

Pregnancy Help Centers: Prevention, Crisis Intervention, Healing

Putting It All Together

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The common names used for a pregnancy help center during the last 30 plus years tell a lot about where we've been and where we are going. The earliest names used were Birthright and EPS (Emergency Pregnancy Services), and then came PPC's (Problem Pregnancy Centers), then CPC's (Crisis Pregnancy Centers), and then PRC's (Pregnancy Resource Centers). Now we also have "A Woman's Concern Health Centers" and "Life Choices Medical Clinics" among a host of other medical and professional-sounding names.

The burgeoning numbers and types of alternatives to abortion services and affiliating organizations also tell much about our history. The first printed (i.e. mimeographed) directory of contact names and semi-organized centers in the United States contained about 75 entries.¹ The latest Heartbeat International Directory contains about 3,400 entries in the US. Approximately 2,300 are pregnancy centers (about 350 of which have added medical services), and about 80% of those are members of one or more of 10 affiliating organizations.² The rest of the entries are professional social service agencies, such as Catholic Charities, also known for providing alternatives to abortion (about 500), Christian maternity homes (about 350), non-profit, Christian adoption agencies (about 160), some hotlines (about 30), and some freestanding post abortion programs (about 50).

The names and types of organizations reflect our response to the women, girls, and families who have been coming to us for help for over 30 years, the clients who are, in a sense, "products" of a decaying culture, sometimes now called a Culture of Death. In the late 60's and 70's we presumed these women were in short term crisis (hence the name EPS). Now we recognize them as the walking wounded who need much more than simple crisis intervention. In the 70's, we thought our culture was in a short-term memory lapse and would soon return to our Judeo-Christian values. Now we realize we need to teach those values anew to a generation that has hardly heard of them, a generation with the scars to prove it.

The Original Vision: Mother-and-Baby-Centered Service

The birth of pregnancy centers in the U.S. was not a result of Roe v. Wade but of the earlier movement to liberalize abortion laws state by state. Concerned people realized that with the carefully crafted message that abortion was sometimes the *reluctant, humane, even loving* choice; some women would be influenced to abort their babies unless they had help and support. (At that time, most pro-life people did not fully comprehend that the movement to liberalize abortion laws was an integral part of a well-orchestrated strategy to break down traditional family and religious values and replace them with hedonistic and atheistic ones.)

Catholics, especially medical professionals and mothers, with their firm tradition of welcoming children and consistent teaching on the sanctity of human life, were in the forefront of a movement to start alternatives to abortion services, although they rarely saw this as a Catholic issue, or even a uniquely Christian mission. It was simply part of who they were. The work was generally seen as service, a humanitarian effort, an outreach of one caring individual to another, although the motive was from deeply held religious values and beliefs.

The first formal alternatives to abortion service organization was Birthright, founded in Canada in 1968. Centers using the Birthright name soon spread to the United States.³ A strict Charter, established in 1971, is still followed by all Birthrights. Their vision was that you could not save the baby without "saving" (or serving) the mother, and vice versa.

A similar woman-and-baby-centered vision was held by the Alternatives to Abortion, formed in 1971 (soon renamed Alternatives to Abortion International and called AAI) in the United States.⁴ The founders

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established a loose federation of independent organizations that could network with and learn from each other, rather than a “franchise” model. This seemed right for the entrepreneurial United States, where a variety of small organizations had already sprung up, starting in the late 60’s, from California to New York, some operating out of pro-life doctors’ offices, churches, or even homes. (Interestingly, both the loose federation and the franchise model still exist among the 10 pregnancy center membership organizations 30 years later.)

While AAI often called itself the “service arm of the pro-life movement,” they and Birthright considered themselves quite distinct from Right to Life, the lobbying and educational arm. The service organizations seemed cautious about losing their coveted 501(c)(3) status, so they shied away from any lobbying. Their role was primarily “crisis intervention.” Once the woman knew she had a friend and could be connected, by referral, to a variety of services in the community (medical care, housing, material aid, and social services), the presumption was that their work had been a “success.” The mother was safe, and therefore the baby would be safe.

Both Right to Life and the service organizations agreed on one thing: the pro-life issue should be presented as a civil rights issue (for AAI, a “humanitarian” or “service” one), not a religious issue. The theory was that this would gain wider acceptance of the tenet that each human life is valuable, and pro-life would not be marginalized as a “Catholic issue.”⁵ The presumption also was that our religious beliefs and Judeo-Christian values were a “given,” shared by most of America, so they did not need to be explicitly stated within our centers.

