

of March 19, 2003, American stealth bombers and Navy cruise missiles hit Baghdad in the first strikes of the Iraq war.

When I think about that war today, I think about the costs—the costs to the Iraqi people, who suffered so terribly, including the families of the hundreds of thousands killed in the insurgency, and the sectarian and ethnic violence that followed the U.S. invasion.

I think of the costs to the brave American servicemembers who answered the call, who didn't ask whether it was right or wrong but just answered the call—almost 5,000 who made the ultimate sacrifice—and to the tens of thousands more who were wounded; to the countless sons and daughters, mothers and fathers, friends and loved ones who had to grieve those they lost and care for those who came home wounded, with scars both visible and invisible, changed by combat forever.

I think about the financial costs—almost \$2 trillion that could have gone to rebuilding America's infrastructure, caring for America's sick and aging, and educating our next generation.

I also think about the costs of something very close to my heart, which is the cause of freedom and the fight for democratic values.

Our Nation's democracy, as Ronald Reagan said, was a shining city on a hill, an example to the world of something to aspire to; but the Iraq war undermined our credibility with our partners and allies, with our enemies, and with millions of American citizens who were against it. For too many around the world, the Iraq war made a mockery of U.S. support for democracy and freedom.

Today, I proudly remember my vote on the floor of the House of Representatives back in 2002. Life in America was tense in the wake of 9/11. Everything we stood for had been attacked on our own soil—just miles from where I still live. Those of us who resisted the march to war were called naive or worse, but some of us knew what we had to do. We felt the weight of history on our shoulders, and we voted against the war.

I spent a lot of time in reviewing the documents that were available to Members of the House. I saw no clear and present danger, no imminent threat, and, above all, no evidence of weapons of mass destruction. And I understand. If the cause is right and America needs it, I will send my son and daughter; but if the cause is not right, I won't send my son and daughter nor will I vote to send anyone else's sons and daughters into harm's way.

Two decades later, we have the chance to make history again but, this time, for the better. We have the chance to repeal the 1991 and 2002 AUMFs and honor the legacy of those who fought and those we lost—to end a war we are no longer waging; to exercise Congress's war powers—the most solemn duty of this body—because Saddam Hussein has been dead for 20 years

and his regime is gone; because the Iraq of 2023 is, obviously, not the Iraq of 2003; because Kuwait has been a secure, sovereign, and committed U.S. partner for over three decades; and because the threats that these authorizations address no longer exist.

The United States is no longer an occupying force. Iraq is now a strategic partner. It is time to confront the challenges of the region and of the world together. Repealing these authorizations is an important step forward. It removes an irritant in the bilateral relationship, and it cements our partnership. It helps Iraq move forward, independent and more integrated with its Arab neighbors.

So, Mr. President, I come to the floor today to support, in the strongest terms possible, the repeal of the 1991 and 2002 authorizations for use of military force against Iraq once and for all.

Let's mark the 20th anniversary this week of the Iraq war by paying tribute to the Iraqis who have suffered, to the Americans we lost, and to the American families who have provided unconditional support for those who have served every day for the last 20 years.

We will never forget the sacrifices they made in defense of the values we hold most dear. Let's honor those values by doing what Congress is supposed to do. When there is a need, it declares war, and when that is over, it is time to end the declaration and the authorization. That is what we have the power to do today.

With that, I yield the floor.

VOTE ON MOTION TO PROCEED

The PRESIDING OFFICER. The question is on agreeing to the motion to proceed.

Mr. MENENDEZ. Mr. President, I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The clerk will call the roll.

The legislative clerk called the roll.

Mr. SCHUMER. I announce that the Senator from Illinois (Mr. DURBIN), the Senator from Pennsylvania (Mr. FETTERMAN) and the Senator from California (Mrs. FEINSTEIN) are necessarily absent.

Mr. THUNE. The following Senators are necessarily absent: the Senator from Wyoming (Mr. BARRASSO) and the Senator from Kentucky (Mr. MCCONNELL).

The result was announced—yeas 67, nays 28, as follows:

[Rollcall Vote No. 63 Leg.]

YEAS—67

Baldwin	Collins	Hirono
Bennet	Coons	Hoeben
Blumenthal	Cortez Masto	Johnson
Booker	Cramer	Kaine
Braun	Daines	Kelly
Brown	Duckworth	King
Budd	Gillibrand	Klobuchar
Cantwell	Grassley	Lee
Cardin	Hassan	Lujan
Carper	Hawley	Lummis
Casey	Heinrich	Manchin
Cassidy	Hickenlooper	Markey

Marshall
Menendez
Merkley
Moran
Murkowski
Murphy
Murray
Ossoff
Padilla
Paul
Peters

Reed
Rosen
Sanders
Schatz
Schmitt
Schumer
Shaheen
Sinema
Smith
Stabenow
Tester

Van Hollen
Vance
Warner
Warnock
Warren
Welch
Whitehouse
Wyden
Young

NAYS—28

Blackburn
Boozman
Britt
Capito
Cornyn
Cotton
Crapo
Cruz
Ernst
Fischer

Graham
Hagerty
Hyde-Smith
Kennedy
Lankford
Mullin
Ricketts
Risch
Romney
Rounds

Rubio
Scott (FL)
Scott (SC)
Sullivan
Thune
Tillis
Tuberville
Wicker

NOT VOTING—5

Barrasso
Durbin

Feinstein
Fetterman

McConnell

The motion was agreed to.
(Mr. WARNOCK assumed the Chair.)

REPEALING THE AUTHORIZATIONS FOR USE OF MILITARY FORCE AGAINST IRAQ

The PRESIDING OFFICER (Mr. KELLY). The clerk will report the bill by title.

The senior assistant legislative clerk read as follows:

A bill (S. 316) to repeal the authorizations for use of military force against Iraq.

The PRESIDING OFFICER. The majority leader.

AMENDMENT NO. 15

Mr. SCHUMER. Mr. President, I call up amendment No. 15.

The PRESIDING OFFICER. The clerk will report.

The senior assistant legislative clerk read as follows:

The Senator from New York [Mr. SCHUMER] proposes an amendment numbered 15.

Mr. SCHUMER. I ask that further reading of the amendment be dispensed with.

The PRESIDING OFFICER. Without objection, it is so ordered.

The amendment is as follows:

(Purpose: To add an effective date)

At the end add the following:

SEC. EFFECTIVE DATE.

This Act shall take effect on the date that is 1 day after the date of enactment of this Act.

MORNING BUSINESS

Mr. SCHUMER. Mr. President, I ask that the Senate be in a period of morning business, with Senators permitted to speak therein for up to 10 minutes each.

The PRESIDING OFFICER. Without objection, it is so ordered.

