



CEAD
Centro de Educação
Aberta e a Distância



DEETE
Departamento de
Educação e Tecnologias

REVISTA DO FÓRUM INTERNACIONAL DE IDEIAS

Revista

do Fórum Internacional de ideias

English Version

Volume 4, Number 1

Children as legal Subjects

ISSN: 2527-1377

Universidade Federal de Ouro Preto

Reitora: Prof^{fa}-Dr^a Cláudia Aparecida Marlière de Lima

Vice-Reitor: Prof-Dr Hermínio Arias Nalini Júnior

Pró-Reitor de Extensão: Prof-Dr Marcos Eduardo Carvalho G. Knupp

Centro de Educação Aberta e a Distância

Diretor: Prof-Dr Helton Cristian de Paula

Vice-Diretora: Prof^{fa}-Dr^a Kátia Gardênia Henrique da Rocha

Departamento de Educação e Tecnologias

Chefia: Prof^{fa}-Dr^a Janete Flor de maio Fonseca

Participants:**Antonio Marcelo Jackson F. da Silva**

PhD in Political Science from the Research University Institute of Rio de Janeiro and Professor at the Federal University of Ouro Preto, Brazil.

Diego Amorim Xavier

Social Scientist graduated from the Pontifical Catholic University of São Paulo, Master of Sociology at Zhejiang University, China. Doctoral student at the Social Sciences programme at the State University of Campinas.

José Medeiros da Silva

PhD in Political Science at the University of São Paulo, professor at Zhejiang International Studies University, China.

Rafael Gonçalves Lima

Journalist at Xinhua News Agency, Beijing; Master of International Relations at Jilin University, China. Bachelor of International Relations at FACAMP – Campinas' College.

Simone Maria da Rocha

Educator, PhD in Education at the Federal University of Rio Grande do Norte, Brazil, and Professor at the Federal Rural University of the Semi-Arid, Brazil.

Children as Legal Subjects

Professor Antonio Marcelo Jackson: We are now beginning another International Forum of Ideas with the following theme: **Human Rights – Recognizing children as legal subjects.** Today our main speaker is Professor Simone Maria da Rocha, from the Federal Rural University of the Semi-Arid at the state of Rio Grande do Norte.

We also have the presence of Professor José Medeiros, from Zhejiang International Studies University; Rafael Lima, journalist at the Xinhua News Agency, and master of International Relations, and Diego Amorim, Master of Sociology at the University of Zhejiang in China. That said, the first word is to be given by Professor Simone. As in every other Forum, each one of our presenters will have one participation or intervention. Simone, the floor is yours, take all the time you need.

Professor Simone Maria da Rocha: Thank you very much. Good morning and good evening. It is always a joy to be together with you so we can talk for a while. Today, I want especially to focus on a theme that is very dear to me. Some years ago, approximately seven years ago, I have been working with research projects that deal

with children in vulnerable situations. Our main focus is to legitimize children as legal subjects, a subject with a voice. We come from a cultural heritage where children's voices are very seldom considered as relevant. We have all heard our parents say: "stay quiet, this does not concern you, or "this is not a conversation for children", or "children do not know what to say". The socially constructed spaces for children are usually places that contribute to their silencing or strengthening a certain invisibility. Thus, the main intent (or maybe even contribution) of this dialogue is to reflect that children have rights, especially the right to a voice.

In a few lines, I will try to expound the general panorama of this thematic. My presentation will be divided in three main points: firstly, I will talk about children as a legal subject, then, I will speak about hospitalized childhood, and in the third and last point, I will talk about schooling at hospitals as a children's rights.

So in the first point: children as legal subjects: this relates to matters of human rights, the person's fundamental rights, independently of the social statute or social category that this person is inserted in. The first thing to be considered in Human Rights is human dignity. Thus, when we think about children as legal subjects, we are effectively thinking about his or her dignity as an individual.

Another point to be considered here is that children, as legal subjects, do have some specific rights, such as the right to life, equality before the law, among others. Children, on a broader perspective of human rights, are different on the aspect of social protection.

As a researcher in this field, I have been attempting to hear and comprehend children's voices. This is being currently done on the fields of education, especially on Childhood Sociology and Education Psychology. That is to say we are attempting to "hear" and comprehend these children's voices.