By the 1980’s and certainly in the 1990’s, as abortions continued and affected not only women but everyone connected with them, as the culture became more accepting of “sex for recreation,” as sexually transmitted diseases surged and AIDS emerged, as marriage declined and the disintegration of the two-parent family continued, and as our culture became more obviously hedonistic and amoral, the “disconnect” between the original theory and reality was evident.⁶ In response, new values and visions within the pregnancy center movement emerged.

The Baby-Centered Vision

The first influence was the baby-centered approach. It soon brought centers, in general, into disrepute, but eventually led to a movement from within toward real credibility. In the late 1970’s, perhaps due to frustration that the lobbying and educational branch had not passed a Human Life Amendment and abortion numbers were skyrocketing, a more pro-active influence came into the pregnancy center movement. Centers were urged to advertise alongside abortion clinics in the yellow pages (the phone book indexes referred readers to the same headings, such as *Clinics* and *Birth Control Information*, for both abortion services and abortion alternatives), show slides to clients of fetal development and aborted babies, and, in general, use every possible method to save the baby at risk for abortion. A small number of “Problem Pregnancy Centers” influenced by this approach emerged.⁷

In 1987, an orchestrated effort by Planned Parenthood resulted in television and magazine exposes on these centers. Stories, written by undercover reporters posing as clients and using hidden cameras and tape recorders, ironically faulted the centers for not being totally “upfront” and transparent.⁸

Congressional hearings were held, but pregnancy centers were forbidden from testifying in their own defense, so, in the public arena, pregnancy centers had a “black eye.” Many involved in centers felt the embarrassment and shame, and supporters began to wonder if their own center was operating unethically. Centers began to be suspicious of each other. The boomerang effect even caused some to think they needed to “warn” potential clients, in ads and on the phone, of their pro-life values. Client numbers decreased in many areas.

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Legal attacks also resulted from this public relations effort to discredit centers. State Attorneys General tried to dictate center advertising and phone scripts. Individuals, organized by the National Abortion Rights Action League (NARAL) filed suits against some centers. Court findings often went against these centers and some were forced to pay damages and even close.

The attacks resulted not in the end of pregnancy help centers, the intention of our opponents, but eventually in strengthening of the centers. In 1993, NIFLA, the National Institute of Family and Life Advocates, was founded specifically to provide legal education and training to help centers become more professional and protect themselves from frivolous tort claims (such as assault and battery for touching a client without her permission), and NIFLA spearheaded the development of the first insurance program to protect centers for “counselor liability.”⁹

The Medical Vision

Some centers in California had been accused of “practicing medicine without a license” for providing urine pregnancy tests, and pro-choice wordsmiths began to label all centers “fake clinics.” Meanwhile, in the medical field, ultrasound was emerging as a new diagnostic tool for pregnancy. NIFLA soon envisioned real clinics not only doing pregnancy testing but also using ultrasound to diagnose pregnancy, and pioneered a medical model for centers either licensed by the state or working under the license of a private physician. The potential of ultrasound to help abortion-vulnerable mothers bond with their babies was clear.

More and more centers today are adding ultrasound services for abortion-vulnerable clients. True to their entrepreneurial nature, centers are taking the original model even further, with some adding STD testing, pap smears, natural family planning, prenatal care, birthing centers, and even well baby care. Some are becoming “hub” medical clinics and encouraging other centers to refer clients to them for ultrasound and other medical services. We are beginning to see a ripple effect, influencing the medical community in contact with our pregnancy centers, as we partner to bring a more pro-life and holistic approach to the care of women.

Predictably, our new strength has led to a second NARAL effort, starting in 2000, to close down pregnancy centers, fourteen years after the first. This new attack accelerated the growing unity among pregnancy centers, and the national affiliating organizations quickly responded.¹⁰ A united legal and public relations strategy, orchestrated by the Christian Legal Society, resulted in the withdrawal of subpoenas filed by the New York Attorney General against eight pregnancy centers, an attack that followed the strategy outlined by NARAL. Again, attack has led to strengthening, but the ultimate outcome of this new wave to discredit our centers has yet to be seen.

