How can you avoid the contagion? 11. Is there any medication or vaccine to prevent the virus? 12. Which people are in the risk group? 13. Do you think that only people in the group of risk can be affected? 14. Do you know how many people have died due to Covid-19 in Brazil so far? 15. What is your main source of information about the pandemic? 16. Do you fear being contaminated by coronavirus? 17. Could you adhere to social distancing? 18. How do you feel about the pandemic? 19. How do you feel about social distancing? 20. How do you feel about the lack of Sign Language interpreters in mainstream media?

Source: authors' archives.

Besides accounting for people from regions in Brazil, the study was also varied in terms of education and age groups, consisting of 12 deaf adults (8 women and 4 men) the youngest at 22 years of age and the oldest at 47.

By maintaining this diversity of respondents we mean to take into consideration the heterogeneity of the deaf community including those who were born deaf, those who lost their hearing capability before or after their first language learning, due to an accident or illness, and those who had a hearing loss and do not communicate through Libras, making substantial use of lip-reading techniques and oral speech.

It is also important to highlight that Brazil is a vast country, with a great number of differences in terms of media access, information, education, resources, among others, being the Southwest and the Southern regions the wealthiest, and the ones where the population has greater access in general (educational, informational, resources, etc.). However, this applies especially to the capital cities of each

state. The countryside is often poverty stricken. Besides, there are also communities in the outskirts of large cities where information and education are privileges often in shortage. In other words, we can state that the farthest from the capital the less access deaf people have to formal education (in general), and the same holds true for Libras and written Portuguese, which obviously reflects upon their needs to accessibility (or more precisely, it reflects on the lack of accessibility encountered). This said, it seems important to mention that out of the 12 respondents, only 3 grew up and live in capital cities, so different conditions of education access apply.

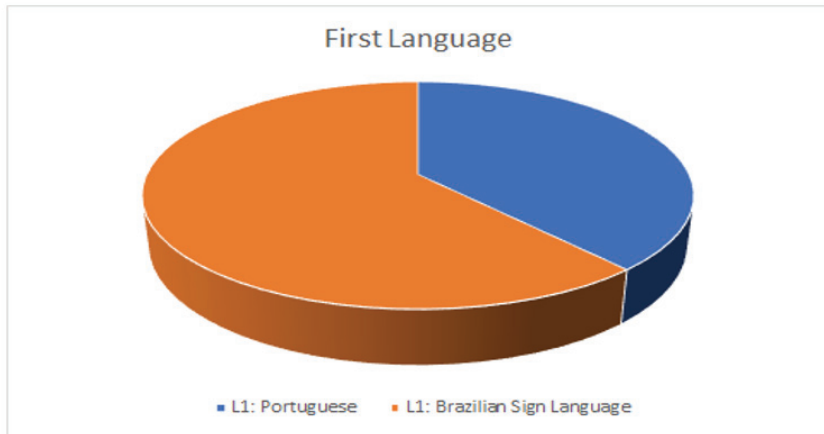
3. Listening to the unheard

In this part of the text, we analyze the data, bearing in mind some of the quantitative and the qualitative aspects that the answers presented, as we have previously indicated.

We first considered the questions regarding deafness, i.e., if they were born deaf or if this condition was later acquired, which they consider to be their first language, among other similar information. We find it important, as would Bronckart ([1997]1999), to establish who the participants are, considering this as one of the important levels of analysis.

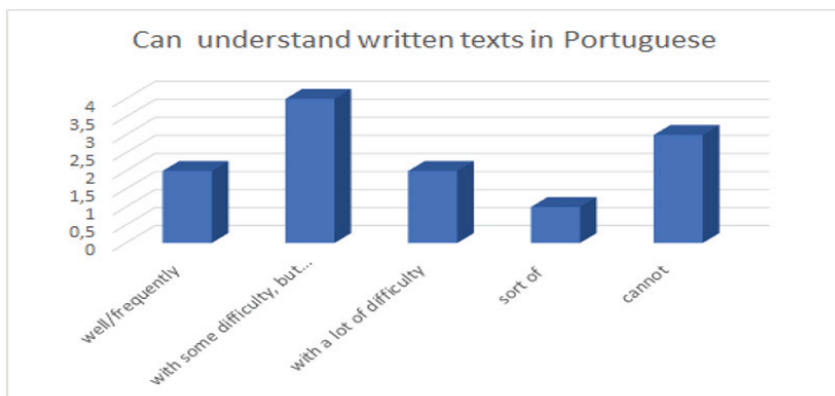
Answers show that most participants were born deaf since only three of them declared that they became deaf later, due to health issues as children. This said, it is important to mention that five consider Portuguese - and not Libras - to be their first language, as depicted in chart 1. This most likely occurs due to the historical situations that we have described earlier, i.e., until around the 1980s, oral Portuguese was obligatory in schools for deaf people. The younger generations, however, have had the benefit of growing up in a society whose laws state that they communicate primarily in Sign Language and ideally should learn written Portuguese later and for reasons of inclusion in the mainstream society.

Deadly silence

Chart 1 – Language acquisition

Source: authors' archives.

In that regard, participants state that they either have a lot of difficulty or get assistance in order to understand their written second language; some do not even try, considering it too difficult. Only two state that they can read Portuguese well.

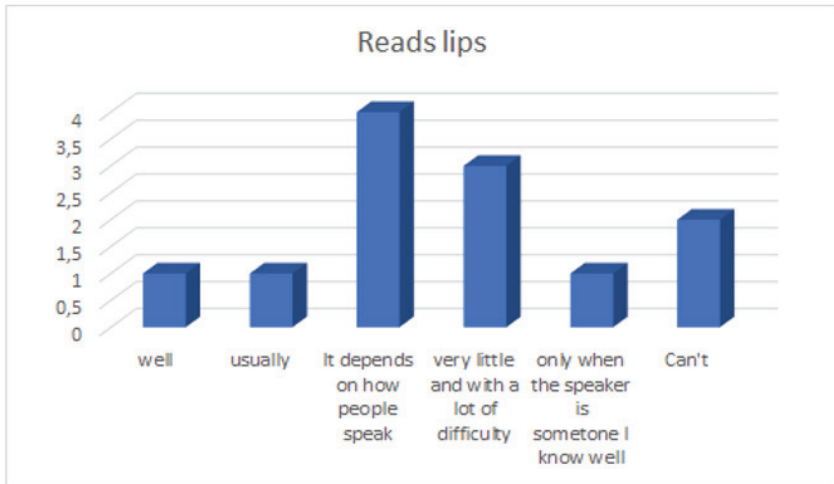
Chart 2 – Written Portuguese Comprehension

Source: authors' archives.

Interestingly enough, the two participants who stated that Portuguese is their first language are not the ones that read well and/

or frequently. On the contrary, one does not read Portuguese at all, and the other needs help doing so. Therefore, we could assume that being forced to use Portuguese as children - as they say they were - is not a solution for communicating with deaf children, nor is it a guarantee that they will be prepared to learn written Portuguese, despite the knowledge that they may have acquired about the language with its phonemic-syllabic organization. This is confirmed by the answers provided for the next question: Can you lip read?

Chart 3 – Lip reading comprehension



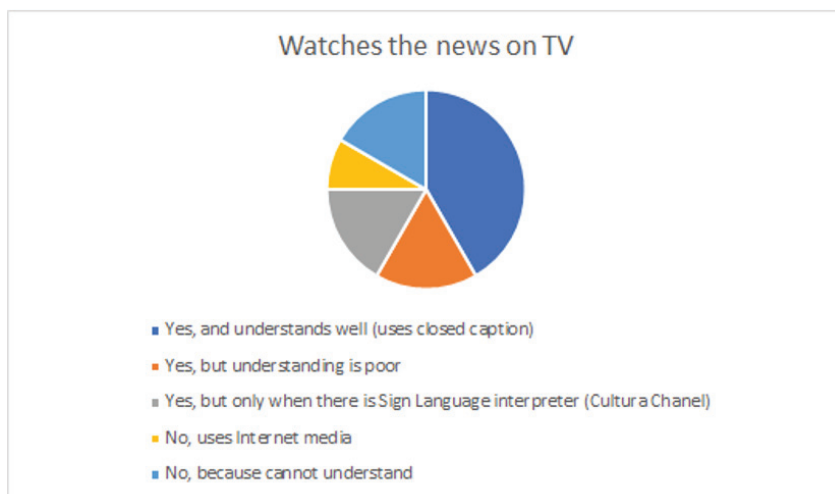
Source: authors' archives.

Once again, only two people can lip read well and do it frequently. The majority needs help or only reads lips when the person speaking can articulate the words well; most report that it is very difficult to read lips if the speaker has a moustache for example. One of the participants who does read lips well stated that her first language was Portuguese. And she justifies:

P5. Thanks to speech therapy, I can easily read the lips of relatives and friends, but I find it hard when it comes to people with whom I have no contact or with those that speak too quickly.