The great challenge for us adults is perhaps to learn how to listen. Children can communicate, naturally, but we do not always know how to listen to them. What are they saying? We need to highlight, from the perspective of children as legal subjects, the place of this voice, the place of this social protection.

In 2010, the Brazilian Federal Government released documents called "Constructing the National Policy of Human Rights for Children and Adolescents" and "Children and Adolescent Human Rights Ten-Year Plan 2011-2020". These have, as main objective, guide and demand the effective application of the rights of these children from the public sphere. In a broader perspective of this plan, we can elaborate the municipal and state-wide plans, for the goal of the national plan is to foster municipal and state-wide human rights planning.

In Brazil, the matter of a person's right is, therefore, children's rights, and this has advanced greatly. Although, in practice, we know that there is a distance between the law and what is actually being done in the real world. The letter of the law is however, an important step so we can achieve real-life advancements.

The second point in our intake is about hospitalized childhoods. Well, if we consider children as legal subjects – and I understand that children have certain particularities that need to be taken into account – I will also think about children who are in a hospitalized condition. For adults, being sick is already a desperate or difficult situation.

Imagine that a child gets sick and the parents take her to the hospital thinking it is just a fever or a case of the flu, but find out that the child has leukaemia. This infant will soon realize that this visit to the hospital will not be routine, but she will be there to initiate a long treatment... this provokes a great disruption on this child's life, emotionally, socially, school and family-wise. There is a whole process of destructuring also for this family.

To spend part of her childhood in a hospital can become a very traumatic experience. Thus, it is important that there is a structure of protection and embracing of the rights of this hospitalized infant. Not only the right to health treatment, but also the right to a quality of life throughout the treatment.

Who is this child? How does she live? What are her psychological necessities? What does it mean to live out a part of her childhood in a hospital? This child needs to be aided on not only her physical health, but also when it comes to her education and well-being. That is, life must be guaranteed on a broader sense, a whole care, biologically, psychologically and socially concerned.

Here in northeast Brazil we have a situation where many families that have their children in hospitals have to leave the countryside towards the state capitals. I believe this is also generalized in the whole country. So, many times, a father and a mother need to accompany their child, leaving three kids behind, at home, during an oftentimes long-standing treatment. What are the implications of this process for the family. We will probably see a modification of their subjectivity, the way they feel, think and live in this world.

So there is a change in the child's and the family's routine, a transformation of her physical body and its socialization, because schooling ceases to be a priority on this child's life. We know the important function of schooling in a childhood, not only when it comes to learning contents. I am of course talking about children with prolonged treatment processes.

There are some surveys we are doing that shows that kids like their schools much more for the personal relationships it enables than for study purposes. When we ask: "why do you like going to school? They say: "I go to school because I like my friends, or I go to school because I like playing." But few children say that they go to school because they like studying. In this case, there is a divergence in relation to what we, adults, see as the goal of schooling. Children have their own perception, which is not always valued or even heard.

To finish this general introduction, we come to the topic of schooling inside hospitals. Firstly, I would like to say that, in Brazil, there is a quite wide network, in research *and* actual hospital education for children, what the ministry of education calls "Hospital

Classroom”. We have teachers that act inside these hospitals and do the pedagogical tracking of these children, guaranteeing their right to education.

Hospital Classroom is a service in Brazil that has, since the 60s, becoming more effective and is nowadays legitimized by the Ministry of Education. It is an educational service for children that are unable of frequenting schools for health problems.

One of the demands for Hospital Classrooms is not only the right to an education, but also because of the understanding that a child needs an attention that goes beyond physical care. This is a human right, the right this child has to an integral attention, as highlighted before.

What I think of Hospital Classrooms is that they are a bridge between that child that is hospitalized and the external world. It is a possibility of maintaining this connection, also because the teacher is one of the first contacts when it comes to social relations. When one goes out of the institution: family and goes to the institution: school, we start to understand that the teacher is one of the figures most familiar to the child. Perhaps this is why, in a hospital, the teacher is one of the people with which the child feels the safest.

So, Hospital Classroom is a right of this child to an education, a right of the family and a way of guaranteeing a care within a perspective of humanization of these children that are hospitalized. Generally, I think this is what we have to start thinking about.

Thus, I give the floor back to my colleagues so they can make their observations and questionings.