BIENNIAL REPORT ON AMERICAN WITH DISABILITIES ACT PUBLIC SERVICES AND ACCOMMODATIONS INSPECTIONS—116TH CONGRESS

Mr. SCHUMER. Mr. President, I ask unanimous consent that the Biennial

Report on Americans with Disabilities Act Public Services and Accommodations Inspections—116th Congress, from the Office of Congressional Workplace Rights, be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

OFFICE OF CONGRESSIONAL WORK-
PLACE RIGHTS, OFFICE OF THE
GENERAL COUNSEL,

Washington, DC, Mar. 21, 2023.

Re: Biennial Report on Americans with Disabilities Act Public Services and Accommodations Inspections—116th Congress

Hon. PATTY MURRAY,
Office of the President Pro Tempore of the Senate, Washington, DC.

Hon. KEVIN MCCARTHY,
Office of the Speaker of the House of Representatives, Washington, DC.

DEAR MADAM PRESIDENT AND MR. SPEAKER: Enclosed is our Report on the Americans with Disabilities Act Public Services and Accommodations Inspections conducted during the 116th Congress. As provided in section 210(f)(1) of the Congressional Accountability Act (CAA), 2 U.S.C. §1331(f)(1), at least once each Congress the General Counsel of the Office of Congressional Workplace Rights is required to inspect the facilities of covered entities in the legislative branch for compliance with the public services and accommodations provisions of the Americans with Disabilities Act of 1990. On the basis of each periodic inspection, the General Counsel must prepare and submit a report containing the results of the inspection. 2 U.S.C. §1331(f)(2).

While our inspections reveal a significant number of barriers to access in facilities on and around Capitol Hill, we have observed substantial progress being made towards improved accessibility. I believe this progress is the result of both our cooperative working relationship with the Office of Architect of the Capitol and other employing offices, and our focus on educating the legislative branch community regarding accessibility for individuals with disabilities.

We look forward to continuing this work in the current and future Congresses.

Very truly yours,

JOHN D. UELMEN,
General Counsel.

BIENNIAL REPORT ON AMERICANS WITH DISABILITIES ACT PUBLIC SERVICES AND ACCOMMODATIONS INSPECTIONS—ACCESSIBILITY REPORT 116TH CONGRESS

STATEMENT FROM THE GENERAL COUNSEL

Under the Congressional Accountability Act of 1995 (CAA), as amended, during each Congress, the Office of the General Counsel (OGC) of the Office of Congressional Workplace Rights (OCWR) is required to inspect the facilities covered entities in the legislative branch for compliance with the public services and accommodations provisions of the Americans with Disabilities Act of 1990 (ADA).

The reports that we issue and make public at least once each Congress summarize the detailed reports we provide to legislative branch offices throughout the inspection period. During our ADA inspections, we work with offices to identify barriers to access by comparing existing conditions with the 2010 ADA Standards for Accessible Design (the most recent standards). When we find a condition that is not in compliance with the 2010 Standards, we make a finding identifying the condition as a barrier to access and report it as such. Not all barriers to access are necessarily violations of the ADA. In some cases, the condition be in compliance with

the 1991 Standards, but not the 2010 Standards, making the condition “safe harbored” until the area is renovated or altered. In other cases, there may be technical feasibility or historicity issues that render compliance with the standard extremely difficult or even impossible. In those cases, we work with the Architect of the Capitol (AOC) and other employing offices to find other ways to address the accessibility issues. While not all barriers to access are necessarily violations of the ADA, we believe it is important to identify all barriers to access so that these issues can be addressed when planning future projects.

During the 116th Congress, we inspected House Member Offices to ensure access for constituents and other visitors with disabilities. We also focused on the Office of Attending Physician’s health units, located in numerous facilities around the Hill. Access to the health units can be critical for disabled visitors, and our inspections revealed opportunities to make them more accessible.

Another important area of focus during the 116th Congress was the United States Capitol Police (USCP) Headquarters detention center. It is especially critical to ensure access here since disability rights groups engage in regular protests on the Hill. We hope that our inspections here will result in increased accessibility of the detention center.

For the first time, during the 116th Congress, we looked at the accessibility of exhibits and display areas. Popular with visitors, these are located throughout the Capitol campus, and are especially concentrated in the Library of Congress. This review was unique for us: though these areas are covered by the ADA, for many aspects of them, no enforceable accessibility standards exist. We used guidelines developed by the Smithsonian Institution to inform our review. We noted many accessibility successes, including programming designed for visitors with disabilities. We also observed opportunities for these facilities to better help disabled visitors enjoy their experiences.

The 116th Congress saw the onset of the COVID-19 pandemic. Even with this challenge, we were able to carry out ADA inspections and continue to make substantial progress in improving accessibility on the Capitol Hill campus. The most recent report from the AOC, which is attached to this report, indicates that 64% of the findings from the 115th Congress have been closed, planned engineering solutions are being developed for 21% of the findings, and solutions are planned but not yet completed for the remaining 15%. We once again thank the AOC and the other employing offices for working with us to develop and implement solutions to the barriers that have been identified.

JOHN D. UELMEN,
General Counsel,
Office of Congressional Workplace Rights.

INTRODUCTION

OCWR OGC ACCESSIBILITY PROGRAM

Under Section 210 of the CAA, the OGC enforces the public services and accommodations provisions found in Titles II and III of the ADA. These provisions mandate that public services and accommodations, including the facilities where these services are provided, be accessible to individuals with disabilities.

The OGC has found that educating the legislative branch community about the accessibility requirements of the ADA is one of the most effective ways to improve access. From live training to video content to the office’s Fast Facts publications series, we provide a range of resources to help employing offices learn about their obligations under the ADA. Our goal is to empower employing offices with the information they

need to make their spaces accessible to individuals with disabilities. We conduct our biennial inspections of legislative branch facilities and grounds on the Hill with that goal in mind.

Our inspections help offices identify areas where improvement is needed and consider suggestions to improve accessibility. We also use the inspection results to develop educational resources for use by the offices to improve access. Since the inception of our inspection program, we have seen tremendous progress in improved accessibility of the Capitol complex facilities.

This report highlights some of the most significant areas of improvement on the Hill and summarizes the results of our 116th Congress ADA inspections.

ADA BARRIER-REMOVAL SURVEY PROCESS

Since the 111th Congress, the OGC has utilized a barrier removal survey approach to document accessibility barriers during inspections. This involves: 1) identifying barriers to access, as measured against the 2010 ADA Standards for Accessible Design (Standards); 2) assessing the severity of each barrier to quantify the need for removal; and 3) evaluating potential solutions to the barriers based upon cost and need.

To maximize resources, each biennial inspection focuses on specific facilities or grounds. Within each facility, we focus on the areas that are open to visiting members of the public, such as entrances/exits, restrooms, elevators, and interior routes.

During the 116th Congress, the OGC continued its contractual relationship with Evan Terry Associates, P.C. to utilize its ADA survey software to implement the barrier-removal survey approach on the Capitol Hill campus. Individual barriers are assigned a severity code of either A, B, C, or D. These codes signify how much the barrier deviates from the 2010 Standards and the relative impact of this deviation on individuals with disabilities.

ADA Barrier Severity Codes:

- A. Safety Consideration.
- B. Blocks Access.
- C. Major Inconvenience.
- D. Minor Inconvenience.

