

Communique'

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Why do we do what we do? According to a 2019 Barna study, “Science is a top obstacle to faith for 18–35-year-olds around the globe.” Evangelist Roger Cahill has experienced the same thing and observed that “Evolution is the #1 reason students give for rejecting the gospel.” With this in mind, we have two articles for you with insights on why we should embrace and believe in the Bible as real history and have faith in the 6-Day creation account.

Another challenge today is our rapidly deteriorating society and the collapse of western culture. One victim of this is shown in new data revealing only 17% of U.S. households are composed of a nuclear family. The lowest number in history. There are many things impinging on American households which account for this including a culture which ignores God, people intentionally ignorant of His Word and in open rebellion of Him. One great example of this is found in the transgender movement across the west which is tragically being pushed onto our children. We have an article detailing just one of the many ills of this form of ‘state sponsored child abuse’. Please pray for America and our children and youth which are being done irreparable harm by their own parents and country.

Our **Genesis Commentary** section this month details **Death and Burial of Sarah** in **Genesis 23**. As always, we have a full rundown of all creation education opportunities coming up in our area. This includes information about the FEAST Science Workshops which SABBSA is providing for the 19th consecutive year, and a creation seminar being offered by SABBSA in Cibolo, TX this month. We pray you find something in these pages to encourage and enlighten so that you can operate with a truly biblical worldview.

They Paused Puberty, but Is There a Cost?

Some believe puberty blockers can ease transgender youths’ anguish and buy time to weigh options. But concerns are growing about long-term physical effects and other consequences.

By Megan Twohey and Christina Jewett. Excerpted from the New York Times

The medical guidance was direct. Eleven-year-old Emma Basques had identified as a girl since toddlerhood. Now, as she worried about male puberty starting, a Phoenix pediatrician advised: Take a drug to stop it.

At 13, Jacy Chavira felt increasingly uncomfortable with her maturing body and was beginning to believe she was a boy. Use the drug, her endocrinologist in Southern California recommended, and puberty would be suspended.

An 11-year-old in New York with deepening depression expressed a desire to no longer be a girl. A therapist told the family the drug was the preteen's best option, and a local doctor agreed.

"Puberty blockers really help kids like this," the child's mother recalled the therapist saying. "It was presented as a tourniquet that would stop the hemorrhaging." As the number of adolescents who identify as transgender grows, drugs known as puberty blockers have become the first line of intervention for the youngest ones seeking medical treatment.

Their use is typically framed as a safe and reversible way to buy time to weigh a medical transition and avoid the anguish of growing into a body that feels wrong. Transgender adolescents suffer from disproportionately high rates of depression and other mental health issues. Studies show that the drugs have eased some patients' gender dysphoria — a distress over the mismatch of their birth sex and gender identity...

But as an increasing number of adolescents identify as transgender in the United States, an estimated 300,000 ages 13 to 17 and an untold number who are younger, concerns are growing among some medical professionals about the consequences of the drugs, a New York Times examination found. The questions are fueling government reviews in Europe, prompting a push for more research, and leading some prominent specialists to reconsider at what age to prescribe them and for how long. A small number of doctors won't recommend them at all.

Dutch doctors first offered puberty blockers to transgender adolescents three decades ago, typically following up with hormone treatment to help patients transition. Since then, the practice has spread to other countries, with varying protocols, little documentation of outcomes and no government approval of the drugs for that use, including by the U.S. Food and Drug Administration.

But there is emerging evidence of potential harm from using blockers, according to reviews of scientific papers and interviews with more than 50 doctors and academic experts around the world.

Behind Our Reporting on Puberty Blockers

As growing numbers of adolescents who identify as transgender are prescribed drugs to block puberty, the treatment is becoming a source of confusion and controversy. We spent months scouring the scientific evidence, interviewing doctors around the world and speaking to patients and families.

Here's a closer look at what we found →

Dr. Sidhbh Gallagher's unusual embrace of social media platforms like TikTok has made her one of the most visible surgeons in her field.

The drugs suppress estrogen and testosterone, hormones that help develop the reproductive system but also affect the bones, the brain and other parts of the body.

During puberty, bone mass typically surges, determining a lifetime of bone health. When adolescents are using blockers, bone density growth flatlines, on average, according to an analysis commissioned by The Times of observational studies examining the effects.

Many doctors treating trans patients believe they will recover that loss when they go off blockers. But two studies from the analysis that tracked trans patients' bone strength while using blockers and through the first years of sex hormone treatment found that many do not fully rebound and lag behind their peers.

That could lead to heightened risk of debilitating fractures earlier than would be expected from normal aging — in their 50s instead of 60s — and more immediate harm for patients who start treatment with already weak bones, experts say.

“There’s going to be a price,” said Dr. Sundeep Khosla, who leads a bone research lab at the Mayo Clinic. “And the price is probably going to be some deficit in skeletal mass.”

Many physicians in the United States and elsewhere are prescribing blockers to patients at the first stage of puberty — as early as age 8 — and allowing them to progress to sex hormones as soon as 12 or 13. Starting treatment at young ages, they believe, helps patients become better aligned physically with their gender identity and helps protect their bones.

But that could force life-altering choices, other doctors warn, before patients know who they really are...

“The most difficult question is whether puberty blockers do indeed provide valuable time for children and young people to consider their options, or whether they effectively ‘lock in’ children and young people to a treatment pathway,” wrote Dr. Hilary Cass, a pediatrician leading an independent review in England of medical treatments of adolescents presenting as transgender.

On Dr. Khosla’s recommendation, England’s National Health Service last month proposed restricting use of the drugs for trans youths to research settings. Sweden and Finland have also placed limits on the treatment, concerned not just with the risk of blockers, but the steep rise in young patients, the psychiatric issues that many exhibit, and the extent to which their mental health should be assessed before treatment.

