

NOT (JUST) A CLINICAL LAWYER-JOURNAL?

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I. REMEMBERING

This special edition commemorates the 25th anniversary of the *Clinical Law Review*. Our landmark celebration, however, is bitter-sweet. Stephen Ellmann, our treasured colleague and friend, passed away in March 2019. Steve was an integral part of the *Review*'s founding and beginning years. His work with the *Review* was one part of his broader mission to build and broaden avenues of access for clinical law professors engaged in scholarship. He worked tirelessly over the decades to amplify the scholarly voices of clinical law professors and to develop a deep reservoir of clinical scholarship.

In 1985, when he was an Associate Professor of Law at Columbia Law School, Steve founded the Clinical Theory Workshop. The workshop provided a venue for clinical law professors to present scholarly works-in-progress in a supportive and rigorous environment at a time when clinical legal education and anything trumpeted as "clinical scholarship" were outside the bounds of mainstream legal academia.

In 1992, Steve brought the Clinical Theory Workshop with him to New York Law School, where he was the Director of Clinical and Experiential Learning. In a fitting dedication to Steve's impact on countless clinical law professors who were finding or refining their scholarly voices, his colleagues at New York Law recently renamed the workshop in his honor. From now on, it will be known as the Stephen Ellmann Clinical Theory Workshop.

This issue features memorial essays about Steve by his New York Law colleagues. In a collective essay, his experiential teaching colleagues share their remembrances.¹ For the many of us who knew Steve and had the privilege of working with him, the essay provides a vivid reminder of his many wonderful qualities and accomplishments. For those of our readers who regrettably did not have a chance to get

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¹ *Remembrances of Steve Ellmann, Still Present*, 26 CLIN. L. REV. 13 (2019).

to know him, the essay's rich portrait of Steve helps to explain how this singular individual came to have such an impact on the clinical community.

A separate essay by New York Law Professor Penelope Andrews, who worked closely with Steve on scholarship about South Africa, provides a close look at his highly influential work on South African issues. The dedication at the start of Penny's essay recounts that five former Justices of South Africa's Constitutional Court said that Steve embodied the "spirit of 'ubuntu'"—which, as Penny explains, is a term that "reflects a deep human interconnectedness."² It is certainly the case that Steve was deeply connected to so many people, including a host of clinical teachers and students, and that he fostered a spirit of interconnection in the clinical community.

II. REVIEWING

Today, twenty-five years after the *Clinical Law Review's* founding and nearly thirty-five years after Steve started the Clinical Theory Workshop, there is much to commemorate, celebrate, and contemplate. This special volume does so by exploring some of the many ways in which the legacies of Steve and the *Review* are intertwined. The overarching goal of this volume is to reflect on a generation of clinical legal education and clinical legal scholarship, examining where we as a clinical community have been and currently are, taking stock of our strengths and deficits, and helping to envision where we need to go. We believe that Steve, the quintessential clinical teacher, scholar, and lawyer, would have it no other way.

Readers familiar with classic works in the clinical field will have immediately realized that the title of this Foreword, "*Not (Just) a Clinical Lawyer-Journal*," is an homage to Jerome Frank's 1933 article, "*Why Not a Clinical Lawyer-School?*,"³ which played a major role in shaping early conceptions of clinical legal education. Additionally, readers familiar with the *Clinical Law Review's* inaugural issue may have realized that its co-editors-in-chief penned a Foreword titled "*Why Not a Clinical Lawyer-Journal?*,"⁴ describing the genesis of the journal and the aspirations of its creators and founding board. It seemed appropriately reminiscent, then, in this 25th anniversary celebration, to include a Foreword with a title that referenced the *Review's* first Foreword (and its celebration of Jerome Frank's visionary

² Penelope Andrews, *A Man of "Ubuntu": A South African Colleague's Tribute to Stephen Ellmann*, 26 CLIN. L. REV. 29, 29 & n.1 (2019).

³ Jerome Frank, *Why Not a Clinical Lawyer-School?*, 81 U. PA. L. REV. 907 (1933).

⁴ Stephen Ellmann, Isabelle R. Gunning & Randy Hertz, *Why Not a Clinical Lawyer-Journal?*, 1 CLIN. L. REV. 1 (1994).

article) but that also signaled how much has changed over the years.