Professor Antonio Marcelo Jackson: now I give the floor to Diego Amorim, then to Rafael and afterwards I will make my own observations. So Diego, my dear friend, please make your comments regarding the three topics: children as legal citizens, hospitalized childhoods, and the “Hospital Classroom” project. You, as a sociologist, what comments can you make?

Diego Amorim: firstly, I would like to thank Professor Simone, and to say that it is a pleasure to meet her here at the forum. Simone, your talk was incredible! I am a social scientist, more specifically from the field of sociologist, but I did not know much about the issue in hospitals and the matter of children. So thank you! I do have more doubts than observations.

When you talk about children as legal citizens, I was thinking that this issue has been more discussed after the creation of the “Statute for Children and Adolescents”.

For example, among older, there is the opinion that children have no rights. When we listen to stories from our parents and grandparents, children were just beings that belong to a group, but will only become actual persons after reaching adulthood. Until then, children have obligations, but no rights.

I believe that the thought about children’s rights in Brazil has approximately 30 years.

Simone, I would like to know, for example, how is this discussion in other countries, for example in our Latin American neighbours. Do you have, by any chance, any data about this?

In the second point of your talk, you talk about the issue of hospitalized children, and I was impressed. I will give you a personal story, from when I was 6 or 7 years old. I was hospitalized with an infection in my stomach, and I remember that time – I am now 33 years old – I was alone in the hospital, a public one, because they did not allow companions. To this day this is traumatic for me, because the nurse told me: “you wait here and, in the morning, your mother will be here”, I did not sleep for the whole night waiting my mother. And my problem was not even that serious.

Therefore, I was here thinking about this, and the legislative advancements that you mentioned. That is, how important it is to think about the care hospitalized children receive. I was extremely interested in that.

About the third point, the matter of “Hospital Classrooms”, that is, education for hospitalized children, I am imagining what kind of challenges that poses, especially for educators and people involved, because it is not only a matter of having class, but to assess if, on that day, that child has the appropriate health conditions to actually learn something. That child is in a fragile state, sleepy, only wants to lie down, because she is not in conditions of standing up and learning. I think about the challenge that poses.

These are basically my comments. I am very happy to be here together with you, and I feel quite happy with the fact that, although we are in five different places, we can be connected here. I believe that this proposal of the Forum is perfect, because we connect people from different places, maybe with different characteristics, different research proposals, but now connected by the same points. Independently of the particular issue we are concerned about, the human issue belongs to all of us. Thus, thank you very much!

Professor Antonio Marcelo Jackson: Simone, I now leave it with you.

Professor Simone Maria Rocha: firstly, Diego, I thank you for the words, and hope that we can soon be acquainted in person and, anyway, talk about other myriad and important human issues.

I will begin by your last question. It is important to clarify that studying at a hospital is a child’s right, but not an obligation. It is not an obligation of the child to study at a hospital, but it is an obligation of the state to offer this education. In the Federal Constitution of 1988, in its article 208, 7th incise, first paragraph, that ensures education as a subjective right of the individual.

From this point, we can act as teachers in a hospital. As educators, we need to captivate our students. We have lost some of that in schools and universities. We don’t want to captivate our students so they can learn, this demands a lot from a teacher. Generally speaking we believe it is a student’s obligation to learn.

In a hospital, given the fragile state of the child, we assume that it is our duty to captivate students and convince them to study. However, we need to be sensible to the moment the child is going through and what she needs to learn. I will tell a little example when I was a teacher in a hospital. One day I made a beautiful plan for a 12-year-old – beautiful from where I was standing. I wanted to teach her about the planets, but when I started this activity, she looked at me and said: “Oh, teacher, I am not feeling well...” And I asked, what happened? She said: “They are giving me platelets, and I don’t know what they are!”.

All of that planning I had, all of that “fantastic” teaching material I thought I had did not mean a thing for that kid at that moment. So, I left the planets aside, and said: “We are going to study what a platelet is, we are going to find out what they are and make a great research”. We did our research, searched the internet, and discovered the universe of platelets. There, teaching and learning happened, a very significant process for her and for me.

Coming from this perspective of captivation, this is a true challenge for a teacher working at a hospital. Now, imagine you have to deal with death, pain, angst! Nobody is calm at a hospital, everybody is anxious, nobody is there and happy to be there, you go to a hospital for a particular human need. So the teacher also needs to have a great emotional support in order to understand what is his or her pedagogical mission there, and also, what is the human mission. It is necessary to understand oneself as human in that space.

Another issue is when you talk about your own experience, one that was probably also lived by many children in Brazil. Thank God the Statute of Children and Adolescents, together with a greater protection for children, bars leaving a child alone in a hospital. Since 2009, with the Bill 106/2009 of September 14th, which legislates over family companions in hospitals.

It used to be a great emotional loss for the child. It is very difficult for a kid to be alone at a hospital. The feeling of abandonment was very great, as you said, and I don’t need to repeat. Your fear, in your talk, was very clear. So today, fortunately, the child does not have to be alone. She is accompanied by her parents, and, when those cannot be there, the hospital always attempts to have a family member around.

Hospitalization is a disruptive event and can be very traumatic. For us adults, although it is complicated to stay at a hospital, we understand the reason for us to be there. Now imagine a child, who not always understands what is happening to her. “Why is there so much medication?”, “Why can’t I sleep?”, “Why do I have to take a shower now?”, “Why do I have to eat that?”, “I don’t want to eat that”. Thus, there is a whole universe that needs to be understood inside the hospital, a child’s universe. This care needs to be integral and humane. Now we come to your first question, which is about the rights of children in Latin America. I am not a researcher on that topic, I do not have much data I can give you, but I have some indications that Brazil is much more advanced on issues of legislation. Now, considering things in practice, we still have much to improve.

Thus, to make effective children's rights, we still have some problems with national policies. We see that, unfortunately, there is a failure to comply with legislation; these laws have trouble reaching the whole of Brazilian children. That is why it is so important what we are already able to do in hospitals, although it is still little compared to the distance we have to advance. We know that some children go to school hungry, we do not have enough teachers for every Brazilian school, let alone for hospitals. However, the mere fact that we do have teachers in hospitals is already some sort of progress.

If we compare to our neighbouring countries, we have groups, and conference for researchers that are debating the specific question of hospital education, which has many denominations, like hospital classroom, hospital education, in-hospital schooling... In Latin America, I would say that there is some movement in the same direction. However, I believe Brazil has been particularly noteworthy in its initiatives. By the end of 2017, the Ministry of Education resumed the discussion and revision of the "Hospital Classroom and in-house schooling: strategies and guidelines" document, published in 2002. There should be a new version in 2018.

Just so you have an idea, from 2008-2009 up until 2017, we have had teachers in every single paediatric hospital in Rio Grande do Norte. I am happy to say, without any presumption, that I was a militant of this movement in Rio Grande do Norte state. I also had the pleasure of being a teacher in hospital classrooms, the pleasure of researching this theme, and the pleasure of coordinating the work group – in the Education Secretariat of Rio Grande do Norte – responsible for the implementation and guidance of Hospital Classrooms. When I became a teacher on this project, there was only one teacher – yours truly – in that hospital. Nowadays, I am happy to say, there are six teachers, all from the state or municipal education network. That is a major leap forward. In this sense, Rio Grande do Norte is, nowadays – and I can say that with all certainty – a model for Hospital Classrooms in Brazil, both in management and organization. In our state, we have a very strong group.

Diego Amorim: Thank you! Thank you so much!

Professor Antonio Marcelo Jackson: Great comments! Rafael, I give you the floor, so we can discuss or comment on the three points highlighted by Professor Simone (children as legal subjects, hospitalized childhood and hospital classrooms). You are free to pick, Rafael. The floor is yours.

Rafael Lima: Thank you, professor! Firstly, I would like to start my intervention saying how happy I am to participate in this discussion. It is always great to be here discussing with you, but I believe today we are dealing with a theme that is special because it speaks to the heart. I believe we are dealing with a theme of vital importance for the future of our nation. Of course Simone, as a teacher, sees it under a particular light. She is on the frontline, at the hospitals, offering care. However, if we look at a larger perspective, what Simone brings us is the question: where is this nation going? How are we caring for our nation's tomorrow? So, I believe that the theme being discussed here

is extremely relevant, because it is not only looking at a child's as a child specifically, but instead seeing a child as a human being of low age. That is, it is not a child that requires care and special needs. She is, first of all, a human being, and then a human being of low age. I am happy to be from Campinas, state of São Paulo, which has a very famous Paediatric Centre called Centro Boldrini, a reference in the whole country in the caring and treatment of children.

We have people like Simone, for example, that want to be more than teachers, these people have the gift of seeing our nation's tomorrow and caring for it, embracing it. So, in this sense, Simone, congratulations! You are an example for all of us! I am certain that this gift that you have is not for everybody, for it is not only about your field of study. I believe that it is not a technical capacity, but a capacity that involves subjective and immensurable elements. As Diego said: "the human issue belongs to all of us".

I believe we are faced with our nation's particular moment, in which is extremely relevant to look at human beings as human beings, and that look at another individual as one who needs to be cared for, respected. We discussed about hospitalized childhood, but we have to think about protecting and tending to the needs of that child. So, the matter of negligence, discrimination, exploitation, cruelty and oppression. A child can check into a hospital for many reasons, I was a partner to a person who was sexually assaulted at childhood from 9 to 12 years of age... I know of the impact, I was able to see the impact this has for the rest of the person's life. In social relations, in the manner this person presents his or herself in society, in the manner this person will establish emotional and affective relations with other people, how this person's relationships will be shallow for they are based in fear and not in trust.

This is why I said that Simone's presentation was particularly touching to me, because I experienced that as a proxy. I started going to therapy because of that. My therapist specializes on the treatment of people who are the significant others of sexually abused persons. This entered my life from the point of view of the child, so it seems we can talk about this from a technical point of view, which is not true. Abuse, negligence, oppression, sexual violence, child labour, slavery, all of this is real, it exists, and these need to be treated as matters of education, public health, public security, specific policies.

Simone talked much about caring, and think she meant physical care, but I would like to also discuss the psychological care for this child. We need to care for children physically and mentally. How is the mind of these children going? What are they thinking? How are they seeing the world?

I have a dear friend here in China who worked in Mozambique as head of a programme that cared for children who contracted HIV after being victims of sexual abuse, and she said this was the biggest challenge. Despite all the technical jargon, and the fact she worked with medicine, she said: "many times I was not psychologically prepared to deal with one of the children. Many times I had to seek help as to how I could approach a child." She told me of a case of a child that, during the care process, was paralyzed

and urinated because she heard the voice of her abuser there on the corridor of the hospital.

This friend of mine told me, for example, that, because of the daily dynamics of it all, she did not hug the children anymore, and there was a very touching moment for her, when a child was making her way out of the room, and she came back and hugged her. She cried and noticed that this child needed more than a hug. And I think Simone is bringing this “hugging” to us, the importance of this hug, of this caring, this taking care of the full development of this child. When we recognize children as a human being with rights, we will start developing a more dignified construction, both historically and culturally.

We are always here discussing the nation that we want, but if we do not look at children, and do not care for our children – and especially the ones that need it most, like hospitalized children – we will never reach our goal.

So congratulations, Simone! You are bringing us a theme that is extremely important, especially in this particular moment in our country’s history. I believe that there are so many discussions that are vulgar, unnecessary, low, that, when presenting a theme like this, you are elevating the level of discussion in our country. Congratulations!

Professor Antonio Marcelo Jackson: Simone, please, comment building on Rafael’s talk.

Professor Simone Maria Rocha: Firstly I would like to thank Rafael for his talk, and to say that is always good to see you again.

Look, when I thought about beginning my speech talking about child as a legal subject and not about hospitalized children is because, although we were going to speak about hospitalized childhood, and about “Hospital Classrooms” as rights, I wanted to call attention on every right for every children. And that is what you brought so well in your talk. You said so many important things and I would like to highlight that part about the integral caring of a child, this caution that we must take and you are concerned about. It is not only about physical care, but psychological and social.

Unfortunately, I have had to deal with children who were abused, oppressed, children that were rejected from adoption. We have a very tough environment when it comes to our children. We need to think about childhood. We cannot ignore it, because if we ignore our children, we ignore our country, we ignore who we are to be and who we are because children are, foremost, not just a being in the making, but a being in herself. A person who has the right to social protection, and we adults have a responsibility in ensuring that protection.

It is necessary to look at children with more care, for many are suffering in Brazil. My students who are majoring in Sign Language and English made videos about “The school I’ve dreamed about”. They interviewed children in schools, day care centres... in one of the videos a kid, about four years of age, from a day care in Rio Grande do Norte,

is asked about what she wants the most in her school. She said: “I dream of having a new window, so the water from the rain doesn’t pour inside the classroom”.

We are talking about the Sertão¹, in the Brazilian backlands, and about a window, something material, just so you understand how much our children are materially, pedagogically, emotionally and physically disenfranchised. And we, as adults, are sometimes worrying about debates that are important, but perhaps not as urgent.

Thus, to work with children at hospitals led me to see all children as a whole. Perhaps I could not think about every other child, but I found other people who called my attention to diverse forms of childhood, because there is a difference: one thing is the childhood of a kid who has to work for a living, who is abused or neglected, another thing is the childhood of a child who has all possibilities, has protection, care, love, and material access. We have different childhoods inside a country and, sometimes, inside the same family. Thus, there is the necessity of looking carefully to this issue, and the necessity of debating and reflecting on the matter. As Diego put it so well, the human issue is a problem for all of us.

The issue of children is an issue for all of us, and not only for the educator, or for the parents, for the psychologist and so on... it is a human issue. So if we do not look to our children, we are not looking at what we are.

Rafael, I was very moved by your story. I believe it touched all of us, because we all can somewhat relate to it. Thank you for this, and for bringing that story, because it certainly changes us as people and makes us look more and more to our children. Thank you, Rafael.

Professor Antonio Marcelo Jackson: Now I give the floor to Professor José Medeiros, who had technical issues at the moment of Simone’s presentation (but, who knows the project perfectly).

Professor José Medeiros da Silva: Although I had some technical issues, I have accompanied Simone’s work and research, perhaps because she is my sister. So, I have close contact to her actions professionally, what fills me with pride, not only as brother, but as a Brazilian.

About Simone’s talk, I would highlight two aspects. First of all, the matter of research, for example, and how research groups are seeking to understand what children are actually saying. Interpreting and seeking to understand children is extremely important for the decision-making on children’s own interests and well-being. Secondly, the matter of proper professional training for researchers and educators in “Hospital Classrooms”.

I am very happy to know that Rio Grande do Norte is advancing in this area, but this widely unknown for a great part of our society. The broadcasting of this knowledge is

¹ The Sertão is one of the four geographic sub-regions in Brazil. It refers to the Semi-Arid regions, away from the Atlantic coast, and it spreads out through the states of Alagoas, Bahia, Pernambuco, Paraíba, Rio Grande do Norte, Piauí and the northern parts of Minas Gerais. It is a region affected by severe droughts, and largely characterized by its poverty levels.

an aspect that needs to be worked on by Universities, so this can be moved closer to other sectors of society, and thus, receive its support.

Simone didn't talk about that, but she also wrote a book called "Ooh, I am scared of hospitals". I would like you to talk about the book. It is not advertising, but I believe this book is a result of your experiences and it is important to register that here.

These are my considerations, and I would like to congratulate the Federal University of Ouro Preto, the Federal Rural University of the Semi-Arid, which are the two institutions here represented at this forum. I would like to congratulate all of you and your institutions. I hope that more institutions can join the Forum, for it will certainly be a reference in Brazil. I am certain we are Brazilians who are mindful of their own country.

Professor Antonio Marcelo Jackson: Thank you, Professor José Medeiros. Simone, the floor is yours.

Professor Simone Maria da Rocha: I would like to thank my brother for being so nice. I did not talk about the book, because people may think I am advertising, but, as you said, it is a result. It is a children's book called "Ooh, I am scared of hospitals". This book is, in fact, a child's narrative about the great fear she has of hospitals. The stories are from the children I tended to. I condensed them all into one story, but there were many fears, many stories from these children showing so much insecurity about arriving at the hospital and about the treatment.

It is important to highlight that this is the first book with this approach. This book shows a Hospital Classroom, the teachers in the hospital, and this changes the child's viewpoint about what she is living through at that space. This book is a great experiment. I have received many videos from children at ICUs. Teachers work with this book, and the feedback I have been receiving has been great, for I know it is reaching children as well.

Just so you have an idea, I got a beautiful article today from a teacher about a teenager in an ICU. This teenager was treated, but unfortunately did not resist. She wrote 17 pages about the caring process. Even knowing that this teen was in a terminal state, she did not cease to tend to her, which is beautiful; for I believe the right to care exists while there is life. It does not matter if the caring is only a palliative, what matters is that we believe in life. That is it!

Professor Antonio Marcelo Jackson: Well, not it is my turn. It is curious, I have read your paper when you sent it and I heard attentively to your comments. First of all I believe that you gave us some food for thought, and set all of us atwitter. Perhaps for Diego, who remembered his childhood, perhaps by Rafael's life experience also. And also, of course, your brother José.

Now, following everybody's speeches, I had to hold myself together. Because – I will just briefly get this off my chest – I have a major in History, and a master's and PhD in Political Science. Professionally, my life is relatively comfortable. As a historian, I deal

with the past, and this past will be heard through my voice. Thus, this past will not come back and say “Marcelo, you are completely wrong”. I can use that past as I please. As a political science, I have been working with analyses for all these years, which is also quite cushy. There is chaos, I look at it, and make my comments. All of a sudden, you can start with a theoretical discussion. Following that, you build an analysis that is also relatively easy to understand, and the research project is the final product. It is, as I call it, a “perfect bow”, I mean, you begin with a theory, and finish with a practical case study... thus, a beginning, a middle-ground, and an end. I believe that your professional acting has more practical sense than mine does.

I think a lot about that, and I believe all academic work needs to have a practical effect. Today you gave us a master class on that, and I thank you for making me a student of yours. I was deeply honoured to be a pupil of yours, Professor Simone, and as a student, some matters are particularly worrisome.

On a first point, you talk about children as legal subjects. The studies you made are about the matter of Brazilian public policy. About the legislation, Brazil has advanced quite a lot, and this is a reason to celebrate. However, when I come to the last point (the action in itself), I am recalled that, because of our country’s political structure (with Federal, State, and Municipal spheres), I remember that this matter will come to fruition on the last stage, that is, the municipality.

One parenthesis: I am very happy that Rio Grande do Norte has, in all of its paediatric hospitals, the “Hospital Classroom Project”. That is simply extraordinary, and it is much more than merely noteworthy, but it is the absolute application of this project into practice. However, the question I have is: where lies the biggest difficulty? Is it also in the municipality? Although there is a national legislation, despite all of that, there is a matter that goes beyond the material conditions of a particular town, and stands with the mayor and how he or she understands his or her role and how to deal with this matter. Could that be the main challenge for hospital classrooms? That is the question I pose.

Professor Simone Maria Rocha: Professor Antonio, oftentimes we talk so much that we lose track, that is why I believe that the diversity of our participants is so important. This political discussion is extremely necessary. When we go to the town government they say: “I know nothing about it, and it is not my problem.” We solved this question in Rio Grande do Norte by appealing to our Public Defendants’ Office. With them we managed to approve a municipal bill about that. Before, although we had a broad federal legislation, the resolution 02 of the National Education Council 2002 did not clarify the matter about who was to be responsible for the implementation of the law.

The town government says: “It is not our responsibility, I do not know this service”, and the State government does the same. They throw the responsibility around until you do not know whose it is exactly. That is a problem in the whole country, this is why I say that Rio Grande do Norte is (or could be) a model.

Legally speaking, it is absurd that teachers in Hospital Classrooms are still volunteers. Beside the national legislation, we need to have a municipal law, as we have here in

Natal, the state capital, – Law No. 6,365, August 21st, 2012 – the law disposes about the implementation of the Hospital Classroom programme in unites of the Natal Municipal Health Network, also giving other guidelines.

I see conflict between the power spheres, a fight to become exempt of a duty, a responsibility. I see that it is less a matter of resources – maintaining hospital classrooms is not even that expensive for the state. Also because the hospital has to provide some structure, according to the guidelines from the Ministry of Education. The hospital, usually, provides the space, it helps the realization of the class in some manner. Town halls and state governments, on the other hand, sometimes deny the human resources necessary.

There is a matter of understanding, also from the Health and Education secretariats, who do not communicate between themselves. They have difficulty in comprehending the global necessities of children. Health goes much further than physical well-being. Even the teachers are seen awkwardly when they enter the hospital. In a school, in the classroom, the teacher is central, important. Now, hospitals are different. This difference demands, from the teacher, an effort of convincing the health team that his or her presence is important.