In the United States, though, there is no universal policy, and the public discussion is polarized.

Republican governors and lawmakers in more than a dozen states are working to limit or even criminalize the treatments, as some in their party also seek to restrict access to sports and bathrooms, ban discussion of gender in public schools, and call into question whether transgender identity even exists. (This month, the Florida medical board banned medications and surgeries for new patients under 18.) Meanwhile, the Biden administration describes transgender medicine as a civil right. And some advocates criticize anyone who questions the treatments’ safety.

Long-awaited research funded by the National Institutes of Health could provide more guidance. In 2015, four prominent American gender clinics were awarded \$7 million to examine the effects of blockers and hormone treatment on transgender youth. In explaining their study, the researchers pointed out that the United States had produced no data on the impact or safety of blockers, particularly among transgender patients under 12, leaving a “gap in evidence for this practice.” Seven years in, they have yet to report key outcomes of their work, but say the findings are coming soon.

On Being Transgender in America

- **Reproductive Health:** Retrieving viable sperm from men with low fertility and from people who have used estrogen therapy for years has been a challenge. In most cases the drugs and surgeries accompanying a full transition of gender results in sterility.
- **Generational Shift:** The number of young people who identify as transgender in the United States has nearly doubled in recent years, according to a new report. Is this science no longer repressed, or carnal urges which were repressed by cultural norms now being done away with? Young people like to be among the “in crowd” and they are being told now it is “in” to be LGBTQ.

Many young patients and their families have concluded that the benefits of easing the despair of gender dysphoria far outweigh the risks of taking blockers. For others, the limited studies and politicization of trans medicine can make it difficult to fully evaluate the decision. A Reuters examination of a range of transgender treatments also found scant research into the long-term effects.



Jacy Chavira, now 22, decided that the medical treatment was not appropriate for her and resumed her female identity. And the New York adolescent had such a significant loss in bone density after more than two years on blockers that the parents halted use of the drugs. “We went into this because we wanted to help,” the mother said. “Now I worry that we got into a situation with a very powerful drug and don’t understand what the long-term effects will be.”

Age 5? ‘Time to Start’

It didn’t take long for Cherise and Arick Basques to realize that their toddler was different. The child rejected pants, toy trucks and sports in favor of dresses, Barbie dolls and ballet.

When Ms. Basques ran into a friend at a restaurant in their Phoenix suburb and introduced her then-4-year-old as her son, the child shouted: “No! I’m your daughter!”

The couple worked with children — Ms. Basques as an occupational therapist, her husband as a teacher and school administrator — but this was unfamiliar territory. None of the therapists the parents called felt equipped to help. Their pediatrician offered only that things could change once the child started school, Ms. Basques said. Eventually, the couple discovered a local support group for parents of transgender children.

The next year, they allowed the child, then 5, to begin using the name Emma, grow longer hair and take other steps to socially transition. In 2019, when Emma turned 11, a physician at a local gender clinic advised starting blockers.

“At the first subtle signs of puberty, it was like: ‘Yep, that’s it. Time to start!’” recalled Ms. Basques. Along with her husband and Emma, she asked that their full names be used because they consider themselves advocates of the treatment.

For decades, transgender medical treatment in multiple countries was restricted to patients 18 and older. But in the 1990s, a hospital clinic in Amsterdam began treating adolescents. By the time Emma began taking blockers, in 2019, multiple medical groups had endorsed their use for gender dysphoria.

Puberty blockers can be given as an injection or an implant. (The best known is Lupron, made by AbbVie.) They were being used in the United States and elsewhere, with approval by the F.D.A. and its counterparts overseas, to treat prostate cancer; endometriosis, a painful disease that causes uterine tissue to grow elsewhere in the body; and the unusually early onset of puberty, typically age 6 or 7. If blockers were safe for patients with that rare condition, known as central precocious puberty, the Dutch doctors reasoned, they were likely to be safe for trans adolescents too.

The first trans patient treated with blockers, from age 13 to 18, moved on to testosterone, the male sex hormone. Halting female puberty had offered emotional relief and helped him look more masculine. As the Dutch clinicians prescribed blockers, followed by hormones, to a half-dozen other patients in those early years, the medical team found that their mental health and well-being improved.

“They were usually coming in very miserable, feeling like an outsider in school, depressed or anxious,” recalled Dr. Peggy Cohen-Kettenis, a retired psychologist at the clinic. “And then you start to do this treatment, and a few years later, you see them blossoming.”

In 1998, she worked with a small international group — which would later expand and become known as the World Professional Association for Transgender Health, or WPATH — to include puberty blockers and hormones for adolescents in their treatment guidelines.

The Dutch doctors had yet to publish any research findings, she acknowledged. Some other physicians, including the one overseeing transgender medical treatment in England, were wary of potential harm.

But doctors in the group considered the early results from Amsterdam as reassuring enough to move forward. They were eager to treat the psychological distress observed in many trans adolescents.

“It was just really exciting,” Emma said of starting her transition. “I finally got to be who I was.”

Doctors debated about whether “starting the puberty blockers would somehow damage the children,” recalled Dr. Walter Meyer, a Texas pediatric endocrinologist and psychiatrist involved with the 1998 standards of care. “The Dutch were saying, ‘Oh, no, it’s not causing a problem,’” said Dr. Meyer, who continues to support the use of the drugs.

Dr. Cohen-Kettenis hoped physicians in other countries would adopt the Dutch protocol, and document and share the outcomes as she and her colleagues in Amsterdam planned. Her clinic treated only patients who had consistently presented as transgender since early childhood and did not suffer from distinct psychiatric disorders that could interfere with diagnosis or treatment. They had to be at least 12 for puberty blockers, with the option of moving on to hormones at 16.