The *Clinical Law Review* was founded to provide a home for clinical scholarship, but also to enhance its scholarly impact and to promote synergies in the work of clinical law teachers and scholars. Despite the labor-intensive nature of clinical practice and teaching, and its longstanding social justice mission, scholarship has been a significant part of the clinical teaching enterprise since its early years. During the late 1960s and 1970s, as the Council on Legal Education for Professional Responsibility (CLEPR) was stimulating the growth of clinics at law schools around the country, clinical teachers associated with CLEPR published books and articles describing experiential education techniques for teaching substantive law, lawyering skills, and legal ethics.⁵ In the ensuing decades, as CLEPR's efforts bore fruit and clinical courses became an accepted part of the law school curriculum, clinical scholarship blossomed.

The trend toward clinical scholarship was surely influenced in part by the fact that clinical teachers were now being appointed to tenure-track and tenure-equivalent faculty positions that had scholarship obligations.⁶ But the turn to scholarship was also driven by the new clinicians' increasing appreciation of the intersection of their teaching and practice with scholarly ideas and reflections, and the heightened value of sharing these ideas with a growing national community of clinical law professors.⁷ Clinicians' scholarly exchanges helped to improve the quality of education for clinic students, the efficacy of services for clinic clients, and the depth of understanding for all of us of the meaning and import of law's actions, individually and systemically, in our world.⁸

In the early 1990s, clinical law professors around the country be-

⁵ See, e.g., CLINICAL EDUCATION FOR THE LAW STUDENT: LEGAL EDUCATION IN A SERVICE SETTING (Working Papers for CLEPR National Conference 1973); JAMES D. FELLERS, MARVIN S. KAYNE, BRUCE S. ROGOW, HOWARD R. SACKS & ANDREW S. WATSON, LAWYERS, CLIENTS & ETHICS (Murray T. Bloom ed., 1974).

⁶ In her symposium essay, Binny Miller reflects on the role that tenure-track writing obligations played in spurring her to publish law review articles, but also the role that her growing intellectual commitment to clinical education played in the continuation of her scholarly activities. See Binny Miller, *Accidental Scholar: Navigating Academia as a Clinician and Reflecting on Intergenerational Change*, 26 CLIN. L. REV. 429 (2019).

⁷ *Id.* at 453 (“[S]cholarship, teaching and service are not entirely separate activities.”).

⁸ For powerful examples from this symposium of interactions between teaching, scholarship, and service in clinical legal education, see Jennifer Lee Koh, *Reflections on Elitism After the Closing of a Clinic: Pedagogy, Justice, and Scholarship*, 26 CLIN. L. REV. 363 (2019) (describing rich and multi-faceted experiences in an Immigration Clinic at a law school facing financial crises); Michele Gilman, *The Future of Clinical Legal Scholarship*, 26 CLIN. L. REV. 189 (2019) (exploring the connections between theory and clinical practice in a program where students represent clients—many of whom are low-income women of color—in an urban court system).

gan discussing the possibility of creating a specialized journal for clinical scholarship as a central forum for these discussions of clinical theory and practice.⁹ The Clinical Scholarship Committee of the Section on Clinical Legal Education, working under the auspices of the Association of American Law Schools (AALS), was integrally involved in these conversations, and along with the recently formed Clinical Legal Education Association (CLEA), embraced the idea and spearheaded efforts to develop the journal. These efforts culminated in the creation of the *Clinical Law Review*, a journal co-sponsored by the AALS, CLEA, and NYU School of Law, which has served as the *Review's* host school. In Spring 1994, the *Clinical Law Review* published its first issue. That issue was appropriately devoted to a symposium titled “The Many Voices of Clinical Legal Education,” and featured essays by well-known and influential clinical teachers reflecting on the existing state of clinical scholarship and proposing directions for the future.

In the two-and-a-half decades since that inaugural issue, the many articles and essays published in the pages of the *Clinical Law Review* have traveled in those directions as well as many others that were not imagined at the time. The authors of these articles and essays (largely, but not exclusively, clinical law professors) have explored the rich, layered, and complex dimensions of clinical pedagogy. They have mined their practice and teaching experiences to develop a body of scholarship that speaks to diverse constituencies, among them students, clients, and communities. They have brought theoretical insight to clinical education's social justice mission and forged experiences of seeking justice into theoretical insight. In accordance with clinical legal education's central claim that self-reflection is the key to learning, the authors have used the pages of the *Review* to critique existing clinical theory, pedagogy, scholarship, and practice, and to frame and develop alternate approaches.

