



September 22, 2025

The Honorable Mike Johnson
Speaker of the House
U.S. House of Representatives

The Honorable Hakeem Jeffries
Minority Leader
U.S. House of Representatives

The Honorable John Thune
Majority Leader
U.S. Senate

The Honorable Charles Schumer
Minority Leader
U.S. Senate

Dear Speaker Johnson, Leader Jeffries, Leader Thune, and Leader Schumer:

As Congress will soon undertake the conferencing process to pass a bicameral National Defense Authorization Act (NDAA) for Fiscal Year 2026, we respectfully encourage your consideration of issues of particular concern to the Catholic faithful, many of whom proudly serve in uniform, and to us.

An ultimate goal of national defense must be the protection of innocent lives from harm. We are very grateful for action taken by the Department of Defense (DOD) this year to undo policies of the prior Administration that, among other things, provided paid travel allowances for service members to obtain elective abortions across state lines. We renew our call to prohibit in legislation all such policies emanating from the 2022 Secretary of Defense memorandum, “Ensuring Access to Reproductive Health Care.” Doing so would restore alignment of the armed services with longstanding Hyde Amendment principles. At the same time, we continue to urge Congress to provide authentic support for women, children, and families in need, including those in the military, through the NDAA.

No less ardently, our recognition of human life from the moment of conception compels us to once again oppose the expansion of coverage in TRICARE for reproductive technologies like in vitro fertilization (IVF) that, though well intended, result in the destruction or interminable freezing of countless preborn children (often in a eugenic manner). As pastors, we know of the pain experienced by so many couples struggling with infertility. We also know that this can be especially challenging in the conditions experienced by military families. Yet the answer cannot be procedures that, while helping to bring about new life (life which is, itself, an immeasurable good), nonetheless end or suspend other human lives.

Rather, we support strengthening the area of restorative reproductive medicine – comprehensive, holistic, and individualized approaches to fertility care that aim to heal root causes of

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infertility and that can be at least as effective as, and more affordable than, IVF.¹

Additionally, we applaud efforts to restrict the performance of “sex change surgeries.” In recent years, the market size for “gender transition” surgeries was estimated to be \$2.1 billion, owing -in part- to government reimbursement.² The recognition of the human person, created male and female, with a biological sexual identity, is fundamental to ensuring that each person receives authentic care – including our service members and their families who suffer from gender dysphoria. We, therefore, support efforts to roll back previous policies that promote or facilitate “gender transition,” which gravely violates human dignity and the natural order.

We thank you for your leadership and for your dedication to our country’s service members through the NDAA. We hope you will continue to lead in a manner that genuinely supports them and their families and does not contribute to the destruction of innocent life.

Sincerely,

The Most Reverend Timothy P. Broglio
Archbishop for the Military Services, USA
President, United States Conference of
Catholic Bishops

The Most Reverend Robert E. Barron
Bishop, Diocese of Winona-Rochester
Chairman, Committee on Laity, Marriage,
Family Life and Youth

The Most Reverend Daniel E. Thomas
Bishop, Diocese of Toledo
Chairman, Committee on Pro-Life Activities

¹ For more on restorative reproductive medicine, see A. Bendix, “A little-known approach to infertility is complicating the White House’s IVF push,” NBC News, Aug. 8, 2025, at <https://www.nbcnews.com/health/health-news/little-known-approach-infertility-complicating-white-houses-ivf-push-rcna222960>; M. Duane, MD, et al., “Why Restorative Reproductive Medicine Is More Pro-Woman Than IVF,” *The Federalist*, Aug. 4, 2025, at <https://thefederalist.com/2025/08/04/why-restorative-reproductive-medicine-is-more-pro-woman-than-ivf/>; H. Rowan (Ed.), “Treating Infertility: The New Frontier of Reproductive Medicine,” Ethics & Public Policy Center and The Heritage Foundation, Mar. 2025, at <https://eppc.org/wp-content/uploads/2025/03/6-FINAL-Treating-Infertility-The-New-Frontier-of-Reproductive-Medicine.pdf>; M. Duane, MD, and T. Brown, MD,

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“Restorative Reproductive Medicine for Infertility: A Safe, Effective, Affordable Alternative,” FACTS About Fertility, Feb. 27, 2025, at <https://www.factsaboutfertility.org/restorative-reproductive-medicine-for-infertility-a-safe-effective-affordable-alternative/>; T. Arnold, “‘NaPro Technology’ Offers a Pro-Life Alternative to IVF for Infertility Treatment,” *National Catholic Register*, Mar. 26, 2024, at <https://www.ncregister.com/cna/napro-technology-offers-a-pro-life-alternative-to-ivf-for-infertility-treatment>; “What If We Addressed The Root Of Infertility Rather Than Pushing The Questionable IVF Quick Fix?,” *The Federalist*, Mar. 25, 2024, at <https://thefederalist.com/2024/03/25/what-if-we-can-heal-infertile-women-rather-than-turning-to-expensive-unethical-ivf-treatments-first/>; see also G. Stark, “From treating infertility to improving reproductive health, Restorative Reproductive Medicine is changing lives—so why are ACOG and ASRM so afraid of it?,” *Natural Womanhood*, Jul. 24, 2025, at <https://naturalwomanhood.org/restorative-reproductive-medicine/>; M. Kearns, “What I Went Through to Meet My Daughter,” *The Free Press*, Jul. 19, 2025, at <https://www.thefp.com/p/what-i-went-through-to-meet-my-daughter-ivf-fertility>; C. Turczynski et al., “Alternatives to In Vitro Fertilization (IVF) for Overcoming Infertility and Delivering a Healthy Baby,” *On Science*, iss. 18, Charlotte Lozier Inst., Jun. 10, 2025, at <https://lozierinstitute.org/alternatives-to-in-vitro-fertilization-ivf-for-overcoming-infertility-and-delivering-a-healthy-baby/>; H. Klaus, MD, “Reproductive Technology: Evaluation and Treatment of Infertility: Guidelines for Catholic Couples,” U.S. Conference of Catholic Bishops, 2025 ed., at <https://www.usccb.org/resources/Reproductive%20Technology%20Guidelines%20for%20Catholic%20Couples%20updated.pdf>; M. Duane, MD, J.B. Stanford, MD, C. Porucznik; P. Vigil, MD, “Fertility Awareness-Based Methods for Women's Health and Family Planning,” *Frontiers in Medicine*, 9:858977, May 2022, at <https://doi.org/10.3389/fmed.2022.858977>; “Isn’t NaProTechnology Just Charting?” and other questions: A Natural Womanhood NaPro FAQ,” *Natural Womanhood*, Jun. 11, 2020, at <https://naturalwomanhood.org/naprotechnology-answers-to-your-frequently-asked-napro-questions-2020/>; and see generally International Institute for Restorative Reproductive Medicine at <https://iirm.org>.

² U.S. Sex Reassignment Surgery Market Size, Share & Trends Analysis Report By Gender Transition (Female-to-male, Male-to-female), By Procedure (Mastectomy, Vaginoplasty, Scrotoplasty, Hysterectomy, Phalloplasty), And Segment Forecasts, 2023 – 2030, Grand View Research, available at <https://www.grandviewresearch.com/industry-analysis/us-sex-reassignment-surgery-market>.

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