The international standards of care advised similar criteria. But they were recommendations, not requirements. Soon, the use of puberty blockers spread. In the United States and Canada, countries without centralized health systems, protocols were largely left to the discretion of individual clinics and practitioners. Dr. Spack, the pediatric endocrinologist who led U.S. adoption of the treatment, opened the first American clinic in 2007 at Boston Children’s Hospital; others eventually followed in nearly every state.

Some started children on blockers at the first signs of puberty and prescribed testosterone or estrogen to patients 14 or younger. Doctors believed that earlier treatment would lead to more successful medical transitions, and wanted to spare patients the difficulty of watching their peers develop while their own bodies remained unchanged.

The doctor in Arizona who treated Emma, for example, tells preteen patients that if he prescribed blockers and didn’t start hormones for five years, they would look 12 at age 16.

Transgender activists across the country pushed for early and easy access to the treatment. At a 2006 Philadelphia medical convention, Jenn Burleton, an advocate from Oregon, heard Dr. Spack describe his experience starting to treat adolescents with blockers. Like others of her generation, Ms. Burleton, now 68, could not medically transition until adulthood, and puberty had been traumatic. Treating adolescents with blockers was “game-changing,” said Ms. Burleton, founder and program director of the organization now known as the TransActive Gender Project at the Lewis & Clark Graduate School for Education and Counseling.

Back home, Ms. Burleton prodded pediatric endocrinologists to adopt the practice for their patients. “We have a chance to prevent them from being emotionally broken,” she recalled saying.

Advocates successfully pushed Oregon, Massachusetts, California and other states to allow for Medicaid coverage of puberty blockers for adolescents identifying as trans. They also helped win approval in Oregon for a variety of medical workers — doctors, nurse practitioners, naturopaths — to administer blockers if overseen, even long-distance, by an endocrinologist.

“It went so quickly that not even centers but individual clinicians, people who were not knowledgeable, were just giving this kind of treatment,” said Dr. Cohen-Kettenis, the Dutch psychologist. “There was a great concern.”

By the time Emma Basques began taking blockers in 2019, multiple medical groups had endorsed their use for gender dysphoria. Among them were the American Academy of Pediatrics and the international Endocrine Society, which in 2017 had described the limited research on the effects of the drugs on trans youth as “low-quality.” Still, the organizations were encouraged by what they saw as a promising treatment.

Many doctors point out that it’s not unusual for research to lag behind the launch of new treatments and for drugs to be used off-label on patients without F.D.A. approval, especially in pediatric medicine.

An F.D.A. spokeswoman said in a statement that doctors have the discretion to do so, but also noted that just because a drug has been approved for one class of patients doesn’t mean it’s safe for another.

There is no centralized tracking of blocker prescriptions in the United States. Komodo Health, a health technology company, compiled private and public insurance data for Reuters, showing a sharp increase in the number of children ages 6 to 17 diagnosed with gender dysphoria, from about 15,000 in 2017 to about 42,000 in 2021. During that time, 4,780 patients with that diagnosis were put on puberty blockers covered by insurance, the data shows, with new prescriptions growing each year. But the data does not capture the many cases in which insurance does not cover the drugs for that use, leaving families to pay out of pocket.

Some leading American practitioners asked AbbVie and Endo Pharmaceuticals, maker of another blocker, to seek F.D.A. approval for the drugs’ use among trans adolescents. The drugmakers would have to fund research for a patient population that made up just a small part of their market. But the physicians argued that regulatory approval could help establish the safety of the treatment and broaden insurance coverage of the drugs, which can cost tens of thousands of dollars a year. In the end, AbbVie and Endo said **no**. The companies declined to comment on the decision.

Emma Basques was on blockers for two years. Then, after she turned 13 in October of last year, a doctor in the Portland, Ore., suburb where her family had moved, prescribed estrogen, starting her transition. It had become increasingly awkward to feel left behind as her classmates physically matured. And she felt confident that she was ready.

A full accounting of blockers’ risk to bones is not possible. Because most treatment is provided outside of research studies, there’s little public documentation of outcomes.

‘We Need to Give This a Chance’?

The 11-year-old in New York, who had begun puberty and started at a new school, was increasingly distressed — refusing to bathe or go to class and, for the first time, expressing a desire to no longer have a girl’s body. When the parents consented to blockers in 2018, they hoped the drug would bring emotional stability and time to consider next steps.

“If everyone thinks this will help, and it’s reversible, then we need to give this a chance,” said the mother, who asked that her name be withheld to protect the family’s privacy.

The first two years were promising, with the patient, by then a teen, taking Prozac in addition to the blockers. But at the start of the third year, a bone scan was alarming. During treatment, the teen’s bone density plummeted — as much as 15 percent in some bones — from average levels to the range of osteoporosis, a condition of weakened bones more common in older adults.

The doctor recommended starting testosterone, explaining that it would help the teen regain bone strength. But the parents had lost faith in the medical counsel. “I was furious,” the mother recalled. “I’m thinking, ‘I worry we’ve done permanent damage.’”

A Texas teenager had very low bone density in the lumbar spine after a year on blockers, records show. No baseline bone scan had been performed at the outset of treatment.

A full accounting of blockers’ risk to bones is not possible. While the Endocrine Society recommends baseline bone scans and then repeat scans every one to two years for trans youths, WPATH and the American Academy of Pediatrics provide little guidance about whether to do so. Some doctors require regular scans and recommend calcium and exercise to help to protect bones; others do not. Because most treatment is provided outside of research studies, there’s little public documentation of outcomes.

But it’s increasingly clear that the drugs are associated with deficits in bone development. During the teen years, bone density typically surges by about 8 to 12 percent a year. The analysis commissioned by The Times examined seven studies from the Netherlands, Canada and England involving about 500 transgender teens from 1998 through 2021. Researchers observed that while on blockers, the teens did not gain any bone density, on average — and lost significant ground compared to their peers, according to the analysis by Farid Foroutan, an expert on health research methods at McMaster University in Canada.

