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NPO NUMBER: 227-671 , NPC NUMBER: 2018/090266/08 , PBO NUMBER: 930069973

Date: 06 May 2025

To:

Advocate Kholeka Gcaleka
Public Protector of South Africa
Private Bag X677
Pretoria, 0001

Subject: Urgent Complaint – Unlawful Electricity Disconnection at Weskoppies Psychiatric Hospital (5 May 2025) and Violation of Constitutional Rights and Court Order

Dear Honourable Public Protector,

1. Introduction and the Edgar Legoale Foundation's Mandate

The Edgar Legoale Foundation (hereinafter “the Foundation”) writes to lodge an urgent formal complaint regarding the City of Tshwane’s disconnection of electricity at Weskoppies Psychiatric Hospital on 5 May 2025. The Foundation is a non-profit organisation dedicated to the upliftment of vulnerable communities in South Africa, with a mandate encompassing youth empowerment, education, health advocacy, and the promotion of human rights .

Established in 2018, our Foundation has been a “beacon of hope and progression” in advocating for the rights and well-being of disadvantaged groups, including patients in public healthcare facilities . We are committed to upholding the Constitution, ensuring government accountability, and protecting the dignity and welfare of those who cannot always speak for themselves – such as the mentally ill and other patients in state hospitals.

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In line with our mandate, we are gravely concerned that the City of Tshwane's actions on 5 May 2025 have trampled upon the rights and interests of vulnerable psychiatric patients, violated a binding High Court order, and undermined the rule of law. We write on behalf of the Foundation to request your esteemed Office's urgent investigation, intervention, and remedial action in the public interest.

This letter will detail the relevant facts, legal framework, and constitutional implications, and propose specific remedial steps for your consideration. We have aimed to format this correspondence clearly with headings and subheadings for ease of reference, given the complexity and importance of the matter.

2. Factual Background: Electricity Disconnection at Weskoppies Hospital (5 May 2025)

2.1. Overview of Weskoppies Psychiatric Hospital

Weskoppies Psychiatric Hospital (hereinafter "Weskoppies") is a large public psychiatric hospital located in Pretoria, falling under the Gauteng Provincial Department of Health. It is one of South Africa's oldest and most important mental health institutions, providing in-patient care for individuals with severe psychiatric illnesses and serving as a referral center for forensic psychiatric evaluations.

The hospital cares for hundreds of vulnerable patients, many of whom require continuous psychiatric supervision, medication, and in some cases medical interventions that depend on electricity (for example, electronic monitoring devices, refrigerated medications, etc.). As a public health establishment, Weskoppies is an essential service facility that operates 24 hours a day to safeguard the health and life of its patients – who often cannot be easily moved or cared for elsewhere on short notice. Continuous electricity supply is thus critical to its operations and to the safety and dignity of its patients.

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2.2. The City of Tshwane’s “Tshwane Ya Tima” Campaign

In early 2025, the City of Tshwane Metropolitan Municipality launched an aggressive revenue-collection drive dubbed “Tshwane Ya Tima” (which translates to “Tshwane Switches Off”). This campaign, spearheaded by the Executive Mayor, Dr. Nasiphi Moya, involves targeting customers with outstanding municipal bills and disconnecting their electricity supply to enforce payment . The City has publicized this campaign as a means to recover approximately R30 billion in unpaid municipal debts and stabilize its finances. According to the City, no category of customer is off-limits – they have “switched off private businesses, households, and government entities” alike, in the Mayor’s own words . We note, however, that this “one-size-fits-all” approach has drawn significant criticism from various quarters for its indiscriminate nature and potential illegality, especially when essential services are involved.

It is against this backdrop that on Monday, 5 May 2025, Weskoppies Hospital became one of the targets of the Tshwane Ya Tima campaign. We set out below a timeline of the key events of that day, demonstrating how the disconnection unfolded and the immediate responses.

2.3. Timeline of Events on 5 May 2025

- Early Morning, 5 May 2025: Officials from the City of Tshwane’s electricity department arrived at Weskoppies Hospital to execute a disconnection of the power supply. This action was purportedly due to an outstanding municipal electricity bill of approximately R1 million owed by the hospital (or rather, by the Gauteng Department of Health, which funds the hospital) . The officials proceeded to cut off electricity to the hospital’s main substation, effectively plunging the facility into darkness.

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- Approximately 08:00, 5 May 2025: The Executive Mayor, Dr. Nasiphi Moya, announced the disconnection publicly via her social media account on X (formerly Twitter). In a post proudly referencing the Tshwane Ya Tima campaign, she stated: “The fourth stop for Tshwane Ya Tima is in the CBD. This facility owes the City of Tshwane R1 million. We’ve switched them off. We encourage all customers who have outstanding bills with the City to settle them.”. This public announcement confirmed that the highest political office in the City directly authorized and endorsed the disconnection at Weskoppies. The tone of the message suggested a routine operation, equating a psychiatric hospital to any other defaulter being taught a lesson.

Image: City of Tshwane technicians disconnecting the electricity supply at Weskoppies Hospital’s main substation on 5 May 2025, as part of the “Tshwane Ya Tima” campaign. This action left the psychiatric hospital without municipal power.



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- Mid-Morning, 5 May 2025: The Gauteng Provincial Department of Health (the responsible authority for Weskoppies) quickly responded to the incident. They issued a public statement confirming that payment of the outstanding R1.2 million (covering the hospital's electricity usage for March and April 2025) was already in progress at the time the City cut the power . The Department explained that the payment delay was due to the transition to the new financial year, implying administrative timing issues rather than an outright refusal to pay . In other words, the provincial government was neither willfully defaulting nor unaware – they were in communication and actively processing the payment when the disconnection occurred. Notably, the Department also assured the public that backup power systems were in place: the hospital had five diesel generators and a solar power system which were activated to supply electricity during the outage . This contingency prevented an immediate catastrophe, ensuring (for the short term) “uninterrupted patient care during the outage” . However, running a hospital on backup generators is not sustainable for long periods and poses its own risks and costs, as discussed later in this letter.
- Throughout the Day, 5 May 2025: The power disconnection at a major hospital prompted an outpouring of criticism and concern on social media and in the press. Healthcare workers, patients' families, civil society voices, and ordinary residents expressed shock that a municipality would effectively “endanger vulnerable psychiatric patients” to enforce a debt payment . Many highlighted the obvious fact that hospitals are essential services that should never be treated the same as commercial defaulters. One social media user encapsulated the public sentiment by pleading: “A hospital? Surely you can make arrangements for R1 million... Remember there was a [court] ruling that says the right to health must not be infringed by power cuts.” . This was a direct reference to a recent court judgment (discussed in detail below) which held that uninterrupted electricity to health facilities is a matter of constitutional rights. The public's immediate invocation of that ruling underscores how clearly the City's conduct was perceived as unlawful and unacceptable.

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- Afternoon, 5 May 2025: Faced with mounting backlash, Mayor Moya defended the City's actions in media statements and on X. She reiterated the City's position that "all customers must settle their accounts to avoid disconnection" and that Tshwane Ya Tima "does not discriminate". The Mayor insisted that even government facilities are not exempt: "We do not have people that we don't switch off here in this campaign", and that the City had followed due credit-control processes in each case. She framed the issue as one of fairness and consistency, arguing that collecting revenue is necessary to fund service delivery for all. While we acknowledge the importance of municipal revenue collection, the Mayor's justifications blatantly ignore the hierarchy of obligations that the law imposes – a hierarchy in which protecting lives and fundamental rights must trump financial enforcement, especially when less drastic remedies exist. The City's own statements confirm that it knowingly chose to include a hospital in its disconnection campaign, viewing the hospital purely as a debtor and not as a critical care institution.
- Evening, 5 May 2025: By the end of that day, the Gauteng Department of Health indicated that the outstanding amount had been paid or was in the final stages of being paid, and we understand that municipal power was restored to Weskoppies once the payment was registered. The immediate crisis (i.e., the physical blackout at the hospital) was thus resolved within several hours. However, the legal and constitutional crisis set in motion by these events is far from resolved. The City of Tshwane's actions on 5 May 2025 raise profound questions about compliance with court orders, respect for constitutional rights, and the conduct of public administration. It is these issues that remain and that we now turn to in detail.



