



# SeniorLAW Center

Protecting the Rights of Older Pennsylvanians

Testimony before Council of the City of Philadelphia,  
Committee on Aging

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Thank you, Councilman Taubenberger and members of the Committee on Aging, for this opportunity to provide SeniorLAW Center's perspective on the improvement of emergency protocols for units renting primarily or wholly to seniors or the disabled.

SeniorLAW Center is an independent nonprofit organization that protects the rights of older Pennsylvanians. We are the only nonprofit organization dedicated to providing legal protection to Pennsylvania senior citizens and we are the primary provider of legal services for older tenants in Philadelphia. We provide free legal assistance to thousands of seniors each year, including elders facing housing crises. We also run the only legal helpline geared toward Pennsylvania seniors, reaching older Pennsylvanians in all 67 counties on all civil areas affecting their lives, including landlord-tenant issues.

I would like to briefly discuss a few statistics regarding the senior population in Philadelphia to give a sense of the community that could benefit from improved emergency protocols. Among the ten largest cities in the United States, Philadelphia has one of the highest percentage of seniors and the second-highest percentage of seniors in poverty. 31% of non-institutionalized seniors in Philadelphia live in rental housing units, and 42% are disabled. An estimated 28,259 rental housing units in Philadelphia are occupied by seniors living alone, which amounts to 10% of all rental housing units in the city.

We encourage and fully support the establishment of improved emergency protocols that more adequately ensure the safety of seniors in traditional community high-rises. The unique challenges presented in emergency situations do not require us to accept the increased suffering of groups for which we can anticipate that our current protocols are not sufficient. An electricity outage, for instance, should not prevent seniors from being able to quickly leave a high-rise building to reach safety in an emergency. When such a building caters wholly or predominantly

to senior tenants, almost half of whom may be disabled, the inability of at least the majority of tenants to use stairwells or similar ambulatory means to quickly and safely exit the building is undoubtedly foreseeable. The high number of rental housing units in Philadelphia in which seniors live alone further demonstrates that many seniors do not live with someone who can assist them during an emergency.

Improved emergency protocols instituted by the University of California, Berkeley as part of a recent civil class action settlement may be instructive in this area. Although these measures were meant to better address the emergency needs of the University's students with disabilities, they provide a template for the development of emergency protocols for all people with disabilities and seniors who may face similar obstacles in these situations. Similar to that required of the University, owners or managers of high-rise buildings that rent primarily to seniors or people with disabilities should at the very least be required to develop emergency protocols that formally and explicitly account for the needs of these groups. For seniors and others that may have mobility impairments, an inventory of evacuation chairs would have significant practicality in an emergency situation. Training building staff on assistance procedures geared to the unique needs of these groups exemplifies another way to improve the efficiency of emergency protocols while maintaining safety.

However, improved emergency protocols must go beyond merely addressing the number of individuals unable to use stairs. People with disabilities, such as those who are blind or deaf, may find it difficult to access information necessary for a safe and quick exit. Additional signage or maps that point specifically to the evacuation routes for seniors or people with disabilities represents one potential way to address this concern. People with disabilities may

also face communication challenges when their high-rise building provides only traditional means for the reporting of incidents to emergency services.

Essential aspects of improved emergency protocols may also be inferred from a recent line of structural reform litigation centered on the adequacy of emergency initiatives cities currently have in place. Protocols should explicitly anticipate the needs of seniors and people with disabilities, and communication with these groups should occur before, during, and after emergency situations. Outside experts may be helpful in identifying deficiencies in even improved protocols. Along these lines, the participation of seniors and people with disabilities in the development process may help adapt future protocols and bolster their effectiveness.

I think we can all agree that seniors and people with disabilities represent a huge section of our city's population that not only need but deserve significantly improved emergency protocols.

Thank you for your attention to this important issue and for the opportunity to testify.