

FOREWORD

REFLECTING ON OUR TURBULENT TIMES

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For a long period, all of us have been facing multiple overlapping crises. In a variety of ways, the last eighteen months have brought disruption, pain, and chaos to the lives of our students, clients, colleagues, and families. The future feels precarious.

Despite closures, lockdowns, and vaccines, we remain in the midst of a global pandemic. In a meaningful way, COVID-19 has been the common denominator among people from different backgrounds inhabiting distant spaces. Nearly everyone has a family member or close friend—and likely several of each—whose life or livelihood has ended or been dramatically altered because of COVID-19.

At the same time that the personal, economic, and educational loss from COVID-19 has been experienced far and wide, the virus itself, and all of the adverse aspects of the pandemic, have hit Black, Latinx, and Indigenous communities with particular force. COVID-19 has further marginalized continuously exploited communities. Responses to the pandemic have included renewed and recharged racialized violence against Asian communities, as well as racialized enforcement of pandemic-related restrictions. Elected officials and other powerbrokers, feverishly waving wands of misinformation, have weaponized the pandemic to stoke fear, paranoia, and indignation, as well as to demarcate and divide.

During the pandemic, Derek Chauvin murdered George Floyd in Minneapolis on May 25, 2020. While for many an “inflection point” and a cause for a so-called racial reckoning, Mr. Floyd’s death has continued the American tradition of law enforcement violence that is laser-focused on Black and Brown communities. The protests that followed, in cities and towns throughout the United States and abroad, demanded accountability, reckonings with the past and present, and abolishing laws, policies, systems, and institutions that preserve op-

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pression and control. In response, many elected officials, power brokers, pundits, other influencers, and followers have distorted the very essence of these protests and the messages they conveyed, to obfuscate and dodge damning realities.

On the heels of a summer of protests and platforms was a presidential election decided by the most voters in U.S. history. The result brought fury to some officials (and, also, to their constituents and followers), who responded by filing frivolous legal challenges and demanding meaningless recounts in jurisdictions they targeted by race. Through their words and deeds, they sent a clear and explicit message that the voices of their political opponents, especially in Black, Brown and Indigenous communities, should be silenced and excluded.

Sharpening all of these blows was the insurrection at the United States Capitol on January 6, 2021. The invasion and its aftermath illuminated the bright lights of White supremacy on its biggest stage, as well as the contorted, racialized interpretations of law, order, and “accountability.” Likewise, the volume and velocity of movements at the federal, state, and local levels to eradicate voting access further advance these missions to exclude and stifle diverse voices, undermine multi-racial democracy, and preserve racial control.

Related to, yet distinct from, these efforts to undermine multi-racial democracy are the multi-state campaigns to eliminate constitutionally-protected reproductive rights. Recent successes in these campaigns are designed to increase reproductive control over women’s lives and bodies, with the impact falling hardest on women rendered most vulnerable by race, poverty, isolation, and other factors. The provisions of Texas’s latest anti-abortion foray also highlight the extent to which states are once again relinquishing the constitutional protections of individuals to vigilantes, who are being emboldened and incentivized in multiple ways to inflict harm on their vulnerable neighbors. So much of what we hold dear is at risk and under attack.

Sadly, it has long been passé to proclaim that we are in urgent times. For many, the days and nights have never been otherwise. The lives of many of our clients, communities, community partners, students, and essential workers in our institutions and on our campuses are constantly under siege. They are emblematic—really, microcosms—of broader marginalization, exclusion, and suffering. However, the cascading events of the last eighteen months—including the new, shared experience of a global pandemic and calamities due to the climate crisis—have, in significant ways, compounded the collective suffering and trauma.

These times call for this symposium issue, *2020 Hindsight: The Pandemic, Protests, and Political Perils*. With respect to positioning

our students to work with, and on behalf of, the communities surrounding our home institutions and beyond, clinical legal education is the pulse and heartbeat of legal education. Many of us, along with our students, work within systems that control and oppress. Many of us—seemingly, more and more of us—are joining coalitions and movements that are working to reinvent, dismantle, or abolish these systems.

