Clinical Legal Education

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As I look to the future, I imagine a law school Clinic that adopts some of the best features of a teaching hospital operated by a great research-oriented University. The primary goals, as there, should be to provide excellent service to clients, practical instruction to students and applied research. At the teaching hospital, state-of-the-art equipment is purchased. First rate physical facilities are provided. Staffing arrangements are consistent with excellent services. The newest techniques and innovations are used or tested. Funding is from a combination of payments for patient services, government research and training grants, private philanthropy, foundation gifts and tuition. Low student/teacher ratios are maintained and all students are required to receive some clinical instruction. The legal clinic of the future should feature similar standards to assure that it too can fulfill its goals with excellence.

In a typical year, over 100 second-year students apply for the Clinic. In order to maintain a low student/teacher ratio of ten to one, fifty students cannot be accepted, resulting in a waiting list. Although many students on the waiting list eventually do get to work in the Clinic, others become discouraged or pursue other activities. It is my hope that, in the future, all students interested in the Clinic will be admitted. The Clinic will need at least fourteen clinical teachers, double the current number, to meet the on-going demand during the next twenty years. Different credit allocations and some changes in the program will be necessary too, but the most important change is a significant increase in the number of clinicians and the size of the Clinic.

The role of clinical legal education at a leading research-oriented University should include the use of law to eliminate poverty or alleviate the suffering caused by it. It is appropriate for the Clinic to help individuals who are seeking to escape poverty and use the legal system to secure entitlements from government and the private sector. But clinical teachers and students should also be expected to develop new legal strategies to meet the needs of the poor and even to eliminate poverty. Law reform and systemic change have always been at the heart of the research mission of the non-clinical law faculty. Therefore, it is also appropriate that the Clinic continue to represent clients in administrative rulemaking proceedings, legislative advocacy, test cases and class actions.

The Clinic should also continue to propose improvements in methods of advocacy used on behalf of the poor and work with other legal service organizations, the private bar, pro bono volunteer groups and governmental agencies to assure that poor clients receive prompt and effective representation. Indeed, as we train more students and introduce them to their obligations to serve the poor, I expect we will continue to see increasing numbers of our graduates providing pro bono work, leading legal service agencies, serving on bar committees relating to rights of the poor and generally working in their careers to improve the conditions confronting the poor. Our Clinic will continue to help our students to become more imaginative and productive at using the legal system to solve the underlying problems of poor persons through systemic legal methods.

The very idea of locating a law office serving the poor in the Law School was startlingly innovative in the 1950s when our new law school building was planned. Through the years, all the deans have tried to meet the Clinic's space needs but without long-term success. To provide effective instruction now we need more space and, as important, better designed space.

Furthermore, today we have equipment and a sizeable support staff for our extensive litigation practice that were not contemplated in the original design for a legal aid office. If we are to meet the student demand, we need much more space. The only long-term solution is a new building or addition for the Clinic. The Clinic of the future will have adequate space for each student to share an office with one or two others; rooms for interviewing and counseling clients; areas for preparing for trials and practicing oral arguments; and small classrooms designed to teach lawyering skills and strategies. The offices, meeting rooms and secretarial space will be a part of a central computer network. Video
taping and playback facilities will be built into all the attorneys' offices and the other teaching rooms. I fearlessly predict that together, those of our alumni, students, clinical teachers and non-clinical faculty who have given so much already to start the Clinic and develop it, will somehow find the way to build the best clinical teaching facility in the country.

Funding for the Clinic will need to increase. Our base of support will continue to be the regular budget of the Law School. The joint venture with United Charities of Chicago is strong and should continue to provide funding through its Legal Aid Bureau. The amount of federal grants from the Department of Education and the Legal Services Corporation will likely increase modestly. Restricted alumni donations should continue to provide increased resources for expansion and improvements as clinical donors "mature." Attorneys' fees will provide a substantial amount of funding as the Clinic obtains attorneys' fees awards for representing the prevailing party in civil rights litigation.

Although it seems unlikely, it is not impossible that, following the medical model, the Clinic may someday accept fees from at least some clients. Already some ineligible clients seek out the Clinic's expertise in discrimination cases, mental health issues, and criminal defense. Also, the Clinic will begin more innovative projects with support from foundations and government agencies. Our strategy will be to diversify the Clinic's funding so that it will be able to withstand cutbacks from one or two of its major areas of financial support.

I fully expect that pressures will grow for all law schools to teach more about professional responsibility and lawyering skills through clinical education. The American Bar Association will likely increase its requirements by new interpretations of Accreditation Standards since nationwide data show a great unmet need for more clinical and professional skills instruction. I predict that the University of Chicago Law School will lead the expansion of clinical education through further development of our model of an excellent in-house Clinic serving the poor.

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