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3. Legal Framework: Violations of Court Orders, Legislation, and the Constitution

The disconnection of electricity to Weskoppies Hospital engages a range of legal provisions – from specific court orders to municipal legislation to the supreme law of the land (the Constitution of the Republic of South Africa, 1996). In this section, we outline the relevant legal framework and demonstrate how the City of Tshwane’s conduct on 5 May 2025 egregiously violated each aspect of that framework. In summary, the City’s actions: (a) violated a binding High Court order requiring uninterrupted electricity to health facilities; (b) infringed multiple constitutional rights (including the rights to health care, life, dignity, and access to services); (c) breached the basic values and principles of public administration (Section 195 of the Constitution); and (d) contravened statutory duties imposed by the Local Government: Municipal Systems Act, 32 of 2000 and the National Health Act, 61 of 2003, among others.

We address each in turn. It bears emphasizing that these violations are interlinked and mutually reinforcing – for instance, disobeying a court order is itself unconstitutional and undermines rights – but for clarity we discuss them under separate headings.



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3.1. Violation of the 2023 North Gauteng High Court Order (Uninterrupted Electricity to Public Health Facilities)

Perhaps the most stark legal violation in this matter is the City's disregard of a North Gauteng High Court ruling from 2023 which explicitly protected public health facilities from electricity disruptions. We refer here to the landmark judgment delivered by a Full Bench of the Gauteng Division, Pretoria, on 1 December 2023, in a case involving multiple applicants (including political parties and civil society organizations) versus various arms of government (including Eskom and the Minister of Public Enterprises). In that judgment – which we shall call the “Uninterrupted Power Supply for Essential Services Judgment” – the High Court ruled unequivocally that:

- All public health establishments (hospitals, clinics, etc.) must be exempted from load-shedding and any equivalent planned power interruptions . The Court ordered the government to ensure that “there shall be sufficient supply or generation of electricity to prevent any interruption of supply” to every public health facility, among other institutions . This order was to take effect immediately and the responsible Minister was given a deadline (31 January 2024) to implement all measures to this effect .



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- In reaching this decision, the High Court recognized that depriving essential services of electricity had severe consequences on fundamental rights. It was noted how “hospitals fail to take care of sick patients when the lights go off” – a scenario that directly endangers lives. Indeed, the Court found that the government’s failure to prevent power cuts at public hospitals constituted an unjustifiable infringement of multiple constitutional rights, including the right to human dignity (Constitution Section 10), the right to life (Section 11), the right to an environment not harmful to health (Section 24(a)), the right of access to health care services (Section 27(1)(a)), and even indirectly the rights to water and basic education (Sections 27(1)(b) and 29) . This was a resounding affirmation from the judiciary that electricity in health facilities is not a luxury or mere amenity – it is a lifeline, intrinsically linked to the realization of fundamental human rights.
- The High Court’s order is binding on all organs of state, including municipalities. Section 165(5) of the Constitution provides that court orders bind all persons and organs of state to whom they apply. In this case, while the order was directed mainly at national organs (e.g., the Minister of Electricity and Eskom), it explicitly or implicitly extends to “other organs of state” involved in electricity provision . Notably, the Court mentioned that the duty to ensure rights are not infringed by power cuts “rests on other organs of state” as well, not just Eskom . The City of Tshwane, as a local government and an organ of state that distributes electricity within its jurisdiction, is unquestionably bound to respect the letter and spirit of this judgment. At minimum, the City was on clear notice since December 2023 that under no circumstances should a public hospital in its area be left without electricity.



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The action of the City on 5 May 2025 – deliberately cutting off power to a public hospital – flies directly in the face of the above High Court order. It is difficult to imagine a more blatant contravention: the City effectively did what a court of law had forbidden the national government from allowing, thus undermining the efficacy of the court's relief. The fact that the interruption at Weskoppies was due to a credit control measure (non-payment) rather than load-shedding (supply constraint) is immaterial in principle: the end result was the same – a public health facility without electricity. In fact, from the patients' perspective, a cut due to municipal enforcement is arguably worse than load-shedding: it is not scheduled or rotational, and it would not be restored until payment, which could take days if bureaucracy or disputes intervened. The High Court's humanitarian reasoning applies a fortiori to any intentional cut-off of power to a hospital, regardless of the cause.

It is important to stress that the High Court's order was in force at the time of the Tshwane disconnection. We are aware that after the December 2023 judgment, the Minister of Electricity and others sought leave to appeal. However, that application for leave to appeal was refused by the full bench in early 2024 . News reports in May 2024 confirm that the government was ultimately denied any further appeal, meaning the order stood and had to be implemented . Thus, by May 2025, there was no legal uncertainty: the City of Tshwane was bound to honor the principle that public hospitals must not be subject to power outages. The City's choice to ignore this is not only contemptuous of the court but also indicative of a worrying disregard for the rule of law. Mayor Moya's public remarks suggest either a misunderstanding of the City's legal obligations or a willful decision to subordinate those obligations to short-term financial goals – either scenario is unacceptable for an organ of state.

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In summary, we submit that the City of Tshwane's disconnection of Weskoppies Hospital was unlawful as it contravened a standing High Court order. This alone warrants the Public Protector's intervention, as it implicates maladministration and possible improper conduct by the Mayor and municipal officials in defying judicial authority. We respectfully request that your Office investigate how such a decision was taken in light of the court order, and whether the City sought any legal advice beforehand (and if so, what that advice was). If the City was advised against targeting hospitals (as any reasonable legal advisor would likely caution given the High Court judgment), choosing to proceed regardless could amount to deliberate and malicious disregard of the law.

3.2. Infringement of Constitutional Rights (Sections 27, 10, 11, and Others)

The Constitution of South Africa enshrines several rights that are directly implicated by the act of cutting off electricity to a hospital. The following rights deserve particular attention, all of which, as noted, were highlighted by the 2023 High Court judgment as being infringed by power disruptions to essential services :



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- **Right of Access to Health Care Services (Constitution, Section 27(1)(a)):** Everyone has the right to have access to health care services. This right, read with Section 27(2), obliges the state to take reasonable measures to progressively realize access to health care. The Gauteng Department of Health's provision of psychiatric care at Weskoppies is one such measure to fulfill this right. However, the City of Tshwane, as an organ of state, has a concurrent duty not to take retrogressive measures that impede access to health care. By cutting electricity, the City materially interfered with the hospital's ability to function and provide care. Electrical power is essential for numerous health care services – from keeping lifesaving equipment running, to maintaining sanitary conditions, to preserving medications (e.g., psychotropic drugs or other medicines that require refrigeration). If the backup generators had failed or if fuel ran out, patients could have faced cancellations of critical therapy sessions, interruptions in medication schedules, or even transfers of acutely ill patients to other facilities (which itself can be life-threatening for certain mental health cases). In effect, the City's action was equivalent to blocking access to health services, even if temporarily. Such conduct cannot be justified under Section 27. It is a well-established principle that the state may not unjustifiably diminish existing access to socio-economic rights. Here, there was no justification that can outweigh the harm to patients; the City's interest in debt collection is important, but it cannot supersede the core content of the right to health in an emergency context (especially when other remedies for the debt were available, see discussion on alternatives below). We point to Section 27(3) of the Constitution as well: "No one may be refused emergency medical treatment." Had any patient at Weskoppies required emergency medical intervention during the blackout (for example, a restrained patient needing urgent sedation, or someone with a physical health crisis), the power cut could have amounted to a constructive refusal of emergency treatment. This is a grave infringement.

