



*From innocent  
first responders to  
targets of violence*

# ATTACKS ON PARAMEDICS

By Kotie Geldenhuys;

Photos provided by JP von Benecke

"I don't know what to say. Around 01:00 this morning another ambulance was hijacked and the crew is missing again ... We responded ... there was no sign of the crew, no idea where they went. It was just an ambulance standing idling in the middle of a road. Found the address they were sent to - false call again. Anyway, so we start to search but that Saulsville/Atteridgeville area is so big ... and busy towards Pelindaba. It is 03:39, almost four hours later ... They were held hostage at gunpoint, cellphones and wallets taken and they were tied up ... I don't know what to say to our crews, I don't know what to say to the public. Do you deserve an ambulance service? I think so. Finished, I am just finished." These heartfelt words were shared by JP von Benecke, Deputy Director of Special Operations at Gauteng Emergency Medical Services (GEMS), in a moving Facebook video posted in July 2023, after two paramedics had been kidnapped in Atteridgeville, Pretoria, just a day after a similar incident happened in Nellmapius, Mamelodi. These saints with sirens, dressed in green uniforms, put their lives on the line to rush to help community members in need, often the poorest of the poor. But sadly, they are being challenged by an alarming increase in hijackings, assaults and robberies targeting these dedicated individuals during their lifesaving missions. These crimes which our selfless Emergency Medical Services (EMS) personnel face across the country raise serious concerns about their safety and well-being.

**S**outh Africans face elevated rates of contact crime, including assault, robbery and hijacking. Emergency Medical Services (EMS) frequently respond to these incidents to render medical assistance to the victims of crime and violence. However, responding to such potentially hostile settings increases the risk of South African paramedics becoming victims themselves. At times, ambulance crews arrive before the police, leaving them vulnerable to volatile situations when all they want to do is to deliver crucial medical help.

Incidents where private and public emergency personnel have been assaulted instil fear among these responders and often make them think twice before reacting. Despite being called upon to assist individuals in dire circumstances, emergency personnel find themselves increasingly at risk, potentially impacting their ability to save lives.

Similar to dedicated, honest police officials who regard their job as a calling, paramedics have a passion to serve, sharing a profound sense of duty and purpose. While some paramedics may joke about the perks of the job, such as constant access to vehicles and that people are "dying" to meet them, the reality is far more sobering. The constant attacks on paramedics mean that they face various uncertainties each day as they bid farewell to loved ones as if they are heading to battle. Yet, despite the daunting challenges, many continue to find fulfilment in serving their communities. With each shift, they confront the possibility of danger, but remain steadfast in their commitment to saving lives (Brady, 2018).

"You must have a strong heart for this job. Every time I come on shift, I know something bad might happen to me. It worries me that I am leaving my kids at home, but the main thing is saving lives - it was what we were trained for," a paramedic at GEMS with 11 years of service said (Mohammed, 2022). Despite both private and public ambulance crews being under attack in some areas of South Africa, those working in the public sector face more risks in their work environments.

**Servamus** recently interviewed JP von Benecke from the Gauteng Emergency Medical Services (GEMS), who revealed that in Gauteng, they deal with approximately 70 000 calls monthly. These calls require the response of more than 3200 ambulance personnel stationed across 59 ambulance stations in the province. Operating on 12-hour shifts, each shift is supported by 350 ambulances. In the Western Cape, the EMS receive more than 750 000 calls annually (Carte Blanche, 2024). A significant portion of these calls involve patients from areas known as "red zones," where crime rates are high, increasing the risk for emergency personnel to respond.

Most violent crimes in the country happen during night-time. The darkness of night, compounded by loadshedding or a general lack of streetlighting, increase the challenges and danger for EMS teams when attending to medical emergencies. Disadvantaged, rural regions with elevated social distress experience higher rates of crime. These areas are often plagued by violence and inadequate infrastructure, potentially increasing the risks faced by EMS personnel who are serving such areas (Beukes, 2022).

