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STANDING COMMITTEE ON COMMUNITY DEVELOPMENT

**REPORT OF THE STANDING COMMITTEE ON COMMUNITY DEVELOPMENT ON THE STAKEHOLDER
FORUM MEETINGS ON THE ATTACKS ON EMERGENCY MEDICAL SERVICES**

REPORT OF THE STANDING COMMITTEE ON COMMUNITY DEVELOPMENT ON STAKEHOLDER AND PUBLIC CONSULTATION MEETINGS ON THE ATTACKS ON EMERGENCY MEDICAL SERVICES (EMS) PERSONNEL IN THE PROVINCE

The Standing Committee on Community Development having conducted stakeholder forum meetings on the attacks on Emergency Medical Services (EMS) personnel in the province on 3 March 2017 and two follow up meetings on Tuesday, 18 and 25 April 2017 in Kalksteenfontein and Site C, in Khayelitsha, respectively, reports as follows:

Members

Democratic Alliance

Botha, LJ (Chairperson)
Mitchell, DG
Kivedo, BD (Alternate)

African National Congress

Makeleni, P

Additional Members

Gopie, D (ANC)
Lekker, PZ (ANC)

Apologies

Wenger, MM (DA)
Gillion, MN (ANC)

1. Introduction

Following media reports on the spate of continuous attacks on Emergency Medical Services (EMS) personnel in the province when they render services in specific communities, and as part of the Committee's oversight mandate, and in trying to deal with issues of provincial importance, the Committee resolved to include in its programme two stakeholder and consultation meetings in two areas that were identified as red zone areas based on the number of attacks on EMS personnel.

2. Overview

The Western Cape Provincial Parliament's (WCPP) Standing Committee on Community Development resolved to hold two stakeholder forum meetings on the attacks of EMS personnel in the province. The decision to hold the stakeholder forum meetings was taken during the briefing meeting of 7 February 2017 at which the Department of Health (Department) briefed the Committee on the continuous attacks of EMS personnel in the province. The Committee decided to hold the stakeholder forum meetings in two communities that were identified as red zone by the Department namely, Kalksteenfontein and in Site C, Khayelitsha. The Department informed the Committee that these areas were amongst the areas that experienced a high number of attacks on EMS personnel.

3. Purpose

The purpose of the meetings was to provide relevant stakeholders and community members with the opportunity to give input on the impact of the continuous attacks on communities. The meetings were also aimed at exploring how communities can find solutions to curb the attacks on EMS personnel when they render services in specific communities. The Committee also wanted to involve the members of the public in order to make well-informed recommendations that can ensure the safety of the EMS personnel and that EMS services are rendered without disruptions.

4. Background

The Standing Committee on Community Development was briefed by the Department of Health on Tuesday, 7 February 2017 on the continuous attacks of the Emergency Medical Services (EMS) personnel in the province; and the strategies that the Department has put in place to curb the attacks to ensure the safety of EMS personnel. Dr de Vries, Head of EMS in the province, briefed the Committee.

5. Highlights emanating from the briefing by the Department of Health

The analysis of the incidents by the Provincial Department of Health revealed a dramatic increase in the number of incidents over the last four years, peaking at 75 incidents in 2016. This pattern was particularly dramatic over 2015 and 2016. What was particularly alarming was the increase in violent incidents directed at individual staff members. This was illustrated by the sharp increase in robberies and threats with weapons. It should, however, be noted that the incidents were likely far higher than that being reported as incidents of verbal abuse and gang violence were frequently under reported.

Whilst the Department's analysis indicated that attacks on EMS personnel who provide services in rural areas also occurred, the challenge was phenomenon. The Department's data also appeared to suggest that the incidents were fairly evenly spread across the greater Cape Town but the Department also noted a preponderance of incidents in the Southern and Northern quarters of the Metropole.