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- Right to Human Dignity (Section 10): Everyone has inherent dignity and the right to have their dignity respected and protected. The situation created by the power cut was inherently undignified and degrading for both patients and healthcare staff. Vulnerable psychiatric patients found themselves literally in the dark, suddenly surrounded by an environment of chaos and uncertainty. Some patients at Weskoppies are profoundly disabled or disoriented; imagine their confusion and fear when lights, heating, and certain life comforts abruptly stopped. Basic activities like using the bathroom (in the dark), receiving meals on time (kitchens often need power), or simply resting in a lit, safe space were compromised. In mental health care, stability and reassurance are crucial aspects of treatment; the City's capricious act undermined that therapeutic environment, potentially causing emotional distress or relapses. From the staff's perspective, their ability to care for patients with dignity was also curtailed – how does a nurse console a frightened patient when the hospital itself is effectively under siege due to political actions outside their control? International human rights norms recognize that treating the mentally ill with dignity requires providing a humane environment, including adequate facilities. By jeopardizing those conditions, the City failed to respect the dignity of both patients and healthcare providers. The High Court in 2023 explicitly noted that power interruptions violate the right to dignity . We concur, and assert that what happened at Weskoppies on 5 May 2025 was inconsistent with the respect for human dignity that our Constitution demands.



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- Right to Life (Section 11): Everyone has the right to life. Electricity in a modern hospital can literally be a matter of life and death. While Weskoppies is not an acute care trauma hospital, it does house patients with serious medical needs. For example, some psychiatric patients have comorbid physical illnesses (such as epilepsy, diabetes, or heart conditions) that require electronic monitoring or refrigerated medications. A prolonged power outage puts these lives at risk. Moreover, consider the scenario if generators had not functioned: life-support machines (for instance, oxygen concentrators for any pulmonary conditions) would fail. Even something as simple as the failure of alarm systems or electric locks in a psychiatric ward could endanger life – patients prone to self-harm or suicide might find opportunities in the disorder to injure themselves. The Constitutional Court has previously emphasized that the right to life is not just about prohibiting arbitrary killing, but about fostering conditions that support life. Shutting off power to a hospital is an affirmative act that creates a potentially deadly condition. It is chilling to note that if any patient had died as a result of this outage (for instance, if a generator hadn't started and a critical machine stopped), the City could have been legally and morally responsible for that death. Even in the absence of an actual fatality, the risk imposed on patients' lives was unacceptable. The High Court's finding of infringement of Section 11 in the context of load-shedding applies here as well.



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- **Right of Access to Sufficient Water (Section 27(1)(b)) and Other Derivative Rights:** While not explicitly mentioned in the user's request, we note that electricity outages can indirectly affect other rights such as the right to water. Hospitals rely on electricity to pump water (for sanitation, cooking, and drinking). A sustained outage could disrupt water heating systems or pumping mechanisms, thereby affecting patients' access to warm water for bathing or even water pressure in taps and toilets. Although Weskoppies had backup generators, not all systems might be on backup (often, non-essential circuits like air-conditioning or boilers might not run on generators to save fuel). The High Court in 2023 listed Section 27(1)(b) (sufficient water) as one of the rights affected by power interruptions . We flag this to show the cascade of rights that come into play – a point underscoring that cutting power to a hospital is far-reaching in its harm. Additionally, the right to basic education (Section 29) was mentioned by the High Court in the context of schools' power, which, while not directly relevant to Weskoppies, further cements the principle that critical public services must remain operational. In a psychiatric hospital context, one might also consider patients' rights to freedom and security of the person (Section 12) – for instance, being left in pitch darkness in a locked ward could be psychologically traumatizing, arguably a form of cruel or degrading treatment if done intentionally. The High Court did identify Section 12 as well in the load-shedding context .



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In light of the above, it is manifest that the City's conduct infringed the Bill of Rights. Section 7(2) of the Constitution binds the state (including municipalities) to "respect, protect, promote and fulfil the rights in the Bill of Rights." By actively causing a situation that violates rights, the City failed in all four of those imperatives. This is not a case of a resource limitation or an unintended consequence – it was a deliberate act, taken in full knowledge of its impact. As such, the usual defenses the state might raise in socio-economic rights cases (like lack of resources, or gradual realization) do not apply. Ensuring electricity to a single hospital for a short period required no exorbitant resource expenditure; in fact, the provincial government was about to pay the bill, meaning the City's financial harm from waiting a few extra days was minimal. The action was punitive rather than necessity-driven. It is exactly the type of governmental conduct that the Bill of Rights exists to prevent – where government power is wielded to the detriment of the most vulnerable in society.

We urge the Public Protector to view this incident through the prism of human rights. In doing so, your Office would be following the example of our judiciary, which has increasingly integrated rights-analysis into issues of service delivery. The conclusion is inescapable: the City of Tshwane violated constitutional rights, and thereby acted unconstitutionally (Section 2 of the Constitution pronounces any law or conduct inconsistent with the Constitution as invalid). While the Public Protector cannot invalidate the conduct as a court would, you can and should make findings about these violations and recommend corrective action to prevent recurrence. A failure to act might not only leave these past violations unremedied, but could embolden similar future actions by the City or other municipalities ("sending a chilling message that hospitals are fair game in debt-collection").

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3.3. Breach of Constitutional Principles of Public Administration (Section 195)

Beyond the Bill of Rights, the Constitution in Chapter 10 lays out fundamental values and principles that must guide public administration at all levels of government. Section 195(1) of the Constitution lists these principles, and they are binding on “administration in every sphere of government” and on “all organs of state” . The conduct of the City of Tshwane in this matter breaches several of these principles, indicating not just a rights violation but broader maladministration and governance failures. We draw attention in particular to the following clauses of Section 195(1):

- Section 195(1)(d): “Services must be provided impartially, fairly, equitably and without bias.” By cutting off Weskoppies’s electricity, the City failed to provide municipal services impartially or fairly. Impartial service delivery means that critical needs of the community should not be subject to arbitrary political or financial whims. Yet the Tshwane Ya Tima campaign, as applied to an essential health facility, demonstrates a skewed prioritization – the City prioritized debt collection over equitable service provision. There was nothing fair or equitable about treating a hospital the same as a delinquent commercial resort. Equity, in the context of public administration, often demands differentiating between classes of consumers in order to accommodate those with special needs or public interest significance. By its own admission, the City refused to make any such differentiation (“we do not have people that we don’t switch off”), which is a perverse interpretation of equality. True equality would recognize that a hospital’s role in saving lives places it in a category that merits special protection, not equal punishment. We contend that the City’s actions were biased against the most vulnerable, whether or not that was the intention. The bias is evident in outcomes: ordinary residents suffering from mental illness bore the brunt of a decision ostensibly aimed at bureaucrats in the health department for late payment. This misdirection of enforcement is the antithesis of impartial, fair service delivery.

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- Section 195(1)(e): “People’s needs must be responded to.” The primary needs at stake here were those of the patients and staff at Weskoppies (as well as the broader public’s need for a functioning health system). The City utterly failed to respond to or even consider those needs. A responsive administration would have, at the very least, consulted with the hospital or provincial health officials to understand the situation before wielding the axe. There is no indication that, prior to disconnection, the City engaged with the hospital management to gauge how a cut would affect patients or what contingencies were in place. If they had, they would have learned of the pending payment and the hospital’s critical reliance on power. Ignoring the pleas and potential harm to psychiatric patients – a vulnerable and marginalized group – demonstrates a shocking lack of responsiveness. Indeed, the City seems to have responded only to the single metric of “outstanding amount”, behaving more like a commercial creditor than a constitutional public service provider. Section 195(1)(e) also speaks to encouraging public participation in policy-making; one wonders if the City had engaged the public or stakeholders when designing the Tshwane Ya Tima campaign. Had they consulted, they would have likely been cautioned against ever targeting hospitals. The lack of any such community engagement point to a failure in participatory governance.



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- Section 195(1)(f): “Public administration must be accountable.”
Accountability entails being answerable for actions and decisions, especially when they go wrong. In this case, by the time of writing, we have not seen any acceptance of responsibility by the City’s leadership for the clear misstep of cutting off Weskoppies. Instead, the public was given justifications and defensive statements, with the Mayor doubling down that the actions were correct. This suggests an accountability failure – rather than objectively assessing the damage caused and admitting error, the City’s posture has been to defend the indefensible. We believe an investigation by the Public Protector can enforce accountability by making findings of improper conduct and recommending consequences. The broader campaign’s lawfulness should also be scrutinized: is the City Council providing adequate oversight? Are there checks and balances to ensure accountability within Tshwane Ya Tima’s execution? The appearance is that a political directive has overridden technocratic caution, and that internal voices that might have objected (e.g., health experts, legal advisors) were not heeded – a sign of weak accountability structures. Additionally, accountability requires transparency (Section 195(1)(g)), which calls for providing timely and accurate information to the public . The City should have transparently communicated how essential services would be treated under Tshwane Ya Tima. Instead, it was only after the outrage that the public learned that even hospitals were not spared. This reactive communication is contrary to the proactive transparency expected by the Constitution.
- Section 195(1)(c) & (i): While not explicitly listed by the user, we briefly note two other principles for completeness. Section 195(1)(c) requires public administration to be development-oriented. Disrupting a health service is counter-developmental as it can cause regression in health outcomes. Section 195(1)(i) speaks to representivity and redressing imbalances; one could argue that mental health services, historically under-resourced, deserve protective measures to redress past neglect, not further harm through neglectful conduct.

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In sum, the City of Tshwane's actions exhibit characteristics of maladministration as defined in the Public Protector Act, 1994: acts or omissions by public officials which result in unlawfulness, prejudice or improper conduct. The disconnection decision was improper (inconsistent with constitutional and legal duties), prejudicial (causing potential and actual prejudice to patients' well-being and rights), and taken for ulterior purposes (using an essential service as leverage for debt collection rather than pursuing less harmful means). The Public Protector's mandate under Section 182 of the Constitution and the Public Protector Act includes investigating precisely such conduct in state affairs. We assert that the breach of Section 195 principles strengthens the case for your intervention, as it underscores a systemic governance failing, not just a one-off error.

3.4. Duties of the City of Tshwane under the Municipal Systems Act

The Local Government: Municipal Systems Act, 32 of 2000 ("MSA") is a key statute governing municipal service delivery and administration. It codifies many responsibilities of municipalities towards their constituents. Several provisions of the MSA appear to have been ignored or violated by the City in executing the Weskoppies disconnection:



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- **General Duty to Provide Services in the Best Interests of the Community:** MSA Section 4(2)(a)–(d) provides that the council of a municipality has the duty to “use the resources of the municipality in the best interests of the local community,” to “provide, without favour or prejudice, democratic and accountable government,” and to “strive to ensure that municipal services are provided to the local community in a financially and environmentally sustainable manner.” . Cutting off power to a hospital cannot by any stretch be seen as acting in the best interests of the local community. The local community includes the patients at Weskoppies (who are residents of Tshwane, albeit temporarily in a health facility), and it also includes everyone who depends on the proper functioning of that hospital (families, referring clinics, etc.). While financial sustainability is one factor, it must be balanced with environmental sustainability – which in context includes sustaining human life and health. The City’s act, arguably, only considered a narrow financial interest and neglected the broader best interests of its community’s health. This skewed decision-making is inconsistent with the duties set by MSA Section 4.
- **Equitable Access to Services:** MSA Section 4(2)(f) requires the municipality to “give members of the local community equitable access to the municipal services to which they are entitled.” There is a strong argument that the patients and staff of Weskoppies were entitled to continuous electricity as a matter of public right, especially given the High Court order effectively entitling hospitals to immunity from blackouts. By removing their access (even temporarily), the City failed to ensure equitable service. One might say: “But other defaulters also get cut off – so it’s equal treatment.” However, equitable access does not mean identical treatment; it means each according to their needs and circumstances. Equity in service provision would have dictated that a public hospital, due to its critical role, receives greater protection from disconnection than a non-critical user. The MSA’s emphasis on equitable access aligns with the constitutional demand for substantive equality and the special consideration for vulnerable groups. The City’s undifferentiated approach violated this principle.

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- Promotion of a Safe and Healthy Environment: MSA Section 4(2)(i) obliges the municipality to “promote a safe and healthy environment in the municipality.” The state of a hospital is directly part of the local environment for its inhabitants. By causing a blackout, the City created an unsafe and unhealthy environment at Weskoppies – imagine dark corridors, possibly disruptions in electronic security systems, and stress on patients (mental health directly correlates to environment). This duty in the MSA echoes Section 24 of the Constitution (the environmental right), which the High Court noted was infringed by power cuts to essential facilities . A “healthy environment” surely includes one where hospitals can run effectively. The City’s action is antithetical to this obligation.
- Progressive Realisation of Fundamental Rights: Importantly, MSA Section 4(2)(j) says the municipal council must “contribute, together with other organs of state, to the progressive realisation of the fundamental rights contained in sections 24, 25, 26, 27 and 29 of the Constitution.” . These sections cover the rights to environment, property, housing, health care/food/water, and education respectively. This provision is a statutory amplification of the municipality’s role in fulfilling socio-economic rights. Section 27 (health care, food, water, social security) is directly relevant – the council must act in concert with others to progressively realize the right to health care. On 5 May 2025, the City of Tshwane did the opposite of “progressive realisation”: it regressed the right to health care by interrupting an existing service. Far from contributing to fulfillment, it actively undermined the provincial health department’s service delivery. This is a textbook violation of MSA 4(2)(j). It also breaches Section 4(3) of the MSA which requires a municipality, in exercising its authority, to “respect the rights of citizens and those of other persons protected by the Bill of Rights.” . As we have elaborated, rights were not respected in this instance.

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- **Municipal Credit Control vs. Essential Services:** We acknowledge that municipalities do have powers under the MSA and related legislation to enforce payment for services, including by disconnection as a last resort. The MSA requires councils to adopt credit control and debt collection policies (Section 96 and 97) and generally permits cutting off services for non-payment under controlled conditions. However, these powers are not absolute and must be exercised within the bounds of the Constitution and with regard for the public interest. Many municipal credit control bylaws (we have not cited Tshwane's specific bylaw due to space, but generally) include provisions for not disconnecting where it would pose immediate danger to life or personal safety (for instance, some bylaws exempt consumers on life-support equipment or require certain procedures for sensitive sites). Whether or not Tshwane's bylaw has an explicit hospital exemption, the overarching law (Constitution and court orders) effectively creates one. The MSA's requirement in Section 97 that policies be consistent with the duty to provide "alternate dispute resolution mechanisms" and other innovative approaches suggests that disconnection should be a method of last resort, especially for government accounts. In this case, the City had other means: engaging the Provincial Treasury or National Treasury to resolve inter-governmental debt, or using the Intergovernmental Relations Framework Act mechanisms (more on that below), or at least negotiating a payment plan. The precipitous action indicates a failure to use proportional and context-appropriate enforcement.



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In conclusion, by its one act, the City managed to breach multiple sections of its guiding statute – the Municipal Systems Act. Such a situation rings alarm bells about governance in the City. We recommend that the Public Protector examine Tshwane’s conduct not only under constitutional law but also administrative law: was the decision to cut off Weskoppies an unreasonable or irrational administrative action? Did it perhaps violate the Promotion of Administrative Justice Act, 3 of 2000 (PAJA) for lack of adequate notice or consultation to affected persons (the patients could be considered “affected” by an administrative action that deprived the hospital of a service)? The legal precedents like *Joseph v City of Johannesburg 2010 (4) SA 55 (CC)* established that consumers of electricity (even if indirectly, like tenants) have a right to procedural fairness before disconnection . In the Weskoppies case, the Gauteng Health Dept was aware and was paying, but were the actual users (patients) or their representatives given any opportunity to be heard? Obviously not. This raises serious procedural injustice concerns.

We believe your investigation can probe whether the proper administrative processes were followed by the City, and if not, that can form part of a maladministration finding. Furthermore, aligning with MSA obligations in your remedial action could entail instructing the City to revise its credit control policies to explicitly protect essential services from disconnections in future (i.e., to fulfill MSA 4(2)(j) properly).



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3.5. Obligations under the National Health Act and Health Policy

While the primary offender here is the City (a municipality), its action had ramifications on the health services provided by the Gauteng Provincial Government. This interplay invokes the National Health Act, 61 of 2003 (NHA) and principles of cooperative governance. We outline a couple of points in this regard:

- Continuation of Health Services: The National Health Act provides a framework for a “structured uniform health system” in South Africa. It places responsibilities on national, provincial, and local governments to ensure health services are provided. Notably, Section 3(2) of the NHA states: “The national department, every provincial department and every municipality must establish such health services as are required in terms of this Act, and all health establishments and health care providers in the public sector must equitably provide health services within the limits of available resources.” . While this section is primarily about providing services, by negative implication it means no organ of state should sabotage the provision of those services. The City of Tshwane, although not tasked with running Weskoppies, shares a general obligation not to impede the functioning of a health establishment. The hospital itself, under the Act, must provide services equitably within its resources – the City’s actions effectively yanked away a critical resource (electricity) from the hospital. This created a conflict with the hospital’s ability to fulfill its NHA mandate. In a sense, one could argue the City breached Section 3(2) by failing to coordinate and by acting in a manner that counteracted the health system’s functioning.
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- **Essential Health Services and Emergency Care:** The NHA does not explicitly mention electricity, but it does emphasize continuous service delivery, especially emergency care. Section 5 of the NHA echoes Section 27(3) of the Constitution: “A health care provider or health establishment may not refuse a person emergency medical treatment.” . If the City’s cut had forced Weskoppies to turn away a psychiatric emergency or transfer someone in crisis due to lack of power, that could amount to a violation of this statutory duty as well (for which the province and possibly individuals could be liable, but the cause would be the City’s action). The City, though not directly bound by NHA in the sense of providing health services, should have been cognizant that its interference risked causing the hospital staff to unintentionally breach Section 5. South Africa also has National Health Norms and Standards (enforced by the Office of Health Standards Compliance) which likely require hospitals to have certain safety measures – the City’s actions put Weskoppies in non-compliance until generators kicked in.
- **Intergovernmental Cooperation (IGR):** The National Health Act, read with the broader Intergovernmental Relations Framework, suggests that disputes or issues between different spheres over health service support must be resolved cooperatively. The proper course when a provincial health department owes money to a municipality would be to engage via the provincial treasury or Department of Cooperative Governance, rather than unilaterally cutting off a service. The Constitution’s Section 41(1)(h) obliges all spheres of government to “co-operate with one another in mutual trust and good faith by assisting and supporting one another” and to avoid legal proceedings against each other. In this instance, while the City didn’t initiate legal proceedings (which would have at least involved a court mediating), it also didn’t exhibit cooperation or good faith assistance – instead it took a self-help drastic measure. This arguably breached the spirit of cooperative governance. Moreover, Section 41(1)(b) requires each sphere to “secure the well-being of the people” in the country . Cutting power to a hospital undermines the well-being of the people in that hospital. We mention this because a failure of cooperative governance and the causing of intergovernmental conflict that harms citizens can itself be seen as improper conduct in state affairs.

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- **Municipal Health Services:** We note that under the NHA and the Constitution (Schedules 4 and 5), municipalities are responsible for certain “municipal health services” (primarily environmental health, not running hospitals). However, a municipality’s actions should complement, not sabotage, the overall health system. The disconnection can be seen as the City acting outside its proper health mandate and intruding into provincial health delivery in a harmful way.

Given these points, we recommend that the Public Protector engage both the City of Tshwane and the Gauteng Department of Health in this investigation, as well as possibly the National Department of Health, to craft a solution that ensures essential services are not caught in intergovernmental cross-fire again. The National Health Act’s emphasis on essential health services might justify a recommendation that national guidelines or regulations be developed (if not already) to prevent power cut-offs to health facilities for any reason without high-level clearance. In fact, the High Court order of 2023 can be seen as a step in that direction, but municipal compliance needs to be ensured.

On the ground, thankfully, Weskoppies had backup power. But not all hospitals have sufficient backup, and even those that do are not designed to run endlessly on generators (generators can fail, as has happened in other hospitals during load-shedding, causing tragedies). The City’s gamble paid off only because of the Health Department’s diligence in having contingencies; it could have gone much worse. This time we avoided a health disaster by luck and preparedness elsewhere – such contingency should never be tested in this manner by a municipality.



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3.6. Relevant Legal Precedents and Case Law

We have already discussed the most directly relevant case (the 2023 Gauteng High Court judgment regarding load-shedding exemptions). We wish to briefly cite a few additional legal precedents and principles that underscore the illegality of Tshwane’s actions:

- *Joseph v City of Johannesburg 2010 (4) SA 55 (CC)*: In this Constitutional Court case, the City of Johannesburg had disconnected electricity to a block of flats because the landlord failed to pay, even though tenants (the actual users) were up to date on their rent and electricity charges. The Court held that even though there is no free-standing right to electricity in the Constitution, the provision of electricity by a municipality is a public function that must be conducted in accordance with the Constitution and administrative justice. The City was required to give the tenants prior notice and an opportunity to make representations before cutting them off . This case established that electricity, once provided, becomes a necessity bound up with the rights to dignity, housing, etc. It also affirmed that municipalities cannot act arbitrarily or purely contractually when providing basic services – they are constrained by public law duties to act reasonably and fairly. Applying Joseph’s ratio here: The “customers” at Weskoppies (patients) had no say in the account payment and likely had no notice. Cutting off a crucial service without considering their reliance and without procedural safeguards was profoundly unfair. Moreover, Joseph reminds us that the municipality’s obligation to respect human dignity can elevate even ordinary services to a rights-sensitive domain. Weskoppies’ disconnection, lacking in procedural fairness and proportionality, is inconsistent with the spirit of the Joseph precedent.



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- **Rademan v Moqhaka Municipality 2013 (4) SA 225 (CC):** This case on the other hand dealt with a resident who refused to pay municipal rates in protest, and the municipality disconnected her electricity even though she had paid that specific utility bill (they had a credit control policy of consolidating accounts). The Constitutional Court upheld the municipality's right to disconnect in that scenario, essentially because the law allowed it and she had been given notice; importantly, it was noted that credit control measures were authorized by statute (the MSA) if done properly. However, Rademan is distinguishable and actually supports our complaint in one key way: the Court noted that the validity of a disconnection depends on it being done within legal bounds and upon proper notice. In *Weskoppies*' case, while the City might argue "the law allows us to cut defaulters," the law does not allow actions that are irrational or breach other laws (like the court order or constitutional rights). Rademan did not deal with essential services or a situation where life and dignity were at immediate risk; it was about a private household and a willful non-payer. The present case involves a government hospital with a temporary delay. Therefore, any reliance by Tshwane on Rademan's general permission for disconnections would be misplaced, since here we have countervailing legal commands (the 2023 High Court order and constitutional duties) that were absent in Rademan. The precedent does, however, remind us to check: was proper notice given? Did the City comply with its own bylaws in terms of warning the Gauteng Health Department? If not, that's an additional illegality (even outside the rights context).



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- Executive Council, Western Cape Legislature v President of RSA 1995 (4) SA 877 (CC): This is a classic case on cooperative governance which held that one sphere of government should not use its powers to frustrate the effective functioning of another. While that case involved national-provincial legislative powers, the principle can extend to executive actions – a municipality should refrain from impeding a provincial function (health) in a way that is not absolutely necessary. The principle of cooperative governance (Constitution Section 41) was later given teeth by statutes like the Intergovernmental Relations Framework Act, 2005. One could analogize that Tshwane’s action was a breach of this constitutional principle, as discussed.
- Soobramoney v Minister of Health (KwaZulu-Natal) 1998 (1) SA 765 (CC): This case concerned a patient seeking dialysis and is known for the Court’s refusal to order the state to provide treatment due to resource constraints. We mention it not because it’s directly applicable (that was about rationing scarce health resources), but to highlight the contrast: in Soobramoney, the Court noted that a right to emergency treatment (27(3)) is meant for situations where immediate remedial treatment is necessary to save life (like accidents or sudden catastrophes). A power cut to a hospital could create precisely such emergencies. If a generator had failed, every patient requiring electrical support would have faced an emergency. The state’s obligation in those moments is to do everything possible to save lives. The City’s premeditated action risked creating Soobramoney-like desperate situations but out of thin air, not due to natural resource scarcity. It is an example of the kind of situation our constitutional jurisprudence has tried to avoid: forcing a choice between paying a bill and saving a life. The City shouldn’t put the hospital (or the province) in that dilemma at all.



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- **International/Comparative Perspective:** Though not case law per se, we note that internationally, cutting off utilities to critical facilities is generally frowned upon. The United Nations Basic Principles on the Rights of Patients and World Health Organization guidelines imply that states must ensure continuous utilities in health establishments as part of the right to health. While these are not binding law, they reinforce that Tshwane's action falls outside acceptable norms. In several jurisdictions, laws explicitly prohibit disconnecting hospitals' utilities even for non-payment, precisely to avoid what happened here. South Africa now effectively has that rule via the court judgment – which Tshwane ignored.
- **Potential Criminal Liability:** Finally, though it may not be directly within the scope of this complaint, we raise that if any patient had been harmed, there could even be criminal negligence issues. This underscores the severity of the decision. We also think about contempt of court – the City's leaders may well be in contempt of the December 2023 High Court order. While contempt proceedings would be a matter for the courts (and possibly the applicants of that case to pursue), the Public Protector could recommend that the Gauteng Provincial Government or Department of Health consider such action if appropriate.

The above legal sources collectively paint a picture: the City of Tshwane's conduct was legally reckless. It violated explicit court orders, constitutional rights, statutory duties, and basic administrative fairness. There is no known precedent condoning what was done; to the contrary, all relevant authority condemns it. We trust that the Public Protector's Office, being constitutionally tasked to strengthen constitutional democracy, will align with these principles and find that the City's action was improper and should be remedied.



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4. Human Rights and Humanitarian Implications

In addition to the legal breaches, we wish to emphasize the human impact of the City's action, which is at the heart of why this matter is so urgent. Public Protector investigations often consider not just technical compliance but whether there was an injustice or undue hardship caused to individuals – in other words, the Ombudsperson role of addressing wrongs done to people. Here, the affected individuals are a particularly vulnerable group: psychiatric patients in a public hospital.

It is well documented that mental health patients are among the most vulnerable in society. Many of Weskoppies's patients are involuntarily admitted under the Mental Health Care Act due to the severity of their conditions – they may not be able to advocate for themselves or even fully comprehend their rights at times. This places a heightened duty of care on the state (and all its organs) to protect them. Cutting off electricity, even if no patient ultimately was physically injured, likely caused psychological trauma and anxiety. The event would have disrupted the routine and sense of security that the hospital staff work hard to establish for therapeutic reasons. We should remember that psychiatric illness often entails heightened sensitivity to stressors – a sudden blackout, with staff rushing to start generators and worried conversations about life-support, could aggravate symptoms (e.g., trigger hallucinations or panic in some patients). The fact that the hospital needed to rely on generators also means noise and fumes, which is not ideal in a healthcare environment.



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Furthermore, consider medication and treatment: psychiatric patients often need regular medication at precise times. If pharmacy fridges had gone warm or if electronic dispensary systems were down, there might have been delays or issues in medication administration. If any patient missed a dose of an essential drug (like an anti-psychotic or mood stabilizer) because of the chaos, their condition could deteriorate rapidly. Even a few hours can matter in some cases, such as patients prone to seizures (some severe psychiatric medications require constant monitoring and power for equipment).

There are also implications for staff rights and morale. The doctors, nurses, and support staff at Weskoppies are also citizens with rights to fair labour practices and a safe working environment. By plunging their workplace into darkness, the City arguably endangered the staff too – e.g., moving a agitated patient in dark conditions could lead to staff injury. It placed staff in the moral conflict of trying to reassure patients while not having answers themselves. Many healthcare workers in South Africa are already under strain; this sort of avoidable disruption adds to burnout and demoralization. We as a society cannot afford to discourage our frontline health workers through such neglect by other arms of government.

Another aspect is the community trust in public institutions. Such incidents can erode public confidence in both the health system and the municipality. Patients' families who heard of this would understandably worry: "Is my relative safe in that hospital if the city can just cut power?" The broader public might think twice about sending loved ones to a government facility if basic services are not guaranteed. This undercuts years of effort to destigmatize and encourage mental health treatment. It may also drive those who can afford it to push for private health care, increasing inequalities, because the public system seems unreliable – which is an outcome diametrically opposed to our national health goals.



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We also note the timing: This occurred in May 2025, by which time South Africa's electricity crisis had somewhat eased (according to media, there had been over 50 days without load-shedding around that period). So ironically, at a time when Eskom managed to keep power on, the City took it upon itself to cut power. The cruelty of that timing (after people endured years of load-shedding, finally a respite, but then a self-inflicted blackout) cannot be overstated. It likely felt to patients and staff like a betrayal by their local government.

From a human rights advocacy standpoint, this case has implications beyond Tshwane. If left unaddressed, it might set a dangerous precedent for other municipalities in financial distress to adopt similar hardline campaigns ("switching off" essential services). That would pose a systematic threat to the rights to health and life nationwide. South Africa has advanced human rights protections; allowing this to stand would be a regression. It could also expose the country to international criticism – imagine headlines about a city cutting power to a psychiatric hospital; it conjures comparisons to failing states and violates the ethos of Batho Pele (People First) that our public service is supposed to champion.

In light of all these human considerations, we respectfully submit that the appropriate remedial approach is not only punitive or corrective towards the City, but also restorative towards the victims and preventative for the future. The patients of Weskoppies (and their families) deserve an apology and assurance it will never happen again. The Gauteng Department of Health may need support to perhaps claim compensation for any extra costs incurred (running generators, etc.) – we note this because ultimately those costs divert funds from patient care. It might be apt for the Public Protector to recommend that the City of Tshwane reimburse the hospital for diesel costs used during the outage, for example, as a token of accountability.



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Moreover, steps should be taken to educate and remind all municipalities that health facilities, schools, and police stations are off-limits for disconnections, as per the court order. Possibly, your Office could liaise with the South African Local Government Association (SALGA) to circulate a notice to all municipalities about respecting that court judgment and the rights implications. This kind of coordination would prevent a repeat in another city or town.

We emphasize that this complaint is brought not out of a desire to lay blame for its own sake, but from a sincere alarm at what transpired and a determination that such an event should never recur in South Africa's democracy. The Edgar Legoale Foundation, though focused on youth empowerment, recognizes that youth, too, may be psychiatric patients or have family in such facilities. Indeed, mental health problems often start in youth – some patients at Weskoppies may be young people whose futures depend on receiving proper care. Our Foundation hence sees this as very much within our mandate of protecting our community's well-being.

5. Accountability of Mayor Dr. Nasiphi Moya and the Unlawfulness of “Tshwane Ya Tima” as Applied to Essential Services

This section addresses the specific accountability of those in leadership and the broader issue of the Tshwane Ya Tima campaign's legality when it does not exempt essential services.



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5.1. The Role and Responsibility of Mayor Dr. Nasiphi Moya

Dr. Nasiphi Moya, as Executive Mayor of Tshwane, is the political head of the City and was the face of the Tshwane Ya Tima campaign . By her own public statements, she took ownership of and pride in these disconnections, including that of Weskoppies. In our constitutional dispensation, an Executive Mayor bears responsibility for the executive decisions of the municipality. While day-to-day credit control operations might be delegated to officials, the policy decision to include or exclude certain categories of debtors (like hospitals) would likely have been made or approved by the Mayor and her Mayoral Committee. Therefore, Mayor Moya is accountable for what happened, both politically and administratively.

If the Mayor was aware of the 2023 High Court order (which as a prominent public matter, she ought to have been) and still directed that Weskoppies be cut, then she might have willfully disregarded the law. If she was not aware, then it indicates a worrying lack of due diligence or poor legal advice – which again points to her office’s failure to inform itself of relevant constraints before launching such a campaign. Neither scenario absolves the Mayor. We note that Section 56 of the Municipal Systems Act allows an Executive Mayor to be removed for misconduct, among other things, by the Council. We are not, at this stage, calling for a specific punitive action like removal – that is for the Council and perhaps voters to ultimately decide. However, we do insist on personal accountability in the sense that the Mayor should formally acknowledge the lapse in judgment and take corrective steps.