Consistent with how ADA surveys are usually conducted for private corporations and government entities, the OGC does not record D-coded severities in its surveys because the deviation at issue in these barriers has little impact upon accessibility. Consequently, the cost to correct the deviation usually far exceeds any benefit that would result from correcting the deviation.

In addition to the standard severity codes A–D, barriers may be assigned a severity code of G, which means that the element in question did not meet the requirements of the 2010 Standards but did meet the requirements of the 1991 Standards, which, in some cases, are less strict. Under the ADA, G-coded barriers do not need to be corrected unless the element in question has been altered or replaced since the 2010 Standards became enforceable. If the element has not been altered or replaced, it qualifies for the “safe harbor” exception, and the responsible party does not need to take further action until it alters or replaces the element. The OGC still notifies employing offices of G-coded barriers identified in their facilities so that these offices can better plan for alterations and replacements.

RESULTS

116TH CONGRESS INSPECTION RESULTS

During the 116th Congress, the OGC inspected more than 10 facilities on Capitol Hill, with a focus on health units in the House and Senate Office Buildings, the Library of Congress, and the U.S. Capitol

Building; Member offices in the House Office Buildings; the USCP Headquarters' detention center; and exhibit and display areas in the buildings of the Library of Congress, the U.S. Capitol and Capitol Visitor Center, the Botanic Garden, and the House and Senate Office Buildings.

Within these facilities, we identified 163 barriers to access, plus the barriers identified in the exhibit and display areas. During this inspection, the Rayburn House Office Building had the highest number of barriers (41), followed by the USCP Headquarters (24), and the Library of Congress Madison Building (22).

Facility	Number of Barriers	Percentage of Total
Rayburn House Office Building	41*	25.15
United States Capitol Police Headquarters	24	14.72
Library of Congress Madison Building	22	13.50
Longworth House Office Building	19*	11.66
Hart Senate Office Building**	17	10.43
Ford House Office Building	13	7.98
Thomas F. O'Neill, Jr. House Office Building	9	5.52
United States Capitol Building	8	4.91
Cannon House Office Building	7*	4.29
Russell Senate Office Building**	3	1.84
Grand Total	163	100.00

*Includes one or more "whole facility" barriers.
**Senate Member office and Senate Committee Room inspections were postponed due to the COVID-19 pandemic, and therefore did not occur during the 116th Congress.

BARRIER CATEGORIES

For identification purposes, we categorize the barriers into barrier types, which generally reflect the particular type of object found to be inaccessible or the area in the facility where we identified the barrier, such as in a restroom or an elevator lobby. In the 116th Congress, the most commonly identified barrier category was Single-User Restrooms. Over one-third of the total barriers (58 out of 163) were identified in this category. We identified 14 barriers, 9% of the total, in the Multi-User Restrooms category, meaning barriers found in restrooms accounted for nearly half of all the barriers found during the 116th Congress.

Restrooms have historically been an area in which our inspections identify a significant percentage of barriers. During the 115th Congress, 47% of the barriers we identified were in restrooms (45% in multi-user restrooms, and 2% in single-user restrooms). The 114th Congress inspections found 41% of barriers in multi-user restrooms and 0.05% in single-user restrooms. It is therefore not surprising that restrooms were again by far the most common location of findings. The prevalence of barriers found in single-use over multi-user restrooms during the 116th Congress inspections reflects the type of facilities on which these inspections focused: the health units all had single-user restrooms.

After single-user restrooms, the category with the next highest number of barriers was Interior Route, with 43 barriers identified (27% of the total). The Interior Route category includes barriers related to the path of travel being too narrow for a wheelchair user or insufficient knee and toe clearance at a table.

WHOLE FACILITY BARRIERS

The Doors and Storage categories each include three "whole facility" barriers. The "whole facility" designation is used when an issue is repeatedly identified across a substantial number of offices or locations in a single facility. Whole facility barriers are generally architectural in nature, such as doors into Member offices that do not meet ADA standards, and are issues that will need to be addressed as a whole by AOC or the Chief Administrative Officer (CAO).

During the 116th Congress, we designated a non-architectural barrier as a whole facility

barrier. Portions of literature racks in House Member offices were outside of accessible reach ranges. The literature racks, like other furniture, are supplied to the offices by the CAO. Since the issue is not within the control of the offices and must be addressed by the CAO, we used the whole facility barrier designation.

In contrast, a barrier that is within the control of the office itself—like a candy dish out of reach range—would be reported individually, even if present across a large number of offices.

Barrier Category	Number of Barriers	Percentage of Total
Single-User Restrooms	58	35.58
Interior Route	47	28.83
Doors	*21	12.88
Multi-User Restrooms	14	8.59
Storage	*8	4.91
Exam Rooms	4	2.45
Sinks	3	1.84
Telephone	2	1.23
Ramps	2	1.23
Alarms	1	0.61
Business & Mercantile	1	0.61
Judicial/Correctional Facilities	1	0.61
Signage	1	0.61
Grand Total	163	100.00

*Includes one or more "whole facility" barriers

LOCATIONS

HOUSE OFFICE BUILDINGS: MEMBER OFFICES

During the 116th Congress, we surveyed Member offices in the House Office Buildings. (We also surveyed these buildings' health units, detailed in the "Health Units" section beginning on page 15.) We identified a total of 50 barriers in Member offices in the House Office Buildings: 28 were identified in Rayburn, 17 in Longworth, and 5 in Cannon.

For the Member offices, many of the barriers stem from furniture, furniture layout, and self-service items and are typically not structural in nature. This means that many Member office barriers can be resolved easily, quickly, and sometimes, at no cost. For example, some Member offices have chairs or tables in the waiting area that obstruct the path of travel for a person using a wheelchair. These types of issues can be fixed by moving the furniture as needed. Other offices have brochures and other self-service items that are positioned too high or too low for someone in a wheelchair to access. These issues can be fixed by moving the items to an appropriate height. Staff in the Member offices can implement these solutions.

The OCWR has easy-to-understand ADA resources, including a short ADA inspection tutorial video and a tip sheet on improving office accessibility, to help Member offices configure their office spaces in accordance with the ADA Standards and address common, easy-to-fix issues. Offices may access these resources on our website at ocwr.gov.

In addition to the less-complicated barriers that are typical for Member offices, there are some structural issues in the Member offices in Rayburn, Longworth, and Cannon. These include doors that are too narrow for someone in a wheelchair to pass through or doors that close too quickly or require too much force to open. These barriers generally affect entire facilities and potentially implicate the historic fabric of the buildings, which will have to be considered when developing a solution acceptable to both the AOC and the OGC.

Rayburn

In Rayburn, we found 28 barriers in Member offices. Barriers were identified in the categories Interior Route, Doors, and Storage. Interior Route barriers include barriers that inhibit maneuvering from one place in an office to the next, such as having a narrow or obstructed pathway from the office reception area into the designated meeting

space. If a pathway is too narrow or obstructed by office furniture, a person in a wheelchair may not be able to proceed into the meeting area.