So too have the authors in this symposium developed and critiqued clinical theory,¹⁰ pedagogy,¹¹ clinical and traditional forms of

⁹ In his contribution to this symposium, Robert Dinerstein recounts his advocacy, as Chair of the AALS Section on Clinical Legal Education in 1992, for the establishment of a clinical law journal. See Robert D. Dinerstein, *The Clinical Law Review at 25—What Hath We Wrought?*, 26 CLIN. L. REV. 147 (2019).

¹⁰ See, e.g., Anthony V. Alfieri, *The Poverty of Clinical Canonic Texts*, 26 CLIN. L. REV. 53, 78 (2019) (contrasting the images of poor clients in widely-used clinical skills texts with the New Sociology of Poverty, which would help clinicians “construct a vision of poverty law practice informed by meaningful sociological descriptions of the individual, group, and community impact of impoverishing structural forces, especially thick descriptions of the systematic, impoverishing effects of race, inequality, and disenfranchisement” across generations).

¹¹ See, e.g., Kimberly E. O'Leary, *Weaving Threads of Clinical Legal Scholarship into*

scholarship,¹² and approaches to practice,¹³ using as their guide the wide tapestry of experiences in which their clinical work has engaged them. As exemplified in the essays that follow, making sense of experience as a source of scholarly insight is a method that pervades clinical scholarship. Indeed, this clinical method of understanding made clinical scholarship distinctive, and represented one of the primary rationales for the creation of the *Clinical Law Review*.¹⁴

Articles in this anniversary symposium urge us to move yet further into the distinctive contributions of clinical scholarship. Wendy Bach and Sameer Ashar remind us that when clinicians combine a scholarly method rooted in lived realities and systemic observations with our proximity to subordinated clients, we are uniquely positioned to generate critical theory and structural critiques. Adding empirical research to observations and experiences from this “embedded clinical stance,” they assert, yields even more breadth and depth in the resulting structural critique, making accompanying demands for change yet more powerful. Bach and Ashar identify a growing body of clinical scholarship that exemplifies this critical-clinical stance, and suggest that, as a collective, we name, endorse, and produce more clinical literature fitting this description.¹⁵ The essay by Carolyn Grose and Margaret Johnson also elaborates a distinctive clinical teaching,

the First-Year Curriculum: How the Clinic Movement is Strengthening the Fabric of Legal Education, 26 CLIN. L. REV. 457 (2019) (recounting the development of her efforts to infuse clinical pedagogy into the first-year curriculum).

¹² See, e.g., Paul R. Tremblay, *The Emergence and Influence of Transactional Practice Within Clinical Scholarship*, 26 CLIN. L. REV. 475, 482 (2019) (observing that “the explication within the *Clinical Law Review* of lawyering generally, as a mélange of skills, role expectations, and professional identity development, continues to understand the default lawyering posture as that of an advocate,” even though “corporate and other transaction practice is as prominent, if not more prominent, than litigation among lawyers practicing in the United States”).

¹³ See, e.g., Martin Guggenheim, *The Growth and Influence of NYU’s Family Defense Clinic and Its Relationship to Clinical Scholarship*, 26 CLIN. L. REV. 219 (2019) (using creation of the first-ever Family Defense Clinic to improve local and national representation of parents in family court by forming multidisciplinary advocacy teams and conducting a multi-year study demonstrating that multidisciplinary parent representation significantly reduced the time children spent in foster care, reunited more families, and saved money). See also Cecelia M. Espenosa, *How My Practical Immigration Experiences Impacted Clinical Immigration Law: The Colorado Experience as an Example*, 26 CLIN. L. REV. 169, 169 (2019) (the emergence of law school clinics and doctrinal courses focused on immigration law have enabled lawyers to better “respond to the denials of due process, and fight for the rights of immigrants, refugees, and asylees”).