The findings match what practitioners of the treatment have seen, including Dr. Catherine Gordon, a pediatric endocrinologist and bone researcher at Baylor College of Medicine in Houston. “When they lose bone density, they’re really getting behind,” said Dr. Gordon, who is leading a separate study on why the drugs have such an effect.

Many doctors caring for young trans patients are reassured by the rebounds seen in the children who take blockers for unusually early puberty. In most cases, their bone strength fully recovers after they stop the drugs at about age 11 and resume full puberty, which can last up to five years. But patients identifying as trans take the drugs later, interrupting their normally timed puberty and limiting that crucial period of development.

“That’s the difference,” Dr. Gordon said. “You shorten that critical window of puberty.”

So far, only two small studies, published by Dutch doctors, have tracked the bone development of trans patients from beginning blockers through early hormone treatment. In both studies, dozens of patients started blockers at 14 or 15, on average, and began estrogen or testosterone at 16. The participants, followed in one study through age 18, and in the other through age 22, saw their bones strengthen, on average, once on hormones. Still, most patients continued to lag behind their peers; trans men neared average levels, but trans women fell far below.

Dr. Catherine Gordon, a pediatric endocrinologist and bone researcher at Baylor, is leading a study on the effects of puberty blockers on bone development in transgender youths. “I think there’s a false sense of security,” said Dr. Khosla, the Mayo Clinic specialist, who is skeptical that all trans patients can catch up.

Dr. Khosla and Dr. Gordon don’t believe the effects on bones are reason for medical providers to halt use of the drugs in adolescents. But they think the risks should be factored into patient decisions and that bones should be carefully monitored.

If any harm resulted from the use of blockers, it likely would not be evident until decades later, with fractures. However, for children who already have weak bones as they start treatment, the dangers could be more immediate. While there is no systematic record-keeping of such cases, some anecdotal evidence is available.

Emma takes calcium, makes an effort to exercise and has undergone scans showing that her bones are healthy.

A transgender adolescent in Sweden who took the drugs from age 11 to 14 with no bone scans until the last year of treatment developed osteoporosis and sustained a compression fracture in his spine, an X-ray showed in 2021, as reported earlier in a documentary on Swedish television. “The patient now suffers from continued back pain,” medical records note, describing a “permanent disability” caused by the blockers.

Some practitioners in the United States and Australia do not provide the drugs to patients who are well into puberty, concerned that the treatment poses the greatest threat to bones in that period. “You’re potentially taking on risks that I felt should be avoided,” said Dr. Stephen Rosenthal, medical director of the University of California, San Francisco, Child and Adolescent Gender Center.

He won’t prescribe blockers as a stand-alone treatment to anyone over 14. That includes the growing number of nonbinary youths who don’t want to mature into either male or female bodies. “We make it very clear that no one stays on a blocker,” he said.

Dr. Rosenthal is a principal investigator in the yearslong N.I.H. study, which also involves gender clinics in Los Angeles, Chicago and Boston. Asked why they have yet to report on key outcomes, he said their research was delayed when the pandemic halted in-person treatment. Papers on the effects of blockers on bones and other findings should be published next year, he said.

Editor’s Note- This article only looked at the deleterious effects of loss of bone mass in transgender youth through the use of puberty blockers. It did not go into similar concerns that the early use of hormones which have been associated with higher incidences of cardiac abnormalities, higher cancer risks and sterility in most cases.

Data shows that in the case of gender dysphoria, if the youth or child is supported by his family, parents and society that 95% of them positively resolve their dysphoria and become comfortable with their assigned at birth sex. However, our society through “woke” extremism has decided to go in the exact opposite direction with kids and parents pushed into supporting unnatural gender ideas and both unnatural and dangerous medical procedures on young kids and youth because we have decided we know better than God. Folks, this is state sponsored “child abuse” and we need to stop this insanity. God told us and Christ reaffirmed that He made them “male and female” and we need to affirm that truth which genetics and science supports and not run from this reality.

A Miraculous Existence

Marvin Olasky, Discovery Institute

In A Big Bang in a Little Room, Zeeya Merali describes the consensus among science’s biggest brains: “The notion that a god made our universe is several rungs on the wackiness ladder above the idea that it was made by aliens.” Nevertheless, Merali describes herself as a believer in God. She’s also the holder of an Ivy League PhD in theoretical physics. So, she asks a good question: If God desired to send us a message, how would He do it?

Published in 1985, Carl Sagan’s novel Contact included speculation about finding a code in the digits of pi, which starts out 3.14159 and keeps going forever, but no one’s found it. Others said God might encode a message within the human genome, but that would be useful only for creatures on this planet. Merali suggests a message embedded in background radiation, so any sufficiently advanced creatures anywhere in the universe



could perceive it. (Astronomers learn about distant galaxies and galaxy clusters by mapping tiny radiation wrinkles.)

The Moment of Creation

The time to engrave such a message in the sky would be at the moment of creation, Merali writes: “Think of it like drawing a smiley face in marker on a balloon straight out of the package. Blow up the balloon and the picture stretches with the rubber. In the same way, as the cosmos rapidly inflated, its creator’s message would shine out across the whole sky.” She says no one has found such a message thus far, thus disappointing those who believe in God.

No such message? With respect for Merali, who writes charmingly, I think she’s wrong, for three reasons.

First, we live on a Goldilocks “just right” planet within a Goldilocks universe. More than one thousand features of the universe and Earth must fall within narrow ranges to allow for the possibility of life, and then for advanced life. For example: We need a particular composition of the earth’s core and atmosphere, a particular Earth axis tilt and rotation speed, particular capillary action and surface tension, and so on.