Ironically, the original baby-centered approach, that provided ammunition to discredit centers, eventually led to more professionalism and credibility. Ironically too, our opponents certainly hoped to eliminate all baby pictures. Instead, still pictures have been replaced by images of “live action” ultrasound provided by licensed medical personnel that allows women not only to have an accurate diagnosis of pregnancy at a very early stage (thereby helping their decision-making process), but also to bond with their babies in utero.

The Christian Vision

In the early 1980’s, Evangelical Christians came into the pro-life movement in large numbers, and they were a “breath of fresh air” to those who had been carrying the ball since the late 60’s. Christian Action Council (CAC) had been formed in 1975, primarily as a pro-life educational and lobbying organization, and it soon saw the need for pregnancy centers.¹¹ Their first pregnancy center was opened in 1980. CAC’s “crisis pregnancy centers” had a mission to evangelize the woman with a crisis pregnancy. Thus, their vision was woman centered and baby centered, but primarily Christ centered.

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For Evangelical Christians, abortion was and is, first and foremost, a religious issue (rather than a civil rights or humanitarian one) and a call to action for Christians. In 1984, CAC launched Sanctity of Human Life Sunday on the Sunday closest to January 22, in an effort to educate and motivate Evangelical churches nationwide.

The service arm of this organization eventually took priority, the education and lobbying arm of CAC was eliminated, and CAC was renamed Care Net to emphasize their network of renamed Pregnancy Care Centers.

The value of the work of pregnancy centers as ministries has been enhanced by the involvement of Focus on the Family, which, in the 1990's, developed a program to support pregnancy centers with educational materials and a ministry office.

The mix of Catholics and Protestants of various denominations has strengthened centers nationally. Most now seem to consider their Christianity a part of their work in some way.¹² This could be entirely through “service” (the root vision), sometimes called “being Christ” to a client, and/or through direct evangelization, “sharing Christ” with a client, or a combination of both. The former take their inspiration from the Biblical directive, “Whatever you do for one of these the least of my brethren, you do it unto Me.” The latter from the Great Commission, “Go forth, therefore, and teach all nations.”

There is currently an effort to unite Christians within our movement, especially Catholics and Evangelicals, by developing materials, conferences, and other gatherings that focus on what we have in common, rather than on the theological differences that have divided Christians for centuries. Mutual respect is developing within and among very different organizations, evidenced at the national, state, and city levels.

The Healing Vision

In the early 70's, we had begun to see clients who had already had one or more abortion and were thinking of another, and we had begun to be approached by post abortive women who wanted to help other women avoid the tragic mistake they had made. The term “post abortion syndrome” had not yet even been coined. When we consulted professional counselors for help, they either denied that abortion had any ill effects or they cautioned us, as volunteers and nonprofessionals, not to get involved for fear that post abortive women might become suicidal.

Early attempts were made in some AAI centers to create post abortion programs that were “nondenominational and nonsectarian.” Remember, the early concept had been that the centers were not ministries, but rather “service” centers for mothers and babies. However, when centers were confronted with the need for post abortion healing programs, many moved from the service model to a ministry model, realizing that they had to choose a basis for their “counseling” and the obvious choice was a Biblical one.

So, pregnancy centers have been pioneers in developing post abortion programs for men and women, most of which take the form of support groups, Bible studies, or one-on-one counseling. Organizations have formed whose sole mission is to provide and promote post abortion programs, many of which have their roots in pregnancy centers.¹³

We have also come to realize in pregnancy centers that almost all of our clients have broken sexual integrity. They are wounded by casual sex and broken trust, sexual abuse, incest, date rape, and/or abortion. By the 1980's and certainly by the 90's, most of our clients had grown up in a post Christian era (certainly, most were born in the “quaint” time when abortion was illegal and marriage was the default option if there was a crisis pregnancy). Crisis intervention alone is sometimes effective in keeping such clients from jumping off a cliff (i.e. not choosing an abortion), but they are still left with broken limbs and severely damaged internal organs, like broken hearts and souls. Life change and healing are necessary. Our centers have sometimes become “revolving doors,” where clients come back time and again for pregnancy tests. Providing on-going support,

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education, and healing is becoming a priority in our movement, and new programs are being introduced in an effort to provide healing and restoration so clients can actually regain their sexual integrity.