¹⁴ See Dinerstein, *supra* note 9, at 148 (describing clinical scholarship as using “the lawyer’s or client’s actual experiences as a point of departure for analyzing legal or social problems. . .”) (citing Robert D. Dinerstein, *Message from the Chair*, NEWSLETTER OF THE AALS SECTION ON CLINICAL LEGAL EDUCATION 3, September 1992).

¹⁵ See Wendy A. Bach & Sameer M. Ashar, *Critical Theory and Critical Stance*, 26 CLIN. L. REV. 81 (2019).

practice, and scholarship that involves critical theory and other normative theories such as client-centeredness, justice, and professionalism. They suggest that clinicians braid these normative theories with narrative theory and critical reflection to “create a spiral of lawyering focused on the client, aware of power dynamics and attentive to structural forces,” which is designed to achieve the “client’s goals, and consistent with making the world a more just place.”¹⁶

Present circumstances underscore the need for normative theories and structural critique in our teaching, practice, and scholarship. Because of challenges to law, facts, justice, and humanity in our increasingly polarized world, Jane Aiken uses her essay to rethink her previous advocacy for the use of “disorienting moments” in clinical teaching.¹⁷ We no longer have disorienting moments, she laments, instead asserting that today “I find the world disorienting almost all of the time.”¹⁸ In our new reality, where issues are “playing out on a massive scale,” she suggests that we consider the skills that arm students “to be effective and resilient,” and develop a “pedagogy responsive to the changing needs and disorienting and unpredictable landscape we all face.”¹⁹

III. NURTURING

In facing an unpredictable future, it can be beneficial to convene in settings designed to help one another develop lawyering, teaching, and writing crafts grounded in present clinical contexts. In the years since its creation, the *Clinical Law Review* came to appreciate that publishing articles alone did not wholly fulfill the mission of developing and producing scholarship by clinical law professors and by scholars and practitioners focused on issues relating to clinical legal education. A broader goal of the *Review* is providing a venue for clinical law professors to find, hone, and strengthen their scholarly voices—often speaking on teaching and lawyering issues they have confronted—at the various developmental stages of the writing process. It became clear that we, as a clinical community, needed additional spaces to share works-in-progress, to discuss and receive feedback on drafts, and to provide feedback to colleagues who are

¹⁶ See Carolyn Grose & Margaret E. Johnson, *Braiding the Strands of Narrative and Critical Reflection with Critical Theory and Lawyering Practice*, 26 CLIN. L. REV. 203, 217 (2019).

¹⁷ See Jane H. Aiken, *Striving to Teach Justice, Fairness and Morality*, 4 CLIN. L. REV. 615 (1997) (arguing that disorienting moments help students learn by leading them to the awareness that their knowledge is partial and opening them to the need to readjust their views).

¹⁸ See Jane H. Aiken, *Beyond the Disorienting Moment*, 26 CLIN. L. REV. 37, 40 (2019).

¹⁹ *Id.* at 37.

writing in similar areas.

To respond to this need, the *Review* began a writing workshop in 2006. The *Clinical Law Review* Writers' Workshop is designed for clinical professors "who are writing about any subject (clinical pedagogy, substantive law, interdisciplinary analysis, empirical work, etc.) to meet with other clinicians writing on similar topics to discuss their works-in-progress and brainstorm ideas for further development of their articles."²⁰ Held annually, the workshop brings together clinical teachers from various sorts of academic posts (teaching fellows, staff attorneys, contract professors, tenure-track professors, and tenured professors) as well as practitioners seeking to enter academia, and provides a forum for them to present and receive feedback in small group settings on drafts of their articles. The workshop's central focus is to support authors on their journeys from writing to publication. In addition to providing feedback on individual drafts, attendees share tips for developing scholarly agendas, submitting articles to law reviews, and navigating the publishing terrain.