## Attacks on paramedics is a global problem

The significant surge in attacks on emergency medical personnel is not unique to our country. Similar trends have also been observed in other countries: In Australia there were 400 reported attacks on paramedics in 2019 (Sood, 2019). In certain areas of Sweden, violence against emergency medical personnel has become so common that a "protection ban" has been considered in certain parts of Stockholm known for their large migrant populations with antagonistic attitudes towards authorities. This ban would entail ambulance drivers refusing to respond to calls in these areas without police or rescue services to ensure their safety (Cody, 2022). In the United Kingdom, ambulance workers have faced more than 9500 violent attacks over the past five years, according to an investigation by the GMB Union. These attacks include being head-butted, spat at and assaulted with weapons, with 1248 of these attacks being sexual assaults (GMB Union, 2023). In New York City, emergency medical personnel fell victim to 363 attacks or threats in 2022, including incidents where patients spat on them. This represents a staggering 2320% increase from the 15 attacks reported on emergency medical personnel in 2011. Paramedics face threats such as being punched, bitten, kicked, threatened with knives and even stabbed with needles, in addition to being sexually assaulted or harassed (Calder, 2024).

## Attacks by patients

Paramedics frequently encounter aggression from patients, particularly those who have overdosed or suffer from mental health problems. JP von Benecke clarified that they don't perceive such actions as criminal behaviour, but rather an inherent risk or occupational hazard for paramedics. A few examples of such violence include the following:

- **Verbal abuse** is frequently carried out by patients or their relatives and includes the use of offensive language, harassment and threats (Beukes, 2022). A study conducted by Vincent-Lambert and Westwood from the University of Johannesburg in March 2019 revealed that out of 113 surveyed EMS students, 78.76% reported experiencing verbal abuse, such as being sworn at, ridiculed or threatened, either by a patient or a bystander (Vincent-Lambert and Westwood, 2019).
- **Intimidation**, including verbal threats and the hurling of objects (Beukes, 2022).
- **Physical assault**, including actions such as being kicked, punched, hit or bitten (Beukes, 2022). This is what happened on 5 March 2023 in Langa, Cape Town to a crew member who was slapped in the face by a patient who declined assistance (Sinxo, 2023).
- EMS personnel frequently encounter **sexual harassment**, including indecent gestures, offensive slurs and jokes, as well as sexual abuse, such as groping, fondling and even rape (Beukes, 2022).

It is crucial to highlight that section 20 of the National Health Act 61 of 2003 provides as follows:

"(4) **A health care provider may refuse to treat a user who is physically or verbally abusive or who sexually harasses him or her.**" (Own emphasis.)



## The constant attacks on paramedics mean that they face various uncertainties each day as they bid farewell to loved ones as if they are heading to battle.

Although attacks by patients are serious and can be harmful to paramedics, this article will focus on paramedics and emergency medical personnel who fall victim to criminals.

### Falling victim to criminals

Apart from encounters with patients and bystanders, another significant concern revolves around violent acts perpetrated by criminals. There is a common perception that EMS personnel are regarded as vulnerable and easy targets due to them entering high-crime zones, without being armed and the tendency to react to emergencies at night.

Criminals specifically target EMS staff with the intent of acquiring valuable medical equipment, medication, electronic devices such as tablets, as well as personal belongings such as cellphones and wallets. Various incidents involving attacks, robberies, hijackings, stabbings and assaults have been documented and reported to the police. These incidents typically transpire either when they respond to an emergency or at the scene while attending to patients. Paramedics, engrossed in their patient care duties, may inadvertently become oblivious to their surroundings, rendering them vulnerable targets. They can also be targeted en route to or at medical facilities (Brady, 2018).

JP von Benecke highlighted that **armed robbery** is a significant threat to paramedics, particularly when they are attending to patients. Paramedics are often held at gun- or knife-point while being robbed of essential equipment such as official tablets and personal belongings. In Gauteng, criminals primarily target paramedics for their cellphones and bank cards, but patients are often also targeted. Several incidents illustrate the severity of this issue:

- On 26 May 2021, EMS personnel were dispatched to respond to a call in the KwaMashu area of KwaZulu-Natal. Upon their arrival, they were instructed to wait for a family member who would accompany them. While they were waiting, a vehicle pulled up beside them, which they initially assumed was the escort. However, to their dismay, the occupants were armed criminals who held the EMS personnel at gunpoint, robbing them of their cellphones and wallets. After the robbery, the criminals fled the scene. The South African Emergency Personnel's Union (SAEPU) strongly condemned the attack, emphasising the impact on both the EMS crew and the community. As a result of the robbery, the EMS team had to prioritise their own safety, abandoning the call and leaving the patient's family to arrange alternative transportation to the hospital. Some may assume that paramedics are obligated to continue with treating the patient, but Mr Von Benecke emphasised that the safety of personnel is paramount, even if it means reluctantly leaving behind a patient when faced with a dangerous situation.