The Prevention Vision

Abstinence education, like post abortion healing, also had its beginnings in pregnancy centers, since we had to develop a counseling approach when the client had a negative test, a more common result than the positive test.¹⁴ In the 1980's, as we witness more and more clients with multiple sexual partners and sexually transmitted diseases, it became clear that we needed to move the abstinence message outside the counseling room, and especially into the schools, to counter Planned Parenthood's dangerous sex education messages. All over the country, entrepreneurial center volunteers who had a heart for prevention began to give classroom presentations and inspirational assemblies. Abstinence curricula and speakers began to proliferate and many centers started abstinence education programs in schools and in the community and consider "prevention" a major part of their mission.

A boon came in the early '80's when a small amount of federal dollars was appropriated through Title XX in the Department of Health and Human Services to develop national "model prevention programs" based on abstinence. During the current Bush administration, federal funding has grown dramatically for abstinence until marriage education through Title V, the welfare reform bill, and SPRANS grants (Special Programs of Regional and National Significance). As a result, tax-funded abstinence education programs, including at least 40 based within pregnancy centers, have expanded dramatically and reached more and more schools and communities (and teen pregnancy and sexual activity rates have declined!). Federal funding for programs that do not "prostitutize" has helped participating centers "grow up" quickly and develop stronger infrastructures. Some centers, on the other hand, have refused all federal funding, either because they are afraid of "strings" or because they believe it will weaken testimony that the church, not the government (in the form of tax supported programs), was ultimately responsible for turning the tide on abortion and sexual promiscuity.

So, pregnancy centers have also been pioneers in the abstinence field. Many centers now have a prevention program that is equal to or even greater in scope and funding than their crisis intervention program, and some of the best national abstinence education programs have their roots in our centers.¹⁵

The Marriage Vision

We have not ignored the growing evidence, placed before our eyes in the person of our client, that the deterioration of marriage in our culture over the past 30 years has led to a dangerous situation for single mothers and their children. The statistics are overwhelmingly convincing that children raised with both biological (or adoptive) parents do best in terms of economics, education, physical and mental health, and many other factors related to security and happiness. Children do the least well in all of these measures when raised by single mothers.

While we have always upheld the value of adoption and marriage, many of our centers fell, through the years, into complacency about promoting them, being happy, at least, that a client chose not to abort her baby. The result is that few of our clients choose marriage or adoption. A recent study by Family Research Council, *Adoption: The Missing Piece*, has challenged pregnancy centers to examine our attitudes and programs (where only about 1-2% of clients choose infant adoption, about the same as in the general population) and make needed changes so that we can make adoption a core value in our centers. We are just now starting to examine how we can encourage our clients to consider marriage. For many of them, raised in an era in which divorce is rampant and co-habitation is common, marriage is a foreign concept.

At least, many centers are experimenting with programs and materials to get the fathers committed to being involved during the pregnancy and after the baby is born. We are taking "baby steps" at this point in our

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history, but we are committed to trying to help turn the tide back toward marriage (or adoption) and more security for children.

The Future Vision

So, where is the alternatives to abortion movement now? What have we learned in the past 30 years, and where should we be headed in the future?

We have grown tremendously in terms of numbers and kinds of centers, of professionalism, of breadth and depth of programs (prevention, intervention, healing). But, in a sense, that's the bad news. Our growth has been only partly in response to attacks from our opposition and bigger vision from within. It has mainly been due to the increasingly devastating effects of abortion (and related sexual mores) in our culture, as more and more wounded and scarred women (men and children) seek us out for help and we respond to the needs. The entire pro-life movement has been unsuccessful in winning the war against abortion on demand, and we are seeing more and more casualties in our pregnancy centers.

The service arm has almost always considered itself “separate,” but we must find ways to work with the other arms of our movement (political, legislative, educational, research, etc.); if each branch continues to function independently, without a unified strategy, we will continue to win some skirmishes, but the war will continue and the carnage will grow. To do this means, at least, giving up issues of pride or ownership for the “greater good.”

We should remain diverse, entrepreneurial, and, therefore, creative. We have constantly reinvented ourselves as we perceived and responded to the challenges. Centers in the future may be anywhere on the continuums of woman centered, baby centered, medical centered, healing centered, prevention centered, evangelization centered, and family centered. But we must guard our developing unity and be more passionate than ever about our life-affirming missions. Pregnancy center affiliating organizations need to work even more closely together, for example, sharing statistics and research, and bringing all centers under one or more “umbrella” so that we can stay “on the cutting edge” and to protect ourselves from outside efforts to close us down.