One aspect that your Office could investigate is whether Mayor Moya (and the officials) sought a legal opinion regarding the disconnection of Weskoppies in light of the court ruling. If no legal opinion was sought, that in itself is negligent given the high-stakes nature of cutting power to a hospital. If an opinion was sought and it advised against the action, then proceeding regardless might constitute malice or intentional wrongdoing. If an opinion incorrectly advised that it was fine to cut the hospital, then the City’s legal services failed in their duty – which suggests internal issues to fix.

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32 BUITEN STREET, PARYS, 9585

Cell Number: 0814974837, E-mail: info@edgarlegoale.com Fax: 0867679645, www.edgarlegoale.com

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Additionally, the Mayor's oath of office (implicit in her role) would include upholding the Constitution and the law. By allowing an unconstitutional act, she potentially breached this. Also, the Code of Conduct for Councillors (Schedule 1 to the MSA) requires councillors (including the Mayor) to act in the best interest of the municipality and in good faith, and not to compromise the credibility and integrity of the municipality. Bringing the City into disrepute by ignoring a court order and constitutional rights arguably breaches this code. The Public Protector could recommend that the Provincial MEC for Local Government invoke the code of conduct processes to caution or sanction the responsible parties if deemed appropriate.

We believe it is crucial for the Public Protector's report on this matter (should one be issued) to name the officials responsible (without fear or favour). This is not to shame individuals unduly, but to ensure accountability is person-specific, which is a deterrent against recurrence. If the report simply says "the City" acted improperly, it diffuses responsibility. But if it says "the Executive Mayor and officials X and Y acted improperly", it has a stronger effect of accountability. It may also stimulate internal council oversight; councillors might question the Mayor's actions more vigorously in future if they see an adverse finding.



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We also note that Mayor Moya’s statements emphasize the campaign’s success in recouping money to deliver services. Yet, ironically, spending a day cutting off power to a hospital (and presumably dealing with the fallout) is a distraction from genuine service delivery. How many man-hours of City officials and leadership were spent on this punitive exercise instead of actually improving electricity infrastructure or addressing outages from cable theft, etc.? One can argue that misdirected priorities like this are a mismanagement of municipal resources. For instance, there were City technicians and vehicles at the hospital to cut power – those resources could have been servicing substations or fixing faults. The Mayor chose a headline-grabbing approach (perhaps for political reasons with an election on the horizon) at the expense of sensible governance. That is an improper purpose in administrative law terms: using public power for publicity and “making a point”, rather than for a legitimate governmental purpose (because no legitimate purpose is served by cutting a hospital – as established, it’s counterproductive to any rational goal).

Mayor Moya should also be held to account for the aftermath: Did she, after seeing the backlash, take any steps to mitigate harm? Did she reach out to the hospital or patients? Did she coordinate with provincial authorities to ensure all was well? From available information, it appears not – the stance was defensive. A truly accountable leader would have maybe rushed to the hospital to check on things or at least opened a dialogue with the Health Department to apologize and promise not to repeat this. We saw none of that publicly. This indicates a lack of remorse or understanding, which underscores the need for an external authority like the Public Protector to step in and demand corrective behavior.



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Cell Number: 0814974837, E-mail: info@edgarlegoale.com Fax: 0867679645, www.edgarlegoale.com

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5.2. The Unlawfulness of “Tshwane Ya Tima” When Applied Indiscriminately

The Tshwane Ya Tima campaign in itself, as a concept of enforcing payment, is not inherently unlawful – municipalities are entitled to collect what is due. However, our contention is that the campaign becomes unlawful at the point where it is applied indiscriminately to facilities providing essential public services, such as hospitals (and by extension, clinics, schools, police stations, etc.). The disconnection of Weskoppies is proof of this overreach. We urge the Public Protector to make a clear statement in this regard: any municipal campaign or policy that results in cutting off essential services to the public is inconsistent with the Constitution and invalid.

This has importance beyond Tshwane. It will set a precedent that ensures all municipalities design their revenue strategies with proper exclusions. For example, a recommendation could be: “The City of Tshwane must immediately refine its Tshwane Ya Tima campaign guidelines to exempt all public health facilities, clinics, schools, police stations, and other essential services infrastructure from any disconnection, and instead pursue intergovernmental debt resolution mechanisms for those entities. The failure to do so is declared improper and inconsistent with the obligations of the City.” Such a recommendation, if followed, would prevent a repeat incident.



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32 BUITEN STREET, PARYS, 9585

Cell Number: 0814974837, E-mail: info@edgarlegoale.com Fax: 0867679645, www.edgarlegoale.com

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We also believe Tshwane Ya Tima, as implemented, might violate Section 36 of the Constitution (the general limitations clause) if one tried to justify rights infringements. Any limitation on rights must be reasonable and justifiable in an open and democratic society based on dignity, equality, and freedom, taking into account less restrictive means to achieve the purpose. Here, the purpose is debt collection. Less restrictive means abound: negotiate payment plans, involve treasuries, attach other property of the debtor (like if it were a private company you could go to court to attach assets), or even temporarily limit non-essential power rather than complete shutdown (for instance, some technical solutions could reduce supply rather than off). The City seemingly considered none of that for Weskoppies. Therefore, even as a limitation of rights, it fails the test. Recognizing this analysis, your Office can assert that the campaign's implementation was not balanced or reasonable.

We draw your attention to a similar scenario: In early 2022, the City of Tshwane under a previous administration also had a "name and shame" campaign disconnecting some government offices, but they avoided hospitals at that time. There was a known incident where Tshwane cut power to the Department of Defence headquarters and others, but to our knowledge, not to hospitals. The fact that now they went as far as a hospital suggests an escalation that must be reined in.

COSATU (Congress of SA Trade Unions) Gauteng, in February 2024, criticized Tshwane's financial management and warned that "disruptions in the delivery of basic and essential services" were unacceptable . They called the City's approach reckless. This supports that social partners view the City's approach as overzealous. The Public Protector can amplify these voices with the weight of a constitutional body.

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In terms of legal policy, if Tshwane Ya Tima were allowed to operate without bounds, it sets up a conflict between municipal governance and fundamental rights. Courts usually resolve such conflicts in favor of fundamental rights unless a very strong case is made otherwise. The City has not made such a case here – their statements only cite revenue needs, which, while real, do not override the right to life or health. In fact, no one would argue that a municipality's balance sheet is more important than a patient's life support. So legally, the campaign must yield when it crosses into the terrain of rights-violation.

We hope the City's leadership will learn from this and not take a defensive stance in response to your investigation. Ideally, they should concede that an error was made, which would make remedial action easier to implement collaboratively. However, if they do not, a strong finding from your Office would at least compel them to adjust the policy.

It is also worth noting the backlash from national departments that was already happening: media reported that national government entities were challenging Tshwane's disconnections, possibly even legally . This indicates that Tshwane's approach was heading toward legal showdowns. The Weskoppies incident might be the most egregious, but others (like cutting a police station or critical government office) also raise alarms. It would be far better for Tshwane to recalibrate now than to face multiple court interdicts or a possible class action by affected parties. The Public Protector's intervention can save resources by preventing such litigation through mediated solution.



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In closing this section: The Foundation is not against the City collecting revenue – indeed, we acknowledge that municipal financial viability is important for service delivery (Mayor Moya’s statement that “services...will not be able to be delivered if we do not collect revenue” holds a general truth). But means matter. The Constitution requires government to pursue even valid objectives in a lawful, proportional manner. Tshwane Ya Tima, as currently practiced, overshoots that standard. We believe there is a way to reconcile revenue collection with rights – simply put, exempt essential services from disconnection and use cooperative governance channels to sort out those debts. That might mean engaging the Premier or even the President if a province or national dept isn’t paying, rather than punishing the public. It might mean going to court to enforce payment (like attaching budget funds) without switching off power. Those avenues are more constitutionally compliant.