Three of the barriers identified in Rayburn are actually whole facility barriers, present in many offices throughout Rayburn. Two of Rayburn's whole facility barriers concerned doors. These were assigned because double doors did not have at least one leaf that provides enough clear width, and because many doors required too much force to open and closed too quickly.

The second whole facility barrier in Rayburn is in the Storage category. The barrier concerned office literature and magazine racks that were positioned outside of the required reach range, such that someone in a wheelchair or other mobility device may not be able to reach them.

The chart that follows lists the total number of barriers in each category we identified in Member offices in Rayburn and describes the specific types of barriers within each category.

We found 13 barriers in Rayburn's health unit (see the Rayburn chart on page 17), bringing the total number of barriers we identified in Rayburn to 41.

Interior Route (25):
Not enough knee and/or toe clearance at conference/meeting tables: 17.

Carpet is not securely attached and/or exposed edges of carpet are not fastened to the floor: 6.

Candy jar requires two hands or tight grasping/pinching/twisting to operate: 1.

Path for wheelchairs through reception area is too narrow: 1.

Doors (2*):
Office doors close too quickly: Whole facility.

Doors are too narrow: Whole facility.
Storage (1*): Literature in magazine rack is outside of reach range: Whole facility.

Grand Total (28*):
*Includes one or more "whole facility" barriers.

Longworth

In Longworth, we found 17 barriers in Member offices. Barriers were identified in the categories Interior Route, Doors, and Storage.

One of the interior route barriers identified most in Longworth concerns meeting tables and carpets. Six meeting tables in Longworth lacked adequate knee and/or toe clearance.

Two of the barriers identified in Longworth are whole facility barriers. The first is in the Doors category. Many office reception areas had desks or other nonpermanent obstructions blocking a doorway's required maneuvering clearance, making those doors difficult to open from a wheelchair. This issue could be addressed by rearranging furniture in these offices.

The second whole facility barrier in Longworth is in the Storage category. The barrier concerned office literature and magazine racks that were positioned outside of the required reach range, such that someone in a wheelchair or other mobility device may not be able to reach them.

The chart that follows lists the total number of barriers in each category we identified in Member offices in Longworth and describes the specific types of barriers within each category.

We found 2 barriers in Longworth's health unit (see the Longworth chart on page 18) for a total of 19 barriers identified in Longworth.

Interior Route (15):
Not enough knee and/or toe clearance at conference/meeting tables: 6.

Carpet is not securely attached and/or exposed edges of carpet are not fastened to the floor: 5.

Clear floor space at literature rack is obstructed by furniture: 3.

Path for wheelchairs through reception area is too narrow: 1.

Doors (1*): Maneuvering clearance at door is obstructed by furniture: Whole facility.

Storage (1*): Literature in magazine rack is outside of reach range: Whole facility.

Grand Total (17*)

*Includes one or more "whole facility" barriers.

Cannon

In Cannon, we found 5 barriers in Member offices. Barriers were identified in the categories Interior Route and Storage.

The Storage category barrier was a whole facility barrier, present in many offices throughout Cannon. The barrier concerned office literature and magazine racks that were positioned outside of the required reach range, such that someone in a wheelchair or other mobility device may not be able to reach them.

The chart that follows lists the total number of barriers in each category we identified in Member offices in Cannon and describes the specific types of barriers within each category.

We found 2 barriers in Cannon's health unit (see the Cannon chart on page 18) for a total of 7 barriers in Cannon.

Interior Route (4):

Clear floor space at literature rack is obstructed by furniture: 2

Not enough knee and/or toe clearance at conference/meeting tables: 1

Carpet not securely attached and/or exposed edges of carpet are not fastened to the floor: 1

Storage: (1*): Literature in magazine rack is outside of reach range: Whole facility

Grand Total: (5*).

*Includes one or more "whole facility" barriers(.

Grand total: (5*).

*Includes one or more "whole facility" barriers.

HEALTH UNITS

Established by congressional resolution in 1928 to meet the medical needs of Members of Congress, the Office of Attending Physician (OAP) has expanded its services over the years and now provides emergency care to staff and visitors at health units throughout the Capitol campus.

In addition to providing medical clinic services, many of the OAP's health units contain private areas with cots and sinks that can be used for lactation, resting, or meeting other personal health needs. These spaces thus make it easier—or, sometimes, possible—for people with disabilities or health concerns to visit the Capitol campus.

The chart that follows lists the to a-1 umber of barriers we identified in each health unit.

Facility	Number of Barriers	Percentage of Total
Library of Congress Madison Building	22	24.72
Hart Senate Office Building	17	19.10
Rayburn House Office Building	13	14.61
Ford House Office Building	13	14.61
Thomas P. O'Neill, Jr. House Office Building	9	10.11
United States Capitol	8	8.99
Russell Senate Office Building	3	3.37
Cannon House Office Building	2	2.25
Longworth House Office Building	2	2.251
Grand Total	89	100.00

The chart that follows lists the total number of barriers in each category we identified across all health units.

Barrier Category	Number of Barriers	Percentage of Total
Single-User Restrooms	52	58.43

Barrier Category	Number of Barriers	Percentage of Total
Doors	18	20.22
Storage	5	5.62
Exam Rooms	4	4.49
Sinks	3	3.37
Interior Route	3	3.37
Telephone	2	2.25
Alarms	1	1.12
Signage	1	1.12
Grand Total	89	100.00

HEALTH UNITS: HOUSE OFFICE BUILDINGS

Rayburn

We found 13 barriers in Rayburn's health unit. Most (10) were found in the restroom, which presents a number of barriers for people with physical disabilities, including a mirror that is mounted too high for many users to see themselves and a coat hook and light switch mounted above acceptable reach ranges. These barriers can make it difficult for wheelchair users, people of short stature, or those with difficulty reaching to use this restroom. Additionally, this restroom lacks a visual alarm signal. Deaf or hard of hearing people using this restroom may not be alerted if the building's fire alarm goes off.

The chart that follows lists the total number of barriers in each category we identified in Rayburn's health unit and describes the specific types of barriers within each category.

Single-user restrooms (10):

Mirror is mounted too high: 1.

Coat hook is outside of reach range: 1.

Light switch is outside of reach range: 1.

No visual fire alarm in restroom: 1.

Not enough knee and/or toe clearance at sink: 1.

Maneuvering clearance at doorway is less than required: 1.

No directional signage to nearest accessible restroom: 1.

No International Symbol of Accessibility at accessible restroom: 1.

Raised character and braille room sign is not provided at restroom: 1.

Toilet paper dispenser is not positioned properly: 1.

DOORS (2): Door hardware requires tight grasping, pinching, or twisting to operate: 2.

Storage (1): Literature in magazine rack is outside of reach range: 1.

Grand total (13).