The same pattern or lack thereof was observed when analysing incidents across the days of the week. While Fridays and Saturdays were the busiest days, the trend was that all the days of the week were evenly represented with no meaningful observable pattern. This was likely related to the random and seemingly opportunistic nature of the events themselves, thus further confounding interventions. The attacks directed at EMS personnel were largely an evening phenomenon with a peak period observed between 9 pm and 3 am. Suburbs in which crime and interpersonal violence plague all members and services within the communities were also areas where these attacks frequently occurred. This observation by the Department largely explains the distribution of the red zones.

The Department reported that it has developed a triage system in which areas are categorised based on the number of attacks. The Department mentioned that the areas with the high number of attacks were categorised as red zones and these include areas such as Nyanga, Philippi, New Cross Roads, Gugulethu, Tafelsig in Mitchells Plain, Heideveld, Site C and Mandela Park in Khayelitsha, Hanover Park and Kalksteentfontein. The attacks in these areas were continuous despite an agreement between the Department and the South African Police Services (SAPS) to escort ambulances into areas that had been categorised as red zones.

The Department reported that it has done everything to stop the attacks on the EMS personnel. In many parts of the province, the EMS personnel had to be escorted by police when they responded to emergency calls. The Department also informed the Committee that for the period July to December 2016, it recorded a total of 35 attacks on EMS personnel and about 50 paramedics had been booked off sick for Post-Traumatic Stress Disorder caused by the attacks and robberies of EMS employees while rendering services in some communities. As a result of these attacks, EMS personnel were applying for transfers to work in areas outside Cape Town and some refused to work overtime in certain areas.

The measures that the Department had put in place to eliminate the attacks included paramedics not carrying their cell phones and the load-and-go rule that allowed paramedics to treat patients on the way to hospitals instead of treating patients on the scene.

Following the briefing by the Department, the Committee resolved that the two stakeholder forum meetings be advertised in the *Weekend Argus*, and community newspapers, such as the *Tygerberg (Elsies River–Kalksteefontein)* and *City Vision*. Calls for written and/or oral submissions were advertised in these newspapers, the programme was also publicised through the WCPP social media platforms, its official website, as well as via media alerts sent out by the WCPP media office. In addition, the relevant stakeholders were invited to attend and give input in these meetings. Councillors of both Kalksteefontein and Site C wards were invited to attend the meetings.

6. Key findings emanating from the Kalksteefontein stakeholder meeting

- 6.1 The Community of Kalksteefontein informed the Committee that they were not aware that their area was in the red zone. This showed a lack of communication between, the Department, community representatives, and community members.
- 6.2 The Kalksteefontein community members reported that the street lights were not functional and that robberies occurred during the evenings as the streets were unlit.
- 6.3 Police vans were not visible in the area, it was reported that police only patrolled the area after shooting incidents.
- 6.4 Crime, unemployment, and high substance abuse were identified as the challenges in Kalksteefontein and the surrounding areas.
- 6.5 Neighbourhood Watch members that were in attendance requested the Department of Community Safety to accredit them to qualify for level 1 credentials, to get training and resources from the Department of Community Safety.
- 6.6 Bonteheuwel's community members informed the Committee that there was only one Neighbourhood Watch for the entire area and this was a problem.
- 6.7 Members of the Neighbourhood Watch requested to be provided with radios to strengthen their communication with community members and to fight crime.
- 6.8 Kalksteefontein was divided into two parts, namely, the northern and southern parts. It was reported that there was no Neighbourhood Watch in the northern area of Kalksteefontein.
- 6.9 The recreational centres for the youth were inadequate.
- 6.10 There were several reports that community members fought with police when police were arresting criminals in these communities. As a result of this, at the time of the meeting, a total of seven police vehicles at Bishop Lavis Police Station were booked in for maintenance after they were vandalised by community members.