Thus, we urge the Public Protector to make a finding that, in respect of Weskoppies Hospital and any similar facility, the City’s action was unlawful, unconstitutional and improper. And to recommend a review of the Tshwane Ya Tima strategy to ensure alignment with the Constitution and court decisions.

6. Request for Relief and Recommendations

In light of the foregoing, the Edgar Legoale Foundation respectfully requests the Public Protector to exercise her powers under Section 182 of the Constitution and the Public Protector Act to investigate this matter and secure appropriate remedial action. Specifically, we request the following outcomes from your Office’s intervention:



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32 BUITEN STREET, PARYS, 9585

Cell Number: 0814974837, E-mail: info@edgarlegoale.com Fax: 0867679645, www.edgarlegoale.com

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1. A Formal Finding of Maladministration/Improper Conduct: We ask that you find that the City of Tshwane (and specifically its leadership) acted improperly and in a manner that constitutes maladministration by disconnecting the electricity supply to Weskoppies Psychiatric Hospital on 5 May 2025, in violation of the Constitution, a High Court order, and other laws. Such a finding should detail how this conduct violated Sections 10, 11, 27, and 195 of the Constitution, as well as the Municipal Systems Act and other legal provisions as outlined in this letter. This will serve as an authoritative record that the City's action was unacceptable and unlawful.
2. Remedial Action to Prevent Recurrence: We request that you direct the City of Tshwane to immediately exclude all essential services facilities (public hospitals, clinics, emergency services, schools, police stations, etc.) from its Tshwane Ya Tima or any similar disconnection campaign, now and in the future. The City should be instructed to amend its credit control policies or standing operating procedures accordingly, to codify that such facilities will not have services disconnected without a court order and high-level consultation. Instead, the City should be urged to pursue intergovernmental debt through cooperative governance forums or legal action that does not impact service continuity. This remedial step is crucial to ensure this incident is not repeated in Tshwane or emulated elsewhere.
3. Remedial Action to Address the Specific Incident: We ask that your Office require the City of Tshwane (through the Mayor or Municipal Manager) to issue a written public apology to Weskoppies Hospital, the staff, and patients, acknowledging the harm and inconvenience caused. Additionally, the City should commit in writing to the Gauteng Department of Health that it will not interfere with electricity supply to any public health facility in the future without exhausting all other remedies and obtaining appropriate judicial sanction. If any financial or material losses were suffered by the hospital due to the incident (such as generator fuel costs or equipment strain), the City should compensate the Gauteng Department of Health for those costs on a goodwill basis. This would restore some faith and cover any direct damages.

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4. Referral for Disciplinary or Other Appropriate Action: If your investigation finds individual fault (e.g., specific officials acted negligently or in contempt of a court order), we request that you invoke Section 6(4)(c)(ii) of the Public Protector Act to refer the matter to the relevant authority for disciplinary action. For example, you could recommend the Tshwane City Council consider action against the Executive Mayor or Finance MMC for the decision, or against any official who failed to apply the court ruling. If evidence suggests a willful defiance of the High Court order, you might also recommend that the Gauteng Provincial Government or the original litigants in that case consider contempt of court proceedings. The aim is not necessarily to punish punitively, but to ensure there is accountability and that public officials understand the seriousness of compliance with the law.
5. Systemic Intervention: We also urge the Public Protector to use this opportunity to engage with national authorities – perhaps issue a special report or advisory to the President, the Minister of Cooperative Governance, and SALGA – highlighting the need for a uniform approach to protect essential services from cut-offs. The 2023 High Court order was a strong message; your added voice can ensure implementation. You might recommend that the Minister of Cooperative Governance issue a circular to all municipalities, or that National Treasury, when advising municipalities on revenue collection, emphasize the do-not-cut-hospitals rule. This would be a proactive step flowing from this complaint to address a systemic issue.
6. Monitoring of Implementation: As remedial action, it would be fitting for your Office to monitor the City of Tshwane's adherence to your recommendations. Perhaps require the City to report back to you within a certain period (say 60 days) on what steps have been taken to comply (such as policy amendments and confirmation of apologies/ compensation). Given the high public interest, the Foundation and indeed the community would appreciate knowing that the matter is not only investigated but that the remedies are followed through.

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7. Any Other Relief Deemed Appropriate: We trust your Office's expertise to determine if any further remedies are needed (for instance, if during investigation you uncover other instances of illegal disconnections of essential services in Tshwane or elsewhere, you might broaden the scope to address those).

Finally, we request that this matter be treated with urgency. The events are fresh, and prompt intervention could forestall any attempt by the City to repeat such disconnections (perhaps at other hospitals with outstanding bills). We note that Weskoppies itself might have other accounts (water, etc.) – we wouldn't want the City to, say, try cutting water next, out of retaliation or ignorance. Quick action by the Public Protector can put a stop to any such notions. Furthermore, given the vulnerability of the affected individuals, this complaint cries out for speedy resolution.

The Edgar Legoale Foundation remains at your disposal to provide any further information or cooperation you may require. We can facilitate statements from witnesses (e.g., if needed, we can obtain accounts from hospital staff or patients' families about what occurred, to the extent permissible under medical privacy rules) to support the investigation. We are also willing to appear at any hearings or consultations that your Office might convene regarding this matter. Our aim is to assist in rectifying this wrong and strengthening adherence to the rule of law and human rights in our local governance.



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32 BUITEN STREET, PARYS, 9585

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7. Conclusion

In conclusion, the disconnection of electricity at Weskoppies Psychiatric Hospital by the City of Tshwane on 5 May 2025 was not merely an administrative lapse – it was a profound breach of the trust that the public reposes in its government to act lawfully and with care for the people’s well-being. It contravened a direct court order meant to protect the most vulnerable, it trampled on constitutional rights, and it highlighted a troubling disregard for humane governance. Through this letter, we have sought to illustrate the gravity of the situation, supported by legal authority and facts, and to implore the Public Protector to employ the constitutional powers of the office to correct this injustice.

We reiterate that our motive is to uphold the rights of those who cannot easily stand up for themselves – the patients whose voices are seldom heard in corridors of power. The Edgar Legoale Foundation was founded on the principle of “empowering the vulnerable and promoting social justice”, and it is in that spirit that we approach your Office. We have every confidence that the Public Protector, as an advocate for the people in the face of bureaucratic or executive overreach, will give due and serious consideration to this complaint.

Should you require any additional information, clarification, or supporting evidence, please do not hesitate to contact us. We have appended copies of relevant documents and media reports for ease of reference (including the North Gauteng High Court judgment summary , and news articles covering the incident). We stand ready to assist your investigation in any way possible.

Thank you for your attention to this urgent matter. We trust that through your intervention, justice will be served and measures will be put in place to ensure that no public health facility in South Africa ever faces such a dire situation at the hands of a government entity again.

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32 BUITEN STREET, PARYS, 9585

Cell Number: 0814974837, E-mail: info@edgarlegoale.com Fax: 0867679645, www.edgarlegoale.com

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- News report, Central News, 5 May 2025 – “Tshwane Ya Tima’ Hits Weskoppies Hospital as Health Department Rushes to Pay R1.2 Million” .

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- Excerpt from High Court (Gauteng Division) judgment dated 1 Dec 2023 (Case 5779/2023 & related) – ordering no load-shedding at health facilities .

<https://www.saflii.org/za/cases/ZAGPPHC/2023/1949.pdf>

- Copy of Section 195 of the Constitution (Basic values and principles) .
(For ease of reference of the principles cited in this letter.)

<https://www.gov.za/documents/constitution/constitution-republic-south-africa-1996-chapter-10-public-administration-07>



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32 BUITEN STREET, PARYS, 9585

Cell Number: 0814974837, E-mail: info@edgarlegoale.com Fax: 0867679645, www.edgarlegoale.com

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We await your response and are willing to provide any additional evidence required.

Yours sincerely,

Edgar Legoale
Founder and Chairperson, Edgar Legoale Foundation