

CHAPTER TWO CONTEXT



2.1// THE FORTIFICATION OF THE CAPITAL CITY

As Pretoria was the capital city of the former ZAR Government (1852-1902), its fortification was a critical project in a final attempt to retain control over the former Transvaal. One of the major drivers in the annexation of the province was the discovery of gold in 1886 (Van Vollenhoven 1998:2).

Pretoria was established in 1855 and its central location was valued by both the British and the Boers, resulting in a ceaseless battle for supremacy. Due to its natural topography, the surrounding ridges were utilized as elevated vantage points and strategic locations to protect the entry portals and railway routes into the city (Van Vollenhoven 1998:2-24). It is also important to note the contextual value of the surrounding ridges that connect a series of historical artefacts across South Africa.

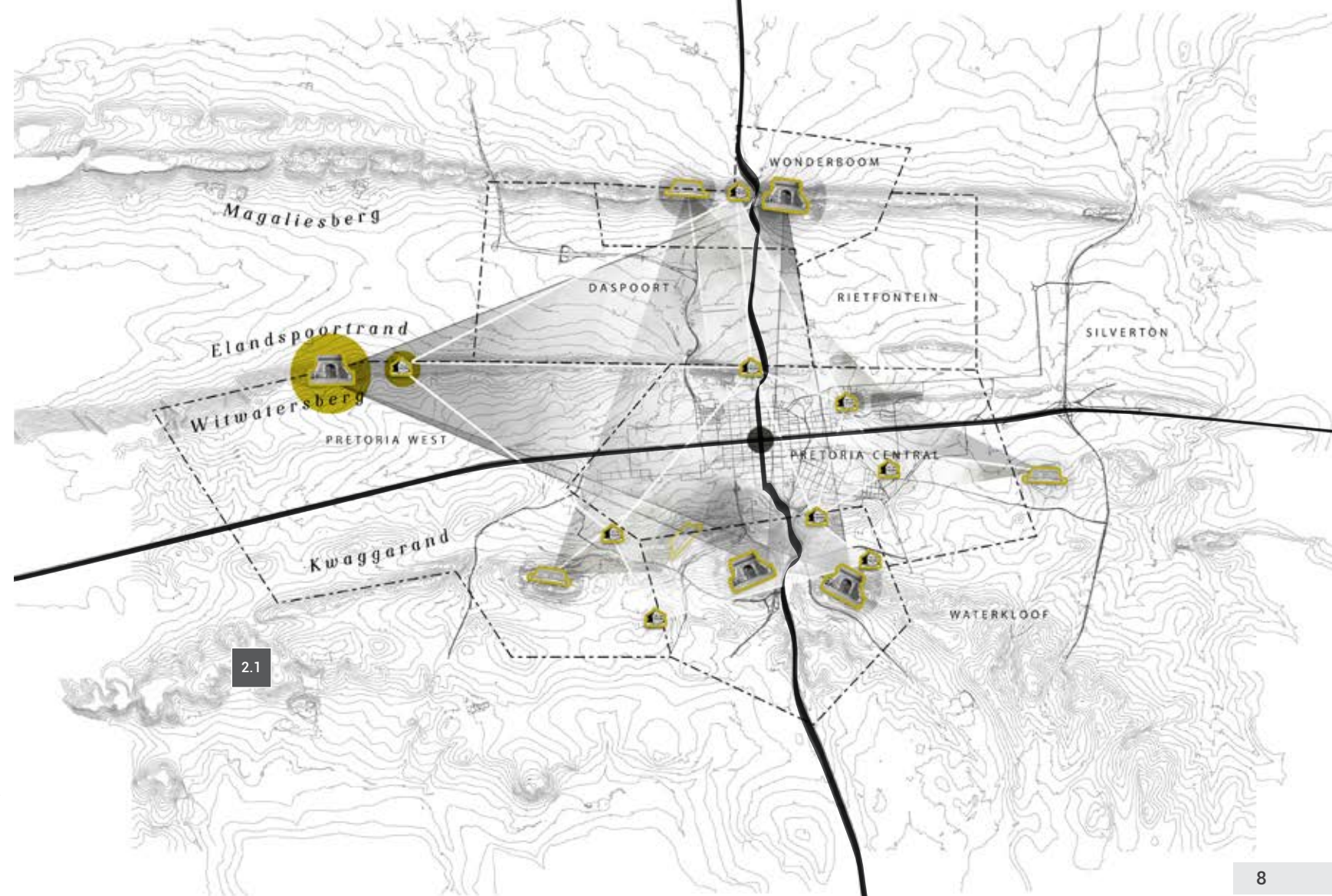
As a result of this ongoing conflict between the British and the Boers, the fortification project was a continuous process. Both opposing forces contributed to it over three consecutive periods between 1880 and 1902. During the period of the first fortification (1880-1881), British forces occupied Pretoria and were responsible for the construction of a number of blockhouses and three forts, namely Fort Royal, Fort Tullichewan and Fort Commeline. According to Van Vollenhoven (1998:12-40) a total of eleven fortifications were erected during this period, but unfortunately most were destroyed in the intense struggle to regain control.