- In the early morning of 16 December 2022, while a GEMS crew was administering life-saving medical care to a patient in Winterveld, Gauteng, they were robbed of their cellphones, personal items and essential medical equipment including electrocardiogram and patient monitoring tools. The following day, another GEMS crew fell victim to armed robbers who robbed them of their cellphones at the entrance of the Boekenhout clinic, as they were preparing to transport a patient (Evans, 2022).
- On 6 March 2024, the crew of a GEMS ambulance in Soshanguve was subjected to an armed robbery during which their cellphones were taken from them.
- On 17 March 2024, paramedics were providing care to a patient inside an ambulance in Winterveld, Gauteng when armed robbers robbed them of their cellphones.

Paramedics are also subjected to **gunfire or get caught up in crossfire**, particularly in areas plagued by gang violence. These incidents occur even when they are accompanied by police escorts into red zone areas (refer to further details on red zones in this article).

Ambulances face the risk of being attacked, such as being **stoned**, while they rush to provide essential medical help. Attacks on these vehicles, which can cost upwards of R3 million each, add more burdens on taxpayers often requiring repairs totalling tens of thousands of rand before they can resume serving South African communities. One such incident occurred on 24 December 2023, in Muldersdrift on the Gauteng West Rand, where members of the public pelted an ambulance with stones and bottles, preventing it from reaching its destination and delivering crucial assistance.

As mentioned earlier, paramedics employed by private emergency medical services are also vulnerable to attacks. In July 2021, Durban-based paramedics from the private ambulance group KZN VIP Medical were assaulted en route to an emergency in Verulam. While travelling along the R102, their vehicle was stoned amid dangerous protests in the area, leaving them unable to attend to a critically ill patient (Govender, 2021).

**Service delivery protests and instances of mob justice** present significant challenges, as ambulances often sustain severe damage from angry people who will not hesitate to damage EMS vehicles and harm personnel. JP von Benecke noted that GEMS have five specialised ambulances equipped with shields to mitigate damage from objects that are thrown at them. GEMS also has four fully armoured Mfezi vehicles designed for high-risk situations such as violent attacks during service delivery protests or to use in difficult terrains such as muddy roads and barricaded areas. These riot transport vehicles were deployed during the July 2021 riots following the imprisonment of former President Jacob Zuma, particularly in KwaZulu-Natal and Gauteng where violence and lawlessness erupted.

According to SAPS's crime statistics for the period October to December 2023, there were 5973 reported cases of vehicle **hijackings**, indicating a 6.5% increase from the previous year (SAPS, 2023). This alarming hijacking rate poses genuine concerns for ambulance

personnel, given the hours when they work and the diverse areas to which they are dispatched to render assistance. One of the gravest threats faced by South African ambulance personnel is the risk of being hijacked (Lambert and Westwood, 2019).

In the introduction of this article, we referenced the July 2023 incident, which unfolded shortly after midnight when an ambulance rushed to Nellmapius in Mamelodi in response to the distress call of a 48-year-old male who had collapsed. En route to the incident address, two individuals flagged down the ambulance near the location. Upon approaching the vehicle, they brandished firearms, coercing the ambulance crew to drive to an undisclosed location while being confined in the back of the vehicle. Two additional assailants then bound the personnel. The hijackers proceeded to drive around for approximately an hour, exploiting the situation to withdraw money from the ambulance crew's bank accounts using their cards. Subsequently, both crew members were taken to a nearby shack, where they were restrained. Fortunately, one of them managed to untie himself and his colleague, prompting both crew members to escape and raise the alarm. During the ordeal, the hijackers stole the crew members' personal cellphones and the ambulance's tablet. Although the ambulance sustained minimal damage, its key was discovered near the shack where the crew had been held captive. Despite escaping physical harm with only minor scrapes and bruises, the psychological impact on the crew members was profound. Such incidents underscore the grave risks faced by paramedics, as some attacks, such as those in the Nellmapius and Atteridgeville cases mentioned earlier, are meticulously orchestrated, often involving luring crews to a location under false pretences before robbing them.