We exist because of things most of us know nothing about: cosmic ray protons, intergalactic hydrogen gas clouds, molecular hydrogen formed by supernova eruptions, etc. If one loose definition of a miracle is “a highly improbable or extraordinary event,” look at the likelihood of simple bacteria being able to survive anywhere in the universe apart from divine action: One chance in 10 followed by 556 zeros. What about the likelihood of advanced life? One chance in 10 followed by 1,054 zeros.

In the memorable 2017 Super Bowl, the New England Patriots trailed by 25 points with 17 minutes and seven seconds left in the game. They managed to tie the game and win it in overtime: Headlines proclaimed “a miracle comeback.” But what if the Patriots had trailed by 8,216 points and needed to score one touchdown (plus two extra points) in every one of those 1,027 seconds left in the game? That gives us a sense of the unlikelihood of our existence purely through material causes — and we’d have to multiply that physical improbability/impossibility by about a trillion. (That’s why some atheistic scientists grab on to the wacky multiverse theory.)

Flipping the Surmise

A second piece of evidence for God’s existence: the history of the 20th century. Decisions by three atheists — Mao, Stalin, and Hitler — led to one hundred million deaths. Some people say that shows a merciful God does not exist, but we should flip the surmise: Atheism kills, and we’ve seen since the 1930s what happens when we worship human gods. God warns us throughout the Bible that sin has consequences: Should we consider Him a liar because He tells the truth?

Why don’t we wake up every morning and realize our existence is miraculous? Maybe because so much noise surrounds us. But here’s a third reason to believe in God: I’ve met some men in their twenties whose thinking as teens was so destructive that it looked like they would soon be dead, imprisoned, or traitorous. I was one of them. But “the steadfast love of the Lord never ceases; his mercies never come to an end” — and the Bible tells me so.

God has sent a message, not in background radiation, but in our existence, our history, and in what should be our daily reading.



By Dr. Del Tackett from the “Is Genesis History” website

When “Is Genesis History?” opened in 2017, we had no idea it would be the top grossing Christian documentary for 2017. We were even more surprised when our distributor said they were bringing it back to theaters on Feb 22, 2018 for an Anniversary Event.

Why did this film resonate so much with audiences?

Perhaps it demonstrated that it’s intellectually reasonable for Christians to embrace 6-day creation.

By ‘6-day creation,’ we’re referring not just to one’s view of Genesis 1, but to an entire chronology of historical events. These include the immediate creation of everything in six normal days, a Fall that brought corruption and death into the universe, and a global Flood that destroyed the world.

We recognize that among some Christians this is not a popular view of history. Instead, some have adopted the framework hypothesis, analogical days, or the cosmic-temple model to interpret Genesis 1. They then accept the conventional chronology of universal history. This includes the slow formation of everything over billions of years starting with a Big Bang, the corruption and death of trillions of creatures before the arrival of Adam and Eve, a Fall that introduced death only to mankind, and a local flood during the days of Noah.

It is the events included in 6-day creation that are essential for Christian theology.

We realize that intelligent and godly Christians hold to this model of Earth history. Nevertheless, many seem unaware of the actual events they must inevitably adopt when affirming a 13.8 billion-year-old universe. After all, one cannot extend history for billions of years without attaching new events to it. Those events have theological consequences.

This is why thinkers like Geerhardus Vos, Louis Berkhof, and D. Martin Lloyd-Jones embraced 6-day creation. They understood it is the events included in 6-day creation that are essential for Christian theology.

Here are six theological reasons worth considering:

1. God’s Goodness Must Be Reflected in the Original Creation

Ligon Duncan observed in an interview for ‘The Gospel Coalition’ that affirming the goodness of the original creation is non-negotiable. As the Westminster Confession states, the goodness of the original creation is the manifestation of the glory of God’s own goodness. (WCF 4.1)

What does that goodness look like? It is full of life-giving power and bounty. This is what we see in Genesis 1. God pronounces His original creation ‘good’ and ‘very good.’ It was a world of plenty and beauty without animal carnivory (Gen 1:30) and without corruption and death (Rom 8:21).

Yet this picture of an artistically designed, beautiful world only fits within the chronology of 6-day creation.

If one adopts the conventional chronology, one must accept that the Earth was absent from the universe for its first 9 billion years. After a galactic cooling event, the Earth slowly formed through billions of years of uninhabitable environments. God eventually created the first complex marine life, then progressively created, or evolved different types of organisms. These experienced death and massive extinction events that led to the destruction of trillions of living creatures.

All this happened long before the appearance of Adam and Eve.

I realize that some Christians may not be interested in these sorts of details. Yet anyone who chooses to accept an old universe implicitly accepts the historical events that go with it. It is a history filled with lifelessness and death, not the goodness of God.

2. Adam's Sin Resulted in Universal Corruption and Death

According to the conventional chronology, corruption has always been a part of the universe. This can be seen in the fossil record which supposedly represents 540 million years of animal suffering and death. It provides snapshots of a world often full of thorns and thistles. In this view, Adam's sin could not have been the ultimate cause of universal corruption. As an historical event, his disobedience occurred long after corruption was present.

But according to 6-day creation, Adam's sin precedes God's curse on the creation. The suffering and death of animals came as a result of Adam's disobedience, not prior to it. Thorns and thistles were a part of the curse, not before it.

This is what Paul affirms in Romans 8:21. It is what Christian theology has always affirmed: Adam was given dominion over the entire creation at the beginning; when he sinned, the entire creation was subjected to corruption as a consequence of its unique relationship to him.

3. The Pattern of Creation-Fall-Redemption Culminates in the New Creation

If the universe contained death and corruption that wasn't the result of Adam's sin, what does that mean for Jesus's redemption of both man and creation?