The Jameson Raid (1895-1896) largely contributed to the second fortification period, when the Boer Republic was forced to reconsider its defence strategies. Taking advantage of the elevated vantage points on the ridges, four independent forts had been constructed by 1898 on the surrounding peripheries (see Figure 4). These are Fort Wonderboompoort (northern portal), Fort Schanskop, Fort Klapperkop (southern portal) and what was then known as Fort Daspoortrand (western portal), later renamed by the British as Fort West.

As a result of a disagreement between the ruling authorities of the time, the design and construction of Fort Daspoortrand was assigned to a French firm called Schneider and Co., whilst the other three were built by a German contractor, Heinrich C. Werner (Bolsmann 2008:208).

In 1900 the British reclaimed Pretoria for the second time and constructed additional forts in a third fortification attempt. With the vulnerability of the railway connections across the country, the British implemented the blockhouse system to ensure an indestructible stronghold. Due to their size, these blockhouses could easily be constructed along the railway routes and at important road crossings and, according to Van Vollenhoven (1998:177), amount to a total of 8000.

Figure 2.1: Historical map of the capital city indicating the fortification process and the position of Westfort (Author:2016)



2 Fort Klapperkop
1898



Figure 2.4: Fort Klapperkop after construction (Van Vollenhoven:1996)

2016



Figure 2.5: Fort Klapperkop today (Author:2016)

3 Fort Wonderboompoort
1898



Figure 2.6: Fort Wonderboompoort after construction (Van Vollenhoven:1996)

2016



Figure 2.7: Fort Wonderboompoort today (Author:2016)

2 Fort Schanskop
1898



Figure 2.2: Fort Schanskop after construction (Van Vollenhoven:1996)

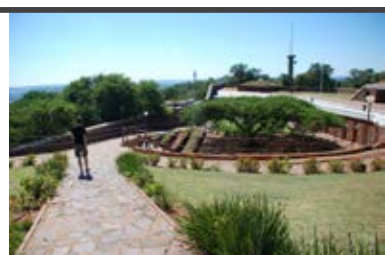


Figure 2.3: Fort Schanskop today (Author:2016)



Figure 2.8: Current map of Tshwane indicating the position of Westfort in relation to its counterparts (Author:2016)