But unity, worldly wisdom, and professionalism will not, in and of themselves, protect us. We need to pray for the continuing protection of God upon our work. We must acknowledge that we are fundamentally Christian (although some centers describe themselves as “non-denominational and non-sectarian” and sometimes think of that as “secular”). We must acknowledge that we are being used mightily, at the beginning of this millennium, in the struggle of good vs. evil that has gone since sin entered the world.

Heartbeat International sees it as part of our mission to help pregnancy centers develop around the world, and we hope to export the Christian model and the model of unity within diversity. I see forming around the world (especially in Africa and Eastern Europe) strong networks of service providers mirroring the kinds of organizations we have in our US network: faith based, life-affirming resource centers, medical clinics, maternity homes, and adoption agencies. We must share resources even more generously with centers overseas and work with them to end abortion in their countries. While abortions number about 1.2 million per year in the U.S., an estimated 55-60 million abortions occur annually worldwide.

Government funding is a blessing and a temptation. We should learn how to benefit from new government funds that are becoming ever more available to faith-based organizations, but we must be careful to use them wisely, only for the social service and public school portions of our mission, so we can be free to truly minister and share the Gospel in other programs. Let us not become like some of the early faith-based organizations that now cannot be distinguished from secular ones (like the Red Cross) or that have even become leaders in secularizing our culture (does anyone remember that Harvard University was founded by Christians?).

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I see our movement beginning a “paradigm shift.” Our prime service has been the free pregnancy test. With home tests and now abortion by pill, some wonder if we may become irrelevant. But, we have constantly responded to challenges and we will continue. Our medical clinics may transcend Planned Parenthood clinics to become centers for women’s true reproductive health. To our STD testing, prenatal care, natural family planning, abuse recovery, and post abortion programs, we may begin to add other services such as pap smears and infertility treatment (thus adding to the healing programs needed as a result of the effects of STD’s and abortion), and even well-baby care. Medical services may combine with counseling and spiritual healing in certain centers, or we may have stronger networks of centers each having a specialized mission (some medical, some counseling, some support, some healing, some spiritual).

I see our centers as places that can retrain and re-envision the medical, counseling, and social services professions (maybe even churches!). Professionals are working more closely than ever with us. When their training clashes with what they see in the lives of our clients (e.g. in the effect of casual sex), there is often cognitive dissonance that leads to transformation. More of what we know needs to influence academic coursework and professional continuing education programs.¹⁶

What ties all of the diverse centers together in the alternatives to abortion movement is sexual integrity (whose absence is the root of abortion). God’s plan is that sexual relationship, unconditional love, marriage between man and woman, children, and God to all go together. If we try to remove one of these from the equation we have almost all the modern social ills (abortion, but also rampant divorce, co-habitation, fatherlessness, gay sub-culture, STD’s, loveless marriages, promiscuity, child abuse, and more). Sexual integrity is what all pregnancy centers are all about: prevention (so sexual integrity is protected and valued), intervention (when crisis occurs because sexual integrity is not being lived out), and healing and restoration (so sexual integrity can be restored). If and when the right to life is restored to the unborn (and our elderly and sick are protected), our centers will still need to exist to help re-teach and restore value of sexual integrity.

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¹ Heartbeat International, formerly Alternatives to Abortion International (AAI), has published an annual Directory of life-affirming service providers since 1971, to help those in need find services and to facilitate networking worldwide. The Directory is available from Heartbeat International, Columbus, OH, 1-888-550-7577, and on the web at www.heartbeatinternational.org.

² Baptists for Life, Grand Rapids, MI; Birthright, Atlanta, GA; Care Net, Sterling, VA; Christian Life Resources, Milwaukee, WI; Heartbeat International, Columbus, OH; International Life Services, Los Angeles, CA; National Institute of Family and Life Advocates, Fredericksburg, VA; National Life Center, Woodbury, NJ; Sav-A-Life, Birmingham, AL; and North American Mission Board, Alternatives for Life, Alpharetta, GA.

³ Birthright was founded by the late Louise Summerhill in Toronto, Canada. The Birthright USA central office is located in Atlanta, Georgia.