Another issue that is of serious concern is that of fake or hoax calls intersecting with hijacking incidents. Waheed Hoosen, the General Secretary of the Health and Other Services Personnel Trade Union of South Africa (Hospersa), expressed strong condemnation towards the rising trend of attacks on EMS personnel. He emphasised that while it is their duty to respond to calls, it shouldn't jeopardise their safety. It is alarming that some people make fake emergency calls intending to lure EMS personnel to areas where they can be robbed (Singh, 2021b). These fake or hoax calls are directed to EMS dispatch centres. However, upon the ambulance's arrival, there is no genuine emergency, putting the crew at risk of being hijacked or assaulted. Four female EMS staff members recounted incidents of such hoax calls from Delft, Blue Downs and Lavender Hill. Unaware of the deception, they responded but were subsequently robbed when they reached the indicated addresses. Their concern is that if criminals escalate their actions beyond theft to include assault, they fear for their own safety, including the possibility of sexual assaults (Cruywagen, 2019). The protocol

dictates that each call must be treated as an emergency, further exacerbating the hazardous circumstances in which EMS personnel operate (Van Huyssteen, 2017). One paramedic recalled an incident in Samora Machel, a high-risk area in Philippi, Cape Town, where a caller reported an asthmatic patient needing assistance. Upon arrival, the patient admitted to not requiring hospitalisation, revealing that she had been paid to make the call (Beukes, 2022).

## Patients' safety is also at risk

Paramedics are not the only ones at risk as these attacks also jeopardise patients' lives. One such an example happened in November 2017 when an ambulance crew faced a gunpoint hijacking on the N2 near Borcherds Quarry in Cape Town while they were transporting an eight-year-old vehicle crash victim to the Red Cross War Memorial Children's Hospital. The crew was robbed, the ambulance immobilised and the child tragically passed away due to transportation delays (Collins and Davids, 2017). Similarly, in May 2021, two paramedics were shot and robbed at an emergency scene in the Dukathole informal settlement in Germiston. One crew member sustained gunshot wounds and required hospitalisation. The attack hindered the emergency response, resulting in the unfortunate death of a wounded resident en route to the hospital (Seleka, 2021).

Just after 20:00 on 22 November 2022, an incident unfolded in Mshongoville informal settlement in Atteridgeville, when GEMS paramedics responded to an emergency call following a man being injured in a mob justice attack. To ensure safe entry into the area, a police escort was requested. Upon arrival, they found the accused man in critical condition on the ground. Despite efforts to treat him on-site and transport him to the hospital, residents, suspecting him of criminal activity, obstructed the ambulance, demanding immediate justice. The mob assaulted both the man and the paramedics, barricading the road, pelting the ambulance with stones, looting medical supplies and ultimately causing the man's death. Subsequently, the ambulance bore the marks of the violent encounter, with blood stains, shattered windows and debris strewn throughout.

Mr Von Benecke showed **Servamus** footage depicting an incident from August 2023 involving paramedics responding to an assault call.





In the Nellmapius incident of July 2023, the dash camera footage clearly reveals how the hijacker in the passenger seat uses his cellphone flashlight to search for the camera. Upon locating it, he attempts to conceal himself by pulling his jacket over his face.



Two separate incidents where thieves took advantage of paramedics attending to a patient by stealing tablets and personal belongings from the ambulance.

Upon arrival, they began treating a man in the back of the ambulance. Shockingly, his assailants entered the ambulance and continued the attack, prompting the ambulance personnel to flee. Moments later, both the patient and attackers fled the scene, with the ambulance crew eventually managing to find their way back to the ambulance enabling them to drive off. Despite the patient returning to the gravel road pleading for help, the crew prioritised their own safety and continued driving. Tragically, the patient was fatally stabbed by the attackers. Mr Von Benecke highlighted the immense trauma experienced by this ambulance crew, who faced the agonising choice of risking their lives by stopping. Despite clear screenshots identifying the attackers, arrests are yet to be made in connection with this murder.

## The scale of the problem

Emergency medical crews across the country face increasing threats while on duty. In the Western Cape alone, more than 40 cases of violence targeting paramedics were documented in 2023 (Carte Blanche, 2024). Mr Von Benecke revealed that paramedics and ambulance crews face an average of two to three attacks weekly, although not all incidents are reported, including those where bystanders steal cellphones from vehicles while paramedics are attending to patients. The latter is evidenced by video footage depicting how a person who was lingering near an ambulance, seized the opportunity to enter and snatch a cellphone while the personnel were treating a patient. Although categorised as an attack, Mr Von Benecke clarified that they don't classify it as such.