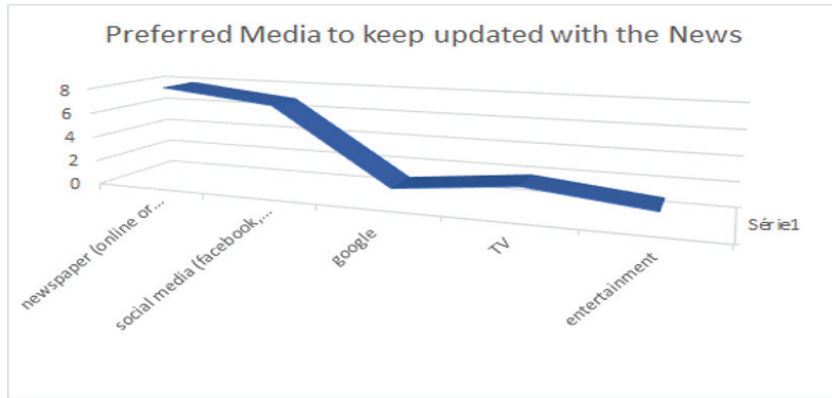
She is not alone. Eight of the twelve participants have similar understandings of their lip-reading skills, which can lead us to conclude that this task is only an option for these participants in very few occasions, and even so, with great difficulty. Since lip reading is not an option for most of the participants, watching television to keep updated with news in general (and with information from the pandemic these past two years) is rarely considered a possibility, except with provisos such as (1) if the program includes interpreters or (2) if there is closed caption. This is confirmed in the pie chart about television watching.

Chart 4 – TV Habits



Source: authors' archives.

As the pie chart shows, those who do watch the news on television report that they use closed caption in order to understand. However, if 10 out of 12 of them have previously reported that they have difficulty when it comes to reading Portuguese, one can infer that their understanding of the piece of news by reading the closed caption is unlikely to be very precise. The following chart may seem to contradict what has been stated until now, since they report that their preferred media is the newspaper:

Chart 5 – Main source of information

Source: authors' archives.

However, we ought to clarify that they refer only to news (not necessarily newspaper - since the word is the same in Brazilian Portuguese: “jornal”. We may say “assistir ao jornal”, i.e., watch the televised news, or “ouvir o jornal”, i.e., listen to it or “ler o jornal” meaning that we are going to read a newspaper. Therefore, we could place the two main means used for keeping updated: newspaper (online or other) and social media together since, very likely, what is meant by online newspaper is actually something that they can see in social media, and in Libras rather than in written Portuguese.

This is confirmed when about 50% of participants provide a similar response for the question “Where did you get the information you have about Covid-19?” Their answer is that they attain information from Facebook, where (as one participant reveals) there is a group created by Sign Languages translators and interpreters called “Central Libras/Coronavirus”⁴.

In this group, volunteer translators and interpreters from across the country select videos in Portuguese such as: pieces of news, interviews, guidelines, notes, investigations and updated debates with representative entities, and interpret them into Libras. Then, deaf people can watch these interpretations and comment below each post, besides

4. The Facebook Group can be accessed through the link: <https://www.facebook.com/groups/918648301921031/about>.

asking questions that are quickly replied by the interpreters in order to ensure the best possible understanding.

Despite the professional translator's capabilities and training, every translation involves losses at some point. As Aubert (1994) argues, every translation lacks faithfulness either to the target language or to the source language. It is simply not possible to be faithful to both because each language is part of an entire culture of practices, beliefs, meanings, representations, and, evidently, lexical-grammatical choices.

When one reads or listens to information and reports it, they do not necessarily report what was said, but what they have understood. This means that the meaning that we attribute to whatever we have read (i.e., what is signified) constitutes, at the same time, our own signifier of what we read or heard since our readings are filtered through our own understandings of the World, and the type of knowledge to which we have had access through life, our beliefs, among other factors.

Surely that does not mean that the translations provided are poor, or lack information, and therefore could conduct the deaf people to even further misunderstandings. By pointing out the possibilities of meaning construction tied to the translators' own subjectivities and comprehensions, we state that understanding the information is no longer something the deaf will do by themselves, but through the mediation of yet another agent, who reports the data as s/he understood it. Since there is no transparency in language, understanding what was reported is always a matter of reconstruction. We acknowledge that it is always a matter of reconstruction for hearing people as well – and for the same reason, i.e., there being no transparency in language. However, in the case of the deaf community, there is one more person reconstructing what will reach the deaf individual, who will then have their own understanding of the information provided. There is, therefore, an extra level of knowledge understanding and reconstruction when communication is mediated through interpreting.

It is important to note that, as far as possible, the group of translator-interpreters try to detach themselves from personal opinions and try to avoid taking political stances. Highlighting this attempt to avoid ideological disputes and conflicts is truly meaningful to the discussions we seek to bring to this work, considering the current Brazilian political

context, aggravated by tensions, polarized discourses and frequent polemic statements by president Jair Bolsonaro, who insists in denying the seriousness of Covid-19 even after being tested positive for it (*Coronavirus: Brazil's President Bolsonaro Tests Positive*, 2020), and having close allies succumb to the disease⁵.

