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PREFATORY REMARKS

ROBERT L. BOGOMOLNY*

THE COUNCIL ON LEGAL EDUCATION FOR PROFESSIONAL RESPONSIBILITY, Inc., (CLEPR) was established with funds granted from the Ford Foundation. The Ford Foundation became interested in promoting the concept of clinical law training in the early 1960's and helped to create the Council on Education in Professional Responsibility (COEPR). COEPR provided funding for the initial establishment of clinical programs at many law schools and assisted in developing teaching materials to be used in the clinics. In 1967 the Ford Foundation's efforts in this area were advanced through the creation of CLEPR, which has played a major role in the proliferation of clinical legal education programs at law schools throughout the nation.¹

Initially, many of the clinical programs centered on providing services to the community. This was consistent with Federal government programs begun in the Sixties designed to ensure availability of legal services to the poor in civil and criminal cases. The growth of legal service programs and the evolution of the major cases on right-to-counsel² roughly parallels the development of clinical education in law schools. For some time there was uncertainty about whether law schools were engaged in primarily service programs or programs designed to provide training for law students. As the programs developed, many of them kept some service components but tended to emphasize the importance of clinical education as a unique form of training for law students.

In CLEPR's first five years of existence it provided seed money grants for establishing clinical programs. Since that time, the funding emphasis has been placed on improving existing facilities and supplementing clinical instructors' salaries, conferences and research projects. In addition, CLEPR funds have provided for the publication of ten annual surveys in which empirical data on clinical programs at participating schools are compared with survey results of prior years to determine the current status of legal education programs and to identify discernable trends.

CLEPR's most recent survey of Clinical Legal Education³ reflects the

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¹ Grossman, *Clinical Legal Education: History and Diagnosis*, 26 J. LEGAL EDUC. 162, 172-73 (1974).

² Gideon v. Wainwright, 372 U.S. 335 (1963) (mandating legal counsel in felony cases).

³ CLEPR, SURVEY AND DIRECTORY OF CLINICAL LEGAL EDUCATION, 1978-79 (1979) [hereinafter cited as 1978-79 SURVEY].

tremendous growth and diversity of clinical programs throughout the nation's law schools. This rapid expansion of the clinical format has been termed the single most significant event to occur in the field of legal education in the 1970's.⁴ The impact of this expansion is even more striking when it is considered that in little over a decade, the clinic has altered the basic Socratic style case-book approach to law school curricula which had been the standard for over a century. Gordon Gee, author of the last six CLEPR surveys, attributes the overwhelming adoption of the clinical format for legal education primarily to the efforts and assistance provided by CLEPR.⁵

Presently, approximately 90 percent of the American Bar Association approved law schools in the nation offer at least one form of clinical legal education to their students.⁶ This firm entrenchment of the clinical approach is statistically reflected by the 185 percent increase in the number of clinical programs currently being offered, as compared to those offered in 1970-71.⁷

Clinical programs initially focused their attention on the poverty law areas of practice.⁸ This is most emphatically no longer the case as clinical programs are now available in over fifty-nine areas of law. This represents a 320 percent increase over the number of programs being offered in 1970-71.⁹

The growing commitment of law schools to the incorporation of clinical programs as a mainstream teaching device is demonstrated by the fact that over 50 percent of the surveyed law schools now maintain programs under the direct supervision of the law school faculty.¹⁰ This is a major shift from the early days when CLEPR-initiated community-service-oriented programs normally "farmed out" students to neighborhood law offices. These law offices were most often funded by the Office of Economic Opportunity, and the students placed there were supervised by staff attorneys who had no connection with the law school.¹¹ Despite the fact that law school supervised clinics require a greater financial and faculty commitment, law schools have recognized their value and assumed the financial burden necessary to maintain them.

⁴ Gee and Jackson, *Bridging the Gap: Legal Education and Lawyer Competency*, 1977 B.Y.U.L. REV. 695, 881.

⁵ See *Survey of Clinical Legal Education*, in CLEPR, SURVEY AND DIRECTORY OF CLINICAL LEGAL EDUCATION, 1977-78, at iii (1978).

⁶ *Survey of Clinical Legal Education*, in 1978-79 SURVEY, *supra* note 3, at xxi.

⁷ *Id.*

⁸ Pincus, *Programs to Supplement Law Offices for the Poor*, 41 NOTRE DAME LAW. 887 (1966).

⁹ 1978-79 SURVEY, *supra* note 3, at xxi.

¹⁰ *Id.* at viii, xxii, xxiii.

¹¹ Grossman, *Clinical Legal Education: History and Diagnosis*, 26 J. LEGAL EDUC. 162, 175 (1974).

In fact, clinical legal education programs in nine out of ten law schools now derive all or part of their funding from the law school's general budget.¹² CLEPR is presently funding less than 5 percent of the survey programs at a support level of 10 percent.¹³ After the initial grants of funds to establish clinical programs, CLEPR changed direction and channeled funds into other areas. It was left to the law schools to either subsidize their fledgling clinical programs or to discontinue them. Gordon Gee defends this policy decision by observing that government and private institutions often maintain a high level of support for programs long after their initial inception. When funding is eventually curtailed, the programs which have overly relied on the continued infusion of "soft" dollars must fail.¹⁴

The cost of clinical programs is relatively high. Bar associations, state and federal government funding sources and private institutions have helped law schools offset the expense of providing a clinical learning opportunity for their students. The ABA's Task Force on Lawyer Competency reports that there will be a need for significantly increased financial support for law schools in the future.¹⁵ While it is true that expensive programs (especially innovative ones) suffer most during periods of stringency, most law schools have accepted the clinical format as a valuable educational tool and have integrated it into their basic curriculum. In addition, Title XI funds have provided seven million dollars over the last three years to promote clinical programs.

It is the legacy of CLEPR that the continuation of clinical legal education is now assured despite the financial hard times apparently facing the nation's law schools. It is fair to say that the growth and acceptance of clinical legal education in its present form would never have occurred without the significant intellectual and financial resources supplied by CLEPR under the leadership of William Pincus. A true sign of maturity of the clinical movement is the recent report of the AALS-ABA Committee on Guidelines for Clinical Education.¹⁶ This report formally recognizes the legitimate nature and importance that clinical education plays in legal education in the United States. Interestingly, the report was made possible by funds provided by CLEPR. Some years from now, people will review the period of development of the clinical movement in the United States and find it an example where foundation money guided by effective leadership helped facilitate a major development in law schools in the United States.

¹² 1978-79 SURVEY, *supra* note 3, at xii.

¹³ *Id.* at xiii.

¹⁴ *Id.*

¹⁵ ABA TASK FORCE ON LAWYER COMPETENCY: THE ROLE OF THE LAW SCHOOLS (1979).

¹⁶ AALS-ABA COMMITTEE ON GUIDELINES FOR CLINICAL LEGAL EDUCATION, GUIDELINES FOR CLINICAL LEGAL EDUCATION (1979).