4 Fort Daspoortrand (Fort West)

1989

1987

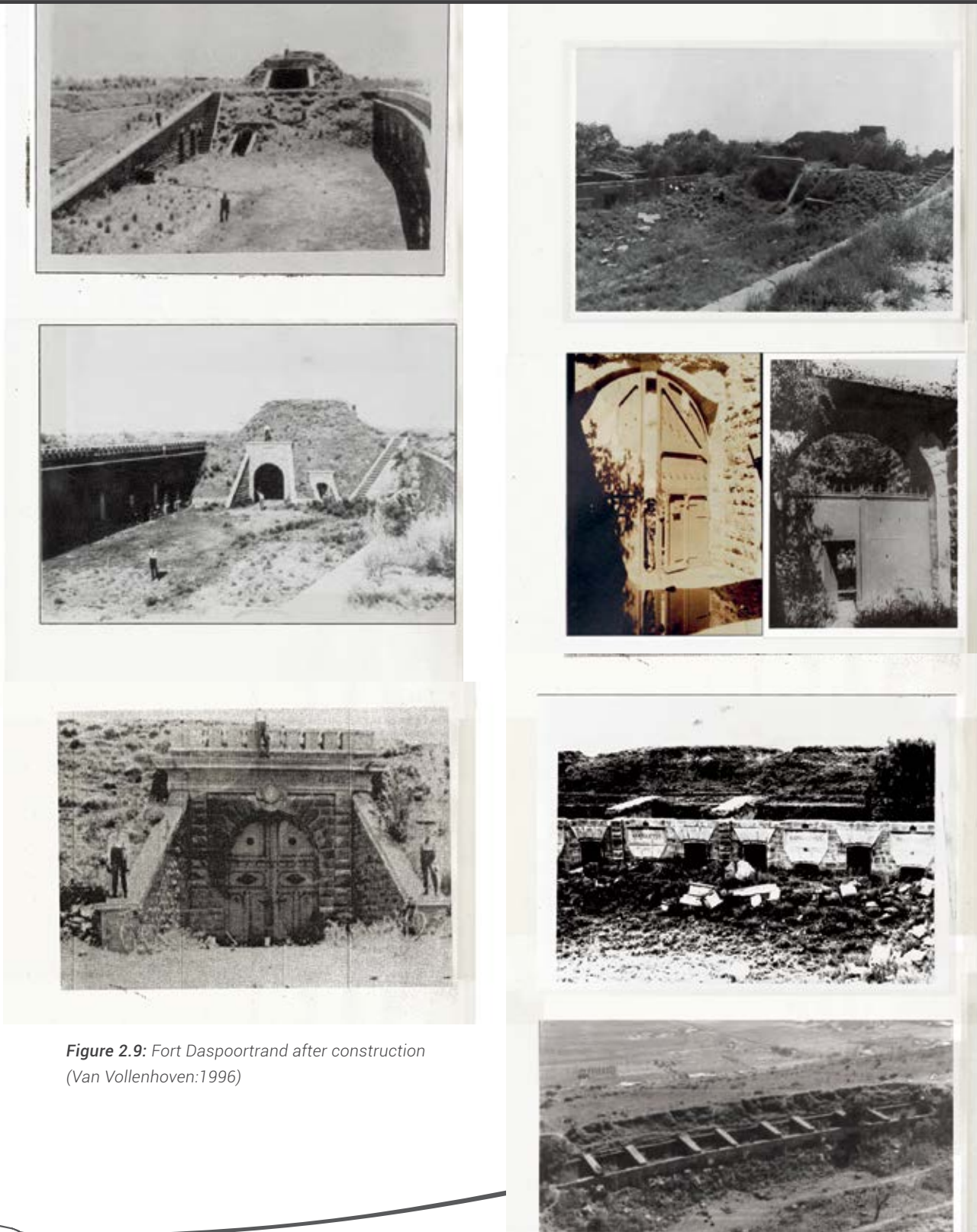
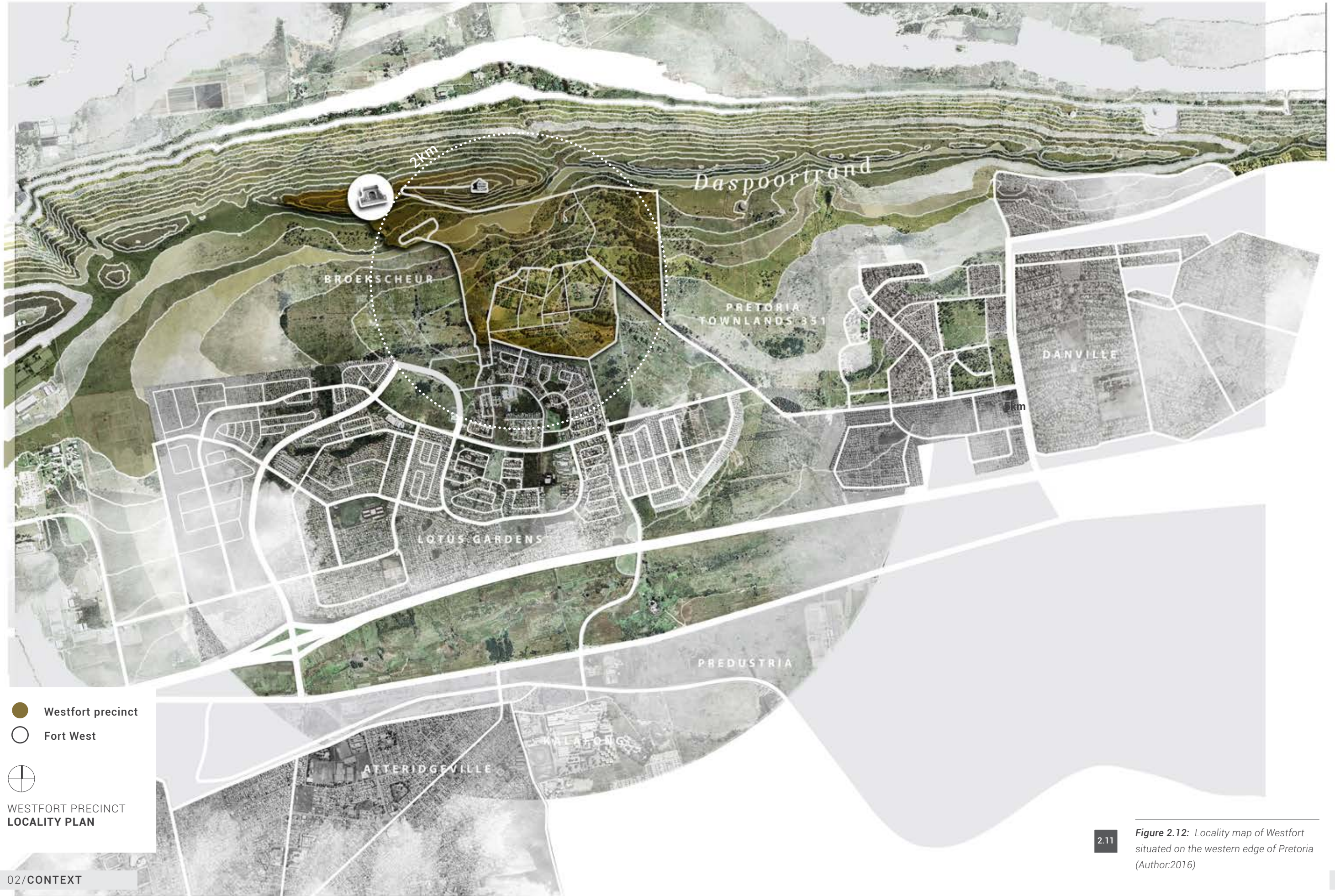


Figure 2.9: Fort Daspoortrand after construction (Van Vollenhoven:1996)

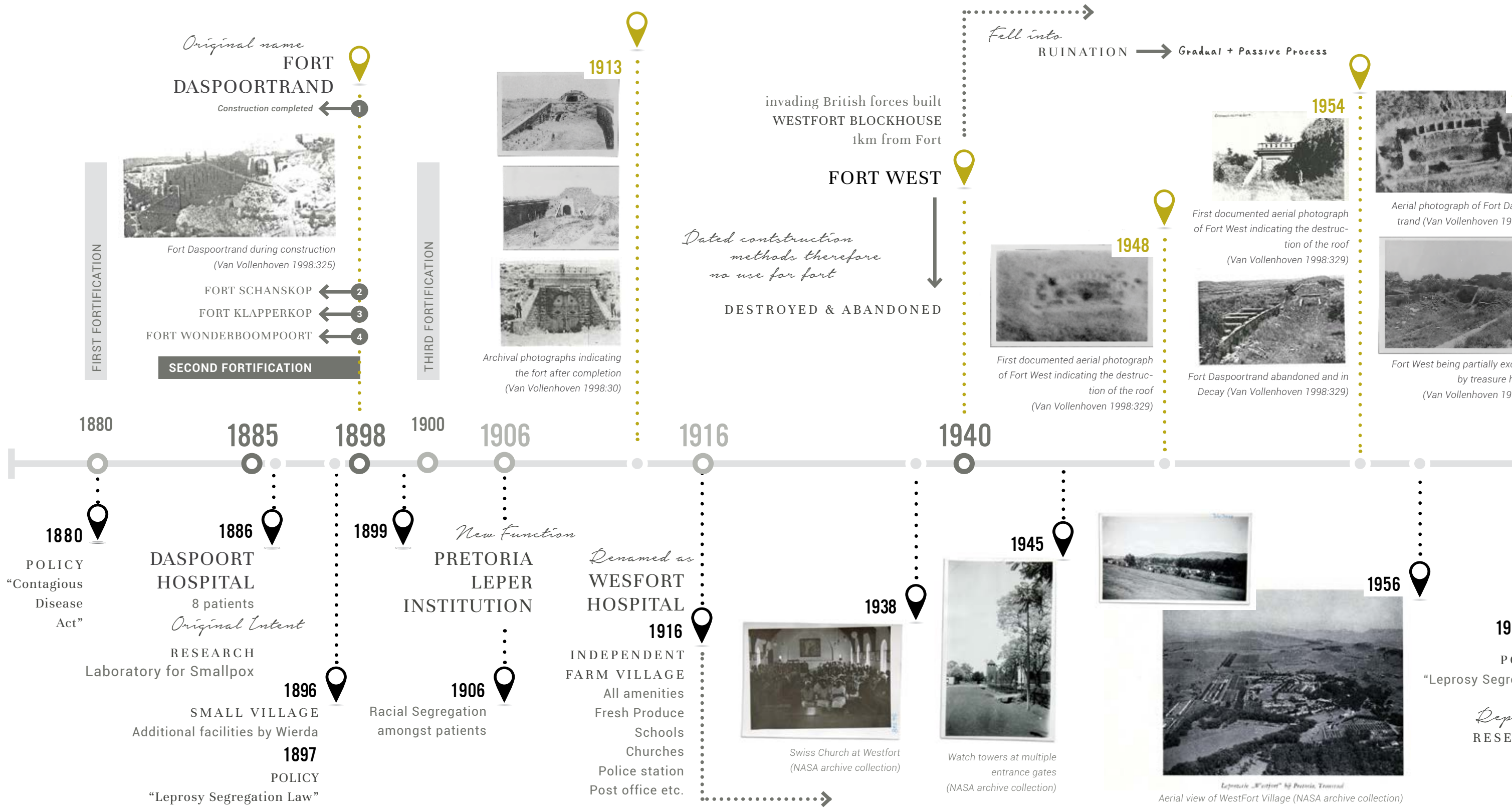
Figure 2.10: Fort Daspoortrand in ruination (Van Vollenhoven:1996)



Figure 2.11: Current map of Tshwane indicating the position of Westfort in relation to its counterparts (Author:2016)

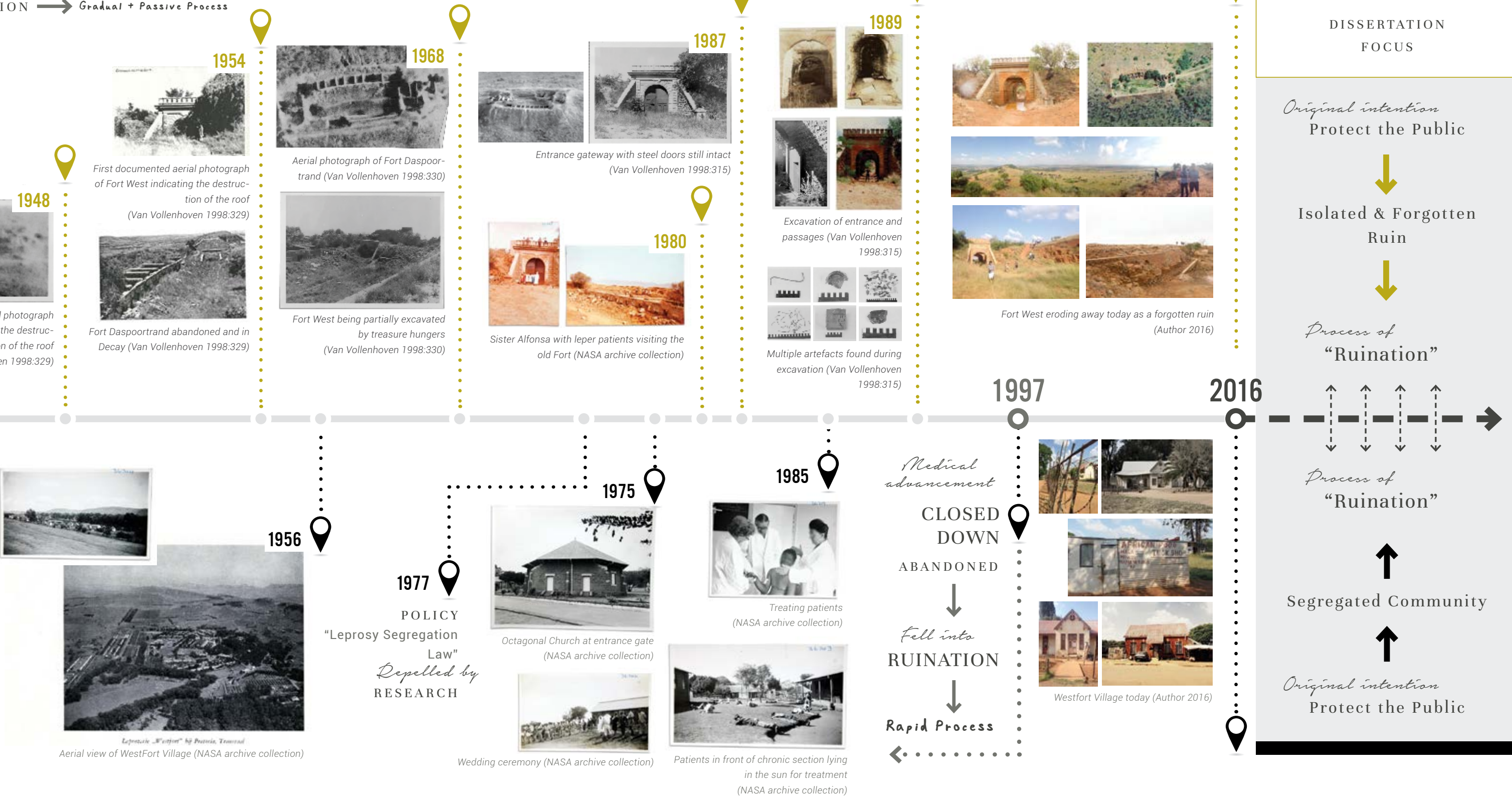


2.11 **Figure 2.12:** Locality map of Westfort situated on the western edge of Pretoria (Author:2016)



WESTFORT PRECINCT
HISTORICAL TIMELINE

ION → Gradual + Passive Process



WESTFORT PRECINCT
HISTORICAL TIMELINE (continue)

2.2// THE WESTFORT PRECINCT

As mentioned earlier, the former Fort Daspoortrand was assigned to a French firm and only later renamed by the British invaders as Fort West. The German engineers as well as the German community were highly disgruntled due to its "French style" and its different approach to the design, spatial configuration and finishes (Bolsmann 2008:209).

This fort was the biggest of them all, hexagonal in shape, facing both north and south, with electrical hoists to support two magazines powered by tangle oil engines. With multiple tunnels, all the rooms were connected to each other and arranged around the central courtyard. Two dynamo engines were positioned to power sophisticated search lights, and a telephone line connected to the central telegraph office meant that it operated in conjunction with the other three forts.