As reported World widely, Bolsonaro has, from the beginning of the coronavirus outbreak been going in the opposite direction of most countries and contravening all guidelines and orientations from the World Health Organization - WHO -, dealing with the pandemic lightly and alleging that it is “only a simple flu”⁶, “an imaginary threat created by the media to cause panic”⁷, calling his supporters to gather and protest, and even joining them, usually without wearing a mask; greeting them by touching their hands and cellphones, thus assuming a populist, albeit rather dangerous behavior.

Despite the fact that the number of deceased people by Covid-19 kept growing exponentially, the president's stance did not (and has not) changed. In fact, he nationally broadcasted a statement accusing governors, who applied countermeasures against coronavirus and social (or physical) distancing policies of treason. He claims that the economy cannot stop because the risk of stagnating the development of the country can cause more damage than the virus itself.

Furthermore, early in the pandemic period, he used his official Facebook page to make regular live transmissions, entrenching his previous statements and advocating for the use of *Chloroquine* and *Hydroxychloroquine* as potentially affordable and safe ways to root out coronavirus. Nevertheless, studies did not prove the effectiveness of these drugs, and when he advocated for their use, studies were still in a phase of *in vitro* and clinical tests. What studies did show was that they lacked accuracy regarding long time effects and, in some cases,

5. We refer here, for example to the passing of Olavo de Carvalho, strong supporter of the current federal government. (<https://g1.globo.com/politica/noticia/2022/01/25/morre-olavo-de-carvalho.ghtml>)

6. https://www.em.com.br/app/noticia/politica/2021/03/24/interna_politica,1250005/ha-um-ano-bolsonaro-chamava-covid-de-gripezinha-em-rede-nacional-relembre.shtml

7. <https://g1.globo.com/politica/noticia/2020/03/10/bolsonaro-diz-que-questao-do-coronavirus-e-muito-mais-fantasia.ghtml>

studies pointed out possible cardiovascular side effects (Colson et al., 2020; Kapoor et al., 2020; Wang et al., 2020).

Nonetheless, as far as the deaf communities are concerned, what makes the president's position regarding coronavirus believable is the fact that even before being elected, he had a team of Sign Language interpreters for most of his public appearances and speeches. Therefore, because the deaf communities have access to what he has to say, they see respect in his words (i.e., he is seen as respecting the communities by hiring interpreters to sign his speeches) and they see plausibility in his discourse (because they have access to what he says).

After the president inauguration speech, the first lady, Michele Bolsonaro, accustomed to interpreting for the deaf community in the gospel church that she attends, delivered a speech in Libras, which immediately caused a large amount of the national deaf community members to stir, astonished by the unprecedented visibility given to Sign Language by someone in the Brazilian government. It is important to emphasize the first lady has close relationship with the deaf community – especially the ones that attend the same church that the Bolsonaro family members do.

Even though keeping a team of Sign Language translators and interpreters as part of the government staff is a remarkable attitude, no changes concerning the same accessibility to mainstream media has occurred, nor have the mandatory aspects indicated in the laws been respected.

Other than the information provided by the president, the only public television channel where the deaf can watch the news with Sign Language interpreting is the one broadcasted by a public television network named *Rede Cultura* (Culture Network) maintained by a non-profit-foundation named Padre Anchieta, with resources from each state where the channel has subsidiaries.

The channel offers a consistent educational schedule and at least two programs devoted specifically to the news - one broadcasted during the day and another in the evening - as well as dynamic programs in which public personalities are interviewed about science, politics, culture and other topics of interest. The whole schedule can also be accessed through specific channels on YouTube.

Therefore, the deaf people's main formal source of information regarding coronavirus is the one provided by the president. Although the news broadcasted by Rede Cultura encompasses updates about the pandemic, one must consider four aspects: (1) the ever-increasing disfavor of open TV programming, overshadowed nowadays by paid TV, the internet and streaming platforms; (2) the fact that, even when accessible news from Rede Cultura focuses on coronavirus, there is a chance they will report on matters that have already been reported (perhaps with a different objective in mind) by the president and his staff through social media; (3) much of the political agenda regarding the Coronavirus has led to a number of fake news about aspects such as vaccination, contagion, numbers of fatalities, among others. Finally, (4) information diverging from that provided by the government and/or by those promoting fake news politics might be shown along Cultura's schedule, but who will the deaf community believe – considering the context described here? Besides, much of what the channel shows is sometimes at late hours, off TV primetime, such as the interview with the PhD in Microbiology, Átila Iamarino, exhibited in a show called *Roda Vida* (at 10 p.m.), where a team of journalists from several newspapers and TV networks debated and asked questions regarding the pandemic which were responded calmly and didactically by the scientist, and fully interpreted in Libras.

The entire scenario depicted here not only undermines the possibility for the deaf to receive appropriate information, but it also restrains their possibilities towards critical thinking since they are often exposed to a single source with a single point of view, which is at least controversial, not to say manipulative.

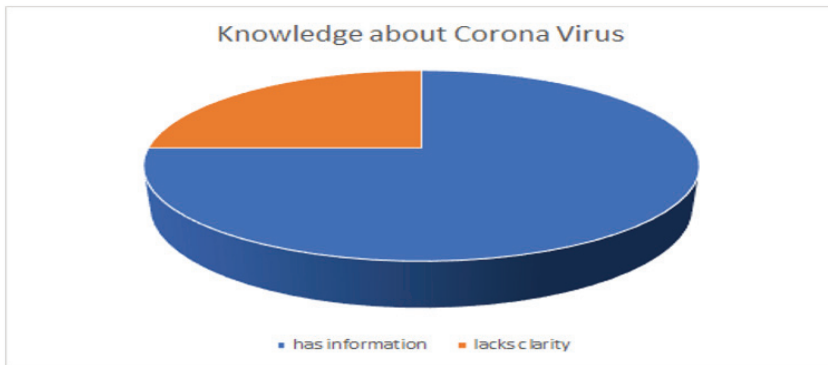
4. The deadly silence

In this section, we analyze some of the responses provided by participants, reflecting upon the impacts of the communication barriers that they have reported, as well as on the socio-emotional exchanges - or hindrances - that may have arisen in the context of the pandemic. We will look at the numbers, and follow this with a discussion of the actual statements made by participants.

Deadly silence

We begin by looking at two of the questions asked: (1) What do you know about Coronavirus? and (2) What do you know about Covid 19?

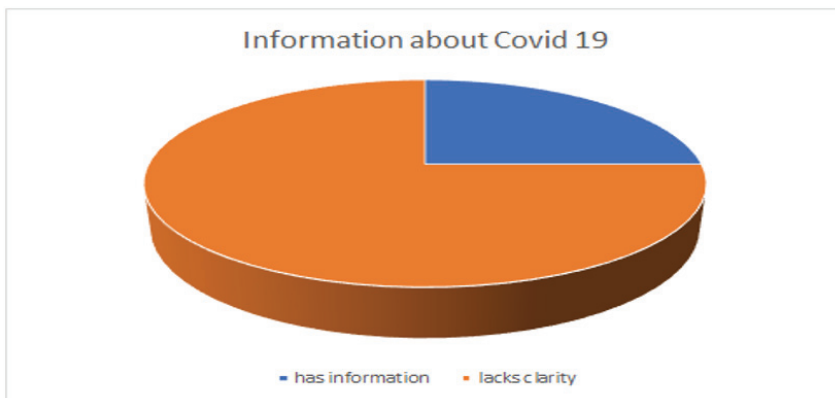
Chart 6 – Coronavirus awareness



Source: authors' archives.

Participants seemed to be quite well informed about the former, but most lacked information about the latter, some even acknowledging, in their answers to open-ended questions that followed, that they had no idea of what it meant.

Chart 7 – Covid-19 awareness



Source: authors' archives.

The answers to open-ended questions about Coronavirus included a variety of information, and even socio-political perspectives and geographical knowledge. In other words, they included the notion that it is contagious, but also the idea that only people who are at risk due to pre-existing health conditions should be kept in isolation, i.e., that the virus is not deadly for young, healthy individuals. Overall, the following thematic content was found in the answers provided:

Table 2 – Thematic content for question: What do you know about Coronavirus?

Signification	Participants' answers
Understanding requires more information than knowing that it is a virus.	<i>P1 It's the combination of two words.</i>
Homographs can make it more difficult to understand	<i>P2. I saw on Google that <u>Corona means beer and virus</u>, it's the spreading and contamination of the virus.</i>
Comparison and metaphors allow for an image to be formed	<i>P3. It's <u>like the zombie films</u>, except that there, in order to transmit the disease, they need to bite once, but with coronavirus it is quicker, it can contaminate five people or more at once.</i>
Knowing the context and history might enable understanding. But getting information in the grapevine makes it more difficult	<i>P4. Very complicated; <u>it started in China (...)</u> I don't know <u>how it started</u>; people say it is <u>because of a dead armadillo</u>; others say it is <u>due to eating dead animals</u>, but I don't know for real.</i>
	<i>P1. <u>It started in Japan</u> (two participants answered this)</i>

Source: author's archives.

As the table shows, some resort to history, others to metaphors and even to word etymology, but none of the above presents clear information about what the virus actually is. By trying to use images, comparing the virus to a beer and to zombies, two participants use the knowledge they have of the world (spontaneous concepts) to compare it to this known and scientific information (scientific concepts) (Vygotsky, [1934] 1993) in order to try to understand.

Other answers also show that it is by comparison - by relating to other illnesses that the pandemic can be understood (by comparing it to other SARS), and in this case, in a rather precise manner.

Table 3 – Thematic content for question: What do you know about Covid-19?

Signification	Participants' answers
Danger of contamination and death	<i>P5. It is a <u>dangerous disease</u> that can <u>kill quickly</u>. (...) and <u>contagion is quite quick too</u>.</i>
Similarities in past epidemic events	<i>P6. It's a disease like SARS-CoV-2</i>

Source: authors' archives.

From what we can see, some research participants have received appropriate information about the virus. These have reported that their information came from “From Social Media like Facebook (from a group of deaf people and interpreters discussing Corona Virus)”, i.e., “Central Libras/Coronavirus.”

Some participants, however, are confused about the pandemic and state that the president's actions are not helpful. Confusion and frustration at lack of information is what can be read in the following participant's utterance.

Table 4 – Thematic content regarding pandemic causes

Difficulties in understanding.	<i>P3. I <u>thought it was Covid 19</u>; I saw some deaf people commenting it in December because of China (...) Now, <u>the president does not help at all</u>. That's what the deaf people are saying; it's <u>very confusing</u>.</i>
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Source: authors' archives.

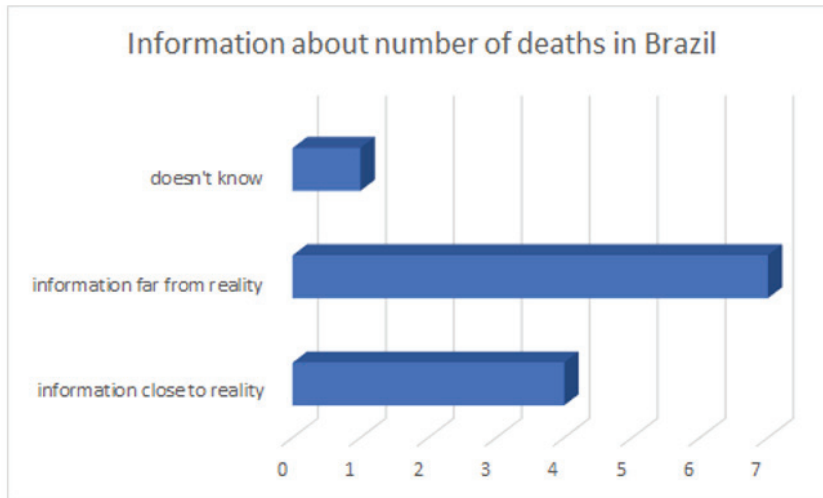
As we can see, all participants have heard of Coronavirus, even though their understandings are not always clear. However, if the first question does not show much lack of comprehension, when linked to the following questions, participants show a lot of disorientation. In the following figure, we will look at parts of the questionnaire in which participants were asked: What can be done to avoid infection?

Who is at greater risk of getting infected? Is there any medication or vaccination for the virus?

In relation to the question of how one can avoid being infected, most respondents (10 out of 12) were well informed. Their answers included that people should try to stay at home as much as possible, wash hands and face after returning home from running errands, and wear a mask when leaving home, use hand gel sanitizers after touching anything that may have been touched by others, and so on. However, two answers still show lack of understanding: (1) P9 says: *When showering, avoid letting the water run on your face*; and P10 says that one should wear a mask if one has the flu, which indicates that those who are healthy do not need to wear any protection.

As to the question of whether there is any medication or vaccination, 9 participants state that there is nothing certain. Nonetheless, the three respondents who believe there is medication have provided the following views: P1: *“The president has said that there is medicine, but it is too expensive. He wants to help by giving free medication”*; P8 says *“I think so, but am not sure. Some people say there is”* and P7 states that *“the USA has created a vaccination.”* In a country where fake news enables public policies to be approved and politicians to be elected, misinformation, though saddening, is not surprising.

One of the greatest misconceptions is found in answers referring to the number of fatalities in Brazil. We should highlight that the questionnaire was answered in May, 2020, when the number of deaths in the country had reached between 27 and 29 thousand, being inferior only to the numbers in the USA. Nonetheless, the chart with answers shows that no one knew the exact number (i.e., the exact gravity of the matter) and only four respondents could provide answers that did not depict total failure to understand the reality in which they were living.

Chart 8 – Deaths by Covid-19 awareness

Source: authors' archives.

From the remaining research participants, one was particularly concerning: P11 says “*about 200 people; some deaf people say that almost 1000 have died.*” This is indicative that the participant is perhaps not only illiterate, but also innumerate, since s/he has not been able to read charts and tables that are found in the media, in social media, etc. It would not be surprising if we found that this is indeed the case. In many schools, teachers, who do not know Libras and have never received any education to work with deaf students, provide them with a coloring-in booklet while they teach the others, the hearing students. When questioned why they do this, some have responded that the deaf students can only work with concrete information. Abstract information is too difficult for them. Therefore, the students will leave schools without having actually learned much, without any possibility of social inclusion (Pineiro et al., 2020).

The next question that we think should be discussed is the one about fearing the pandemic situation. When asked how they felt, 9 were afraid, sad, felt anxiety and frail, but of the three that did not fear the current situation, states that he is not afraid because he “*go[es] to the gym and likes oranges*” (P1), in a clear reference to the president’s statement that the virus was nothing but a simple flu. Another, P3, said that she

was not afraid because she “*wear[s] a mask and [is] responsible*”, denoting a belief that only those that are irresponsible will become ill.

Furthermore, the vast majority of participants refer to the social (or physical) isolation as something very negative, saying that many have lost their jobs, some are facing financial difficulties, that they feel insecure because they do not know who has the virus. The ones who refer to it as positive, report that they have gained in quality time with their children and that they feel happy to be alive.

All of them complain that the lack of interpreters in the media makes them resort to friends or relatives in order to understand what is being reported in the news, and, when there is no one around to interpret for them, they cannot grasp what is being said, the seriousness of the situations. One of them says that there is a group of interpreters that support the president and they explain, in the social media, what is happening, but another says that he does not like the president’s interpreters.

5. Echoing silence

In a sense, we can say that what we have shown in this paper is not different from any other community, i.e., some agree with reports and measures that have been taken by those in power, while others disagree. What is not similar, however, is the path that has led the communities of deaf citizens to have these dichotomized opinions. In the case of the communities depicted in this paper, it is lack of information rather than opinions supported by arguments and synthesized after careful consideration of *pros* and *cons*.

Consequently, the silence (caused by this lack of information) is echoed; it is multiplied when the participants receive information that they feel is not correct, but they have no means of verifying what would be the correct datum (example, when P8 says “*I think so, but am not sure. Some people say there is*” - referring to the existence of medication to cure Coronavirus). When talking to relatives and friends, it is this uncertainty that will be echoed, and perhaps the focus will fall on “I think so” or on “some people say there is”, rather than on “I am not sure”, and this alone could result in the multiplication of

misconceptions being echoed throughout this vast country of 26 states and over 209 million inhabitants, of which over 10 million are deaf, representing almost 5% of the country's population.

It is a very significant number of people suffering from anxiety and fear, not only because they may catch this deadly virus - after all, we all suffer from this fear. But in the case of some of the deaf people in the country, what this study has shown is that theirs may be a more extensive fear caused by not knowing what is happening; why exactly they should stay at home; who is telling the truth - the president and his interpreters or the doctor and some interpreters on social media. Besides, social (or physical) isolation is deadly for members of a community that is still a minority and rely on each other for support in their struggle to be acknowledged in their rights. As P11 states: “*I don't like it, I want to go to the bar, but it is closed; I want to talk to other deaf people.*”

Conflict of Interest

We state, to whom it may concern, that there is no potential conflict of interest in the study here presented for publication.

Authors Contribution

We, Gabriel Silva Xavier Nascimento, Eliezer Willian Simões Nascimento Xavier and Sueli Salles Fidalgo, hereby state, to whom it may concern, that there is no potential conflict of interest in the study here presented for publication. We all worked collaboratively to conceptualize the text and to analyze the data. The three authors are in agreement with the final version and are responsible for all the aspects found in the text, attesting to its truthfulness and integrity.

References

- Aubert, F. H. (1993). *As (in)fideliades da tradução: servidões e autonomia do tradutor*. Editora da Unicamp.
- Brasil. (2002). *Lei No. 10.436*. Brasília: Casa Civil. Disponível em: http://www.planalto.gov.br/ccivil_03/leis/2002/110436.htm

- Bronckart, J.-P. (1997/1999). *Atividade de linguagem, textos e discursos: por um interacionismo sociodiscursivo*. Educ.
- Campos, S. R. L., & Fidalgo, S. S. (2017). Uma abordagem para o ensino de português como L2 com apoio em libras. In E. A. G. Lourenço (Ed.). *Cadernos de Residência Pedagógica: Educação Bilingue para surdos*. Alameda.
- Colson, P., Rolain, J. M., & Raoult, D. (2020). Chloroquine for the 2019 novel coronavirus SARS-CoV-2. *International Journal of Antimicrobial Agents*, 55(3). <https://doi.org/10.1016/j.ijantimicag.2020.105923>
- BBC (2020). *Coronavirus: Brazil's President Bolsonaro tests positive*. BBC News. Disponível em: <https://www.bbc.com/news/world-latin-america-53319517>
- Diniz, H. G. (2010). *A história da Língua de Sinais Brasileira (Libras): Um estudo descritivo de mudanças fonológicas e lexicais*. Arara Azul.
- Fidalgo, S. S. (2002). *A avaliação de ensino-aprendizagem: ferramenta para a formação de agentes críticos*. PUC-SP.
- Fidalgo, S. S. (2018). *A linguagem da exclusão e inclusão social na escola*. Ed. da Unifesp.
- Freire, P. (1996). *Pedagogia da autonomia*. Paz e Terra.
- Freitas, M. M., Fidalgo, S. S., & Vieira, C. R. (no prelo). Pesquisa crítica de colaboração: o ensino de Língua Portuguesa pensado com os surdos para os surdos. *Ensino em Re-vista*. Universidade Federal de Uberaba
- Guan, W. J., Liang, W. H., Zhao, Y., Liang, H. R., Chen, Z. S., Li, Y. M., Liu, X. Q., Chen, R. C., Tang, C. L., Wang, T., Ou, C. Q., Li, L., Chen, P. Y., Sang, L., Wang, W., Li, J. F., Li, C. C., Ou, L. M., Cheng, B., ... He, J. X. (2020). Comorbidity and its impact on 1,590 patients with Covid-19 in China: A nationwide analysis. *European Respiratory Journal*, 55(5). <https://doi.org/10.1183/13993003.00547-2020>
- Henrik, F. (1994). *Servidões e autonomia do tradutor*. Ed. da Unicamp.
- Hollosi, M. (2017). A libras na formação do professor. In E. A. G. Lourenço (Ed.). *Cadernos de Residência Pedagógica: Educação Bilingue para surdos*. Alameda.
- Kapoor, A., Pandurangi, U., Arora, V., Gupta, A., Jaswal, A., Nabar, A., Naik, A., Naik, N., Namboodiri, N., Vora, A., Yadav, R., & Saxena, A. (2020). Cardiovascular risks of hydroxychloroquine in treatment and prophylaxis of COVID-19 patients: A scientific statement from the Indian Heart Rhythm Society. *Indian Pacing and Electrophysiology Journal*, 20(3), 117–120. <https://doi.org/10.1016/j.ipej.2020.04.003>
- Nascimento, G. S. (2019). *A língua própria do surdo: a defesa da língua a partir de uma subjetividade surda resistente*. Universidade Federal do Espírito Santo. Disponível em: http://portais4.ufes.br/posgrad/teses/tese_13559_Disserta%E7%E3o - Final.pdf

- Pedroso Júnior, N. N., Murrieta, R. S. S., Taqueda, C. S., Navazinas, N. D., Ruivo, A. P., Bernardo, D. V., & Neves, W. A. (2008). A casa e a roça: socioeconomia, demografia e agricultura em populações quilombolas do Vale do Ribeira, São Paulo, Brasil. *Boletim Do Museu Paraense Emílio Goeldi. Ciências Humanas*, 3(2), 227–252. <https://doi.org/10.1590/s1981-81222008000200007>
- Pinheiro, L. M., & Fidalgo, S. S. (2020). Mecanismos promotores de exclusão e estratégias colaborativas de inclusão na educação de surdos. In A. A. Cals et al. (Org.). *Políticas e Práticas em Educação*. Paco Editorial. v. 78, p. 129-154.
- Quadros, R. M. et al. (2014). *Letras Libras: ontem, hoje e amanhã* (Ronice Muller de Quadros (Ed.)). Ed. da UFSC.
- Quadros, R. M., & Karnopp, L. (2004). *Língua de Sinais Brasileira: Estudos Linguísticos*. Artmed.
- Quadros, R. M. (2017). *Língua de Herança: língua brasileira de sinais*. Penso.
- Rodrigues, J. R. (2018). *As seções de surdos e de ouvintes no Congresso de Paris (1900): problematizações sobre o pastorado e a biopolítica na educação de surdos*. Universidade Federal do Espírito Santo.
- Sacks, O. W. (2010). *Vendo vozes: uma viagem ao mundo dos surdos*. Companhia das Letras.
- Skliar, C. et al. (1999). *A surdez: Um olhar sobre a diferença* (Carlos Skliar (Ed.)). Mediação.
- Stake, R. E. (2008). Qualitative Case Studies. In *Strategies of qualitative inquiry* (3rd ed., pp. 119–150). Sage Publications.
- Troudi, S., & Nunan, D. (1995). Research Methods in Language Learning. In *TESOL Quarterly* (Vol. 29, Issue 3). Cambridge University Press. <https://doi.org/10.2307/3588081>
- Vygotsky, L. (1934/1993). Thinking and speech. In A. S. Rieber, W. R., & Carton (Ed.). *The collected works of L. S. Vygotsky: Problems of General Psychology., including the volume thinking and speech* (pp. 39–288). Plenum Press.
- Wang, M., Cao, R., Zhang, L., Yang, X., Liu, J., Xu, M., Shi, Z., Hu, Z., Zhong, W., & Xiao, G. (2020). Remdesivir and chloroquine effectively inhibit the recently emerged novel coronavirus (2019-nCoV) in vitro. *Cell Research*, 30(3), p.3. <https://doi.org/10.1038/s41422-020-0282-0>.

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