Longworth

We found 2 barriers in Longworth's health unit. One barrier concerned the unit's front door, which has a power-assisted door that can be opened by pressing an actuator button, but the door opener is not connected to a standby power source. The other barrier was a door handle that requires tight grasping, pinching, or twisting of the wrist to operate, which could prevent anyone with impaired manual dexterity or strength from opening it.

The chart that follows lists the total number of barriers in each category we identified in i Longworth's health unit and describes the specific types of barriers within each category.

Doors (2):

Automatic or power-assisted door does not have standby power: 1.

Door hardware requires tight grasping, pinching, or twisting to operate: 1.

Grand Total (2).

Cannon

We found 2 barriers in Cannon's health unit. Both barriers concerned the restroom.

The restroom lacked a sign with raised lettering and braille designating it. Blind or visually impaired people may have difficulty identifying this restroom as a result.

The restroom lacked adequate clear floor space at the toilet, which is needed by wheel-

chair users to transfer to the toilet. The restroom itself does have room to provide sufficient clear floor space, but the space was obstructed by a coat rack and a laundry bin.

The chart that follows lists the total number of barriers in each category we identified in Cannon's health unit and describes the specific types of barriers within each category.

Single-user restrooms (2):

Raised letter and braille sign is not provided at restroom: 1.

Clear floor space at toilet is obstructed by furniture: 1.

Grand total (2).

Ford

We found 13 barriers in Ford's health unit. Seven were identified in the single-user restroom, including grab bars located in incorrect positions. Throughout this health unit, door hardware requires tight grasping and twisting to operate.

The barrier concerning improper positioning of a toilet paper dispenser is "safe harbored" because the condition complies with the 1991 Standards, but not the 2010 Standards, and the element in question has not been altered or replaced since the 2010 Standards became enforceable.

Ford is the only House Office Building that does not contain Member offices. Its health unit was the only part of the facility we inspected during the 116th Congress. We inspected other public spaces in Ford during the 115th Congress.

The chart that follows lists the total number of barriers in each category we identified in Ford and describes the specific types of barriers within each category.

Single-User Restrooms (7):

Door hardware requires tight grasping, pinching, or twisting to operate: 1.

Toilet paper dispenser is not positioned properly: 1.

Side wall grab bar is in incorrect location: 1.

No visual fire alarm in restroom: 1.

Clear floor space at toilet is obstructed by furniture: 1.

Raised letter and braille sign is not provided at restroom: 1.

Rear grab bar is in incorrect location: 1.

Doors (5):

Door hardware requires tight grasping, pinching, or twisting to operate: 3.

Door maneuvering clearance is obstructed by furniture: 2.

Interior Route (1): Not enough knee and/or toe clearance at meeting table: 1.

Grand Total (13).

HEALTH UNITS: SENATE OFFICE BUILDINGS

During the 116th Congress, we inspected the health units located in the Hart and Russell Senate Office Buildings. There is no health unit located in the Dirksen Senate Office Building. We have inspected other public spaces of these buildings during previous Congresses and did not reinspect those areas during the 116th Congress. Senate Member office inspections were postponed due to the COVID-19 pandemic, and therefore did not occur during the 116th Congress.

Hart

We found 17 barriers in the health unit in the Hart Office Building, 14 of which were located in the restroom. Most barriers in this restroom present challenges to physically disabled users, including a doorway without the required clearance for a wheelchair user to readily open the door, a door lock too high for many to reach, and a grab bar obstructed by a wall-mounted sharps box. People with disabilities affecting their hearing or vision could encounter barriers in this restroom as well: the room's alarm lacks a visual component, and the room is not identified with tactile signage (raised lettering and braille).

The other barriers are in the categories of Exam Rooms and Doors. The barriers in the Exam Rooms category were located in a room designated as a resting room. They pertain to a coat hook located too high for most wheelchair users to reach and a light switch that requires twisting with a tight grasp, which can be inaccessible for someone whose disability impairs the use of their hands.

Two of the barriers we found in Hart are “safe harbored” because the condition complies with the 1991 Standards, but not the 2010 Standards, and the element in question has not been altered or replaced since the 2010 Standards became enforceable. These are the barriers concerning inadequate clear floor space at a toilet and a coat hook outside of reach range.

The chart that follows lists the total number of barriers in each category we identified in Hart’s health unit and describes the specific types of barriers within each category.

Single-User Restrooms (14):

Grab bar obstructed by wall-mounted accessory: 1.

Seat cover dispenser clear floor space obstructed by toilet: 1.

Coat hook is outside of reach range: 1.

Trash can requires foot operation: 1.

Door lock is outside of reach range: 1.

No visual fire alarm in restroom: 1.

Maneuvering clearance at doorway is less than required: 1.

Flush control is not on open side of toilet: 1.

Raised letter and braille sign is not provided at restroom: 1.

Rear grab bar is not long enough: 1.

Soap dispenser is outside of reach range: 1.

Toilet seat is too high: 1.

Not enough clear floor space at toilet: 1.

Pipes are not insulated: 1.

Exam Rooms (2):

Coat hook is outside of reach range: 1.

Trash can requires foot operation: 1.

Doors (1): Door is too heavy and closes too quickly: 1.

Grand Total (17).

Russell

Three barriers were found in the health unit in the Russell Office Building: two related to doors, and one related to the restroom.

Both barriers in the Doors category pertain to the main door into the health unit. The door is recessed into an alcove in a way that makes it challenging for a wheelchair user to open. The door’s hardware requires tight grasping and twisting to operate. Both of these barriers could be removed by installing an automatic door opening device.

Our barrier survey format lists one barrier in the restroom. In fact, the barrier notes clarify that this restroom does not provide any accessibility features, including clear floor space for someone using a mobility device, grab bars, and dispensers within required reach ranges.

The chart that follows lists the total number of barriers in each category we identified in Russell’s health unit and describes the specific types of barriers within each category.

Doors (2):

Door hardware requires tight grasping, pinching, or twisting to operate: 1.

Maneuvering clearance at doorway is less than required: 1.

Single-User Restrooms (1): Restroom is too small to comply with the requirements for an accessible single-user restroom (for example, clear floor space): 1.

Grand Total (3).

HEALTH UNITS: THOMAS P. O’NEILL, JR. HOUSE
OFFICE BUILDING

Our inspection of the health unit located in the O’Neill House Office Building docu-

mented nine barriers, four of which were found in the restroom. During the 116th Congress, our inspections in O’Neill were limited to the health unit. We completed a comprehensive survey of other spaces in O’Neill during our 117th Congress inspection cycle, and the results of those inspections will be published in the 117th Congress biennial ADA inspection report.

The highest barrier total was found in the single-user restroom. People with disabilities affecting mobility, sight, and hearing could encounter barriers throughout the health unit, including its restroom.

The chart that follows lists the total number of barriers in each category we identified in O’Neill’s health unit and describes the specific types of barriers within each category.

Single-User Restrooms (4):

Mirror is mounted too high: 1.

Door is too heavy and closes too quickly: 1.

Raised letter and braille sign is not provided at restroom: 1.

Toilet paper dispenser is not positioned properly: 1.