Consider His miracles: He was re-forming the world according to the goodness of the original creation. Whether Jesus was healing the sick, raising the dead, or feeding the hungry, He was showing that redemption results in tangible bounty to actual people. It is a goodness that culminates with the new creation. Passages in the Prophets and Revelation suggest a return to the space-time goodness of the original creation.

Yet it is only the chronology of 6-day creation that provides the historical framework for this pattern to have meaning. If the original creation was not good, or if the Fall did not transform that creation into something evil, then what is the real nature of our redemption? And what is the real potential of the new creation? For the bookends of creation to match, they must be mirrors of each other. This is only possible with 6-day creation.

4. Scripture Must be Used to Interpret Scripture

In the Odyssey, when Penelope wants to prove her husband's identity, she requests he shoot an arrow through 12 axe handles placed in a row. She knows he is the only one who can do it. In the same way, although different interpretations claim to be accurate, only those which pass intact through the entirety of the Bible are true.

This is what we see with the events associated with 6-day creation: they are affirmed throughout the entire Bible.

Whether it is Moses connecting creation week with a normal week in the fourth commandment; or Isaiah affirming God created man at the same time He created the heavens and the earth; or Jesus explaining the global destruction of the Flood in light of His second coming; or Luke tracing the history of the world through a single genealogy; or Paul relating the work of Adam to the work of Christ; or Peter showing the relationship between the creation, global flood, and judgment to come, there is only one historical sequence that consistently fits: 6-day creation.

5. Essential Doctrines are Embedded in History

Last year, I had lunch with a friend who takes a more liberal view of the Bible. As he heard what was in the film, he said, "if there really was a global flood, that changes everything." This is similar to the line of thinking we see in Acts: if a man really rose from the dead, that changes everything.

Paul establishes the necessary connection between the events of history and Christian doctrine in 1 Corinthians 15. Peter does the same in 2 Peter 3 with creation, the flood, and the final judgment. Yet it is only within the historical framework of 6-day creation that all these events cohere to the fabric of time.

For instance, if the thick fossil-bearing rock layers are the result of a global flood, they are a physical reminder of God's global judgment on the earth in the past, as well as in the future. If, however, one adopts the conventional chronology, those huge layers are merely a testimony to millions of years. God's judgment is erased from the earth—and perhaps overlooked in the future.

6. Presuppositional Thinking Helps Us Understand the Discipline of Science

Finally, what about science itself?

When I started researching our documentary, I came across a book entitled *The Structure of Scientific Revolutions* by Thomas Kuhn. Although there is much that could be said about Kuhn, his method is easy for philosophically minded Christians to grasp: he applies presuppositional thinking to the discipline of science.

Anyone who has read Christian philosopher Cornelius Van Til can see the similarities between them:

Both point out that data is not “value-neutral,” but that people bring a ‘set of glasses’ toward the interpretation of the world around them. Both recognize the intense commitment people have toward certain views to the exclusion of all others. Both note that groups consistently interpret what they observe in light of their base presuppositions.

Night Sky

Now what makes Kuhn interesting is that he explores the history of science in light of this thinking. The result is that he effectively questions the absolute epistemological authority of modern science.

Again, this should not be surprising – we are well aware of the implications of presuppositional thinking. But I would hope it would give Christians pause who seem to place an enormous amount of trust in the latest ideas of scientists concerning the conventional history of the world — a history which happened long before any of them even existed.

As Isaiah might remind us, “Stop regarding man in whose nostrils is breath, for of what account is he?” (Isaiah 2:22, ESV)

In Closing...

In closing, it is my strongest conviction as a Christian that 6-day creation is the only long-term viable option for Christian theology. As D. Martin Lloyd-Jones said, “I have no gospel unless Genesis is history.”

Genesis Commentary

The Death of Sarah

Genesis 23:1 Sarah lived to be a hundred and twenty-seven years old. ²She died at Kiriath Arba (that is, Hebron) in the land of Canaan, and Abraham went to mourn for Sarah and to weep over her.

Sarah, formerly Sarai, the wife of Abram who became Abraham was the mother of the God's chosen people as Abraham was the father. Her living to 127 years is indication that if God was establishing a limit on our lives of 120 years (Gen. 6:3) as some theologians and Christian historians believe, then she died just before that time limit came to fruition. She did live at the end of the time when the ages of the Patriarchs were rapidly declining after the worldwide flood from 900+ years to the lifespans near what we experience today. She lived in the time period around 2100 BC.

³ Then Abraham rose from beside his dead wife and spoke to the Hittites. He said, ⁴ "I am a foreigner and stranger among you. Sell me some property for a burial site here so I can bury my dead."

The Hittites were the dark descendants of Heth, the second son of Canaan (Gen. 10:15), youngest son of Ham, son of Noah. In the Book of Genesis, they are declared to be one of the 12 Canaanite nations dwelling inside or close to Canaan from the time of Abraham up to Ezra's era. They lived in the Promised Land to the Israelites. (Gen. 23:3,7)

⁵ The Hittites replied to Abraham, ⁶ "Sir, listen to us. You are a mighty prince among us. Bury your dead in the choicest of our tombs. None of us will refuse you his tomb for burying your dead."

⁷ Then Abraham rose and bowed down before the people of the land, the Hittites. ⁸ He said to them, "If you are willing to let me bury my dead, then listen to me and intercede with Ephron son of Zohar on my behalf ⁹ so he will sell me the cave of Machpelah, which belongs to him and is at the end of his field. Ask him to sell it to me for the full price as a burial site among you."

¹⁰ Ephron the Hittite was sitting among his people and he replied to Abraham in the hearing of all the Hittites who had come to the gate of his city. ¹¹ "No, my lord," he said. "Listen to me; I give you the field, and I give you the cave that is in it. I give it to you in the presence of my people. Bury your dead."