The last eighteen months have affected us, as clinical legal educators, in particular ways, given our proximity to students, clients, and communities. One overarching lesson concerns the need to adapt our teaching and legal practices to the changes and constraints that COVID-19 has imposed. Another lesson—and one that remains urgent—is the need to retool legal education to teach our students the ways in which laws, legal systems, and legal institutions plant the seeds of systemic racism and continuously water their growth. Using law to unearth these seeds is both a challenge and a necessity, if we are to forge a more just and stable future.

This symposium issue features authors who assess the impact of these tumultuous times on their clients, students, and communities. The authors reflect on their experiences adjusting to remote teaching and practice, designing new clinics in response to crises, engaging in new areas of legal practice, and teaching students how to lawyer in unknown areas and in unknown circumstances. Several authors share these experiences while also reflecting on entrenched and chronic injustice, as manifested in George Floyd’s murder. In addition, they express the longstanding urgency of addressing the ongoing diversity crisis within our clinical faculty ranks and, relatedly, of reinventing legal education. Through their essays, the contributors write collectively about the past, the present, and the future.

I. IMPACTS ON CLIENTS AND COMMUNITIES

From George Floyd’s murder in May 2020, to the physical, emotional, economic, and psychological harms of the pandemic, the last eighteen months have pried open the windows of suffering, to allow those who otherwise could not or would not gain some sense of understanding of marginalization the opportunity to do so. To put it simply, the collective response to Mr. Floyd’s murder—including the multiracial protests; the broader calls for defunding, dismantling, and abolishing policing in communities and schools; and the raft of local, state, and federal legislative bills aimed at “reforming” or “reimagining” policing—can be attributed, in large measure, to the agony of Mr. Floyd’s last breaths. Through our television screens and smartphones, we had access to his agony. Similarly, the collective experience of the

pandemic has provided some insight into the systemic conditions that have caused disparate suffering.

The contributors to this symposium explore the connective tissues of individual injustice, collective suffering, systemic oppression, legal education, and clinical legal education. Urging us all to look inward—at our teaching and ourselves—Norrinda Brown Hayat makes the definitive point that

[o]ur Black clients are no different than George Floyd, Sandra Bland, Aiyana Stanley-Jones, Trayvon Martin, Sean Bell, Philando Castile, Tanisha Anderson, Atatiana Jefferson, Charleena Lyles, Breonna Taylor, Maurice Gordon, Ahmaud Arbery, Eric Garner, Michael Brown Jr., Tamir Rice, Walter Scott, Tony McDade, and many other unarmed Black people who have been killed at the hands of the state.¹

In her essay, Binny Miller explores Derek Chauvin’s murder trial through an empathy lens and, in doing so, revisits her substantial scholarship on empathy.² Noting her wish that decision-makers see the humanity in the clients that clinical faculty and students work with and represent, she reflects that “[i]n one sense, George Floyd’s murder brought us proximate to the incredible brutality of one person, but also to a system that allows that kind of brutality to persist and thrive.”³ To address the systemic oppression and harm, Miller proposes a “different kind of empathy”; a “fierce empathy,” which she states “is rooted in compassion and a desire to bridge the differences among us but is also defined by courage and defiance.”⁴

Several contributors recount the devastating impact of COVID-19 on the health and well-being of their clients and communities. Gowri Krishna, Kelly Pfeifer and Dana Thompson, who co-teach the Community Enterprise Clinic at the University of Michigan Law School, provide an historical overview of racism, protests, rebellions, police brutality, white flight, and industry loss in Detroit, to situate the outsized harm that COVID-19 has exacted on Black Detroiters.⁵ Thus, they remind us that the inequities that have widened during the pandemic are moored to the underlying conditions of racism, poverty, and intersectionality.

Five clinical law professors who teach in medical-legal partner-

¹ Norrinda Brown Hayat, *Freedom Pedagogy: Toward Teaching Antiracist Clinics*, 28 CLIN. L. REV. 149, 150 (2021).

² Binny Miller, *George Floyd and Empathy Stories*, 28 CLIN. L. REV. 281 (2021).

³ *Id.* at 300.

⁴ *Id.* at 293.

⁵ See Gowri J. Krishna, Kelly Pfeifer & Dana Thompson, *Caring for the Souls of our Students: The Evolution of a Community Economic Develop Clinic During Turbulent Times*, 28 CLIN. L. REV. 243, 248-52 (2021).

ships at five law schools concentrate on several of these disparities. Emily Benfer, James Bhandary-Alexander, Yael Cannon, Medha Makhlof, and Tomar Pierson-Brown explain that “health justice” is focused on “the eradication of social injustice and health inequity caused by discrimination and poverty.”⁶ With this mission in mind, they detail some ways that COVID-19 has exacerbated health inequity and racial injustice. They share that “heightened income and food insecurity, the amplified impact of poor housing conditions, the threat of eviction, and the educational challenges and inequities . . . were commonplace among those living in poverty, and the clients of law clinics throughout the pandemic.”⁷

Also addressing health inequities, Catherine Siyue Chen, Fernando Cosio, Deja Ostrowski, and Dina Shek, who teach the Medical-Legal Partnership for Children in Hawai‘i (MLPC) at the William S. Richardson School of Law, share that their client communities, comprised mostly of Micronesians, have suffered some of the highest COVID-19 rates in Hawai‘i.⁸ They indicate that these heavy health tolls have been “pushed by the racial inequities driving up morbidity and mortality for Native Hawaiian and Pacific Islander . . . communities throughout the country.”⁹ They also point out that Pacific Islanders—mostly Micronesians—have suffered from another racialized health issue during the pandemic—over-policing—as law enforcement has ticketed them disproportionately for “pandemic-related violations.”¹⁰

For Black and Brown people, these health inequities and the racialized enforcement of pandemic-related restrictions, while devastating and destructive on their own, are among the myriad contributors to toxic stress, trauma, and anger. The fears from COVID-19 went beyond contracting the virus and living with—or dying from—the complications. Indeed, the fears went beyond COVID-19 itself. Two months after the United States shutdown, Mr. Floyd was murdered. His death—the horror of seeing his life slowly pressed out of him while cognizant of the regularity of police disrespect for and disregard of Black life—triggered and turbo-charged the trauma that burdens Black and Brown adults and children by the day, minute, and

⁶ Emily A. Benfer, James Bhandary-Alexander, Yael Cannon, Medha D. Makhlof & Tomar Pierson-Brown, *Setting the Health Justice Agenda: Addressing Health Inequity & Injustice in the Post-Pandemic Clinic*, 28 CLIN. L. REV. 45, 47 (2021).

⁷ *Id.* at 54.

⁸ Catherine Siyue Chen, Fernando P. Cosio, Deja Ostrowski & Dina Shek, *Developing a Pedagogy of Community Partnership Amidst COVID-19: Medical-Legal Partnership for Children in Hawai‘i*, 28 CLIN. L. REV. 107, 108 (2021).

⁹ *Id.* at 108.

¹⁰ *Id.* at 145.

second.

Praveen Kosuri and Lynnise Pantin widen the lens to bring these and other inequities into focus.¹¹ They detail some of the reasons beyond the overall economic downturn that minority-owned small businesses have fared worse than other small businesses over the past eighteen months, including their size, lack of resources, and limited access to additional resources to help survive losses.¹² Kosuri and Pantin also attribute some of the losses to rioting that broke out in some places following Mr. Floyd's death, during which many Black, Brown, Asian, and immigrant-owned business were vandalized and destroyed.¹³ Yet another reason, they explain, was that "female and minority business owners were disproportionately left out" of the initial Paycheck Protection Program, in significant part because of narrow and exclusionary eligibility criteria.¹⁴

II. CRISIS LAWYERING: ACCESS AND WORK

The pandemic forced clinical legal educators and clinical programs to turn sharply, often to unknown roads. Clinicians and administrators had to export law offices to remote operations, over the days, weeks, and months that followed the closures of our law schools, as well as courts, administrative agencies, legislative halls, prisons and jails (only to visitors), and other sites. Various protocols prohibited clinic students from meeting in-person with clients and community partners. Moreover, the pandemic created new crises and worsened others, legal and non-legal, for existing clients, while doing the same for communities.

Clinical programs have long responded to calls to address legal emergencies. Indeed, one foundational lesson that clinical legal educators aim to teach to students is the ethical and moral obligation to respond to and work with communities in the throes of legal crises. COVID-19 put this tenet into action in unprecedented ways. Clinical legal educators taught and practiced in the wilderness of the unknown. A survey designed and administered by the AALS Section on Clinical Legal Education Policy Committee and the Clinical Legal Education Association Committee for Faculty Equity and Inclusion ("AALS/CLEA survey") reports the experiences of clinicians visiting clients, attending hearings, and accessing their respective institutions to en-

¹¹ Praveen Kosuri & Lynnise Pantin, *Nowhere to Run to, Nowhere to Hide*, 28 CLIN. L. REV. 199 (2021).

¹² *Id.* at 211-15.

¹³ *Id.* at 220.

¹⁴ *Id.* at 211.

gage their legal work during the pandemic.¹⁵ Clinicians dealt with the barriers and burdens of remote teaching, supervision, and lawyering, including, as the survey explains, the “steep learning curve of [running clinics remotely] . . . as [we] were doing it.”¹⁶

Clinical faculty at Mitchell Hamline School of Law came together to form the Summer 2020 COVID-19 Legal Response Clinic. In their essay, Natalie Netzel, Ana Pottratz Acosta, Joanna Woolman, Katherine Kruse, and Jonathan Geffen explain that they formed the clinic to “continue our ongoing clinic work [related to the pandemic] and afford students an opportunity to be responsive to emerging legal needs.”¹⁷ The only certainty of working in the midst of legal crises is the uncertainty of the specific legal needs, since circumstances—and legal issues—change constantly. Accordingly, these clinicians had to shift from their original plan to handle housing and eviction matters (because the federal moratorium on evictions limited the short-term need to do so) to focus on legal needs that required immediate redress.¹⁸ Thus, they took on an array of matters, including unemployment benefits appeals and workplace safety cases.¹⁹

In addition to taking on legal matters, clinical legal educators changed directions or otherwise expanded the reach of their clinics to address some of the non-legal issues that COVID-19 brought to communities. In her essay, Jennifer Rosen Valverde reports that when New Jersey shut down because of the pandemic, “so, too, did much of Rutgers Law School’s Education and Health Law Clinic’s day-to-day work.”²⁰ As most of the legal work was on hold, Valverde asked her students “to explore options for helping Clinic clients and their communities.”²¹ Ultimately, the students called their clients to reassess their social needs. They found that food insecurity was the predominant hardship for their clients, particularly as primary, elementary, and secondary schools were no longer open for children to eat breakfast and lunch.²² In response, the clinic created a “Food for Families

¹⁵ AALS Policy Committee & CLEA Committee for Equity and Inclusion, *Clinicians Reflect on COVID-19: Lessons Learned and Looking Beyond*, 28 CLIN. L. REV. 15 (2021) (hereafter, AALS/CLEA Survey).

¹⁶ *Id.* at 32.

¹⁷ Natalie Netzel, Ana Pottratz Acosta, Joanna Woolman, Katherine Kruse & Jonathan Geffen, *Mitchell Hamline School of Law Summer 2020 COVID-19 Legal Response Clinic*, 28 CLIN. L. REV. 301, 303 (2021).

¹⁸ *Id.* at 308-09.

¹⁹ *Id.* at 309-18.

²⁰ Jennifer N. Rosen Valverde, *Using Narrative Therapy to Re-Author the Dominant Law Student Narrative, Foster Professional Identity Development, and Restore Hope*, 28 CLIN. L. REV. 329, 341 (2021).

²¹ *Id.* at 360.

²² *Id.* at 361.

program,” through which Valverde and her students collaborated with community partners to secure groceries for their client families.²³

COVID-19 also imposed physical—and often technological—distance among our students, clients, and community partners. Chen, Cosio, Ostrowski, and Shek discuss the challenges to the MLPC’s neighborhood-centered model as “being on-site and easily accessible were critical to MLPC’s services and relationship with the community and that physical presence was suddenly untenable during the COVID-19 pandemic.”²⁴ One of the lessons reinforced was the importance of “creative and proactive lawyering.”²⁵ For Benfer, Bhandhary-Alexander, Cannon, Makhlof, and Pierson-Brown, the pandemic required changing where and how they engaged with clients and community partners.²⁶ Their clinics engaged in “upstream preventative” advocacy during the pandemic,²⁷ working “in collaboration with health care providers and the hardest hit communities to respond to stark and rapidly expanding health inequity and social justice.”²⁸

III. TEACHING AND REDESIGNING

The COVID-19 pandemic also changed clinical teaching dramatically. Clinicians had to shift to remote teaching, supervision, practice, and advocacy. Every clinical program had to retool and redesign their clinics. Along the way, clinicians and administrators encountered obstacles and found opportunities.

One hallmark of clinical legal education is the close relationships that clinical legal educators develop with their students.²⁹ These relationships are special and unique within legal education. For many students, it is through the clinic experience—these relationships with faculty and the life-changing impact of working with clients and community partners—that they find their calling and belonging in law school. For them, the experience is often a reminder or a realization of why they came to law school.

The AALS/CLEA survey revealed that the pandemic changed these relationships between clinicians and students. The respondents reported that through virtual teaching, they could not “mimic[]” the community that in-person relationships build.³⁰ While true, however,

²³ *Id.* at 234.

²⁴ Chen et al., *supra* note 8, at 125.

²⁵ *Id.*

²⁶ Benfer et al., *supra* note 6, at 63-68.

²⁷ *Id.* at 68.

²⁸ *Id.* at 60.

²⁹ See generally, Kathleen A. Sullivan, *Self-Disclosure, Separation, and Students: Intimacy in the Clinical Relationship*, 27 INDIANA L. REV. 115 (1993).

³⁰ AALS/CLEA Survey, *supra* note 15, at 40.

many of us found new ways to form community, as the shared experience of the unknown created different pathways to building and solidifying relationships. Chen, Cosio, Ostrowski, and Shek share their experiences of guiding their students through “learning opportunities . . . to more fully understand community lawyering during [the pandemic and other current crises] . . . [while] we were learning these lessons ourselves.”³¹ As they reflect, “[n]o one knew what to expect out of COVID, and so equal knowledge sharing between attorneys, students, clients and others—already a key part of community partnership—carried heightened importance.”³²

In addition to finding different ways to forge community with students, clients, and community partners, many clinicians changed their pedagogical tools and approaches. Netzel, Acosta, Woolman, Kruse, and Geffen recount that merely one week before the first class of their Summer 2020 COVID-19 Legal Response Clinic, Mr. Floyd was murdered in Minneapolis, on a corner less than ten miles from Mitchell-Hamline Law School.³³ Among the pedagogical steps they took in response was “retool[ing] the structure of the first session of the course, both to process their own trauma and to help guide students through trauma triggered by the death of [Mr.] Floyd.”³⁴

Krishna, Pfeifer, and Thompson share that they revamped their syllabi to address ways that the pandemic impacted their clients. Among other steps, they created a three-part series on COVID-19, including its impact on Black-owned businesses.³⁵ Similarly, in winter 2020, Rachael Kohl and Nancy Vettorello, who teach at the University of Michigan Law School, added a policy research component to their Workers’ Rights Clinic.³⁶ Their students, *inter alia*, reviewed other states’ new laws and executive orders related to COVID-19, as well as ways in which the relevant agencies in those states were processing and paying out unemployment claims.³⁷

Kosuri and Pantin also pivoted with their students, to address issues and questions that emerged during the pandemic and threatened small businesses in their respective communities. Among their respective responses were “creat[ing] a set of FAQs that covered topics like shutdown orders, force majeure clauses, and business interruption

³¹ Chen et al., *supra* note 8, at 130-31.

³² *Id.* at 131.

³³ Netzel et al., *supra* note 17, at 304.

³⁴ *Id.* at 305.

³⁵ Krishna et al., *supra* note 5, at 262.

³⁶ Rachael Kohl & Nancy Vettorello, *How Serving Jobless Workers During the Pandemic’s Economic Recession Grounded Students: A Reflection from Michigan’s Workers’ Rights Clinic*, 28 CLIN. L. REV. 169, 191 (2021).

³⁷ *Id.* at 191-93.

insurance[.]” and “develop[ing] a legal toolkit for small businesses operating during the crisis . . . [which] included resources to renegotiate existing contract terms with vendors, investors, and lenders.”³⁸

IV. REIMAGINING (CLINICAL) LEGAL EDUCATION

One overarching lesson that the last eighteen months has taught to some and reinforced to others is that legal education needs to change—dramatically. The pandemic, the protests, and the political perils over these months have put the deficiencies of traditional legal education on center stage. A few contributors emphasize the need to use these tumultuous times to reimagine and recalibrate legal education (including clinical legal education), to essentially extract the legal academy from its constraints, narrowness, and limitations.

Particularly since George Floyd’s murder, clinical legal educators and some law schools have taken steps to learn about antiracism. Many of us, within our clinical law programs and law schools, have urged the need to “be antiracist.” However, as Hayat details in her essay, these conversations and initial efforts are merely first steps of long processes that must look inward (at every aspect of our respective law schools and clinical programs) and outward (listening to, learning from, and working with communities and those directly affected).

Indeed, Hayat draws on these turbulent times and reflects on the teachings of W.E.B. Du Bois and Ibram X. Kendi to conclude that “clinics are not *per se* antiracist.”³⁹ She charges clinical legal educators, “myself included, . . . to take affirmative steps to make our clinics antiracist.”⁴⁰ Proposing the Movement for Black Lives platform “as a guide for discerning between practices that are racist for those clinicians seeking to set off in the direction of antiracism,” Hayat shares her vision of what she terms “Freedom Pedagogy,” including the principles she has “settled on” over the past year that “guide [her] teaching, praxis and scholarship on the road to anti-racism”⁴¹ They include “center[ing] Blackness in our teaching, scholarship, and practices[.]”⁴² “merg[ing] critical race theory . . . with our other pedagogical tools to further illuminate the impact race has on clinic cases[.]”⁴³ revamping syllabi to include works by Black women scholars and

³⁸ Kosuri & Pantin, *supra* note 11, at 235-36.

³⁹ Hayat, *supra* note 1, at 151.

⁴⁰ *Id.*

⁴¹ *Id.* at 155.

⁴² *Id.* at 157.

⁴³ *Id.* at 158.

other scholars of color,⁴⁴ and “[m]ov[ing] in tandem with the community their clients live in and look[ing] to advocates for direction with respect to remedies.”⁴⁵ Hayat also lays out some of the steps necessary to abide by these principles with integrity and fidelity, and stresses that “[a]ntiracist clinics will not only work in the current status quo . . . but will also look to the future.”⁴⁶

Similarly, Benfer, Bhadhary-Alexander, Cannon, Makhlouf, and Pierson-Brown assert that law schools must prepare students to confront systemic racism. They explain that “[t]he dominant law school curriculum involves few opportunities to center the experiences and perspectives of persons of color.”⁴⁷ In contrast, “[c]entering clinical practice on racial justice is a maxim that emerges from an acknowledged area of needed growth in . . . clinical teaching”⁴⁸ The lessons here are clear: absorbing and addressing racism, subordination, and marginalization are ghettoized in traditional legal education. This standard reality leads the authors to conclude that “the law school curriculum could do more to prepare students to speak to, critique, and engage matters of structural and systemic racism.”⁴⁹ Importantly, though—and similar to Hayat—they urge that clinical legal education take steps to more firmly and directly address racial injustice, and to do so, “all law school clinics might consider deriving racial justice strategies based on the principles of critical race theory”⁵⁰

Valverde references some of the shortcomings in legal education to reveal that many of her students felt helpless and hopeless during the pandemic because they could not see the relevance of their legal skills to meeting the moment.⁵¹ They did not envision how they could use their skills to address the social and legal hardships that befell individuals and communities. They were not prepared to utilize their skills to address the unknown. This lack of preparation, Valverde asserts, stems from law students “put[ting] themselves inside a ‘box’ based on preconceived notions about lawyers and legal practice[.]”⁵² and, more importantly, “the legal academy” placing them in the “‘box’” through its “methods of teaching that date back well over a century.”⁵³

⁴⁴ *Id.* at 60-62.

⁴⁵ *Id.* at 62.

⁴⁶ *Id.* at 66.

⁴⁷ Benfer et al., *supra* note 6, at 76.

⁴⁸ *Id.* at 72.

⁴⁹ *Id.* at 75.

⁵⁰ *Id.* at 77.

⁵¹ Valverde, *supra* note 21, at 330.

⁵² *Id.* at 331.

⁵³ *Id.*

Utilizing “Narrative Therapy,” which “involves a multi-stage approach to help people retake control of their storied lives”⁵⁴ and provides students with “perspective to counter feelings of hopelessness”⁵⁵ during the pandemic, Valverde stresses the importance of teaching students how to use their legal skills in non-traditional ways and in unexpected circumstances, with imagination and innovation. Through addressing their clients’ needs during the pandemic, her students learned, *inter alia*, “that there are many ways to think like and *be* a lawyer[,] and . . . not all limitations created by law must translate into limitations on the practice of lawyering[.]”⁵⁶ Thus, she calls for a “social and cultural movement,”⁵⁷ in which law teachers expose students to the constraints of traditional legal education as well as “the dominant discourses that underlie the narratives of . . . respective areas of law and [then] . . . chart a course with students for re-authoring them”⁵⁸ These processes are necessary, Valverde expresses, “to help students begin to develop a positive professional identity.”⁵⁹

A few contributors point to lessons from the pandemic that they assert, if heeded, would benefit legal education in the present and future. Timothy Casey focuses on the legal academy’s sudden move to virtual teaching and learning during the pandemic, which “demonstrated that law schools could change quickly—a largely untested proposition.”⁶⁰ He surmises that if moving forward, “we were to integrate some of the lessons we have learned from our mandatory dive into a completely on-line world, legal education might look very different from the way it was before the pandemic.”⁶¹ After reviewing the ABA standards on distance education, along with recent scholarship and ABA initiatives focused on student well-being, Casey predicts that “on-line education will likely expand and may play a larger role in curricular design and development[.]”⁶² Also, “law schools will increasingly focus on student well-being as a part of the legal education experience.”⁶³

Netzel, Acosta, Woolman, Kruse, and Geffen reflect on the benefits they and their students derived from operating their clinic remotely. They point out that Mitchell-Hamline has a blended learning

⁵⁴ *Id.* at 336-37.

⁵⁵ *Id.* at 341.

⁵⁶ *Id.* at 365 (emphasis in original).

⁵⁷ *Id.* at 366.

⁵⁸ *Id.* at 367.

⁵⁹ *Id.*

⁶⁰ Timothy Casey, *Reflections on Legal Education in the Aftermath of a Pandemic*, 28 CLIN. L. REV. 85, 89 (2021).

⁶¹ *Id.* at 91.

⁶² *Id.* at 89.

⁶³ *Id.* at 89-90.

program, which enabled students who lived out of state to participate in the summer 2020 clinic.⁶⁴ Relatedly, they note a benefit that is applicable to clinical legal education generally, as remote court proceedings “opened new opportunities for our clinical program to include remote students in courtroom advocacy clinics.”⁶⁵

Similarly, Kosuri and Pantin reflect on collective experiences that may offer “a few potentially lasting developments” to clinical legal education.⁶⁶ As they state, clinical faculty had guest speakers “from anywhere in the world,” assigned asynchronous materials, which “allowed for a different and more engaging use of in-class time[,]” and “represented clients that we would not have normally taken because of proximity concerns.”⁶⁷

The AALS/CLEA survey focuses on clinicians in the context of reimagined legal education, particularly when unforeseen circumstances—such as a pandemic—arise that require immediate and dramatic shifts in the delivery of legal education. Drawing on survey responses, they make several recommendations, one of which is that clinical legal educators have the “support, flexibility, and discretion”⁶⁸ to make “decisions about how best to serve clients and support student learning” during such circumstances.⁶⁹ Also, they recommend that law schools and clinical programs develop “continuity plans” to respond to an “unplanned significant event.”⁷⁰ They stress that such plans be developed—or, for those schools and programs with a plan, revisited—through the “lens of equity, diversity and inclusion to ensure that diverse and vulnerable clinicians and staff who would be affected by prospective plans or policies will be treated equitably.”⁷¹

Importantly, the AALS/CLEA survey points to the “well known . . . crisis of diversity among clinical faculties,” and reinforces the “increased need to check in with and support clinicians of color, new clinicians, non-tenure track clinicians, and other vulnerable groups during crises, such as the COVID-19 pandemic.”⁷² The authors recommend that law schools “think preemptively about steps that can be taken to support groups who may need additional support and track outcomes for these individuals in moments of crises.”⁷³ However, as

⁶⁴ Netzel et al., *supra* note 17, at 311.

⁶⁵ *Id.* at 321.

⁶⁶ Kosuri & Pantin, *supra* note 11, at 236.

⁶⁷ *Id.* at 236-37.

⁶⁸ AALS/CLEA Survey, *supra* note 15, at 34.

⁶⁹ *Id.*

⁷⁰ *Id.* at 38.

⁷¹ *Id.*

⁷² *Id.* at 36-37.

⁷³ *Id.* at 38.

tiresome as it is to restate, the first step—much too long overdue—is for law schools and accrediting bodies (such as the Association of American Law Schools and the American Bar Association) to confront and remedy the racial diversity crisis in clinical legal education. To meaningfully respond to and meet the demands of unanticipated crises—and, outside of these crises, to reflect and legitimately respond to the communities where we teach, practice, and (for some of us) live—law schools must address the “well-known” and well-worn racial diversity crisis that continues to plague the vast majority of our institutions.

CONCLUSION

As we move forward in these turbulent times, we must be attuned to the possible ways that that our work—its very essence and purpose—will be criticized, questioned, and attacked. Race and all strands of marginalization are the bedrock of our work—in our teaching, practice, scholarship, and service. We seek to address individual and systemic racial and economic injustice and, to do so, focus our teaching, advocacy, and scholarship on the systems and institutions of racial oppression and control.

However, in addition to the perils highlighted above and detailed throughout this symposium issue, at this very moment elected officials, university boards of trustees, local school boards, pundits, parents, and others are demonizing and distorting critical race theory for political purchase, to sanitize or otherwise evade history, and to uphold their perceived racial order. Many of us utilize critical race theory to address systemic injustice, and we teach critical race theory to help prepare our students to do the same. As detailed above, a couple of the authors urge the full immersion of critical race theory in our law schools and clinical programs.

Taking the pulse of the current times, we should anticipate and expect attempts, immediately and in the not-so-distant future, to silence our voices, our advocacy, and our work. While the spotlight, at this moment, is on racial reckoning, some of us are at institutions and in communities that not only want to evade this sort of reckoning, but are hostile—openly or behind closed doors—to faculty, students, and programs who are focused on studying and addressing racism. As always, we must be prepared to move from one fire to the next, for our colleagues, clients, communities, and ourselves.