- 6.11 Brigadier Jones, the Bishop Lavis Station Commander informed the Committee that the Bishop Lavis police personnel were burdened with a responsibility of transporting psychiatric patients to hospitals. Family members phone the police when these patients are out of control and expect police officials to take them to the hospital. This has a negative impact on policing because police personnel had to wait in the hospital the entire day until patients were admitted. This use of personnel and police vehicle affected regular policing duties. He also indicated that, due to high substance abuse in the area, psychotic illnesses were on the rise.
- 6.12 Community organisations operating in the area were working in silos.
- 6.13 There was no adequate infrastructure and youth resource centres in Kalksteentfontein, community members complained that their area was forgotten by the government.
- 6.15 Community members informed the Committee that their Councillor does not communicate with them.

7. Key findings from meeting held at Site C in Khayelitsha

- 7.1 The community of Site C, Khayelitsha was also not aware that their area was in the red zone. They reported that there was a lack of communication between the Department of Health and the community structures.
- 7.2 There was a challenge of teenagers who are always on the streets until the early hours of the morning. It was recommended (by the community?) that parents need to talk to their children, and parental responsibility should be strengthened.
- 7.3 The Site C community complained that there was only one clinic in Site C, the Nolungile clinic, and it closes early at 16:00. This makes it difficult for people who get sick after-hours. The community requested that as a short term measure, the Nolungile clinic in site C should be opened for 24 hours.
- 7.4 There was a high rate of unemployment in Site C and the surrounding communities. Community members mentioned that they were willing to work as Neighbourhood Watch members and fight crime but the government should give them stipends and resources.
- 7.5 The members of the community informed the Committee that there was no police station in Site C and the police kiosk closes early and opens late. The community therefore requested that as a short term measure, this police kiosk should open 24 hours. They requested that police visibility and patrols should be strengthened in Site C.
- 7.6 The community complained that it takes time for the South African Police Service (SAPS) to fill vacancies. It was reported that it takes more than three months for SAPS to appoint a new police officer if one has been murdered on duty.
- 7.7 The community members requested that the Department of Community Safety should provide Neighbourhood Watch members with uniforms and resources. They further mentioned that they do not want the City of Cape Town uniform because everybody is wearing it even criminals and according to the community, people do not trust anyone in the City uniform.
- 7.8 Community members reported that councillors are not visible and do not communicate with community members.
- 7.9 An official from the City of Cape Town informed the meeting that during the diarrhoea season two babies from Site C died because the ambulance could not enter Site C, and the parents of these babies could not afford to hire a car to Site B hospital in the middle of the night and were scared to walk. She emphasised the negative impact the attacks have on poor people.
- 7.10 Community members stressed that the unemployment rate in the area contributes to crime, the youth of Site C is not doing anything, and as a result, they commit crime.
- 7.11 The Site C Neighbourhood Watch members are not properly equipped and needs resources.

- 7.12 The illegal shebeens were identified as a contributing factor to the high crime rate in the area.
- 7.13 The community of Site C took responsibility to patrol their streets and encouraged the other areas to follow suit.
- 7.14 The Chairperson of the Khayelitsha Health Forum mentioned that they are busy organising a community dialogue on the safety plan for the community development. He mentioned that the University of Cape Town will facilitate the dialogue.
- 7.15 Mr. Papu, the EMS manager, informed the meeting that he was going to meet with the members of the Khayelitsha Development Forum, Khayelitsha Health Forum, SAPS, Neighbourhood Watches and the Community Police Forum to discuss how Khayelitsha can be moved from a red zone to a safe zone. These parties committed themselves to working with EMS officials and to ensure that the attacks are stopped.
- 7.16 The Khayelitsha Health Forum mentioned that they would like an opportunity to engage with the Minister of Health on health related issues that affect communities.

8. Input from the Department of Community Safety

The Department of Community Safety encouraged community members to apply for the Neighbourhood Watch assistance from the Department.