¹² Again Abraham bowed down before the people of the land ¹³ and he said to Ephron in their hearing, "Listen to me, if you will. I will pay the price of the field. Accept it from me so I can bury my dead there."

¹⁴ Ephron answered Abraham, ¹⁵ "Listen to me, my lord; the land is worth four hundred shekels of silver (about 10 pounds), but what is that between you and me? Bury your dead."

¹⁶ Abraham agreed to Ephron's terms and weighed out for him the price he had named in the hearing of the Hittites: four hundred shekels of silver, according to the weight current among the merchants.

¹⁷ So Ephron's field in Machpelah near Mamre—both the field and the cave in it, and all the trees within the borders of the field—was deeded ¹⁸ to Abraham as his property in the presence of all the Hittites who had come to the gate of the city. ¹⁹ Afterward Abraham buried his wife Sarah in the cave in the field of Machpelah near Mamre (which is at Hebron) in the land of Canaan. ²⁰ So the field and the cave in it were deeded to Abraham by the Hittites as a burial site.

We get from Abraham in his time of mourning that he still would heed God's direction to owe no man anything and live peaceably with others and not take advantage of others. This had been demonstrated earlier in his life when he gave Lot the choice of where to live and took what

was left for himself, so as to have peace between them. His was not of the mindset of self-first, but others first, which Christ will so beautifully demonstrate.

We get from subsequent chapters in Genesis that this field at Machpelah will become the family burial plot where Abraham will be returned for burial within the future promise land.

Prayer Needs and Praises!

- Pray for spiritual healing in our nation.
- Pray for SABBSA's Public Seminars
- Pray for our Radio Ministry
- Pray for our effectiveness of monthly meetings and speakers
- Pray for how we can get the gospel out better



FEAST Science Workshops



SABBSA will be resuming "**The Rocks Cry Out**" creation curriculum for the 2023 FEAST Science Workshops. Each program is slated to occur the fourth Wednesday of the scheduled months at 10 am at FEAST. We thank the good crowd of parents and children who attended our first two presentation in 2022.

The remaining 2023 schedule is shown below.

March 2023 – **Brilliant: Made in the Image of God** (Ancient cultures reveal rapid development of intelligence by God, not slow evolution of mankind)

April 2023 – **A Matter of Time** (The vast majority of dating methods reveal a recent creation)

Coming to SABBSA on the second Tuesday of each month in 2023

March – **Biology and Animals that defy Evolution – Scott Lane**

April – **Discovery and Design – Bruce Malone, Search for the Truth Ministries**

May – **Lucy Unveiled - Biology and Missing Links**

June – **Genetics and the Bible**

July – **Dinosaurs and the Bible**

August – **The Discovery of Genesis in Chinese**

September – **Supposed Contradictions in the Bible?**

October – **“The Rocks Cry Out” #7 – “Science is a Tool”**

November – **“The Rocks Cry Out” #8 – “Grand Canyon”**

December – **“The Rocks Cry Out” #9 – “Explosive Evidence for Creation”**



SABBSA on KSLR

Please join the **San Antonio Bible Based Science Association** “on the air” each Saturday afternoon with **“Believing the Bible!”** Join us **Saturday afternoons at 1:45 pm on radio station KSLR 630 AM** in San Antonio and airing for 13-million people across the U.S. in thirteen major markets and internationally in 120 countries on WWCR.

Here is our schedule of upcoming program topics

3/4 **Day 1 - God Invents Science**

3/11 **Days 2 and 3 of Creation**

3/18 **Creationist Dr. Carl Williams**

3/25 **Creation in the Church, Rev. Cannup**

4/1 **Life is Not Accidental**

4/8 **ICR Discovery Center**

4/15 **Dr. Brian Thomas**

4/22 **What have we learned from JWST?**

4/29 **Creation Day 4**

If you cannot tune in on Saturday afternoons or would like to sample our program or hear previous shows, they are available on podcast on the KSLR website (kslr.com). Click on the link below to go to the KSLR podcast page and scroll down till you find **“Believing the Bible.”**

[“Believing the Bible” - SABBSA on KSLR Radio](#)

5/6

Cloning

5/13 **Gilligan vs. Evolution**

5/20 **Creation Day 5**

5/27 **Creation Day 6**



Creation Seminars at Cibolo Valley Baptist Church

Spring - "**Answers for Life Series**" Creation seminar. These programs are good for everyone, but specifically tailored for youth and young adults.



February 19 - [Is there a God?; Why am I here?; and What is my Purpose?](#)

February 26 - [Why is there pain and suffering?; Why do bad things happen to good people?](#)

March 5 - [Where did Cain's wife come from? and other supposed Biblical Contradictions;](#)

March 12 - [Doesn't Distant Starlight prove the Universe is older than the Bible suggests?](#)

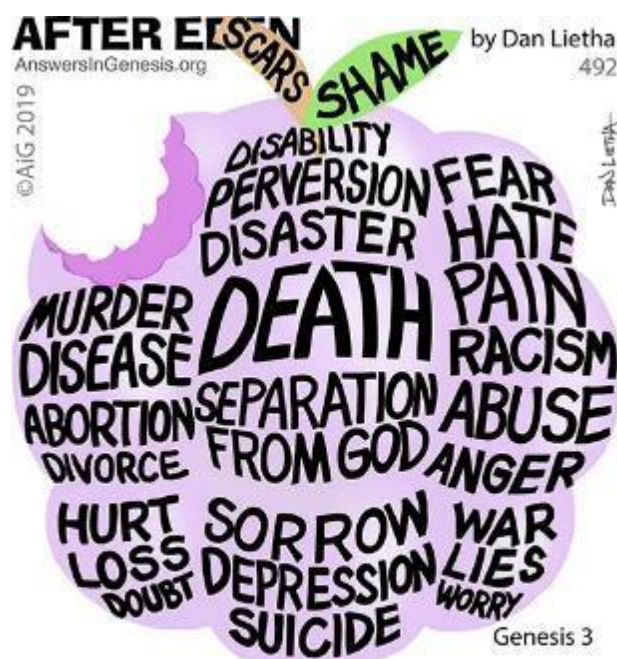
March 19 - [The De-Faithing of America: Creation, the Courts & our Culture](#)