## Red zones

From the preceding it is clear that emergency medical personnel operate in an exceptionally demanding, unpredictable and high-risk environment, providing essential life-saving services. Yet, they find themselves particularly susceptible to being victims of workplace and general violence due to the inherent nature of their profession. For these dedicated paramedics, risking their lives to aid critically ill or injured individuals is simply part of their daily routine.

The violence against emergency medical personnel started to increase since 2015, especially with attacks on Cape Town Metro EMS ambulance personnel. The Western Cape Government then grew increasingly concerned about the safety of its personnel and the detrimental impact these incidents had on service delivery. In response, areas marked by high crime rates, gang activity and inadequate infrastructure were identified as "red zones" in 2016, aiming to address the issue (Gleby, 2018).

These red zone designations can be temporary, permanent, a hot zone or a no-go zone. According to GEMS's standard operating procedure (SOP) on "Managing incidents of intent, attacks and/or attempted robbery on paramedics," the identification of a red zone relies on critical intelligence from various sources such as the Security Cluster, Community Police Forums (CPF) and relevant forums. This determination is based on several factors:

- Repeated attacks occurring within certain areas of the community.
- Instances of single serious or violent attacks within specific community areas.
- Recommendations from the Safety and Security Cluster based on intelligence.
- Lack of community cooperation and engagement regarding the challenges faced.

**Permanent red zones** are officially declared areas resulting from stakeholder consultations and statistical analysis. Protocols for staff providing services in these areas are mandatory and the status can only be revoked through the same consultative process. **Temporary red zones** can be declared for brief durations by the EMS communication centre manager or senior EMS manager based on intelligence from the Security Cluster. This designation is lifted once the area is deemed safe, with protocols aligning with those of permanent red zones. **Hot zones** are areas traditionally serviced under escort. Areas are relatively small in geographical status and in certain cases the



relationship between EMS and SAPS has been in place for quite some time. Despite this, the volatility of these areas may at times surpass the capabilities of even the SAPS to provide escort services, resulting in the declaration of **no-go areas**. SAPS designates these areas for temporary periods during which EMS refrains from providing services, offering basic information telephonically to callers instead (GEMS, 2020).

Eleven areas in the Cape Town metro have been identified as red zones, considered unsafe for paramedics to work in without police escort (Carte Blanche, 2024). Following numerous assaults on paramedics in Gauteng, 38 locations in the province were designated as red zones back in December 2022.

Mr Von Benecke explained that when summoned to an emergency in a red zone, paramedics must first drive to the local police station in a crime-infested area or red zone in that neighbourhood to request a police escort. Ironically, these police stations are often situated in dangerous areas, forcing paramedics to traverse these zones just to request an escort (Collins and Davids, 2017).

While police escorts are appreciated, the SAPS is often hampered by insufficient resources and personnel shortages, resulting in delayed escort responses. Depending on the availability of a police vehicle, the escort may be arranged promptly, but if none is available, considerable time may pass before a police vehicle arrives to escort the ambulance personnel into the red zone. During an episode aired on **Carte Blanche** on 21 January 2024, it was revealed that obtaining backup from the police to enter red zone areas can sometimes take up to three hours. In certain instances, patients have been transported to the hospital in private vehicles, catching paramedics off-guard upon their arrival at the scene (Carte Blanche, 2024). These delayed responses provoke aggressive reactions from patients, their families or the surrounding community towards ambulance personnel when they arrive (Beukes, 2022). While some community members empathise with these challenges, Mr Von Benecke highlighted the distress of community members when a loved one is dying while waiting for a delayed ambulance. He recounted a recent incident in Winterveld, Gauteng, where paramedics who were tired of waiting for an escort, decided to risk entering a red zone area unaccompanied to tend to a patient as they knew that there had been no attacks on ambulance personnel for quite some time in that area. Tragically, their ambulance was ambushed.

Despite being accompanied by armed police members, emergency medical personnel still don't feel safe, particularly in increasingly dangerous red zones. Even when they manage to make it in, they must constantly remain vigilant. One paramedic recounted an incident in Khayelitsha,

Cape Town where, despite police presence, they were attacked and robbed at knifepoint "the moment the police was around the corner" (Brady, 2018). Some believe that police escorts can exacerbate the situation. A paramedic from the Western Cape mentioned being caught in gang shoot-outs with the police, who are targeted for their weapons (News24, 2017).