9. Recommendations

The Committee RECOMMENDED that:

- 9.1 Communication between the Department and the communities must be strengthened.
- 9.2 The Department of Health must work closely with the Neighbourhood Watch and CPF coordinators, to make sure that the CPF and Neighbourhood Watch are at the scene when the EMS personnel arrive.
- 9.3 The Department of Health should be in possession of the contact details of CPFs and Neighbourhood Watch members and should contact them for escort purposes before visiting an area that has been identified as a red zone.
- 9.4 The community of Kalksteefontein should organise themselves and set up street committees to safeguard their streets.
- 9.5 The Department of Community Safety should conduct a Neighbourhood watch audit in all the red zone areas.
- 9.6 All relevant stakeholders and the Department of Health should come on board and help communities with mental illness patients as the community of Kalksteefontein and the surrounding areas have overburdened police officials, especially with requesting the SAPS to transport these patients.
- 9.7 There is a need for community organisations to work together, the Councillors of Kalksteefontein and Site C should keep and maintain a database all organisations that are providing services in their wards, and this will ensure that communication is strengthened in these communities.
- 9.8 Kalksteefontein needs to move out of the red zone to a safe zone and this can only be achieved by the establishment of Neighbourhood Watch in Kalksteefontein north and by making sure that communication is strengthened between community members and community structures.
- 9.9 The Department of Health must identify people from the community structures and provide them with the first aid training to help communities while waiting for EMS to arrive at the

- scene. This will save lives and improve service delivery. This training should also be provided to the Neighbourhood Watches and Community Police Forum (CPF) members.
- 9.10 The Department should communicate more with community structures because community members were not aware that their areas were in the red zone.
- 9.11 The Department of Health should make use of the Neighbourhood Watch, they are willing to help the EMS personnel. The Department should contact and notify them before the ambulance drives into the red zone area.
- 9.12 The Department of Health needs to identify a community structure that they can work with in Kalksteefontein, the Department should communicate with this structure before coming to the area to make sure that the scene is safe.
- 9.13 The City of Cape Town should take back its Neighbourhood Watch uniform from members of the Community once they stop working as a Neighbourhood Watch. The City must make sure that its uniform does not end up in the hands of the criminals as it was alleged during the meeting.
- 9.14 There is a need for the community of Khayelitsha to unite to fight crime, communities need to mobilise themselves and come up with a plan of action.
- 9.15 As a short term measure, the Neighbourhood Watch and CPF members should be contacted by the Department to make sure that they are present on the scene to safeguard the scene.
- 9.16 Visible policing should be strengthened in the red zone areas.
- 9.17 The City Improvement District (CID) Kiosk must be established in Khayelitsha as a short term measure while government is still deciding on building the police station.
- 9.18 The Department of Health should continuously engage with community members regarding matters that directly involve communities. Engagements to look at the collaborative approach to the challenges within communities should be strengthened.
- 9.19 The stakeholders such as CPFs, Neighbourhood Watches, and other relevant community stakeholders should come on board and come up with ways on how these attacks on EMS personnel could be stopped.

10. Conclusion

Based on all submissions, the predominant concern is the lack of communication between the Department of Health and communities, namely, the community members of Kalksteefontein and Khayelitsha were not aware that their areas were in the red zone, community members were not aware of any attack incidents in their areas. The stakeholder forum meetings revealed other service delivery issues that are contributing to the attacks. The meetings also revealed that Councillors are not visible and are not communicating with community members. The community organisations are working in silos. The Neighbourhood Watches are not equipped and in some areas they are inadequate.

Safety is a primary concern for every citizen of the Western Cape including EMS personnel. The attacks on EMS personnel not only present a threat to a service but is, in fact, indicative of far more sinister circumstances. Every effort must be made to ensure that EMS personnel are safe when providing services in communities so that they can provide and deliver on their constitutional mandate without fear of being attacked.

The Committee has compiled this report and it will be submitted to the Minister of Health with the hope that the recommendations made will be implemented by the Department.

LJ Botha

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MS LJ BOTHAMPP

CHAIRPERSON: STANDING COMMITTEE ON COMMUNITY DEVELOPMENT

DATE: