

STRENGTHENING THE INTERNATIONAL  
CLINICAL SCHOLARLY COMMUNITY:  
OPPORTUNITIES FOR THE  
*CLINICAL LAW REVIEW*  
AND BEYOND

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INTRODUCTION

In its first 25 years, the *Clinical Law Review* (CLR) provided a ground-breaking foundation to build a scholarly field inspired and informed by clinical work and to legitimate that scholarship within the academy. The CLR broadened the window for clinicians to put their work in a wider context of other clinicians' experience, and with that context and comparison, to build theory from this common body of endeavor.

As Part I describes, 12 of the CLR's 404 works in its 25-year history include voices from outside the United States. While some countries' clinical education history is as old, or older, than that of the United States, clinical education did not have a foothold in many parts of the world when the CLR was born in 1994. Even where programs existed, clinical writing elsewhere, as in the United States, could be described as fledgling. The last 25 years, though, have seen a tremendous expansion of clinical education worldwide. With the clinical world's enlargement, scholarship arising outside the United States has blossomed and is growing at an accelerating pace. The CLR has had both direct and indirect effects in inspiring the body of international clinical writing.

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Part II inventories recent books and journals from around the globe that document the spread of clinical education and explore alternative models and ways of thinking about it. Hearing voices from outside our home country and culture enables us to see our own experience differently and gain a more critical and conceptual perspective. Busy CLR readers would be helped by some gateways to work of interest from outside the United States. In addition, if the CLR is to be a journal of more than the U.S. clinical experience, it needs a lens that looks beyond U.S. borders now that clinical experience and scholarship elsewhere are burgeoning.

Differences in language, cultural knowledge, and scholarly style complicate cross-national endeavors. The CLR's role in publishing a top academic journal and nurturing U.S. clinicians' writing will continue to take significant resources in time and otherwise. Part III seeks to open a brainstorming process among U.S. and international clinicians and organizations supporting clinical education about initiatives that various actors could take to enhance the richness of clinical writing and accessibility of our mutual experience. Part III suggests roles that the CLR might play in that process but also considers contributions individuals can make, roles for other entities, and types of cooperation that could enhance the quantity, quality, and diversity of international scholarship.

#### I. THE *CLINICAL LAW REVIEW* AND THE CLINICAL WORLD BEYOND U.S. BORDERS: 1994-2019

In its 25-year history, the *Clinical Law Review* has published 404 works. Within "works," I included all items published by the CLR regardless of their designation, which has included articles, papers presented at conferences, submissions from In Memoriam issues, essays, commentary, and letters to the editor.<sup>1</sup>

By my count, of those 404, the CLR has published 12 works authored or co-authored by someone from outside the United States:

—four works authored or co-authored by Scots;<sup>2</sup>

—one conference paper by an English author (and an English

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<sup>1</sup> This count sought to include all entries in the 25 volumes including categories with few entries, e.g., five letters to the editor, except the special issues of annotated clinical legal education bibliographies.

<sup>2</sup> Karen Barton, Patricia McKellar, & Paul Maharg, *Authentic Fictions: Simulation, Professionalism and Legal Learning*, 14 *CLIN. L. REV.* 143 (2007); Alan Paterson, *Peer Review and Quality Assurance*, 13 *CLIN. R. REV.* 757 (2007); Karen Barton, Clark D. Cunningham, Gregory Todd Jones, & Paul Maharg, *Valuing What Clients Think: Standardized Clients and the Assessment of Communicative Competence*, 13 *CLIN. L. REV.* 1 (2006); J. Michael Norwood & Alan Paterson, *Problem-Solving in a Multidisciplinary Environment? Must Ethics get in the Way of Holistic Services?* 9 *CLIN. L. REV.* 337 (2002).

writer is a co-author on one of the previously counted papers with Scottish authors);<sup>3</sup>

—one conference paper by a Canadian clinical professor;<sup>4</sup>

—one Work-in-Progress co-authored by an Assistant Professor of Anthropology with a Stanford PhD who co-authored the piece with a U.S. clinical teacher while a post-doctoral fellow at Washington University in St. Louis but, by the time of publication, was on a Canadian faculty;<sup>5</sup>

—one article co-authored by four Australian clinical teachers;<sup>6</sup>

—one article by an Israeli professor;<sup>7</sup>

—one conference paper by an Indian professor co-authored with a U.S. professor;<sup>8</sup>

—one conference paper by two Japanese clinicians co-authored with two U.S. clinicians;<sup>9</sup>

—one article co-authored by a Colombian professor along with two co-authors based in the United States.<sup>10</sup>

In addition, the CLR has published two articles by U.S. JDs about clinics in other countries who, at the time of publication, were on the faculties of non-U.S. law schools.<sup>11</sup>

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<sup>3</sup> Marcus Soanes, *Flexible Paradigms and Slim Course Design: Initiating a Professional Approach to Learning Advocacy Skills*, 5 CLIN. L. REV. 179 (1998); Barton, McKellar, & Maharg, *supra* note 2. McKellar is from the University of Warwick while Barton and Maharg were at a Scottish university.

<sup>4</sup> Shin Imai, *A Counter-Pedagogy for Social Justice: Core Skills for Community-Based Lawyering*, 9 CLIN. L. REV. 195 (2002).

<sup>5</sup> Clark D. Cunningham & Bonnie S. McElhinny, *Taking it to the Streets: Putting Discourse Analysis to the Service of a Public Defender's Office*, 2 CLIN. L. REV. 285 (1995). The complexities of categorizing border-crossing academics are noted in some later footnotes as well.

<sup>6</sup> Tim Connor, Nola M. Ries, Nicola Ross, Kevin Sobel-Read, & Daniel Matas, *Becoming Global Citizens and Global Lawyers: Incorporating International Work and Study Experiences into the Australian Law School Curriculum*, 25 CLIN. L. REV. 63 (2018).

<sup>7</sup> Neta Ziv, *Lawyers Talking Rights and Clients Breaking Rules: Between Legal Positivism and Distributive Justice in Israeli Poverty Lawyering*, 11 CLIN. L. REV. 209 (2004).

<sup>8</sup> Frank S. Bloch & M.R.K. Prasad, *Institutionalizing a Social Justice Mission for Clinical Legal Education: Cross-National Currents from India and the United States*, 13 CLIN. L. REV. 165 (2006).

<sup>9</sup> Peter A. Joy, Shigeo Miyagawa, Takao Suami, & Charles D. Weisselberg, *Building Clinical Legal Education Programs in a Country Without a Tradition of Graduate Professional Legal Education: Japan Educational Reform as a Case Study*, 13 CLIN. L. REV. 417 (2006).

<sup>10</sup> Jocelyn Getgen Kestenbaum, Esteban Hoyos-Ceballos, & Melissa C. del Aguila Talvadkar, *Catalysts for Change: A Proposed Framework for Human Rights Clinical Teaching & Advocacy*, 18 CLIN. L. REV. 459 (2012).

<sup>11</sup> Cecily E. Baskir, *Crossing Borders: Creating an American Law Clinic in China*, 15 CLIN. L. REV. 131 (2008) (establishment of a clinic in China); Patricia Goedde, *Globalized Legal Education, Human Rights Lawyering, and Institutional Forum: The Case of a Refugee Law Clinic in South Korea*, 20 CLIN. L. REV. 355 (2014) (clinic in South Korea; Dr. Goedde's lists both a JD and PhD from the University of Washington).

Part III gives examples of conferences and law review symposia that drew together geographically diverse authors. Fifty-seven of the CLR's 404 published works arose from what were commonly called the Lake Arrowhead conferences because many of the series were held at UCLA's conference center at that location.<sup>12</sup> These conferences were co-hosted by UCLA, first with the University of Warwick and then with the Institute for Advanced Legal Studies at the University of London. The CLR published papers from the Fourth (1997), Fifth (2001), Sixth (2005), and Seventh (2010) Lake Arrowhead conferences. These Lake Arrowhead conference papers comprise seven of the twelve previously identified CLR papers with international authors.<sup>13</sup> While the Lake Arrowhead meetings were termed international conferences, 50 of the 57 papers published in the CLR were solely by U.S. authors. In an article in the *GERMAN LAW JOURNAL*, Richard Wilson hailed the Sixth Lake Arrowhead conference as the "first truly international event in the Lake Arrowhead series," the first in which the agenda was "filled with international speakers presenting papers on clinical legal education in their home countries."<sup>14</sup> He cites eight conference papers by presenters from a broad swath of the globe although only two of those, co-authored with U.S. clinicians, appeared in published form in the CLR.<sup>15</sup>

The CLR has published ten additional pieces from U.S. authors regarding topics related to the development of clinical education outside the United States. Four focused on a U.S. clinician's experience in a particular country or region regarding establishment of clinics. Ironically the first, a 1999 piece by Rodney Uphoff, is titled *Why In-House Live Client Clinics Won't Work in Romania: Confessions of a Clinical Educator* with a follow-up piece by Kandis Scott, who also had worked in Romania.<sup>16</sup> My disagreements with Uphoff's conclusion that in-house clinics "could not work in Romania in terms broad enough to extend to the entire Soviet sphere and argu[ing] that

<sup>12</sup> Barton, Cunningham, Jones, & Maharg, *supra* note 2 at 6 & n.12.

<sup>13</sup> Soanes, *supra*, note 3 (English author); Imai, *supra* note 4 (Canadian author); Norwood & Paterson, *supra* note 2 (Scottish co-author); Barton, Cunningham, Jones, & Maharg, *supra* note 2 (Scottish co-authors); Bloch & Prasad *supra* note 8 (Indian co-author); Joy, Miyagawa, Suami, & Weisselberg, *supra* note 9 (Japanese co-authors); Paterson, *supra* note 2 (Scottish author).