⁴ AAI was founded in Toledo, Ohio, by the late John Hillabrand, M.D., an obstetrician/gynecologist, and Mrs. Lore Maier, an immigrant from Germany who had served as a court reporter at the Nuremberg Trials following World War II. Now called Heartbeat International, the central office is in Columbus, Ohio.

⁵ Identifying pro-life as solely a “Catholic issue” was an early tactic of the pro-abortion effort. RCAR, Religious Coalition for Abortion Rights, lobbied almost every major Protestant denomination to sign statements depicting abortion as sometimes necessary and even the “Christian” response to a woman with a difficult pregnancy. Most early speakers on abortion could be discredited with the rhetorical question, “You’re a Catholic, aren’t you?”

⁶ For research on the decline of the family and marriage, with attendant social problems, see a variety of papers by The Heritage Foundation, Washington, DC, www.heritage.org. For statistics on the rise of sexually transmitted diseases and AIDS, see studies by The Medical Institute, Austin, TX, www.medinstitute.org.

⁷ A manual, written by Bob Pearson over 20 years ago, which promoted this baby-centered vision, is still quoted extensively by NARAL on its web-site to discredit pregnancy centers, even though most people in the movement have never even seen the manual.

⁸ See “The Making of a Controversy: The History of the Conspiracy Against Pregnancy-Help Centers,” a Special Report (vol. Iii, no. 3) by Life Decisions International, Washington, DC. Also available on their web site at www.interlife.org.

⁹ Thomas Glessner, J.D. (chairman of the Board of the Seattle pregnancy center, victimized by the NARAL smear campaign of the 1980’s) founded and still leads NIFLA, which has also published newsletters detailing the court cases brought against pregnancy centers.

¹⁰ NARAL published the *Choice Action Kit: A Step-by-Step Guide to Unmasking Fake Clinics*, also outlined on their web site www.naral.org, in December of 2000. The pregnancy center affiliating organizations responded quickly with their own guide, *Serving Clients with Care and Integrity*, to outline policies and procedures to help centers avoid attack. The guide also contains *Our Commitment of Care*, outlining our ethical policies relating to advertising and client services, adopted officially by nine of the ten affiliating organizations. (Birthright declined to sign because they do not participate in coalitions.) A copy of *Our Commitment of Care* is available from any of the affiliating organizations.

¹¹ CAC was founded by a number of concerned Christians, including Dr. and Mrs. Harold O.J. Brown, Dr. C Everett Koop (later U.S. Surgeon General), with the encouragement of the late Dr. Francis A. Schaeffer.

¹² Alternatives to Abortion International changed its name to Heartbeat International in 1993 and now explicitly describes itself as a Christian association of service providers.

¹³ Within the Catholic Church, there are a variety of diocesan post abortion programs, loosely called “Project Rachel.” This list is available in the web side of the National Conference of Catholic Bishops, www.usccb.org. Post abortion programs that have their roots in pregnancy centers include those published and available from Care Net and Heartbeat International. National organizations that specialize in post abortion training and programs include Ramah International, Englewood, FL; PAM (Post Abortion Ministries), Memphis, TN; Rachel’s Vineyard, Bridgeport, PA; National Memorial for the Unborn, Chattanooga, TN; National Office of Post Abortion Reconciliation and Healing, Milwaukee, WI; and Hope Alive USA, Bella Vista, AR.

¹⁴ The pioneer in “negative test counseling” is Sister Paula Vandegaer, one of the founders of AAI, now President of International Life Services. In the 1970’s, before we became fully aware of the proliferation of sexually transmitted diseases including AIDS, early pregnancy centers focused their approach on the emotional and spiritual damage caused by sexual relationships outside the marriage bond, a “heroic” stand given the strength of feminism at the time. Physical health became the major focus of negative test counseling during the 80’s, but we are returning to a more holistic approach focusing on “sexual integrity.”

¹⁵ For example, Abstinence Clearinghouse, the only national organization that tracks and evaluates all abstinence until marriage programs (and also publishes a Directory of these programs and holds annual conferences for abstinence education providers) was founded in 1997 by Leslee Unruh, also founder of the pregnancy center in Sioux Falls, South Dakota.

¹⁶ Heartbeat International is beginning this effort with a distance learning program through the Heartbeat Institute, designed to reach those “in the field,” as well as those in colleges and universities.