Exam Rooms (2): Coat hook is outside of reach range: 2.

Telephone (1): Existing volume control is noncompliant: 1.

Doors (1): Maneuvering clearance at door is obstructed by furniture: 1.

Storage (1): Portions of literature rack are outside of reach range: 1.

Grand Total (9).

HEALTH UNITS: LIBRARY OF CONGRESS

Madison

Our inspections for the 116th Congress identified 22 barriers in the Madison Building, where the health unit for the Library of Congress is located. We have inspected other spaces in Madison, as well as the other Library of Congress buildings, Adams and Jefferson, during previous Congresses and did not reinspect there during the 116th Congress.

The most common barrier type was Single-User Restrooms, with seven barriers identified in this category. Most of these are barriers to people using mobility devices or with other physical disabilities, such as a lack of adequate space to maneuver a mobility device.

Another common barrier type found in Madison was door barriers. These each make a door difficult or impossible to open from a mobility device.

Madison’s health unit contains a resting room with a sink, which is used as a lactation room for visitors. This space facilitates the use of the Library by a disabled person who may need a resting room for any number of reasons. However, barriers we identified in this room—seven in total, including three pertaining to the sink—could make it difficult to use.

Some of these barriers are “safe harbored” because the condition complies with the 1991 Standards, but not the 2010 Standards, and the element in question has not been altered or replaced since the 2010 Standards became enforceable.

The chart that follows lists the total number of barriers in each category we identified in Madison and describes the specific types of barriers within each category.

Single-user restrooms (7):

Coat hook is outside of reach range: 1.

Trash can requires foot operation: 1.

Raised letter and braille sign is not provided at restroom: 1.

Toilet paper dispenser is not positioned properly: 1.

Not enough clear floor space at toilet: 1.

Clear floor space at toilet is obstructed by trash can: 1.

Pipes are not insulated: 1.

Doors (4):

Maneuvering clearance at door is obstructed by furniture: 1.

Maneuvering clearance at doorway is less than required: 2.

Door stop interrupts smooth surface or panel on bottom of push side of door: 1.

Sinks (3):

Not enough clear floor space at sink: 1.

Pipes are not insulated: 1.

Sink rim is too high: 1.

Storage (3):

Coat hook is outside of reach range: 1.

Portions of literature rack are outside of reach range: 2.

Interior route (2):

Light switch is outside of reach range: 1.

Counter protrudes into pathway: 1.

Telephone (1): Existing volume control is noncompliant: 1.

Alarms (1): No visual fire alarm in resting/lactation room: 1.

Signage (1): Raised letter and braille sign is not provided at rooms identified visually: 1.

Grand total (22).

HEALTH UNITS: UNITED STATES CAPITOL
BUILDING

During the 116th Congress, we inspected the health unit located in the Capitol Building. While we have performed biennial ADA inspections on the exterior grounds of the Capitol Building and in the Capitol Visitor Center, this was the first OGC ADA inspection performed in the Capitol Building.

We identified eight barriers in the Capitol Building’s health unit. Seven were in the restroom. The one barrier not located within the restroom was assigned to the doorway into the restroom, where a sink blocked the doorway’s maneuvering clearance. This prevents wheelchair users from easily opening a door.

The chart that follows lists the total number of barriers in each category we identified in the Capitol Building and describes the specific types of barriers within each category.

Single-user restrooms (7):

Sharps box is mounted outside reach range: 1.

Coat hook is outside of reach range: 1.

Raised letter and braille sign is not provided at restroom: 1.

Rear grab bar is not long enough: 1.

Shelf is too high: 1.

Side wall grab bar is in incorrect location: 1.

Pipes are not insulated: 1.

Doors (1): Maneuvering clearance at doorway is less than required: 1.

Grand total (8).

USCP HEADQUARTERS

During the 116th Congress, we inspected the USCP’s detention center, located inside USCP Headquarters. Members of the public may enter USCP Headquarters for various reasons, whether they are applying for a demonstration permit or have been detained by the USCP. We inspected other areas in the USCP Headquarters during the 115th Congress, when we inspected the first floor customer service area, and during the 114th Congress, when we looked at exterior routes adjacent to the building.

Most barriers were found in the two multi-user restrooms. In addition to other barriers, neither contained a toilet stall wide enough for a wheelchair user to access.

The second highest barrier total was found in the single-user restroom. These barriers in fact related to the toilet fixture inside a detention cell. Accessibility is of unique importance due to the nature of the setting: someone who is detained does not have the option to try to find an accessible restroom elsewhere. Among other barriers, the toilet was too low to the ground and no grab bars

were provided, so a wheelchair user could find transferring to the toilet quite difficult or, likely, impossible.

An additional in-cell barrier was found at the bench, where clear floor space for a wheelchair user was not provided.

Some of these barriers are “safe harbored” because the condition complies with the 1991 Standards, but not the 2010 Standards, and the element in question has not been altered or replaced since the 2010 Standards became enforceable.

The chart that follows lists the total number of barriers in each category we identified in USCP Headquarters and describes the specific types of barriers within each category.

Multi-user restrooms (14):
Coat hook is outside of reach range: 2.
Door threshold into restroom is too high: 2.
Rear grab bar is in incorrect location: 1.
Rear grab bar is missing: 1.
Side wall grab bar is in incorrect location:

1.
Stall door pull is provided on pull side only: 2.

Toilet paper dispenser is not positioned properly: 1.

Stall door lock requires tight grasping, pinching, or twisting of the wrist to operate: 2.

Accessible stall is not deep enough: 1.
Accessible stall is not wide enough: 1.
Single-user restrooms (6):
Mirror is mounted too high: 1.
No knee/toe clearance or clear floor space at sink: 1.

Flush control is not on open side of toilet: 1.

No grab bars at toilet: 1.
Toilet paper dispenser is not positioned properly: 1.

Toilet seat is too low: 1.
Ramps (2):
Edge protection is not provided at ramp and ramp landing: 1.

Handrail does not extend far enough beyond bottom of ramp run: 1.

Judicial/correctional facilities (1): Clear floor space at detention cell bench is not wide enough: 1.

Business and mercantile (1): Processing counter is too high: 1.

Grand total (24).

SPOTLIGHT ON EXHIBITS

While we have historically focused on physical accessibility in campus facilities during our ADA biennial inspections, equal access to services, programs, and activities, including exhibits, offered by legislative branch entities is also required by the ADA as applied by the CAA. To examine this aspect of accessibility, during the 116th Congress, we conducted a review of exhibits in the buildings of the Library of Congress, the U.S. Capitol Building and the Capitol Visitor Center, the Botanic Garden, and the House and Senate Office Buildings.

During other OCWR biennial ADA inspections, we measure accessibility based on compliance with the 2010 ADA Standards for Accessible Design. For many aspects of exhibits, no enforceable accessibility standards exist. Though not covered directly by any set of standards, exhibits are still covered by ADA regulations, such as those concerning general nondiscrimination; modification of policies, practices, and procedures; program access; maintenance of accessible features; and effective communication. Thus, because the Standards do not cover many aspects of exhibits and displays directly, we conducted our review based on how various features might implicate ADA regulations.

The Smithsonian Guidelines for Accessible Design are a useful resource for determining how to provide accessible exhibits and displays and informed our review of CAA-cov-

ered exhibits. The guidelines were developed by the Smithsonian Accessibility Program in the 1990s in response to a lack of guidelines for exhibit accessibility. They are based on construction standards of the Architectural Barriers Act of 1968, the Rehabilitation Act of 1973, and the ADA, and were developed in consultation with exhibit designers.

We reviewed exhibits and displays in the Library of Congress Jefferson, Madison, and Adams buildings; the U.S. Capitol Building and the Capitol Visitor Center; the Botanic Garden and Bartholdi Park; the Hart, Dirksen, and Russell Senate Office Buildings; and the Cannon House Office Building.

At these facilities, visitors with disabilities will find many accessibility practices already in place. For instance, at the Library of Congress, visitors can enjoy twice-weekly “Touch History” tours, a program for visitors with visual impairments that utilizes a specially trained docent to describe the building using vivid language. At the Capitol Visitor Center, listening devices with audio description are used for the orientation film and tours and are available at the information desks, and an audio descriptive tour is also available for download onto a personal device. The Botanic Garden provides a variety of programs and features designed for visitors with disabilities, including sensory programs for neurodivergent visitors and raised garden beds that allow visitors of varying heights and abilities to enjoy, interact with, and touch the plants in Bartholdi Park.

Our review revealed many opportunities for these facilities to better help disabled visitors enjoy their experiences. Models, other interactive displays, and braille should be positioned within accessible reach ranges. To provide accessibility for visitors with visual impairments, labels and signage should use easily readable type size, avoid using italics, provide adequate contrast between text and background colors, and be adequately lit. In addition, labels and signage are most accessible for visitors in wheelchairs and those of short stature when positioned so that they can be approached closely for reading, including being mounted at a low height and not obstructed by seating or other objects. Consistent staff training will help to ensure that disabled visitors are accommodated and receive accurate information about programs available to them.

The “Mountains and Clouds” piece in the atrium of the Hart Office Building presents an excellent opportunity for enhancing accessible visitor experiences on Capitol Hill. Designed by American sculptor Alexander Calder, “Mountains and Clouds” is a monumental-scale work comprising a 51-foot high, 38-ton steel mountain range; suspended aluminum clouds were removed in 2014 for structural safety reasons. A small tactile model could be provided so that visitors who are blind or have low vision could get a sense of the proportion and shape of the pieces.

UPDATES

PROGRESS UPDATES FROM THE AOC

At the beginning of each year, the AOC updates the OGC on its progress with removing identified barriers and improving accessibility in Capitol complex facilities and grounds. The AOC uses a third-party consultant to verify that accessibility barriers have been remediated. Based on the status of this verification process as of the AOC’s January 2023 update (which includes updates through December 31, 2022), the AOC reports that barriers identified in the 111th, 112th, 113th, 114th, 115th, 116th, and 117th Congresses have been verified as closed as follows:

111th Congress: 90% closed.
112th Congress: 97% closed.
113th Congress: 30% closed.

114th Congress: 64% closed.

115th Congress: 61% closed.

116th Congress: 6% closed.

117th Congress: 2% closed.

The AOC also highlights some of its recent key accessibility improvements made during the 116th Congress, including:

Installation of accessible lifts to provide access to the Senate Chamber dais;

Installation of automatic door operators to increase accessibility at doorways;

Installation of additional ADA-compliant water bottle filling stations, beyond ADA requirements;

Continued improvement to Capitol campus physical accessibility, such as installation and/or renovation of ramps, sidewalks, and curb cuts;

Installation of a significant number of accessibility improvements during the extensive overhaul of the U.S. Capitol Visitor Center’s Exhibition Hall; and

Continued improvement of internal processes to ensure accessibility standards are implemented on design and construction projects.

This update from the AOC is included with this report in the Appendix.

BARRIER REMOVAL COSTS

While the OGC has not received cost estimates from the AOC for this report, the software used for conducting the inspections and developing solutions generates rough estimates of the costs associated with the solutions, adjusting for construction costs in the D.C. area and the higher costs associated with government construction work.

Based on these software estimates, the total cost for correcting all the barriers found during the 116th Congress totals approximately \$4.3 million. The actual construction costs for removing these barriers have not been confirmed or validated by the AOC.

LIMITED RESOURCES AND COVID-19 REDUCED SCOPE OF INSPECTIONS

Our ADA inspection during the 116th Congress was limited by several factors. Given that there are 17.4 million square feet of interior space on the Capitol Hill campus and over 580 acres of grounds, OGC simply does not have the resources to inspect more than a very small portion of the campus each Congress. To maximize resources, each biennial inspection focuses on specific facilities or grounds.

In 2020, many on-site inspections were postponed due to the COVID-19 pandemic, including Senate Member office inspections, originally scheduled for the summer of 2020.

Additionally, resources were diverted to produce the “House Resolution 756 Joint Report on Accessibility.” On March 10, 2020, the House of Representatives passed HR 756—“Moving Our Democracy and Congressional Operations Towards Modernization.” This resolution required OCWR, AOC, and the Sergeant at Arms of the House of Representatives to prepare a joint report regarding the state of accessibility of the Capitol buildings and grounds and a timetable, plan, costs, and challenges to achieving full accessibility. To draft this report, the working group reviewed data from the OCWR’s biennial ADA inspections and assessed the functional accessibility of the House Office Buildings.

TRANSITION PLANS

Although Congress has not approved the ADA regulations proposed by the OCWR Board of Directors, the proposed regulations follow those promulgated by the Department of Justice by requiring consultation with members of the disability community and the development of transition plans that will determine how and when barriers will be removed and facilities will otherwise be made

readily accessible for people with disabilities. See 28 C.F.R. §35.150(d).

Our approach to ADA inspections encourages consultation with the disability community and the development of thorough and effective transition plans. The information we provide to employing offices regarding barrier severity and estimated solution costs aids the transition planning process, as employing offices can utilize this information to prioritize abatement projects.

INVESTIGATION OF CHARGES OF DISCRIMINATION AND REQUESTS FOR INSPECTION

During the 116th Congress, the OGC received four ADA requests for inspection and charges of discrimination.

Two cases concerned restroom accessibility in the Library of Congress Madison Building and the Cannon House Office Building. The responsible employing offices cooperated with our office in the investigation and removed the barriers to access.

One case concerned a request for disability accommodation made to a House Committee. The responsible employing office cooperated with our office in the investigation, which did not result in any findings of violations of the ADA or the CAA.

One case concerned physical accessibility in a Committee hearing room in the Rayburn House Office Building. Ramps to a dais were excessively sloped and posed other barriers to access. The responsible employing offices fully cooperated with our office and have developed a plan to remove the barriers to access as part of an upcoming renovation of the room. We are continuing to monitor this case.

ACKNOWLEDGMENTS

The OGC ADA inspection team during the 116th Congress was comprised of Shonda Perkins, Occupational Safety and Health Inspection Coordinator; Crystal Barber, Occupational Health and Safety Specialist; Christopher Robinson, Senior Occupational Safety and Health Specialist; Mark Nester, Occupational Safety and Health Specialist; James Peterson, Occupational Safety and Health Specialist; and Kaylan Dunlap, Accessibility Specialist with Evan Terry Associates (ETA).

The OGC appreciates the cooperation of all legislative branch offices during the inspection process. We particularly appreciate the assistance and time given by the employees of the AOC, the Library of Congress, the USCP, the Office of House Employment Counsel, and the Office of Senate Chief Counsel for Employment.

Thanks to Beth Ziebarth, Smithsonian Institution's Deputy Head Diversity Officer and Director, Access Smithsonian, for providing context and history regarding the Smithsonian Accessibility Program and Smithsonian Guidelines for Accessible Design.

Dynah Haubert, OGC Associate General Counsel, is the primary author of this report.

The OGC also acknowledges the invaluable assistance provided by ETA. The OGC would not have been able to implement the barrier removal survey approach to ADA inspections without ETA's assistance and software.

JOHN D. UEIMAN,
General Counsel.

APPENDIX

ARCHITECT OF THE CAPITOL,
Washington, DC, January 26, 2023.

MR. JOHN D. UELMEN,
General Counsel, Office of Congressional Workplace Rights.

DEAR MR. UELMEN: The Architect of the Capitol (AOC) is pleased to provide this annual Americans with Disabilities Act (ADA) progress report for 2022 on removing the accessibility barriers identified in the Office of

Congressional Workplace Rights (OCWR) biennial reports for the 111th, 112th, 113th, 114th, 115th, 116th and 117th Congress. This report includes data for the calendar year December 31, 2022.

The list below provides AOC's progress in correcting the accessibility barriers noted:

90 percent (189 of 209) of the 111th Congress barriers have been remediated.

97 percent (386 of 398) of the 112th Congress barriers have been remediated.

30 percent (51 of 168) of the 113th Congress barriers have been remediated.

64 percent (1,589 of 2,477) of the 114th Congress barriers have been remediated.

61 percent (676 of 1,113) of the 115th Congress barriers have been remediated.

6 percent (10 of 163) of the 116th Congress barriers have been remediated.

2 percent (6 of 259) of the 117th Congress barriers have been remediated.

The unabated barriers identified for each biennial congressional report are identified following categories:

111th Congress:

Planned, engineered solutions are being developed: 10 percent (20 of 209 barriers).

112th Congress:

Planned, engineered solutions are being developed: 3 percent (12 of 398 barriers).

113th Congress:

Planned but not yet completed: 1 percent (2 of 168 barriers).

Planned, engineered solutions have been developed: 68 percent (115 of 168 barriers).

114th Congress:

Planned but not yet completed: 20 percent (492 of 2,477 barriers).

Planned, engineered solutions are being developed: 16 percent (396 of 2,477).

115th Congress:

Planned but not yet completed: 15 percent (165 of 1,113 barriers).

Planned, engineered solutions are being developed: 24 percent (272 of 1,113 barriers).

116th Congress:

Planned but not yet completed: 66 percent (108 of 163 barriers).

Planned, engineered solutions are being developed: 28 percent (45 of 163 barriers).

117th Congress:

Planned but not yet completed: 78 percent (203 of 259 barriers).

Planned, engineered solutions are being developed: 19 percent (50 of 259 barriers).

Enclosure 1 is a detailed spreadsheet listing each accessibility barrier identified by the OCWR for the 111th, 112th, 113th, 114th, 115th, 116th and 117th Congress and the AOC's progress remediating them. This enclosure also contains the verification data from our third-party consultant for 2022. We will continue to obtain abatement verification reports and photos from our third-party consultant throughout 2023.

Enclosure 2 contains a complete list of ADA accomplishments completed by the AOC. Some highlights include:

PHYSICAL ACCESS

Continued improvement to the physical accessibility of the Capitol campus such as installation and/or renovation of handrails, ramps, thresholds, pathways, stairs, lifts, signage, sidewalks and curb cuts.

Installed accessible lifts to provide access to the Senate Chamber dais.

Installed additional ADA-compliant water bottle filling stations, beyond ADA requirements.

Installed automatic door operators to increase accessibility at doorways.

Installed ADA-complaint work surfaces and food service countertops in the Dirksen Senate Office Building.

PROGRAM ACCESS

The U.S. Capitol Visitor Center completed an extensive overhaul of Exhibition Hall,

which included a significant number of accessibility improvements such as the incorporation of braille, tactile models, touchscreen interactives, captioned video content, audio guides and large-print materials.

The U.S. Botanic Garden updated and expanded accessibility information on its website to enable a successful visit by all individuals and added speech-to-text transcription services for online educational programs.

PROGRAM MANAGEMENT

Held accessibility coordination meetings with attendance from the AOC's jurisdiction and major divisions.

Continued to evaluate and improve internal processes to ensure accessibility standards are met on design and construction projects.

Continued to work with an independent quality assurance/quality control inspector who confirms completed work is ADA compliant.

COLLABORATION WITH THE OFFICE OF CONGRESSIONAL WORKPLACE RIGHTS, OFFICE OF GENERAL COUNSEL

Continued to work cooperatively with you and OCWR staff on OCWR ADA inspections, as well the existing open ADA case.

Please contact Danezza Quintero at 202.674.0260 or me at 202.226.4701 if you have questions or require further information.

Sincerely,

PATRICIA WILLIAMS, CSP,
Director, Safety and Code Compliance.
Enclosures.

GOVERNMENT ACCOUNTABILITY OFFICE LEGAL OPINION

Mr. CASSIDY. Mr. President, I rise today to formally enter a legal opinion from the Government Accountability Office into the RECORD. The contents of this legal opinion confirms that the Biden administration's reckless student loan scheme has gone too far, violated process, and must be submitted to Congress as a rule, subject to the Congressional Review Act.

The Biden administration proposes to transfer the burden of \$400 billion in Federal student loans onto taxpayers, citing COVID-19. The administration continues to charge the U.S. Treasury \$5 billion per month to extend the loan pause, preventing any return to repayment on student loans while it works to cancel them. Meanwhile, Americans who chose not to attend college or already sacrificed to pay off their loans will be forced to carry the burden of the student debt from those who willingly took on these loans.

GAO's determination means that the Biden administration is not playing by the laws of this land in attempting to implement their mass student loan scheme and extend the payment pause via executive fiat.

This GAO legal opinion will allow Congress to exercise its oversight prerogative and move forward with a Congressional Review Act resolution of disapproval, while we await a Supreme Court decision on the constitutionality of the policy.

I implore all of my colleagues to join me in support of a Congressional Review Act resolution of disapproval to stand for the 87 percent of Americans