March 26 - [Incredible Creatures that Defy Evolution - Intelligent Design](#)

All programs are multimedia presentations scheduled to be in the **CVBC Fellowship Hall from 3:30 to 4:40 pm on Sundays**. All programs provided by Scott Lane, Deacon at CVBC and President of **SABBSA**. If you miss a session, they can be viewed afterwards on YouTube. During the spring we will be meeting during the same time as **Awana**, so that will give us young childcare available for parents who want to attend with their youth.

Cartoon Corner

Thanks to [Answers in Genesis](#) who provides many of these cartoons each month for our newsletter and our presentations. Please think about donating to them in gratitude for this and all the ministries they give us.



Today, nobody knows what the forbidden fruit in Eden looked like. But we all know what the fruits of the forbidden fruit look like.

Around Texas

Houston:

The **Greater Houston Creation Association (GHCA)** normally meet at Houston's First Baptist Church at 7 pm every first Thursday, in Room 143. Their meetings can be streamed live! For more information, go to www.ghcaonline.com.

Glen Rose:

Dr. Carl Baugh gives a “*Director’s Lecture Series*” on the first Saturday of each month at the Creation Evidence Museum just outside Glen Rose, TX. This museum is also a great and beneficial way to spend any day. Presentations are at 11 am and 2 pm. For more information, go to www.creationevidence.org

Dallas:

The Museum of Earth History uses the highest quality research replicas of dinosaurs, mammals, and authentic historical artifacts to not only lay out for the visitor a clear and easily understood connection between Genesis and Revelation, but will do so in an entertaining and intellectually challenging way. Open M-F 9 to 6. <http://visitcreation.org/item/museum-of-earth-history-dallas-tx/>

ICR in Dallas:

Of course, the **ICR Discovery Center for Science and Earth History** is the foremost creation history museum in the Southwest. They are open from 10am to 5 pm Mondays through Saturdays. For more information on this exceptional facility go to <https://discoverycenter.icr.org/>

Dallas-Ft Worth:

The Metroplex Institute of Origin Science (MIOS) meets at the Dr. Pepper Starcenter, 12700 N. Stemmons Fwy, Farmers Branch, TX, usually at 7:30 pm on the first Tuesday of each month. <http://dfw-mios.com/>

Abilene:

The Discovery Center is a creation museum/emporium that exists primarily to provide scientific and historic evidence for the truthfulness of God’s word, especially as it relates to the creation/evolution issue. It also features some fascinating “Titanic Disaster” exhibits. <https://evidences.org/>

Lubbock Area (Crosbyton):

All year: Consider a visit to the Mt. Blanco Fossil Museum, directed by Joe Taylor. The Museum is worth the visit if you live near or are traveling through the Panhandle near Lubbock. If you call ahead and time permitting, Joe has been known to give personal tours, especially to groups. For more information, visit <http://www.mtblanco.com/>.

Greater San Antonio area: Listen to **Answers with Ken Ham** online at the address below.

<http://www.answersingenesis.org/media/audio/answers-daily> To hear creation audio programs from the

Institute for Creation Research, listen online at this address. <http://www.icr.org/radio/> Also, tune in KHCB FM 88.5 (San Marcos) or KKER FM 88.7 (Kerrville) for **Back to Genesis** at 8:57 AM Mon-Fri, then **Science, Scripture and Salvation** at 1:30 AM, 8:00 AM and 4:30 PM on Saturdays.

Last Month at SABBSA Incredible Creatures that defy Evolution 3



This amazing video presented powerful evidence that proves that animal designs can only be attributed to a creator. They cannot possibly be explained by evolution. This program inspired us to look more closely at the world around us.

Incredible Creatures 3 enters the fascinating world of animals to reveal sophisticated and complex designs that shake the traditional foundations of evolutionary theory. For the past 20 years, Dr. Jobe Martin has been fascinating his students as he lectures on these remarkable animals that cannot be explained by traditional evolution.

Have you ever wondered...

- * What kind of bird can kill a lion with a single kick?
- * How some dogs can know a storm is brewing before it appears, or can sense when their masters are about to experience a seizure?
- * Which creature perplexes scientists because of its amazing ability to heal itself even when it sustains horrendous injuries?
- * How can Emperor Penguins go two and a half months without eating or drinking?

This video was a great conclusion to our three month series of Dr. Martin's films and we thoroughly enjoyed it and were blessed by it.

Next SABBSA Meeting:
Tuesday, March 14, 2023, at 7 pm

Coming to SABBSA in March

Biology and Animals that defy Evolution



This program shows how the field of biology tears down evolutionary theory. It first presents what has been done in biology including synthesizing DNA and cloning showing how these fit within creation science.

We then present examples of God's designs in nature ranging from the intricacies of the human eye, to the sea slug, the bombardier beetle, and symbiotic relationships between organisms. We also explore how evolution's recapitulation theory has been disproved by evolutionists, but it is still being used in some places to substantiate abortion.

Please join us in March for creation science and biblical apologetics teaching you will find nowhere else in Bexar County. We meet at **Faith Lutheran Church just south of the corner of Jones Maltzberger and Thousand Oaks**. The address is 14819 Jones Maltzberger Rd., San Antonio, Texas 78247.