<sup>14</sup> Richard J. Wilson, *Western Europe: Last Holdout in the Worldwide Acceptance of Clinical Legal Education*, *GERMAN L. J.* 823, 823 (2009).

<sup>15</sup> *Id.* at notes 2-7 (citing works with Indian, Israeli, Japanese, Russian, Chinese, and Australian presenters); Bloch & Prasad, *supra* note 8; Joy, Miyagawa, Suami, & Weisselberg, *supra* note 9.

<sup>16</sup> Rodney J. Uphoff, *Why In-House Live Client Clinics Won't Work in Romania: Confessions of a Clinical Educator*, 6 *CLIN. L. REV.* 315 (1999); Kandis Scott, *Additional Thoughts on Romanian Clinical Legal Education: A Comment on Uphoff's "Confessions of a Clinical Educator"*, 6 *CLIN. L. REV.* 531 (2001).

fundings encouraging creation of in-house clinics were dead wrong” prompted me to write the 2006 article in the CLR mentioned in the next paragraph.<sup>17</sup> The other pieces on U.S. clinicians’ individual experiences in clinic creation in other countries are Lawrence Grosberg’s article on his work in Russia and Grady Jessup’s article on work in Africa.<sup>18</sup>

Richard Wilson has worked extensively worldwide with long and concentrated experience in Latin America and later Eastern and, more recently, Western Europe. His in-depth case study, *Three Law School Clinics in Chile, 1970-2000: Innovation, Resistance and Conformity in the Global South*, was published in 2002.<sup>19</sup> Peggy Maisel, Philip Genty, and I each have worked with development of clinical programs in a number of countries, and the CLR published our articles looking at cross-cutting conceptual issues in the international development of clinical education.<sup>20</sup> William Berman drew on the four years of experience with a clinical exchange program between Suffolk Law School and the University of Haifa in Israel to write an appraisal of things to be gleaned from that program.<sup>21</sup> Two U.S. human rights lawyers, one of whom was then a Teaching Fellow at Columbia Law School’s Human Rights Clinic, drew on their experience at EarthRights working with indigenous communities involved in legal struggles regarding research extraction and huge development

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<sup>17</sup> Leah Wortham, *Aiding Clinical Education Abroad: What Can Be Gained and the Learning Curve on How to Do so Effectively*, 12 CLIN. L. REV. 615, 654-655 & nn.211-214, n.216, n.218, 663 n.241, 664 & n.245, 680 n.289 (2005-2006) (discussing where I considered Uphoff to have over-generalized, made unsupported statements, and generally gotten it wrong). Part II’s description of the explosive international growth of clinics and the burgeoning global clinical scholarship, including from the former Soviet sphere, suggest that Uphoff’s pessimistic conclusions were ill-founded. He accurately, though, identified some obstacles that the legal education systems and legal professions in many Central and Eastern European countries presented for clinical education, and these extended to other countries in the civil law tradition, e.g., positivist conception of law; public universities predominantly using lectures with large student bodies; rigid, centrally-prescribed curricula; assumption that a post-graduate apprenticeship system precludes the need for clinical education; see also Wilson, *supra* note 14, at 836-839 (describing obstacles in Western Europe).

<sup>18</sup> Lawrence M. Grosberg, *Clinical Education in Russia: “Da and Nyet,”* 7 CLIN. L. REV. 469 (2001); Grady Jessup, *Symbiotic Relations: Clinical Methodology—Fostering New Paradigms in African Legal Education*, 8 CLIN. L. REV. 377 (2002).

<sup>19</sup> Richard J. Wilson, *Three Law School Clinics in Chile, 1970-2000: Innovation Resistance and Conformity in the Global South*, 8 CLIN. L. REV. 515 (2002).

<sup>20</sup> Peggy Maisel, *The Role of U.S. Law Faculty in Developing Countries: Striving for Effective Cross-Cultural Collaboration*, 14 CLIN. L. REV. 465 (2008); Philip M. Genty, *Overcoming Cultural Blindness in International Clinical Collaboration: The Divide Between Civil and Common Law Cultures and its Implications for Clinical Education*, 15 CLIN. L. REV. 131 (2008); Wortham, *supra* note 17 at 615.

<sup>21</sup> William L. Berman, *Why Not an International Clinical Legal Exchange Program? It Is Worth the Schlep*, 21 CLIN. L. REV. 171 (2014).

projects in the Amazon and Andes to write *Collaborative Lawyering in Transnational Human Rights Advocacy*.<sup>22</sup>

The CLR has published a number of works useful for clinical students to build competency in working with people from other cultures. The most well-known, both in the United States and internationally, probably is Susan Bryant's *The Five Habits: Building Cross-Cultural Competence in Lawyers* drawing on a collaborative project with Jean Koh Peters.<sup>23</sup> Other CLR works have made important contributions worldwide. For example, I have heard many references to Fran Quigley's "disorienting moment" concept<sup>24</sup> and Jane Aiken's work on social justice. I have suggested Philip Schrag's *Constructing a Clinic* to people in other countries looking to get started on establishing a clinic.<sup>25</sup> That article's Appendix, a Checklist of Issues to consider in starting a clinic, remains quite useful despite being published in 1996. The wave metaphor in Barry, Dubin, and Joy's work *Clinical Education for This Millennium: The Third Wave* has been a take-off point for international works analyzing shifts in direction outside the United States.<sup>26</sup> U.S. clinical writing, in the CLR and elsewhere, remains a significant part of available references, although as discussed in Part II, published writing from other countries is growing rapidly.<sup>27</sup>

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<sup>22</sup> Benjamin Hoffman & Marissa Vahlsing, *Collaborative Lawyering in Transnational Human Rights Advocacy*, 21 CLIN. L. REV. 255 (2014).

<sup>23</sup> Susan Bryant, *The Five Habits: Building Cross-Cultural Competence in Lawyers*, 8 CLIN. L. REV. 33 (2001). Other examples include Lauren Carasik, "Think Global, Act Glocal": *The Praxis of Social Justice Lawyering in the Global Era*, 15 CLIN. L. REV. 55 (2008); Carwina Weng, *Multicultural Lawyering: Teaching Psychology to Develop Cultural Self-Awareness*, 11 CLIN. L. REV. 369 (2005); Paul Tremblay, *Interviewing and Counseling Across Cultures: Heuristics and Biases*, 9 CLIN. L. REV. 373 (2002); Angela McCaffrey, *Don't Get Lost in Translation: Teaching Law Students to Work with Language Interpreters*, 6 CLIN. L. REV. 347 (2000).

<sup>24</sup> Fran Quigley, *Seizing the Disorienting Moment: Adult Learning Theory and the Teaching of Social Justice in Law School Clinics*, 2 CLIN. L. REV. 37 (1995).

<sup>25</sup> Philip G. Schrag, *Constructing a Clinic*, 3 CLIN. L. REV. 175 app. *Checklist of Issues in Constructing a Clinic* at 245-247 (1996).

<sup>26</sup> Margaret Martin Barry, Jon C. Dubin, & Peter A. Joy, *Clinical Education for This Millennium: The Third Wave*, 7 CLIN. L. REV. 1 (2000).

<sup>27</sup> For an example of the influence of U.S. scholarship more generally, Tribe Mkwebu used the systematic review method employed in various academic fields for a literature search on his PhD research question concerning influential factors in establishing and sustaining clinical legal education programs relevant to Zimbabwe. Tribe Mkwebu, *A Systematic Review of Literature on Clinical Legal Education: A Tool for Researchers in Responding to the Explosion of Clinical Scholarship*, 22 INT'L J. OF CLIN. ED., no. 3, 2015, at v. Twelve of the 91 articles that he found pertinent were from CLR, Table 6 at xxxiii. Twenty-five of the 91 were from the INTERNATIONAL JOURNAL OF CLINICAL LEGAL EDUCATION discussed in Part III of this essay. *Id.*

## II. EXPANSION OF THE INTERNATIONAL CLINICAL WORLD, CLINICAL SCHOLARSHIP, AND WHAT THEY OFFER TO *CLINICAL LAW REVIEW* READERS

Part II discusses some books issued in the last ten years pertinent to clinical legal education outside the United States and non-U.S. journals that publish considerable clinical scholarship.<sup>28</sup> These books and journals document the growth of clinical legal education's reach to at least most regions of the world. They also illustrate the growth in geographic diversity and richness of thought from clinical writers outside the United States. Developing ideas in Part III on what individuals and organizations might do to support exchange of clinical experience conjured visions of conference sessions and journal symposia with themes like *Clinical Developments in the X Region*, *Trends in Clinical Scholarship in the X Region*, *Clinical Developments in Y (fill in a type of clinical activity, e.g., investigation and policy, street law, medical-legal clinics, migrant and refugee programs, cross-border cooperation, teaching and service delivery approaches)*, and *Trends in Clinical Scholarship in Y (the same kind of list)*. Part II ends with a personal, non-exclusive list of topics that seem to me of interest to U.S. clinicians along with some sample citations, many of them from helpful colleagues listed in the Acknowledgments.

Part II's first point is to provide references to clinicians who may be unaware of the information they contain on the international growth of clinics and the rich thinking on clinical education that they offer. The second is to note how much of this work is written by people from outside the United States. While U.S. clinicians have been involved in some of these publications, examples below show the small percentage that U.S. authors comprise. In the main, that is a positive sign of the growth and maturity of clinical education outside the United States. Some books also focus explicitly on another part of the world and appropriately are written by people living in those regions.

A small number of U.S. contributors, though, would be problematic if this reflected detachment of U.S. clinicians as colleagues in a growing clinical world. It more likely reflects the limited hours in a busy clinician's day and the time required by the challenges facing U.S. clinical clients, which unfortunately are growing by the day, as well as the demands of clinical teaching. Part III seeks to advance a brainstorming process about ways that the CLR and others can provide time-effective gateways for busy CLR readers to connect with the broader clinical world to enhance access to mutual experience and

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<sup>28</sup> See Wilson, *supra* note 14 at nns.25-31 for references to some earlier works.

scholarly reflections on it toward the shared goal of making the world a fairer place.<sup>29</sup>

Before turning to the books and journals discussed below, a note about language and scholarly approach. I did not learn any language but English well when young, and my success in language study as an adult has been limited so I generally am limited to English-language materials.<sup>30</sup> People whose language facility is limited to English, though, are lucky that today English often is the medium for international scholarly exchange. Nonetheless, in some parts of the world with long clinical history, many clinics, and significant clinical writing, proficient English-speaking clinicians are less common, *e.g.*, Spanish language countries in the Americas, Russia, Ukraine.<sup>31</sup>

The books and journals in Part II are published in English, and Part III's suggestions for global initiatives in clinical education assume

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<sup>29</sup> In 2003, I was privileged to contribute to a CLR issue honoring the 25th anniversary of the publication of Gary Bellow & Bea Moulton's pioneering clinical theory work, *THE LAWYERING PROCESS: MATERIALS FOR CLINICAL INSTRUCTION ON ADVOCACY* (1978). With the greater privilege of taking three clinical courses from Gary in law school, my article was the "letter I wished I had written" while he was alive because of those courses' profound effect on my life. Leah Wortham, *The Lawyering Process: My Thanks for the Book and the Movie*, 10 *CLIN. L. REV.* 399, 400 (2003). The article finished with *A Closing Word on Passion for Justice and Joy* in which I discuss the passion Gary retained until his untimely death for trying to make the world a fairer place. *Id.* at 466-468. I speculated that perhaps he could retain this passion, despite the world's persistent resistance to fairness, through working with clinical students who "did not know yet what cannot be done," drawing on the characterization of clinical students' capacity to inspire supervisors from an advocate working at the newly-created Jagiellonian Human Rights Clinic in Kraków. *Id.* at 468.

<sup>30</sup> Every little bit helps though. Despite a fair amount of Polish study, I still cannot form sentences or understand conversations. The language's diacritical mark system, though, renders pronunciation uniform (unlike English) so pronunciation has been manageable to learn. And an understanding of grammatical structure and common words at least allows me to realize what Google Translate, which is constantly improving, gets wrong such that I could co-author an article based heavily on Polish sources without relying totally on my Polish co-author for reading them. Fryderyk Zoll & Leah Wortham, *Judicial Independence and Accountability: Withstanding Political Stress in Poland*, 42 *FORDHAM INT'L L.J.* 875 (2019).

<sup>31</sup> Richard Wilson referred me to *Red Latinoamericano de Clinicas Juridicas*, with members from all over Latin American, which publishes articles and books almost exclusively in Spanish and Portuguese. Although their website has not been recently updated, they are holding an upcoming meeting in Colombia, <http://www.clinicasjuridicas.org/>. See also T.V. Hudoikina, *Current Status and Development Prospects of Legal Clinics in Russia*, 19 *EUR. RES. STUD.* 211, 216 (2016) (referring to 220 Russian clinics); <https://codolc.com/> (website of the Russian Center for Development of Legal Clinics); Andrii Halai, *Quality Indicators of Activities of Legal Clinics: Ukrainian Experience*, 3 *ASIAN J. OF LEGAL ED.* 208, 210 nns. 2-4 (referring to literature in Ukrainian on the country's long clinical history and 60 legal clinic responses to a questionnaire of the Association of Legal Clinics of Ukraine (ALCU)). While proficient English-speaking clinicians in Ukraine are still relatively rare, the ALCU has an excellent website in English. <https://legalclinics.in.ua/en/home/>.



English as a common medium although some suggestions could be adapted to work through translation or solely in another language. Some U.S. clinicians have worked in other languages with international clinicians throughout their careers, *e.g.*, Richard Wilson and Richard Boswell. European clinicians also have bridged the language gap to some regions, *e.g.*, Spanish and Italian clinicians with Spanish speakers outside Europe, French clinicians in working with a Francophone clinical network, Central and Eastern European clinicians who speak Russian and can communicate across differences among other Slavic languages. I expect the younger generation of U.S. clinicians includes more who are multilingual than those who came before, whether through study, as native speakers of another language, or having grown up with parents or grandparents for whom English is not a first language. This should help enhance the United States' ability to participate in a global clinical community.

I now turn to eight books published outside the United States, including varying degrees of U.S. participation, that demonstrate the growth of clinical education and the growing maturity of international clinical scholarship.

Frank Bloch's ground-breaking 2011 Oxford University Press book surveyed the growth of the "global clinical movement" with 25 chapters on regions and conceptual themes. The book has authors from 18 countries.<sup>32</sup> Fourteen of the 50 authors lived in the United States at publication, and many of the U.S. writers have spent considerable time in other countries. In 2013, the book was translated into Spanish by two Spanish clinical pioneers, Diego Blázquez-Martin and José García-Añón.<sup>33</sup>

Seven additional books, all published since 2015, bring together multinational author groups in collections about legal education. Five of the seven define their scope as clinical education while two more include substantial portions related to clinical education and with clinical authors. The books are listed in chronological order beginning with the most recent publication. While many of the authors come from beyond countries with English as a first language, all are pub-

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<sup>32</sup> THE GLOBAL CLINICAL MOVEMENT: EDUCATING LAWYERS FOR SOCIAL JUSTICE (Frank S. Bloch ed., 2011) (authors from Argentina, Australia, Brazil, Canada, Chile, China, Colombia, England, Hungary, India, Japan, Kenya, Mexico, Nigeria, Poland, Russia, South Africa, Spain, Thailand, United States). In a border-crossing world, geographic assignment of a person to a single country often is an oversimplification. One Bloch author who had long worked in Hungary was listed there although she was born in Moldova and has Romanian citizenship. The person listed in Kenya began his clinical work there but, at the time of writing, was working in South Africa. An American citizen is listed in Thailand given that he has lived and worked in Southeast Asia for at least 15 years.

<sup>33</sup> EL MOVIMIENTO GLOBAL DE CLINICAS JURIDICAS: FORMANDO JURISTAS EN LA JUSTICAS SOCIAL (Tirant lo Blanch 2013).

lished in English.

—In July 2019, Cecilia Blengino from the University of Turin, Italy, and Andrés Gascón-Cuenca from the University of Valencia, Spain, published a collection of works from Italian and Spanish clinicians with a Preface by my Catholic University colleague Catherine Klein.<sup>34</sup>

—Northumbria University professors Chris Ashford and Paul McKeown brought together contributors from Australia, the Czech Republic, Nigeria, the United Kingdom, and the United States for *SOCIAL JUSTICE AND LEGAL EDUCATION* published in 2018.<sup>35</sup> One of the 22 authors, Ruthann Robson, is from the United States.<sup>36</sup>

—English clinician Richard Grimes, who has worked in many parts of the world, edited *RE-THINKING LEGAL EDUCATION UNDER THE CIVIL AND COMMON LAW*, with contributions from 27 authors from 15 countries, many of whom are clinicians.<sup>37</sup> One author of the 27, Philip Genty, is on a U.S. faculty.

—English clinicians Linden Thomas, Steven Vaughan, Bharat Malkani, and Theresa Lynch published *REIMAGINING CLINICAL LEGAL EDUCATION* in 2018. The initial eleven chapters are written by clinicians from England and Wales.<sup>38</sup> Three final chapters add “reimagining” perspectives from other parts of the world: U.S. clinician and Global Alliance for Justice Education (GAJE) Co-President Lisa Bliss on the United States;<sup>39</sup> Czech Clinician Maxim Tomoszek, who is just completing seven years as President of European Network for Clinical Legal Education (ENCLE), on Continental Europe;<sup>40</sup> and from Jeff Giddings, an Australian clinical professor with extensive in-

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<sup>34</sup> *EPISTEMIC COMMUNITIES AT THE BOUNDARIES OF LAW: CLINICS AS A PARADIGM IN THE REVOLUTION OF LEGAL EDUCATION IN THE EUROPEAN MEDITERRANEAN CONTEXT* (Cecilia Blengino & Andrés Gascón-Cuenca eds., 2019), <https://www.ledizioni.it/prodotto/epistemic-communities-at-the-boundaries-of-law/>.

<sup>35</sup> *SOCIAL JUSTICE AND LEGAL EDUCATION* (Chris Ashford & Paul McKeown eds., 2018).

<sup>36</sup> As in note 32, national classification is complex. One of the English authors has written substantially on Canada, but her bio is not clear on whether she “is” Canadian, for whatever that means.

<sup>37</sup> *RE-THINKING LEGAL EDUCATION UNDER THE CIVIL AND COMMON LAW: A ROAD MAP FOR CONSTRUCTIVE CHANGE* (Richard Grimes ed., 2018). Counting countries and ascribing origin involved some tricky classifications here too, e.g., the Belarussian who lives in Poland and worked for a time in Southeast Asia, separating Scotland from England and Wales for this purpose because the some differing approaches to legal education and legal systems despite all being in the United Kingdom.

<sup>38</sup> *REIMAGINING CLINICAL LEGAL EDUCATION* (Linden Thomas, Steven Vaughan, Bharat Malkani, & Theresa Lynch eds., 2018).

<sup>39</sup> Lisa Radke Bliss, *Reflections on Reimagining Clinical Legal Education*, *id.* at 237.

<sup>40</sup> Maxim Tomoszek, *Reflections on Clinical Legal Education in Continental Europe*, *id.* at 245.

ternational experience.<sup>41</sup>

—Alberto Alemanno and Lamin Khadar, two international authors associated with the New York University and HEC Paris (École des Hautes Études Commerciales de Paris) cooperation in the European Union (EU) Public Interest Clinic,<sup>42</sup> edited *REINVENTING LEGAL EDUCATION: HOW CLINICAL EDUCATION IS REFORMING THE TEACHING AND PRACTICE OF LAW IN EUROPE* with Cambridge University Press in 2018.<sup>43</sup> As has been noted in footnotes about some other works, national classification is tricky with the border-crossing backgrounds of many of the book's authors, and editors of this book, but only one of the 25 contributors, Philip Genty, is primarily based at a U.S. law school.<sup>44</sup>

—Mutaz M. Qafisheh and Stephen Rosenbaum teamed to produce *EXPERIMENTAL LEGAL EDUCATION IN A GLOBALIZED WORLD: THE MIDDLE EAST AND BEYOND*.<sup>45</sup> Some chapters concern other aspects of “experimental legal education,” but most chapters concern clinical education. While concentrating mainly on the Middle East, the book includes experience from some additional countries and chapters on cross-cutting concepts. From the biographical sketches, nine of the 34 contributors (including co-editor Rosenbaum) seem they could be termed “U.S.,” although this included U.S. clinicians writing about work with programs in other countries and people with connections to multiple countries.<sup>46</sup>

—Indian law professor Shuvro Sarker edited a 2015 book with chapters on clinical education development in countries throughout Asia and beyond, *e.g.*, Israel, Palestine, Turkey.<sup>47</sup> Linking a nationality to the 23 contributors was particularly complex.<sup>48</sup> Three of the six contributors it seemed might be termed from the United States are people who have lived and worked in Asia and were writing about that experience, at least two of them having lived there for many years.<sup>49</sup> Only three were based at U.S. law schools.

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<sup>41</sup> Jeff Giddings, *A View from the South (And I Don't Mean Portsmouth)*, *id.* at 251.

<sup>42</sup> <http://euclinic.eu/>.

<sup>43</sup> *REINVENTING LEGAL EDUCATION: HOW CLINICAL EDUCATION IS REFORMING THE TEACHING AND PRACTICE OF LAW IN EUROPE* (Alberto Alemanno & Lamin Khadar eds., 2018).

<sup>44</sup> *Id.* at viii-ix, (List of Contributors) plus information in the chapters or in googling, which indicates some authors' multiple national contacts.

<sup>45</sup> *EXPERIMENTAL LEGAL EDUCATION IN A GLOBALIZED WORLD: THE MIDDLE EAST AND BEYOND* (Mutaz M. Qafisheh & Stephen A. Rosenbaum eds., 2016).

<sup>46</sup> *Id.* at xvii-xxvi (The Editors & Contributors).

<sup>47</sup> *CLINICAL LEGAL EDUCATION IN ASIA: ACCESSING JUSTICE FOR THE UNDERPRIVILEGED* (Shuvro Prosun Sarker ed., 2015).

<sup>48</sup> *Id.* at xiii-xiv (List of Contributors).

<sup>49</sup> For example, U.S. JD and California bar member, Helena Whalen-Bridge is an Associate Professor at the National University of Singapore; U.S. JD and Florida bar member

Doubtless there are other important international clinical education books from the past ten years, in English and other languages. I mention two additional books about clinical education by solo authors.

In 2018, Cambridge University Press published Richard Wilson's sweeping work, *THE GLOBAL EVOLUTION OF CLINICAL LEGAL EDUCATION: MORE THAN A METHOD* (2018). Wilson's overall thesis is that clinical education has continued to spread because the power of experiential education for adult learners is not culturally bound and is a method of value worldwide regardless of the legal system. The last seven chapters of the book document the growth of clinical legal education in the civil law world and add chapters on the Middle East and Western Europe, where there has been particular growth since the publication of Bloch's 2011 book. Illustrating the point later in this Part that working outside the United States prompts a deeper perspective on it, Ann Shalleck's remarks as a panelist for a March 5, 2019 American University Washington College of Law panel honoring the publication of Wilson's book focused on the value of his counter narrative on U.S. legal education showing that U.S. clinical roots are much deeper than the usual significant start placed in the late 1960s and early 1970s and that the Langdellian case method and its experiential opponents battled over a much longer period than usually reported. Wilson recounted how writing a book about global clinical education led him deeply into comparative research on U.S. legal education history, which grew to become one third of the book.<sup>50</sup>

Australian clinician Jeff Giddings' 2013 book, *PROMOTING JUSTICE THROUGH CLINICAL LEGAL EDUCATION*, draws on research for his PhD dissertation on influential factors in clinic sustainability.<sup>51</sup> He reflects on four case studies from Australian law schools with insights drawn from other regions as well.<sup>52</sup>

The following likely does not pick up all international and national journals outside the United States that focus on clinical writing, particularly ones published in other languages. It, though, provides some significant examples of the flowering of journals supporting clinical scholarship.

Northumbria University in Newcastle upon Tyne, England, com-

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Bruce Lasky is a Co-Founder and Director of Bridges Across Asia Southeast Asia Clinical Legal Education (BABSEACLE) and has lived in Southeast Asia for at least 15 years.

<sup>50</sup> E-mail from Jayesh Rathod (Feb. 27, 2019, 16:04 EST)(on file with the author) (invitation to March 5 event and program, author's notes on comments by Ann Shalleck and Richard Wilson at the event).

<sup>51</sup> Jeff Giddings, *PROMOTING JUSTICE THROUGH CLINICAL LEGAL EDUCATION* (2013).

<sup>52</sup> *Id.* at Chapters 6-9 (Australian case studies) and Chapter 5 (insights including from the Chile, South Africa, the United Kingdom, and the United States).

menced publishing the *International Journal of Clinical Legal Education* (IJCLE) in 2000.<sup>53</sup> IJCLE's 26 volumes are now freely downloadable on-line.<sup>54</sup> IJCLE hosts an annual conference in part to encourage scholarly exchange and publication.<sup>55</sup> These annual conferences often are co-hosted with international, regional, and national organizations such as the GAJE, ENCLE, and the Association for Canadian Clinical Legal Education (ACCLE). Northumbria now also has published three volumes of the *International Journal of Public Legal Education*, encompassing programs often called street law or community literacy as well as public legal education.<sup>56</sup>

The *Asian Journal of Legal Education* commenced publication in 2014 and now has five volumes comprising ten issues.<sup>57</sup> While the scope of the journal is more broadly about legal education, a considerable number of the articles are on clinical education. The geographic focus of clinical articles has included Afghanistan, Bangladesh, China, Croatia, Germany, India, Iran, Nigeria, Palestine, Poland, Thailand, and Ukraine as well as publishing conceptual pieces cutting across the clinical experience. Like the U.S. *Journal of Legal Education*, its Australian and U.K. counterparts, *Legal Education Review* and *The Law Teacher*, also publish articles on clinical education.<sup>58</sup>

The Nigerian Network of University Legal Aid Institutions (NULAI) has published three volumes of the *African Journal of Clinical Legal Education and Access to Justice*.<sup>59</sup> The Polish Legal Clinics Foundation (FUPP) commenced publication of *Klinika* in 2000, shortly after establishment of the first clinical programs in Poland in 1997.<sup>60</sup> The early issues were published in Polish, English, and Russian although more recently only in Polish with an occasional article in English.<sup>61</sup> Filip Czernicki, the Foundation's President and GAJE Co-President, pointed out that *Klinika* took its inspiration from the CLR and designed its cover page, as it continues to today, to resemble the CLR.<sup>62</sup> In 2012, the Polish Ministry of Science and Higher Education

<sup>53</sup> <http://www.northumbriajournals.co.uk/index.php/ijcle/about/history>.

<sup>54</sup> <https://www.northumbriajournals.co.uk/index.php/ijcle/issue/archive>.

<sup>55</sup> <https://www.northumbriajournals.co.uk/index.php/ijcle> (IJCLE Conference).

<sup>56</sup> <https://www.northumbriajournals.co.uk/index.php/ijple/issue/archive>.

<sup>57</sup> <https://journals.sagepub.com/home/ale>.

<sup>58</sup> <https://ler.scholasticahq.com/> (LEGAL EDUCATION REVIEW); <https://www.tandfonline.com/loi/ralt20> (THE LAW TEACHER).

<sup>59</sup> <https://www.nulai.org/index.php/media1/nulai-journals>.

<sup>60</sup> For a history of clinics in Poland, see Katarzyna Ważyńska-Finck, *Poland as the Success Story of Clinical Legal Education in Central and Eastern Europe: Achievements, Setbacks, and Ongoing Challenges* in Alemanno & Khadar, *supra* note 43 at 44.

<sup>61</sup> <http://www.fupp.org.pl/kliniki-prawa/publikacje/czasopismo-klinika> (Polish); <http://www.fupp.org.pl/en/legal-clinics/publications/klinika-journal> (English); <http://www.fupp.org.pl/ru/yuridicheskiye-kliniki/publikacje/zhurnal-klinika> (Russian).

<sup>62</sup> E-mail from Filip Czernicki, (July 22, 2019, 11:38 EST) (on file with the author).

placed *Klinika* on the list of scholarly journals with point values for faculty publication in them, which are important to the ranking and funding allocation of Polish universities.<sup>63</sup> Law students in Germany launched the *German Legal Education Journal*, primarily focused on clinical education, which published four volumes.<sup>64</sup>

Before turning to a discussion of ways to encourage international exchange in Part III, I briefly will describe experiences that shaped my perspective and state what I think to be the most important reason for teachers and scholars (and indeed anyone) to look beyond the borders of their day-to-day life. The systems, structures, and patterns that surround us are difficult to see critically from inside. We often accept them as a given and assume others organize their world as we do. Stepping outside and comparing what we know from our own country to how things are done elsewhere is one of the most effective ways to develop critical and conceptual thinking.<sup>65</sup> This may be particularly challenging (and beneficial) for those of us who live in a country as large and with as much effect on the rest of the world as the United States.

Since 1995, I have worked in 33 countries<sup>66</sup> in at least one of four areas: clinical legal education, legal education reform more generally, teaching legal ethics, and legal profession regulation. Some of this work was at conferences or workshops including participants from additional countries, so I have been fortunate to learn about how things are done in a broad swath of the world. Poland has been my most sustained contact having been there 39 times.<sup>67</sup> I have had sustained multi-year contacts with colleagues and multiple visits to some other countries as well. For seven years, I worked with the Academic Fellows Program (AFP) funded by the Higher Education Support Program of the Open Society Foundation. Its mission was to strengthen

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<sup>63</sup> <http://www.fupp.org.pl/kliniki-prawa/publikacje/czasopismo-klinika>.

<sup>64</sup> <http://b-s-r-b.de/german-journal-of-legal-education/archiv/>.

<sup>65</sup> Differences worth comparison, of course, exist within a country. I found seeing how other law schools did things differently during ABA accreditation visits to be extremely useful in thinking about my home school's approach more analytically; *see also* Berman, *supra* note 21 at 184 (student quotes on how the Suffolk-Haifa exchange made them more critical of their own legal systems).

<sup>66</sup> Albania, Argentina, Australia, Bulgaria, Canada, Croatia, Czech Republic, France, Georgia, Hungary, India, Italy, Japan, Jordan, Kazakhstan, Kyrgyz Republic, Latvia, Macedonia, Mexico, Montenegro, Myanmar, Nigeria, Norway, Poland, Russia, Singapore, Slovakia, South Africa, Spain, The Philippines, Turkey, Ukraine, United Kingdom.

<sup>67</sup> Catholic University Law School (CUA) has conducted a summer law program in cooperation with Jagiellonian University since 1992. My personal involvement began in 1996 when Catherine Klein and I worked with Jagiellonian on establishment of their clinical program. In 2003, I became director of an American Law Certificate Program (ALP) that CUA teaches for Jagiellonian as well as an LLM program in which students take the ALP and summer program and a summer at the CUA Washington DC campus.

higher education in the region from the Caucasus to Mongolia. AFP worked in 14 academic disciplines including law. In my role working with junior academics in the region as a non-resident International Scholar and for five years as a co-coordinator of the law discipline group, I spent considerable time thinking about how to bridge the gap to international publication for that group of early-career teachers in countries recently emerging from the Soviet Sphere; strongly influenced by the civil law, as well as Soviet, legal traditions; and working within incentive structures of their own higher education systems.<sup>68</sup> I also have considerable experience in reading and editing scholarly work and day-to-day communications of lawyers, law students, and law teachers for whom English is not a first language as well as people who are native or otherwise fluent English speakers but trained in English usage different from that of U.S. English.<sup>69</sup>

These experiences, and my recent review of books and journals cited above, prompt the following non-exclusive, preliminary list of topics upon which experience elsewhere could be interesting and useful to U.S. clinicians as well as the suggestions for cooperative endeavors in Part III. The topic list is as follows:

—models prompted by systems in which student practice rules were infeasible at least in early clinical stages including “unbundled” legal services,<sup>70</sup> investigation and policy clinics,<sup>71</sup> and varying forms of cooperation with lawyers outside academia;<sup>72</sup>

—extensive and innovative use of street law and public

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<sup>68</sup> In each of my multiple rereadings of the four editions of Merryman’s classic work on the civil law tradition, I gain a little more understanding of the differing approach to law, legal academia, preparation for legal professions, and legal systems in the civil law tradition, the influence of which go beyond Europe and Latin America mentioned in the title to most of the rest of the world outside common law countries. John Henry Merryman & Rogelio Pérez-Perdomo, *THE CIVIL LAW TRADITION: AN INTRODUCTION TO THE LEGAL SYSTEMS OF EUROPE AND LATIN AMERICA* (4th ed. 2019).

<sup>69</sup> See, e.g., *THE NEW LAW SCHOOL: REEXAMINING GOALS, ORGANIZATION AND METHODS FOR A CHANGING WORLD* (Daniela Ikawa & Leah Wortham eds., 2010), <https://www.pilnet.org/public-interest-law-resources/34-the-new-law-school-reexamining-goals-organization-and.html>.

<sup>70</sup> See, e.g., Wortham, *supra* note 20 at 624-627 (legal opinion model developed by Polish clinics replicated in some other countries in civil law systems).

<sup>71</sup> See, e.g., Maria Marqués I Banqué, *Toward the Institutionalization of Legal Clinics in Spain: The Environmental Law Clinic at Rovira I Virgili University*, in Alemanno & Khadar (eds.) *supra* note 43 at 93 (policy clinic as well as advising clients and some mediation); Eva Brems & Stijn Smet, *The Human Rights Clinic at Ghent University*, *id.* at 209 (clinic working on human rights-related projects brought to them by international non-profit organization and international partners).

<sup>72</sup> See, e.g., Marzia Barbera, *The Emergence of an Italian Clinical Legal Education Movement: The University of Brescia Law Clinic*, in Alemanno & Khadar (eds.) *supra* note 43 at 59 (hybrid model live-client clinic developed in cooperation with private practitioners).

education;<sup>73</sup>

—clinical cooperation across national borders, particularly in areas like migration and refugee law and when workers from one country supply much of the labor pool for lower-wage jobs in another;<sup>74</sup>

—varying objectives for standards for clinical programs and best practices, reasons for choosing to do one or the other, and the range of topics to include;<sup>75</sup>

—use of technology within clinics and for client information and use;<sup>76</sup>

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<sup>73</sup> Street law projects abound around the world. South African David McQuoid-Mason and U.S. clinician Edward O'Brien were street law pioneers working together and with other parts of the globe, *see, e.g.*, their early work, David McQuoid-Mason, et. al., *DEMOCRACY FOR ALL: EDUCATION TOWARDS A DEMOCRATIC CULTURE* (1994). For many years, Georgetown clinician Richard Roe generously included budding and experienced street law teachers and students in GULC's annual Street Law training in Washington, DC with participants who then returned to home countries to develop and improve programs; *see, e.g.*, Sean Arthurs, Melinda Cooperman, Jessica Gallagher, Freda Grealy, John Lunney, Rob Marrs, & Richard Roe, *From Zero to 60: Building Belief, Capacity and Community in Street Law Instructors in One Weekend*, 24 *INT'L J. CLIN. LEGAL EDUC.* 118 (2017). Middlesex University and the Open University in London also host street law trainings attended by faculty and practitioners from around the world, e-mail from Richard Roe (July 21, 2019 12:09 EST) (on file with the author). As discussed previously, Northumbria University now publishes a public education journal, *supra* note 56 and accompanying text. *See also* Ajay Pandey & Sheena Shukkur, *Legal Literacy Projects: Clinical Experience in Empowering the Poor in India*, in Bloch (ed.) *supra* note 32 at 253.

<sup>74</sup> *See, e.g.*, Ulrich Stege, *How Clinical Education is Crossing Borders*, in Blengino & Gascón-Cuenca, (eds.), *supra* note 34 at 141 (regarding migration and asylum in the Mediterranean including cooperation between the University of Bordeaux in France with the University of Rabat in Morocco, German clinics assisting refugees on Greek Islands, cooperation of the International University College of Turin in Italy with clinics in Tunisia and Morocco). Indonesian and Malaysian clinicians cooperated on a clinical program to assist Indonesians and other migrant workers in Malaysia, e-mail from Leni Widi Mulyani, University of Bandung, Indonesia, (July 21, 2019, 11:14 EST) (on file with the author).

<sup>75</sup> Leah Wortham, USAID, *A Role for Regulations Standards, Best Practices, and Monitoring in Building Strong Clinical Legal Education Programs* (2017), [https://newjustice.org.ua/wp-content/uploads/2017/09/New-Justice\\_Report\\_Legal-Clinics\\_Leah-Wortham\\_07.20.2017\\_ENG.pdf](https://newjustice.org.ua/wp-content/uploads/2017/09/New-Justice_Report_Legal-Clinics_Leah-Wortham_07.20.2017_ENG.pdf); Leah Wortham, USAID, Annex A – International Standards and Best Practices on Clinical Legal Education, in *Expanding and Strengthening Legal Clinical Education in Ukraine 10-14* (2019) (on file with the author) (results of literature search, response to listserv postings, and individual inquiries on the worldwide range of approaches); *see also* Adrian Evans, Anna Cody, Anna Copeland, Jeff Giddings, Peter Joy, Mary Anne Noone, & Simon Rice, *AUSTRALIAN CLINICAL LEGAL EDUCATION: DESIGNING AND OPERATING A BEST PRACTICE CLINICAL PROGRAM IN AN AUSTRALIAN LAW SCHOOL* (2016).

<sup>76</sup> *See, e.g.*, Ann Thanaraj & Michael Sales, *Lawyering in a Digital Age: A Practice Report Introducing the Virtual Law Clinic at Cumbria* 22 *INT'L J. CLIN. LEGAL EDUC.* ci (2015) (U.K.); Ann Thanaraj, *Studying Law in a Digital Age: Preparing Law Students for Participation in a Technologically-Advanced Multidisciplinary and Complex Professional Environment*, 37 *NOTTINGHAM L.J.* 62 (2018) (U.K.); Laurens Grové, University of Pretoria Law Clinic, South Africa, *Technology as an Access to Justice Capacity Multiplier in Law Clinics*, IJCLE/ENCLE Conference, Bratislava, Slovakia, July 4, 2019 (Power Point presentation on file with the author).



—the prevalence in some countries of student-initiated clinics and larger role for students in operation and management of clinics than is common in better-resourced U.S. clinics;<sup>77</sup>

—work on learning outcomes and assessment in countries where national and university requirements in these regards are older and more formal than those in the United States;<sup>78</sup>

—the way that clinical education is changing the concept of law as understood in civil law systems away from a more rule-based, positivist conception to one that is more process-oriented, concerned with values, and indeterminate;<sup>79</sup>

—involvement of clinical educators in national and international dialogue about legal aid and access to justice;<sup>80</sup>

—the perennial issue, familiar to U.S. clinics, of reconciling project-based funding (“soft money” in U.S. terms) with student educational objectives;<sup>81</sup>

—voices from other countries on the centrality of social justice in clinical education.<sup>82</sup>

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<sup>77</sup> See, e.g., Nora Markard, *The Refugee Rights Movement and the Birth of Clinical Legal Education in Germany*, in Alemanno & Khadar (eds.), *supra* 43 at 163; Jan-Gero A. Hannemann & Jan Lampe, *Student Clinical Legal Services in China and Germany: An Analysis of the Status Quo*, in Qafisheh & Rosenbaum (eds.) at 394; Judith Büschleb & Julian Udich, *Bucerius Law Clinic: A Model for a Student-Run Legal Clinic*, *id.* at 406.

<sup>78</sup> See, e.g., issue no. 1 of Volume 23 of the INT'L J. OF CLIN. LEGAL EDUC. (devoted to assessment in clinical legal education with authors from Australia, England, the Netherlands, Scotland, and Spain); Jonny Hall, *An Integrated Law Curriculum: Balancing Learning Experiences to Achieve a Range of Learning Outcomes*, 5 J. INT'L & COMP. L. 71 (2018) (U.K.); Neil Gold, *Clinic is the Basis for Complete Legal Education: Quality Assurance, Learning Outcomes and the Clinical Method*, 22 INT'L J. OF CLIN. LEGAL EDUC. 1 (2015) (Canada).

<sup>79</sup> See, e.g., Jose García-Añón, *Teaching Legal Ethics Under the Civil Law*, in Grimes (ed.) *supra* note 37 at 96; Pilar Fernández-Artiach Jose García-Añón Ruth M. Mestre i Mestre, *Birth, Growth and Reproduction of Clinical Legal Education in Spain*, *id.* at 145; Diego Blázquez-Martin, *The Relative Significance of Legal Tradition and Legal Education Reform*, in Ikawa & Wortham (eds.), *supra* note 69 at 23.

<sup>80</sup> See, e.g., Andrés Gascón-Cuenca, *The Crisis of the Welfare State and the Worsening of Access to Justice: The Role of the University and of the Clinical Legal Movement in Spain and Italy*, in Blengino & Gascón-Cuenca, eds., *supra* note 34 at 43; Jose García-Añón, *Access to Justice and the Impact of European Legal Clinics in Case Law*, *id.* at 63; Marzia Barbera and Veneta Protopapa, *Access to Justice and Legal Clinics: Developing a Reflective Lawyering Space, Some Insights from the Italian Experience*, 27 IND. J. GLOBAL LEGAL STUD. (forthcoming 2020).

<sup>81</sup> See, e.g., e-mail from Odinakaonye Lagi, Program Director Network of University Legal Aid Institutions Nigeria (NULAI) (July 18, 2019, 11:07 EST) (on file with the author) (giving as examples externally-funded projects directed toward reducing the pre-trial detention population in a particular prison and another across Nigeria).

<sup>82</sup> See, e.g., Ashford & McKeown, *supra* note 35; Shuvro Prosun Sarker, *Empowering the Underprivileged: The Social Justice Mission for Clinical Legal Education in India*, in Sarker (ed.) *supra* note 47 at 177; Luke Marsh & Michael Ramsden, *Pathways to Social Transformation through Clinic: Developing a “Social Justice” Culture in Hong Kong*, *id.* at 229.

These topics comprise just a handful of those that might benefit U.S. clinicians in seeing how clinical education models have been adapted in varying contexts and reflections from outside the United States on challenges and opportunities common to clinical education throughout the world. Likewise the citation or two given are only illustrative and do not reflect the breadth and depth of experience and literature on the topics.

### III. LET THE BRAINSTORMING BEGIN: IDEAS FOR THE *CLINICAL LAW REVIEW* AND THE WIDER INTERNATIONAL CLINICAL COMMUNITY

The *Clinical Law Review* has been, and should continue to be, a place that U.S. clinicians think of in submitting work for publication. If the CLR had strict limits on the number of articles or pages it could publish, this might justify a focus limited to U.S. clinical scholarship. CLR space, though, does not seem to be a strictly a zero-sum game in the sense that space devoted to voices outside the U.S. necessarily means less space available for U.S. clinicians' work. I was on the initial CLR Board of Editors, and my term expired in 1997. Hence, my internal Board experience is from the CLR's early days. For this piece, though, I took two cruises through the first 25 volumes. The size of issues and volumes varied quite a bit from year to year. I assume, perhaps wrongly, that what the CLR has published reflects more the editors' sense of what was publication-worthy in a particular year than an absolute page limit. I recall instances, including for this issue, when a themed issue or publication of conference papers generated an unusual number of works, and the editors asked for volunteers among past editors. As with the Lake Arrowhead conference papers discussed in Part I, the CLR appears to have considerably expanded its pages and numbers of papers when a conference produced a group of useful works.<sup>83</sup>

Options for U.S. writers to publish their work are much broader than they were in 1994, *e.g.*, the peer-reviewed international journals previously listed. For example, ICJLE, another peer-edited journal, has published a number of works by U.S. writers. Thanks in large part to the CLR's legitimization of the field, much clinical work is pub-

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<sup>83</sup> For example, the CLR published papers from a symposium on the MacCrate report from a Midwest regional clinical conference, a Rutgers-Newark Conference on *The Social Justice Mission of Clinical Legal Education*, papers from several externship conferences, a collection of papers and speeches from the AALS-ABA-CLEA Celebration of the 40th anniversary of the Council on Legal Ethics for Professional Responsibility (CLEPR), works from an AALS Conference on *Clinical Legal Education at Generational Crossroads*, and a symposium celebrating the 25th anniversary of Gerald López's book, *REBELLIOUS LAWYERING: ONE CHICANO'S VISION OF PROGRESSIVE LAW PRACTICE* (1992).

lished in other U.S. law journals as well.

The CLR, of course, does not have infinite capacity in human or financial resources. Even if it did, I do not suggest that the CLR dramatically expand their publication of international articles toward the singular goal of diversification. Doing a good job of what the CLR does now in publishing a first-rate journal and nurturing clinical writing through the Clinical Writer's Workshop are important missions that take considerable time and should continue. Furthermore, the diffusion of publishers of excellent clinical scholarship should continue. Editors, writers, and publications should be nurtured within countries and regions as well as internationally. Stay tuned for a suggestion in how the CLR could play a constructive, multiplier role in that effort.

I also am not arguing that clinicians from outside the United States *need* the CLR as a place to publish. As described in Part II, a number of excellent options already exist and likely will continue to grow.

I advocate, however, for an expansion of voices from outside the United States in the CLR because of the important benefit to CLR readers and to the CLR's place as a preeminent clinical journal. While many international works can be accessed on-line, more than 1300 CLEA members are entitled to receive the CLR in their offices in hard copy as part of their membership. Clinicians juggle many roles, and most are chronically stretched for time. I expect, though, that most U.S. clinicians find the time to at least glance at the CLR Table of Contents in hard copy or online. Easy access to works from outside the U.S. is valuable for the reasons stated in Part II. Those works also are likely to cite to sources beyond U.S. journals, hence providing a research trail for CLR readers—a gateway to for what to look and where.

The CLR has been a preeminent figure in building and legitimizing clinical scholarship worldwide. I assume the CLR wants to continue to be seen as a clinical law review, not a law review only focused on U.S. clinical work. And, as further discussed in the Conclusion, inclusion of more non-U.S. experiences and voices is consistent with the values of openness, respect for difference, and diversity, which are foundations of the clinical community.

Discussion in preparation for this article revealed the perception, at least in some countries, that the CLR is not open to works from outside the U.S. This came particularly from countries where the barriers to publication in the CLR should be low: English-speaking countries where the institutional support for clinicians is similar to ours, *e.g.*, comparable pay and expectations regarding scholarly production

and support for it (albeit with variance among schools as in the United States). Switching to the UNIFORM SYSTEM OF CITATION (BLUEBOOK) system and U.S. differences in spelling, capitalization, and so on are hurdles, but minor ones, for native-English-speaking academics used to writing scholarly articles.<sup>84</sup>

I am sure that the CLR never has had a conscious policy of excluding non-U.S. contributors. To deal with the perception, though, a U.S. colleague usefully suggested adding text to the CLR website about its openness to authors from other countries. While the website now explains the breadth of topics on which submissions are welcome and that BLUEBOOK form is expected, it could be useful to give additional guidance about form and selection criteria, which might be particularly useful to people from outside the United States. No doubt others will have additional ideas on ways to publicize the CLR's interest in submissions including voices from outside the United States.

Potential clinical writers from beyond the affluent, English-speaking world just mentioned, though, often face more significant obstacles. The first may be language. Even fluent and highly-proficient-non-native English speakers may need help with finding a good way to express a complex idea in English. Such conversations with a native speaker quickly move from translating words to a deeper dive into the differing structures of legal systems and national histories to express the idea. While time consuming, such conversations usually are fascinating and leave both parties with a richer understanding of how something is done elsewhere and more insight into one's own world and assumptions.

There are also mundane differences in language structure. Many countries do not use articles like "a" and "the" as we do. Knowing when and when not to use these articles in English writing often comes down to whether it "sounds right" to a native speaker. Other languages commonly use prepositional phrases, *e.g.*, the cat of Harry as opposed to Harry's cat. While usage things like this are easy to fix, they take time to edit or help a foreign writer understand the shift they should make. U.S. writing is quite stripped down and direct and can sound abrupt to a cultural ear attuned to a more roundabout and elaborated style. U.S. style also values active over passive voice while elsewhere passive constructions may be assumed to be more scholarly.

As discussed in Richard Boswell's essay in this issue, impediments in resources and local support for clinical writing still exist in

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<sup>84</sup> I favor retaining BLUEBOOK citations and U.S. scholarly style. It could be reasonable, though, that works by authors from outside the United States use the British-English spelling of words common in their home countries and perhaps other minor usages on which the U.S. varies from that common elsewhere in the English-speaking world.

some U.S. law schools. They are more common, and often more extreme, elsewhere. Teaching loads likely are high. Some clinicians take on clinical work as a labor of love to improve education and address social problems in their countries without workload credit. Academics may be poorly paid and supplement their income by private practice or teaching at additional law schools. As discussed in Richard Boswell's essay in this volume regarding our own history, academia generally may have trouble recognizing clinical scholarship as "real" scholarship. While much more is available on-line, access to materials still may present problems.

To broaden the CLR's international voices from countries with language and resource challenges, I offer two suggestions. Just as the CLR has sometimes drawn on past Board members and perhaps others in the clinical community, the CLR might assemble a group of adjunct volunteers who are willing to take the time to bridge usage and expression gaps. If a writer outside the United States submits a paper offering promising experience and ideas, albeit with difficulties in style and expression, a second-read process could be in place to separate the content's value from its expression. One of the adjunct volunteers could help with at least partial editing and suggestions before the second read. If the piece were declined, this assistance presumably would be useful for revision for resubmission to the CLR or submission to another journal, and the volunteer might be willing to continue to work with the writer. If the submission were deemed to offer valuable enough ideas for the CLR to publish, an auxiliary volunteer could work with the author to more clearly express the central ideas in English; on U.S. spelling, capitalization, punctuation, and conventions different from that common in English usage elsewhere; and bridge the gap in U.S. writing and scholarly style.

A second idea is encouraging more submissions through symposia and conferences. Oral presentation of papers at conferences helps authors formulate ideas in English. Comments from other attendees sharpen thoughts. Conferences also can join co-authors from different systems. Sometimes these pairings emerge when papers on common themes are presented in the same time slot, or as with the Fordham Stein Center legal ethics conference described below, the conference call for papers can specify jointly authored by people from different systems. Symposium organizers knowledgeable in an area could issue invitations to people from other countries whom they know to be thoughtful and able to communicate complex ideas.

Particularly with some inquiry by a U.S. faculty member, some U.S. student-edited journals could be interested in publishing works from a conference. I am thinking particularly of specialized journals

focusing on international and comparative work or with a subject matter overlapping with clinical work, *e.g.*, poverty, gender, environment, policy, and law reform. While the flagship journals of at least those law schools perceived to be more prestigious receive many unsolicited submissions, specialized journals throughout U.S. law schools often are not deluged and could be interested in a group of related articles. Presumably, we have law review editors and staff among our clinical students who would be interested in partnering. Thanks in part to the CLR's work in legitimizing scholarship arising from clinical work, one assumes student-edited journals are more open to that work than they might have been 25 years ago. Law schools also sometimes are interested in hosting events for raising their profile or boosting scholarly notice to their journals.<sup>85</sup>

Readers of previous drafts reminded me of several symposia organized by U.S. clinicians with international experience that brought together international writers. Clark Cunningham organized an international conference in 2004 called *Rethinking the Licensing of New Attorneys—An Exploration of Alternatives to the Bar Exam* and another called *International Conference on the Future of Legal Education* in 2008.<sup>86</sup> Stephen Ellmann, with his deep history with South Africa, organized a conference focused on *Twenty Years of South African Constitutionalism* with published papers in the *New York Law School Law Review*.<sup>87</sup> In 2006, Elizabeth Cooper organized a regional GAJE conference on *International Collaboration in Teaching, Learning, Lawyering and Scholarship*, papers from which were published in the *Fordham International Law Review*.<sup>88</sup> Italian clinical colleague Marzia Barbera sent me the announcement of a May 2017 conference on *Access to Justice and Public Interest Law* at the University of the Andes in Bogotá, Colombia from which at least her article linking access to justice to clinical education will be published in an upcoming issue of the *Indiana Journal of Global Legal Studies*.<sup>89</sup>

My U.S. and international work crosswalks between clinical education and legal ethics. ILEC and their related organization, the International Association of Legal Ethics (IAOLE), have worked on increasing participation in their work among people from countries

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<sup>85</sup> The wonderfully organized ENCLE/IJCLE July 2019 conference had strong support from the host law school and university in part because it was one of the celebrations of the 100th Anniversary of Comenius University in Bratislava, Slovakia.

<sup>86</sup> Some articles from the 2004 conference were published in Issue 4 of 20 GA. ST. U. L. REV. (2004).

<sup>87</sup> See the Table of Contents for issue no. 1 of 60 N.Y.L.S. L. REV. (2015-16).

<sup>88</sup> See the Table of Contents for articles published in issue no. 2 of 30 FORDHAM INT'L L.J. (2007).

<sup>89</sup> Barbera & Protopapa, *supra* note 80.

influenced by the civil law tradition, the Global South, and otherwise beyond the common-law-tradition, English-speaking countries from whom the organizers and attendees of the earliest ILEC conferences primarily came. In most parts of the world, ethics applied to the practice of law is not taught in university legal education and, even if so, is not a required course. Legal clinics around the world, of course though, must consider professional responsibility concerns as part of clinic operation and provide instruction to students in critical areas like confidentiality and avoiding conflicts of interest. Hence, the “legal ethics people” in many countries of the world are clinical teachers.

The Fordham University’s Stein Center for Law and Ethics, which hosted ILEC VII at Fordham University in New York in July 2016 worked hard on diverse participation and hosted more than 400 participants from 60 countries.<sup>90</sup> Many of the international participants were clinicians. The Stein Center wished to follow up and hosted a December 2017 invitational conference for which all participants had to present a paper with someone from another legal system. Resulting papers, most of which were co-authored, were published in the *Fordham International Law Journal*.<sup>91</sup>

In discussing ways to encourage publication, Elaine Hall, Managing Editor of IJCLE and Board Member of *The Law Teacher* (a British counterpart to the U.S. *Journal of Legal Education*), commented on the value both those journals have found in encouraging co-authorship even among native English-speaking authors from the same country. For co-authorship, authors must fully work out points among themselves, and in doing so, present a more complete and understandable article to the reader.<sup>92</sup>

Thus far, I have discussed publication of conventional clinical legal education articles in the CLR and elsewhere. Below, I suggest some other ways that the CLR’s lens on international clinical work could be expanded through other features.

In its early years, the CLR experimented with features not com-

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<sup>90</sup> *The Global Face of the Ethical Lawyer*, FORDHAM L. NEWS (Dec. 13, 2016), <https://news.law.fordham.edu/blog/2016/12/13/the-global-face-of-the-ethical-lawyer/>.

<sup>91</sup> See the Table of Contents of issue no. 2 of 42 FORDHAM INT’L L.J. (2018), which contains most of the papers from the conference. A paper I co-authored with Fryderyk Zoll, whom I met in 1997 as one of the Polish clinical pioneers, was published in the next issue. Zoll & Wortham, *supra* note 30.

<sup>92</sup> For examples of writing co-authored by writers from different countries, see Rachel Spencer & Susan L. Brooks, *Reflecting on Reflection: A Dialogue Across the Hemispheres on Teaching and Assessing Reflective Practice in Clinical Legal Education*, 53 THE LAW TEACHER (forthcoming 2019) (Australia & the United States); Dubravka Aksamovic & Philip Genty, *An Examination of the Challenges, Successes and Setbacks for Clinical Legal Education in Eastern Europe*, 20 INT’L J. OF CLIN. LEGAL EDUC. 427 (2014) (Croatia & the United States).

mon to the usual student-edited law review, *e.g.*, commentary, works-in-progress, a conference transcript, submissions to the Louisiana Supreme Court regarding challenge to the student practice rule, published remarks, tributes, letters to the editor. Most of those variations, though, were in the first eight-or-so CLR volumes. The more recent volumes comprise almost exclusively articles and conference papers. Here are two ideas for additional CLR features that could open a broader window to work outside the U.S.

The CLR has published only three book reviews in its 25 volumes.<sup>93</sup> Reviews of books like those discussed in Part II could provide useful gateways to international work for CLR readers. I assume the lack of book reviews is a function of what has been submitted to the CLR rather than a policy to exclude them.<sup>94</sup> A dearth of submissions might result from some law school appointment and promotion committees weighing book reviews differently from articles. It is my sense, though, that the substantial book review essay looking critically and linking to other published work “counts” for at least many law schools so encouragement of this type of publication could still be of career benefit to clinical writers. The CLR could designate a Board member, who might work with a committee tapping resources beyond the CLR board and including some non-U.S. members likely to follow international work, who could identify books that *should* be reviewed and solicit people to review them.<sup>95</sup> The CLR also could consider a shorter and less labor-intensive book notes section.

Looking beyond books, the CLR might think of establishing “correspondent committees,” by which I mean perhaps a CLR Board member or some other knowledgeable U.S. clinician who could be teamed with two or more clinicians in another region of the world. The group would be tasked to consider annual developments in that

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<sup>93</sup> Sarah E. Burns, *Engendered Change: Review of Balos' and Fellows' Law and Violence Against Women*, 1 CLIN. L. REV. 665 (1995) (book review); Stacy Caplow, “*Deport All the Students*”: *Lessons Learned in an X-Treme Clinic*, 13 CLIN. L. REV. 633 (2006) (reviewing Brandt Goldstein, *STORMING THE COURT—HOW A BUNCH OF YALE LAW STUDENTS SUED THE GOVERNMENT AND WON* (2005)); Marla L. Mitchell, *Beyond a Book Review: Using Clinical Scholarship in Our Teaching*, 2 CLIN. L. REV. 251 (1995) (reviewing ETHICAL PROBLEMS FACING THE CRIMINAL DEFENSE LAWYER: PRACTICAL ANSWERS TO TOUGH QUESTIONS (Rodney J. Uphoff ed., 1995)).

<sup>94</sup> The CLR website says, “The Review welcomes unsolicited articles (as well as essays, comments, and other types of shorter pieces) on lawyering, clinical teaching, legal practice, or related subjects.” CLINICAL L. REV., <https://www.law.nyu.edu/journals/clinicallawreview> (last visited July 31, 2019).

<sup>95</sup> Bloch (ed.), *supra* note 32, was reviewed in two other legal education journals but not in the CLR. Sameer M. Ashar, *Review Essay—The Global Clinical Movement: Educating Lawyers for Social Justice*, 62 J. LEGAL EDUC. 193 (2012); Tribe Mkwebu, *Book Review—The Global Clinical Movement: Educating Lawyers For Social Justice*, 21 J. INT’L CLIN. LEGAL EDUC. 289 (2014).



region from published works, conference presentations, and so on that might be included in short “annual surveys” or “letters from the field” that would highlight significant events and trends and direct CLR readers to places where they could look for more information. The participating U.S. clinician could contribute a sense of what would be of interest to U.S. readers and assist with U.S. writing conventions.

The CLR also could make a major contribution by cooperating with other organizations supporting clinical work and scholarship, *e.g.*, GAJE, IJCLE, ENCLE, national clinical organizations, in helping them replicate the CLR Workshop model. As Kate Kruse’s essay in this volume discusses, CLR’s Clinical Writer’s Workshop has been a major contribution to the quality and quantity of clinical scholarship, doing more than supporting writing that will appear within its pages. Some commenters on this essay suggested greater expansion of the CLR Writer’s Workshop to people outside the United States. While I assume the Workshop is open to applications from non-U.S. writers, it seems to me CLR helping to incubate workshops like this around the world would be a better use of resources than focusing solely on expanding this annual event.

I am sure much has been learned over the 14 years the Workshops have taken place, which could be shared with national, regional, and international clinical associations that might replicate and modify the model. Entities like GAJE, ENCLE, BABSEACLE, IJCLE, NULAI, FUPP, ACCLE, the *Asian Journal of Legal Education*, IJCLE, and various other possibilities might consider how they might sponsor or cooperate in such ventures.<sup>96</sup> Some of these entities already host conferences to which a one or one-and-a-half day workshop might be added. Perhaps a future CLR Workshop could include a Train the Trainers (or I suppose more appropriately Workshop the Workshopers) feature for representatives of interested organizations to observe the CLR process and talk with organizers about what they have learned regarding making this process work well in encouraging more and higher quality scholarship. Given that New York University, the CLR host institution, has a significant global focus, perhaps a donor to the university would be interested in support for this endeavor, which would emphasize the preeminent role the CLR has played in developing the international world of clinical scholarship.

One commenter mentioned that entities like the GAJE and the

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<sup>96</sup> IJCLE sponsors a very useful annual conference with paper presentations, many of which appear in their journal or elsewhere. This is probably closest to the CLR workshops as an international effort having papers on common topics joined in sessions with commenters. To my knowledge, though, it has not included the kind of workshop focus that CLR sponsors, and this usefully might be added.

IJCLE already have developed “communities of practice” around their conferences, which support clinicians who feel isolated and unsupported in their home schools. This, of course, will resonate for U.S. clinicians because the American Association of Law Schools (AALS) Clinical Conferences and Workshops have long fulfilled this role for U.S. clinicians with the same feelings. From this model, U.S. clinicians also have developed regional meetings and meetings among clinicians doing a common type of clinical work such as the nine national externship conferences and the periodic transactional clinic conferences. I understand some of those regional meetings have expanded to replicate the CLR Workshop model.

I am one of many U.S. clinicians who have tried to interest AALS in making it easier for clinicians outside the United States to attend, through information, a reduced registration fee (especially in recognition of additional transportation costs), or some direct financial support. Perhaps the Clinical Legal Education Association (CLEA) and the AALS Clinical Section Executive Committee could brainstorm about making progress in this regard. Some organizing committees of the specialized committees have taken this task on. For example, the organizers of Externships 6 in Boston in 2012 made special efforts in this regard and were rewarded with considerably more international attendance than usual. The point related to this article is to consider ways that meetings happening anyway, in the U.S. or elsewhere, might add or sharpen a focus on encouraging expansion of the quantity and quality of international scholarly work. The first GAJE conference in India in 1999 spawned *CREATIVE CHILD ADVOCACY: GLOBAL PERSPECTIVES*, co-edited by Indian clinician Ved Kumari and Susan L. Brooks.<sup>97</sup> Bloch’s *THE GLOBAL CLINICAL MOVEMENT*, discussed in Part II, grew from the participation of people who met through GAJE conferences.

Awareness of international clinical experience and literature would be a useful criterion for at least some CLR Board members. Perhaps the Board could be expanded by a couple of people to add some non-U.S. members, with the express criteria that they be knowledgeable and interested in providing a window to scholarship outside the United States. Perhaps, individual Board members could be designated as official liaisons to entities like GAJE and IJCLE or the regional or large national clinical associations outside the U.S. These liaisons could work with their contacts to look for opportunities for cooperative efforts through which the CLR could learn about things going on elsewhere that would be useful for CLR readers and offer

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<sup>97</sup> *CREATIVE CHILD ADVOCACY: GLOBAL PERSPECTIVES* (Ved Kumari & Susan L. Brooks eds. 2004).

advice or other help where the CLR's past experience could be of help to others pioneering in similar enterprises. Above I also suggested ways to harness auxiliary volunteers when supplementary language editing and style translation is needed.

Catherine Klein and I collaborated with other U.S. academics on the section of BUILDING ON BEST PRACTICES ON *Cross-Border Teaching and Collaboration*. The section begins with eight cross-cutting principles regarding all types of cross-border academic contexts.<sup>98</sup> The section then talks about simple ways that individual U.S. teachers may assist an international colleague, even with limited support from the U.S. home institution, and become more internationally aware without a fat travel budget.<sup>99</sup>

As the title suggests, my goal in this essay is to stimulate brainstorming about resource-effective ways that the CLR could broaden its window on international clinical scholarship and other activities that would be useful whether they involve the CLR or not. The CLR already has provided a huge service to the international clinical community in its example, its publication, and its legitimization of the field of clinical scholarship. Continuing to do what the CLR has done so well for 25 years requires considerable resources. In an ever-expanding international clinical scholarly community, the CLR should not need to shoulder a major additional time burden. Rather, the point is to consider time-reasonable ways that CLR participation could benefit the CLR as an institution, CLR's readers, the overall quantity and quality of international scholarly work, and the CLR's impact on the international community. Those objectives serve the

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<sup>98</sup> (1) Develop intercultural effectiveness skills; (2) surface one's own explicit and implicit assumptions that may impede; (3) design backward from a desired outcome; (4) see cross-cultural work as an opportunity for learning on all sides, not a one-way transfer; (5) "rediscover the culture, law, and legal system of . . . home countries [when] 'see[n] . . . from the outside;'" (6) recognize the comparative advantage of all parties; (7) recognize people in unfamiliar cultures need "support for their comfort, safety, and mental well-being;" (8) the greater value of a long-term, repeated collaboration over a single short visit or short-term relationship. Kimberly D. Ambrose, William H.D. Fernholz, Catherine F. Klein, Dana Raigrodski, Stephen A. Rosenbaum, & Leah Wortham, *Cross-Border Teaching and Collaboration*, in BUILDING ON BEST PRACTICES: TRANSFORMING LEGAL EDUCATION IN A CHANGING WORLD 148-151 (Deborah Maranville, Lisa Radtke Bliss, Carolyn Wilkes Kaas, & Antoinette Sedillo López eds., 2015).

<sup>99</sup> *Id.* at 157-161 (including offering frameworks and checklists of things to think about in designing a program initiative, offering alternative models from the U.S. and elsewhere, working jointly on projects, hosting study tours with tips on how to make them work, getting access for a foreign academic to a law library on site or through a virtual connection for some research help). Pertinent to this article's subject, providing law review articles that are good exemplars of U.S. journal expectations, willingness to read and discuss drafts, and English-usage editing can be significant help.

greater end of better educating students, using law for those who need it, and working toward fairer societies.

#### CONCLUSION

The CLR both shapes and reflects the values of the clinical community. Most clinicians probably would agree those include inclusiveness, openness, and a desire to deepen cross-cultural knowledge and competence in communicating across difference. Clinical practice and scholarship are committed to critical thinking and reflection for a constant reevaluation of what we think we know and how we go about what we do. Comparison to what happens in like situations in other settings is one of the most effective ways to trigger critical reflection.

We live in a world where much more information is accessible about what is happening elsewhere. We see how often interrelated challenges like dramatic income inequality, migration, climate change, erosion of adherence to rule of law, civil public discourse, and democratic values are common to many parts of the world including the United States. Broadening awareness of clinical developments outside their day-to-day activity is challenging for clinicians everywhere given how many tasks they juggle. This essay has sought to stimulate thinking in individuals and entities about resource-effective ways to grow the body of clinical scholarship generally, enhance its quality, and make it usefully available to those who care about clinical education. The essay offers possibilities that the CLR might pursue itself or in partnership with others and encourages others to employ their own experience and creativity to discuss not only possibilities for the CLR but additional actions that could be taken by individuals; international, regional, and national organizations; and other entities interested in improving students' education, service to clients and communities, and scholarship supporting those goals.