

Programme Director;
Our Acting Head of Department, Dr Mthandeki Xamlashe;
The leadership of the Security Services Directorate;
Directors of security companies contracted to the Eastern Cape Department of Health;
Departmental officials;
Ladies and gentlemen.

Good morning.

A mother arriving at a hospital in labour must find care and safety. A nurse reporting for a night shift must be able to concentrate on patients without fearing an attack. A security officer standing at the gate must have the training, equipment and support to return home safely when that shift ends.

These are the people at the centre of our engagement today. The measure of our partnership is whether we protect them and keep the health services on which our communities depend functioning.

I thank our Acting Head of Department and the Security Services Directorate for facilitating this important session. I welcome the directors of the companies entrusted with safeguarding our facilities across the Eastern Cape.

Since my deployment as MEC for Health, the demands of this portfolio have not allowed me sufficient opportunity for a dedicated engagement with you as key stakeholders. Today gives us that opportunity: to speak directly, review our work over the past two years, appreciate progress and confront the weaknesses that still expose our people to harm.

Let me formally introduce Dr Mthandeki Xamlashe, our Acting Head of Department, to our security stakeholders. His office is central to strengthening coordination, contract oversight and accountability across the Department. I ask you to work closely with him and our Security Services Directorate to ensure that decisions taken here translate into improvements at facility level.

Our vision is clear: health facilities that are safe, accessible and able to provide services reliably; workers who are protected and treated fairly; public assets and information that are secure; and security partnerships built on professionalism and accountability.

We are here to establish a direct and effective platform for communication with company directors, have a meaningful discussion about the provision of security services, address bottlenecks affecting the sector, and strengthen adherence to Minimum Physical Security Standards. We must improve access control, implement appropriate safety measures and adapt responsibly to digital security solutions.

Our constitutional commitment to healthcare depends on the conditions in which that care is delivered. A hospital may have skilled clinicians and essential medicines, but those resources cannot serve people effectively if criminal activity disrupts operations or drives workers away from their posts.

Crime affects healthcare in two connected ways. Violence brings injured people into emergency units, placing pressure on staff, beds, theatres and ambulances. At the same time, attacks on healthcare facilities and personnel undermine the very services needed to respond to those injuries.

A stolen cable can interrupt power to an essential service. A damaged gate can expose patients and staff to intrusion. Stolen medicines compromise resources intended for treatment. An attack on an ambulance crew can delay emergency assistance. The consequences extend far beyond the value of the property taken.

The destruction of public infrastructure reaches into the homes and lives of ordinary people. We have seen these pressures in Nelson Mandela Bay. Our departmental reporting has identified crime-related disruption and facility closures as factors affecting the delivery of health services, including childhood immunisation.

The experience at Motherwell Community Health Centre demonstrates how an incident at one facility can affect an entire service network. Security incidents and service disruption required patients to be redirected to KwaZakhele Maternity Obstetric Unit and surrounding facilities. Staff had to be reallocated, and trauma support was needed.

We cannot forget the brutal attack on two women security officers at Xhwili Clinic near Mthatha on 2 November 2025. One was killed and the other seriously injured, with police opening cases of murder, attempted murder and rape. These women were serving their community by protecting a facility where people seek care.

At Livingstone Hospital, the March 2025 armed robbery of three women security officers at the gatehouse was a stark reminder that those entrusted with protecting others are themselves exposed to serious danger. A security officer's presence cannot substitute for a functioning system of protection and response.

This is why our R76 million security infrastructure project at the Livingstone and Provincial Hospital complex matters. As we emphasised at the site handover, safeguarding healthcare infrastructure is part of protecting the continuity of care.

Directors, I want to recognise the dedicated service that many of your companies and officers provide under difficult conditions. You safeguard patients, staff, assets, medicines, consumables and departmental information. Your work allows our healthcare professionals to concentrate on the Department's core mandate: providing healthcare to the people of the Eastern Cape.

We appreciate the employment you create through the appointment of local security officers across our districts. These jobs support households and contribute to local economic development. We also acknowledge the providers who responded to the Department's 30 per cent subcontracting requirement, particularly in the new contracts, helping to spread economic opportunities more widely.



Subcontracting must deliver meaningful participation and fair opportunities. It must strengthen the service we procure and enable smaller businesses to develop the capacity to perform well.

Some companies have gone further through social responsibility contributions, using their own resources for the benefit of public facilities. Others have supplied additional equipment and deployed area and site supervisors at their own expense. We appreciate those contributions and the willingness to support the public health system.

We have also recorded important operational achievements. Security officers have apprehended suspected perpetrators and supported their handover to law enforcement, contributing to arrests and the prosecution process. They have detected theft involving departmental employees, protected property during community protests and helped prevent damage to public facilities.

The Livingstone example reported in September deserves recognition. Over a two-week period, TYEKS Security Services apprehended four hospital employees and one community member in connection with alleged theft involving kitchen and laundry items, air-conditioning equipment and medicines. The suspects were handed over to SAPS.

I commend the vigilance of the security team and the role of SAPS. Criminal investigations and internal labour processes must follow their proper course. Our position is firm: employment in a public hospital does not place anyone beyond accountability. Public resources must serve patients, and every credible allegation of theft must be addressed.

These successes must become lessons for the entire platform. We should identify what enabled early detection, how information was escalated, and which controls can prevent similar losses elsewhere. An apprehension is valuable; preventing the next incident is equally necessary.

We must now confront the weaknesses reflected in our reports. Poor monitoring of officers, unavailable minimum equipment and missing registers are serious concerns. A post without proper supervision, reliable communication and an accurate record of activity leaves the Department and the officer exposed.

Directors must know whether contracted posts are filled, whether patrols are conducted, whether handovers take place and whether incidents reach the appropriate managers. Supervisors must be present and accessible, including during nights, weekends and other periods when risks may increase. Concerns about the non-payment of officers' bonuses and failures to comply with basic conditions of employment and applicable bargaining council requirements in the private security sector must be addressed. These matters must receive direct attention from company leadership.

I want this engagement to produce clear actions. We need direct communication arrangements between company directors, the Security Services Directorate and the Acting Head of Department. We need an agreed process for reviewing high-risk facilities, correcting equipment and supervision gaps, addressing worker-related complaints and monitoring contract performance.



We must leave with identified responsibilities, realistic timeframes and a method of reporting progress. Where a provider faces a genuine operational bottleneck, we should understand it and work towards a solution. Where there is persistent failure to deliver, we must use the appropriate contractual and administrative processes to secure accountability.

Let us build on the successes of the past two years, address the weaknesses openly and strengthen a partnership that delivers safety at the point where it matters: at the hospital gate, in the clinic, around the medicine store and throughout the working day and night.

When a mother arrives in labour, let her find care. When a nurse reports for duty, let her find a safe workplace. When a security officer completes a shift, let that officer return home safely.

That is the standard we must work together to deliver.

I thank you.