As important, the workshop provides safe spaces for conversations about the plethora of issues and questions that weigh on clinical law professors. Attendees discuss the travails of working without security of position; searching for the ever-elusive ways to balance the demands of teaching, practicing law, writing, and providing institutional and community service; and navigating the internal politics of their home institutions.²¹

Over the last generation, the *Clinical Law Review* has become more than a scholarly journal. It has evolved into an institution that has nourished, mentored, and supported numerous experienced, new, and aspiring clinical law professors. Clinical legal education has likewise evolved over these years, to the point that it is now a staple of a standard legal education. Employers, judges, and state bars are requiring that law schools produce graduates with practice-focused competencies, and the American Bar Association, in its role as the accrediting agency for law schools, now requires law students to complete at least six credits of experiential learning.²²

To help meet these demands, law schools have turned to clinics and other experiential courses to pull the laboring oar. The main-

²⁰ NEW YORK UNIVERSITY SCHOOL OF LAW, CLINICAL LAW REVIEW WRITERS' WORKSHOP 2019, <https://www.law.nyu.edu/journals/clinicallawreview/clinical-writers-workshop> (last accessed July 25, 2019).

²¹ For a detailed and insightful analysis of the role of the Clinical Writers' Workshop in the development and trajectory of clinical scholarship, see Katherine R. Kruse, *Clinical Scholarship and Scholarship by Clinicians*, 26 CLIN. L. REV. 407 (2019).

²² AM. BAR ASS'N., 2018-2019 STANDARDS & RULES OF PROCEDURE FOR APPROVAL OF LAW SCHOOLS, Std. 303(a)(3).

streaming of clinical legal education also has been fueled by law students' perceptions of what courses are essential to their legal education. Aware of the thick walls of poverty, inequality, and injustice that surround subordinated communities, and eager to learn how to participate effectively in addressing these issues, students seek out clinics and other types of experiential courses.

IV. GROWING

Reflection is an essential lifelong skill. By stimulating, supporting, and sharing reflective practices, the *Clinical Law Review* allows us as lawyers, teachers, and scholars to learn, grow, and map future directions. For the same reasons, reflection is a critical skill that clinical law professors teach to students, so that students, in turn, can deepen their learning, enhance their growth, and chart their futures after their law school training has ended.²³

As we reflect on the *Clinical Law Review's* accomplishments over the past twenty-five years, we are mindful that progress is often a double-edged sword. We must always question what "progress" really means and what it brings. This is especially true for voices, writings, and pedagogies that have been historically marginalized in legal education, and that in many ways, remain so. This history compels us to examine both the benefits and the pitfalls of the "progress" we have made over the past twenty-five years.

The blunt reality is that while this progress has been significant, many of the issues that have long plagued clinical legal education persist.²⁴ Among the most troubling, racial diversity remains a searing crisis in clinical legal education. Nearly twenty years ago, Professor Jon Dubin shined a spotlight on this crucial issue in a law review article that sadly is as salient today as it was two decades ago.²⁵

The Clinical Legal Education Association has sought to focus sustained attention on the diversity crisis in clinical education and to spur efforts to rectify it. As documented in the contribution to this symposium by CLEA's Committee for Faculty Equity and Inclusion, nearly

²³ See, e.g., Timothy Casey, *Reflective Practice in Legal Education: The Stages of Reflection*, 20 CLIN. L. REV. 317 (2014).

²⁴ In his sobering essay, Peter Joy warns that the challenges facing legal education—specifically, low student enrollments, high tuition discounts, and tighter law school budgets—coupled with recent ABA standards that limit law student attrition and set a new bar passage requirement, may cause law schools to "put pressure on clinical programs and faculty in at least three ways—program cuts, diverting students away from clinics, and reducing support for scholarship." Peter A. Joy, *Challenges to Legal Education, Clinical Legal Education, and Clinical Scholarship*, 26 CLIN. L. REV. 237, 256 (2019).

²⁵ Jon C. Dubin, *Faculty Diversity as a Clinical Legal Education Imperative*, 51 HASTINGS L.J. 445 (2000).

80% of clinical faculty today identify as White, suggesting that structural inequities continue to operate in our own backyards.²⁶ Altering these structures will require conscious, concerted, and continuing efforts. CLEA's contribution to this symposium inspires us to redouble our commitment to these efforts and helps guide the clinical community in establishing actions and practices that will more effectively honor fundamental commitments to equity and inclusion.²⁷

As CLEA's symposium essay suggests, the lack of racial diversity within the clinical professoriate disconnects law schools from many of the communities they serve and compromises the legitimacy and integrity of clinical law offices within these communities. Indeed, as scholars have urged law school clinics to partner with communities in collaborative movements to address injustice, isolation, and oppression,²⁸ the critical absence of racial diversity undermines their ability to do so.²⁹ This lack of diversity also serves as a negative model for students, clients, and law school constituencies; exacerbates the burdens placed on the shoulders of clinical professors of color; and narrows the range of scholarly voices in the *Clinical Law Review* and other journals.

A number of writers in this symposium have identified other critical gaps in clinical scholarship as well. Some assert that the *Review* should solicit a broader range of authors.³⁰ Others identify important conceptual material that is underdeveloped or absent.³¹ They urge clinical scholars to draw from their experiences to fill this void. In do-

²⁶ See CLEA Committee for Faculty Equity and Inclusion, *The Diversity Imperative Revisited: Racial and Gender Inclusion in Clinical Law Faculty*, 26 CLIN. L. REV. 127 (2019).

²⁷ For a list of actions the clinical community can take to enhance racial diversity, see *id.* at 139-45.

²⁸ See, e.g., Sameer M. Ashar, *Law Clinics and Collective Mobilization*, 14 CLIN. L. REV. 355 (2008).

²⁹ Jennifer Koh's essay for this symposium provides a revealing counterexample of how racial diversity among faculty and students in a clinic aids their work for racially diverse clients and communities. See Koh, *supra* note 8, at 376-77.

³⁰ See, e.g., Leah Wortham, *Strengthening the International Clinical Scholarly Community: Opportunities for the Clinical Law Review and Beyond*, 26 CLIN. L. REV. 493, 511 (2019) (calling for the *Review* to publish more articles from clinical law professors across the globe "because of the important benefit to [the *Review*'s] readers and to [the *Review*'s] place as a preeminent clinical journal"). See also Dinerstein, *supra* note 9, at 165-66 (advising the *Clinical Law Review* to return to its original plan of publishing articles authored by students, clinical professors outside of the United States, and, occasionally, non-clinical faculty).

³¹ See, e.g., Warren Binford, *The Death of a Clinic*, 26 CLIN. L. REV. 99 (2019) (lauding the *Clinical Law Review*'s body of scholarship on clinic formation and expansion, while decrying the absence of scholarship on the ethics, emotions, and obligations involved in ending a clinic). See also Tremblay, *supra* note 12, at 476 (noting the exclusion of transactional lawyering in the standard depictions of lawyering provided in *Clinical Law Review* scholarship).

ing so, they suggest, these clinical scholars would be enhancing the utility and advancing the progress of clinical scholarship as a whole.

As noted by other symposium authors, another limitation in the progress narrative of clinical legal education is that clinical law professors remain unequal at many law schools, working with less job security, less status, and fewer resources than their non-clinical colleagues.³² Many of these law schools neither require nor expect clinical law faculty to produce scholarship and, as a result, do not support those who endeavor to do so.³³ Similarly, many law schools place less value on clinical legal scholarship than on more “traditional” legal scholarship.³⁴ The upshot is that, despite notable advances, a wide gap remains between clinical and non-clinical law professors.

At those schools where clinical legal education *has* been somewhat integrated into the overall law school enterprise, what do we find at the other edge of the sword? Has the integration been accomplished by bringing clinical education into traditional academic hierarchies?³⁵ Have these hierarchical values and norms affected clinical hiring practices and exacerbated the racial diversity crisis that continues to plague clinical legal education?³⁶ Have these norms shifted clinical priorities? Have they altered the nature of clinical scholarship?

The set of concerns underlying these important questions about the meaning of our progress spawns many additional questions that also prefigure this symposium. These questions include:

³² See Gilman, *supra* note 8, at 192 (arguing that doctrinal faculty tend to receive greater support and protection than clinical faculty despite the “concrete benefits of clinical education”).

³³ *Id.* at 193 (“[I]t is a minority of clinical professors—and a falling percentage—who are required to write scholarship and who have the appropriate support to do so.”).

³⁴ See Richard A. Boswell, *Advancing a Broader View of Clinical Scholarship*, 26 CLIN. L. REV. 117, 123 (2019) (noting that while criticisms about “clinical scholarship” are not as persistent today as when the *Clinical Law Review* was founded, “[s]ome in the legal academy do not share the view that what clinicians write is worthy of being called scholarship”).

³⁵ In her symposium essay, Minna Kotkin asserts that the success of clinical legal education over these twenty-five years has been accompanied by unintended “collateral damage,” which she names “the replication of hierarchy, both in the structure of the academy, and the provision of legal services.” Minna J. Kotkin, *Clinical Legal Education and the Replication of Hierarchy*, 26 CLIN. L. REV. 387, 387 (2019). See also Koh, *supra* note 8, at 363 (observing that hierarchy is inevitable in law schools).

³⁶ See CLEA Committee, *supra* note 26, at 141 (noting that, as with faculty hiring generally, clinical hiring has become “increasingly reliant on prior teaching experience and publications, post-graduate fellowships, and elite credentials”). See also Miller, *supra* note 6, at 443 (observing that some “aspiring clinicians” may not be in the financial position to accept a fellowship position, which “affects who can enter the legal profession and will particularly affect clinicians from disadvantaged backgrounds, including some clinicians of color”).

- Have we advanced to the point where we, and the legal academy, should no longer distinguish “clinical scholarship” from “legal scholarship”?³⁷
- If not, is collapsing “clinical scholarship” into “traditional legal scholarship,” or legal scholarship more generally, a worthwhile goal?
- What are the potential benefits and drawbacks of mainstreaming “clinical scholarship”?
- Would mainstreaming “clinical scholarship” further isolate the urgent voices that interrogate and agitate? Would it dilute the scholarship that critically examines traditional legal education, traditional clinical legal education, traditional legal scholarship, and traditional clinical legal scholarship?
- Can “clinical scholarship” counter hierarchical academic values and norms? If so, with what result? If not, do these values and norms run the risk of muting the unique perspectives and experiences that clinical legal scholars bring to issues of concern to subordinated individuals and communities?

V. CONCLUDING

As we reflect on the significant legacies of the *Clinical Law Review* and one of its first architects, Steve Ellmann, it is important to acknowledge, as Warren Binford’s essay emphasizes, the inevitability of change.³⁸ Lives come to an end, clinics close, and old realities topple.³⁹ We are cognizant that the *Clinical Law Review*’s 25th anniversary symposium issue arrives during a time of great tumult, upheaval, injustice, and trauma for our clients, communities, and students. In the face of these grave challenges, we are humbled, because we know that many of the roads ahead are as yet unpaved.

At the same time, we are also buoyed by the creativity and deter-

³⁷ Minna Kotkin expresses a concern that the *Clinical Law Review* has, in some ways, “created a silo for clinical scholarship,” as “it seems that there has been little infiltration of clinical scholarship into flagship law reviews. . . .” Kotkin, *supra* note 35, at 388-89. In addition, Binny Miller questions the costs of “clinician-scholars” being “deliberate” in their approach to publishing scholarship in such law reviews, which she argues “elevates strategy over substance, and requires an excessive focus on the process of publishing articles rather than the substance of writing.” Miller, *supra* note 6, at 444.

³⁸ See Binford, *supra* note 31, at 115.

³⁹ *Id.* at 105-15 (describing the closure of the Lewis & Clark Legal Clinic due to budgetary constraints and the difficulties Binford faced as Director of the Clinical Law Program at Willamette University College of Law when confronting the potential closure of Willamette’s International Human Rights Clinic after the death of a clinical colleague, Professor Gwynne Skinner). See also Koh, *supra* note 8, at 365 (discussing the decision to close her Immigration Clinic because of the “severe uncertainty surrounding the long-term future” of the law school).

mination of our clinical community. Collectively, we know our clinical colleagues remain a source of support for one another, in the pages of the *Clinical Law Review* and elsewhere, as we search for ideas and methods that can meet today's needs. We believe that the essays collected in this special symposium issue help to illuminate what a generation of clinical legal education and clinical legal scholarship have wrought, the choices we have made and those we have thus far foregone, and the paths we might travel in the years ahead.

The *Clinical Law Review* looks forward to its continued collaboration with clinical law professors, present and future, as we seek to address the increasingly urgent issues that we face, both in our law schools and in the communities around them. Our clinical legal journey continues, as expansive and as evocative, as profound and as pressing, as it has ever been.