### Some pay with their lives

While many emergency medical personnel manage to evade attacks, there are instances where they are not as fortunate. This was the case on 4 October 2021 when two paramedics were ambushed around 01:00 while assisting a gunshot victim in the Mabhanoyini area of Estcourt, KwaZulu-Natal. Tragically, both paramedics were shot, of whom one succumbed to his injuries (Singh, 2021a). Similarly, on 11 March 2017, at approximately 19:45, four GEMS employees were assaulted and robbed at gunpoint while on duty in Odi, Mabopane, north of Pretoria. Chris Kekana, one of the paramedics, sustained a gunshot wound to the abdomen and was hospitalised but tragically passed away the following day.

### Protecting EMS personnel

Paramedics have become accustomed to the unfortunate reality that occupational violence was considered a routine aspect of their job, but it is imperative to underscore that no paramedic should ever anticipate being assaulted while on duty. Regrettably, when faced with attacks, paramedics refrain from retaliating as they lack firearms or any means of defence, rendering them vulnerable targets for criminals (Brady, 2018).

To enhance the safety of its ambulance personnel, GEMS has made substantial investments in smart technologies, including a tracking system, strategically placed panic buttons and cameras installed in ambulances. These cameras serve to document the extent of violence paramedics endure and can aid in identifying perpetrators of such attacks. Mr Von Benecke noted that additional lighting has been installed on ambulances, illuminating the surroundings for paramedics as they work on scene with patients, thus reducing the element of surprise. Paramedics also have access to protective helmets, which they wear when anticipating potential assaults. Plans are also



**An assault occurred in the back of an ambulance where a patient was brutally killed, forcing the paramedics to flee for their lives.**



**A bullet-hole in the ambulance's bodywork after an attack on paramedics.**



similar sentiments, expressing enduring fear and a reluctance to continue working, given the inherent risks involved (EWN, 2016).

The repercussions of attacks on ambulance personnel are grave, encompassing compromised service delivery, heightened fear of crime and the development of depression, anxiety and post-traumatic stress disorder (PTSD) (Vincent-Lambert and Westwood, 2019). Mr Von Benecke confirmed that anxiety and PTSD are inherent consequences of such attacks, often exacerbating over time and rendering paramedics unfit for regular duties, necessitating redeployment to perform lighter tasks. Coupled with absenteeism, this poses a significant challenge, leading to a depletion of resources available for emergency responses.

JP von Benecke noted that attacks on ambulances (and their personnel) have been officially recognised as injury-on-duty (IOD) incidents which

underway to provide situational awareness training for ambulance personnel. "They do not see the dangers. As a paramedic you are a carer who do not see the bad in everyone. You walk with eyes wide open into a situation," Mr Von Benecke remarked.

One paramedic in Cape Town, with 25 years of experience, recounted being attacked three times within five years. He credited a bulletproof vest for saving his life when he was shot in Beacon Valley, Mitchells Plain in December 2020, while responding to a call. The vest also protected him during a stabbing incident in 2015 in Tafelsig, Mitchells Plain. In April 2020, he narrowly avoided harm when a gun was pointed at him while on duty in Beacon Valley (Adams, 2020).

### Effect on paramedics

Mr Von Benecke expressed the significant challenges faced by paramedics in dealing with the aftermath of attacks, often leading to prolonged unavailability for duty. He elucidated that individuals respond to trauma differently, with some exhibiting high resilience while others are profoundly affected even by simply hearing about an attack. Not all paramedics can readily recover from such experiences.

An experienced paramedic, with 26 years of service, recounted being assaulted twice in high-risk areas despite police escorts. Although he physically recovered from these incidents, the mental toll remained palpable. Following the shooting, he experienced a period of distress but felt compelled to confront his "demons" by returning to duty in the same area (Carte Blanche, 2024). Another paramedic echoed

include incidents where ambulance personnel are threatened, even if physical harm is not sustained. The IOD process includes debriefing and hospital check-ups post-incident to ensure comprehensive support for affected personnel.

### Bringing the criminals to book

Despite the clear mandate outlined in the Geneva Convention, which deems attacking an ambulance a criminal offence, the pursuit of justice for those who assault paramedics seems outrageous. Instead of facing consequences, perpetrators often evade accountability. Mr Von Benecke highlighted the shocking impunity, noting that of the numerous assaults endured over the years, one taxi driver faced arrest but was granted bail and it is unclear what happened further. Relating to incidents in July 2023 when four hijackers kidnapped ambulance crews in Nellmapius, Mamelodi and Brazzaville, Atteridgeville, only one assailant was prosecuted and sentenced to 15 years' incarceration, albeit solely for the Nellmapius incident. In another incident an ambulance was attacked when the community apprehended one of the culprits, resulting in his arrest. Shockingly, the suspect was released on

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- J P von Benecke.



bail of a mere R500. Throughout Gauteng, as far as could be established, only three arrests have been made over the years, with just one individual being sentenced. Paramedics' profound frustration raises questions as to who in the criminal justice system should take responsibility for the lack of arrests and prosecution of these offenders: the SAPS or the NPA or both?

EMS personnel feel that the police don't prioritise attacks on paramedics. Even after opening a case and obtaining a case number, it seems that these incidents are not considered serious enough, especially when there were no injuries or fatalities. When EMS personnel report cases to the SAPS, unless they escalate their complaints to higher levels, the cases often don't progress to court. In addition, there is a lack of feedback on these cases, adding to the frustration of paramedics. Mr Von Benecke suggests that receiving any form of communication from the police about the investigation status would be helpful, even if the NPA refuses to prosecute. This communication is crucial for making informed decisions about which areas to enter and for analysing attack patterns. While recognising the police's workload and resource shortages, EMS personnel believe that basic communication through a phone call or e-mail should not be too time-consuming.

However, Mr Von Benecke reiterated that the 15-year sentence marks a significant stride in the right direction and is considered an appropriate verdict for someone who had a small role in the hijacking. Nevertheless, the case's prolonged duration, nearly a year, despite indisputable evidence from the camera, raises concerns. Notably, the defendant appeared at his bail hearing wearing the same jacket as seen in the Nellmapius incident footage. In that footage, he was observed searching for the camera with a torch and attempting to conceal his identity by covering his face with his jacket upon spotting it. The driver, in turn, donned a paramedic's jacket. The sentenced hijacker's identification was corroborated by crew members from both hijacking sites, Nellmapius and Atteridgeville, along with fingerprints found all over the ambulance. There was no question of his involvement. The delay in his guilty verdict and sentencing, despite the apparent evidence, prompts frustration. The other three assailants were reportedly already in custody for unrelated crimes. Mr Von Benecke noted that in this particular case, Maj-Gen Denise Beukes facilitated the transfer of case files to the SAPS National Head Office for investigation. Consequently, they assigned a dedicated investigating officer who ensured the case was thoroughly prepared for court, resulting in the 15-year sentence for the accused. Mr Von Benecke advocates for a national intervention to address these assaults on ambulances and paramedics.

Mr Von Benecke showed us video evidence depicting an incident where a patient, who had been transported to a clinic earlier that day, lingered near the ambulance while paramedics were attending to another patient. After he had noticed a cellphone, the man entered the ambulance and searched through the personal belongings of the paramedics resulting in him stealing an ambulance tablet and one of the paramedics' oranges. Despite providing the police with this footage as well as the patient's information since they had his records due to his earlier transport to the clinic, the individual was not

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arrested. Although this is regarded as a minor incident, it is still concerning as it resulted in a loss for the Department.

Since these cases seemingly receive very little attention from law enforcement and are of great concern to us, **Servamus** reached out to Gauteng SAPS Communication. They agreed to investigate by contacting the investigating officers handling the cases. However, this is a time-consuming process, and at the time of publication, they were still investigating the matter.



The increasing number of violent incidents against paramedics is a serious concern, as they face a heightened awareness to such aggression. These assaults not only shift the role of emergency care workers from rescuers to victims but also severely disrupt service delivery to vulnerable communities, as EMS services nationwide strive to mitigate their own exposure to harm. It is imperative for people to grasp that attacking an ambulance or paramedic is a serious criminal offence that obstructs life-saving interventions in some areas of the country. Instances like these send shivers down the spine; they are barbaric, cowardly and utterly appalling. Such events serve as a stark indication of societal breakdown when innocent first responders, whose primary duty is to save lives in emergencies, become targets of violence and even fatal attacks. Attacks on paramedics represent the worst form of lawlessness. Paramedics are there to provide much needed medical assistance and it is crucial to show them the respect they deserve.

### Editor's note

The list of references is published on p76.





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