Some teachers that I have interviewed for my doctoral research said that they “entered the hospital trying to blend in, because they felt the hospital was not the place for a teacher, that health was not a matter for educators, and schooling was not a matter to be discussed in hospitals.”

Therefore I was more or less a part of the current polarization that is reflected in the public sphere. For example, when they say: “No, I don’t want it, it is not our responsibility, we already have enough problems to deal with, and now there are teachers at hospitals”... this is a struggle in the theoretical and research fields, but also in the political and social fields. For, if there is no militancy to join efforts with social groupings and families, we will not be successful in putting in practice a right that is considered, always, a minor issue inside a ruling perspective in public management.

Professor Antonio Marcelo Jackson: Well, thank you, Simone, for your words. I would like to ask you all to make your final remarks. Same order: Diego, Rafael, José, and then, naturally, Simone, closing this Forum, a remarkable edition, if you ask me. Diego, the floor is yours. Then Rafael and José.

Diego Amorim: My last remark will be just one of gratitude. I want to thank Professor Simone for her lecture about education, human rights and hospitalized children. The comments showed us the importance of the web we have here weaved. I would just like to emphasize one more time that, regardless of what the issue is, if it is a human issue, the issue pertains to all of us.

This Forum enables us to discuss with people from myriad fields of knowledge and allows us to seek alternative paths for our issues. I would like to finish on that note, thanking you all and saying that I am very happy to see this meeting. It is always a joy

to watch people acting with love. I believe it has everything to work out, it will work out, it is working out! Thank you very much, and see you on the next Forum.

Professor Antonio Marcelo Jackson: Thank you, Diego. Rafael, the floor is yours.

Rafael Lima: Thank you, professor! I would just like to be thankful. One of the things I have learned in therapy is that thoughts lead to behaviours. I believe today's Forum helps us to change our thoughts, I am certain that, after today, we will see children under a different light. I doubt that us – and people who will watch this Forum in the future – will look at a child at a hospital, at a child on the street, at a child on a classroom, in the same way we used to do. In this sense, this Forum was a success. Thank you, Simone, for helping us to put children in a central position. Surely, this will be internalized and will lead to different behaviours. By looking at children differently, we will change our behaviour towards them. I believe that we have now a more caring, more humane, more just social approach towards children. I am very happy to have participated on this debate. Thank you all.

Professor Antonio Marcelo Jackson: Thank you, Rafael! José, the floor is yours!

Professor José Medeiros da Silva: As said by my colleagues, we have here the privilege of meeting with the purpose of learning. After the reflexions presented here, we will certainly not look at a hospitalized child in the same way we used to. I am happy to be here with you. Thank you all so much for making this happy moment possible. I see that our Forum is a necessary space for the construction of a Brazil that needs to be constructed, and that we will construct, because we know the country we want. It is very clear among us, and certainly it also is among many other Brazilians.

Professor Antonio Marcelo Jackson: Thank you for your words, José! Simone, your closing comments in today's Forum, please.

Professor Simone Maria Rocha: I also want to be grateful, and I make my brother's words my own. I believe this Forum is the practical result of our coming together. I thank you all for the opportunity, and for the kind words, like the ones by Professor Antonio. I believe we are all learning. Every time I talk about hospitalized children, I always say I have been moved and changed. Today I was touched at different moments. I thank you all for the opportunity to exchange experiences, not only as a teacher, but also as someone who hopes that these exchanges and sharing can help us to think about and help our children.

Thank you very much, and thank you Professor Antonio for conducting and being so receptive. I hope we all leave today reflecting and thinking, because that is the only way to improve. Thus, I thank you all for this opportunity.

Professor Antonio Marcelo Jackson: Well, today, for matters of registering, since at the opening I gave only names, but not the locations, we had Professor Simone today talking to us from Caraúbas (Rio Grande do Norte State); Diego Amorim in São Paulo; Rafael Lima in Beijing, and José Medeiros in Hangzhou (China). I am here broadcasting from Ouro Preto (Minas Gerais state). We are in two countries and five

different cities here today, and we are all talking to each other. I believe that, if technology makes any sense, one of them is surely enabling moments like this. I will take something from José's and Diego's speeches in my thank you to Simone. In an area like mine, namely, Political Science, we sometimes lose some of this unity that you brought to us here today, Simone, that we are human. Thank you very much, Simone, and to you all.