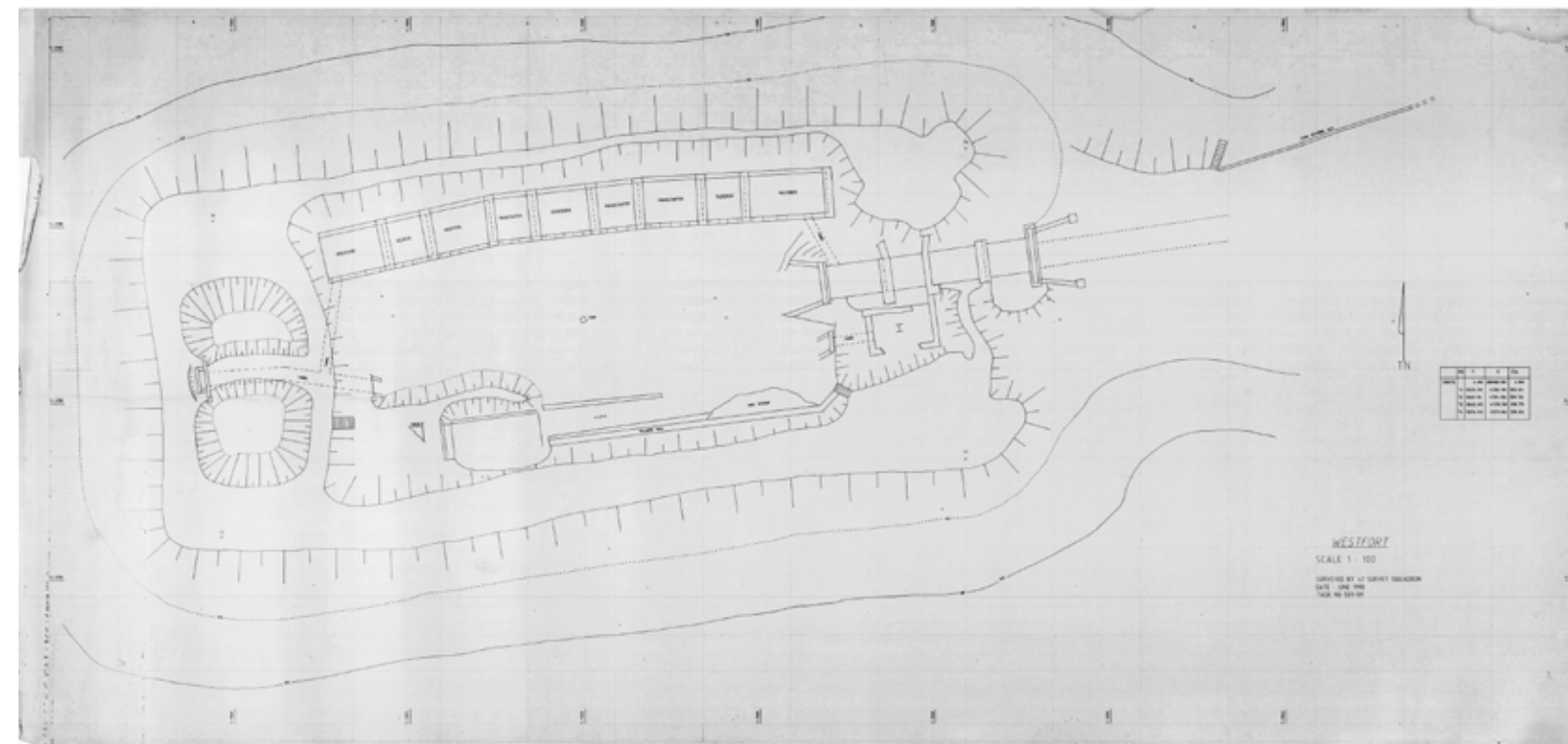
All the facades were executed in 'dressed free-stone' with meticulous attention to the lettering work. The imprinted detail and extravagant entrance portal was by far the most impressive and imposing compared to all the other forts (Van Vollenhoven 1998:98). The elongated entrance portal was signified by its five arches and had a double set of steel doors and a waiting room to ensure its safety.

Although highly sophisticated, sumptuous and unique in comparison to its counterparts, Bolsmann (2008:209) argues:

**... it was considered
'a warship with broadsides,
stranded in the veld'**

Only in 1898 when the construction of the fort was completed, was it realised that these fortifications were designed as earthen redoubts with underground bombproof rooms based on the requirements of the ammunition of that time. Given the rapid advances in ammunition technology, it was realised that the fort was outdated even before it was finished, and would not be able to withstand a bombardment with current or future explosives. As impressive as it was, not a single shot was ever fired from the fort during the war (Bolsmann 2008:210).

According to Van Vollenhoven (1998:118), in 1905 the fort was considered as a possible future prison, but after inspection it was found to be unfit due to its neglected state at the time. The fort was dismantled, the roof removed, and all the rooms stripped down for the main steel components. Considering the endless battle over the control of the Pretoria forts, it is rather ironic that it was so easily abandoned and forgotten by both the British and the Boers.



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2.14

Figure 2.13: Floor plan of Fort West as commissioned by archaeologist (Van Vollenhoven 1996)

Figure 2.14: Aerial photograph of Fort West (Author 2016)

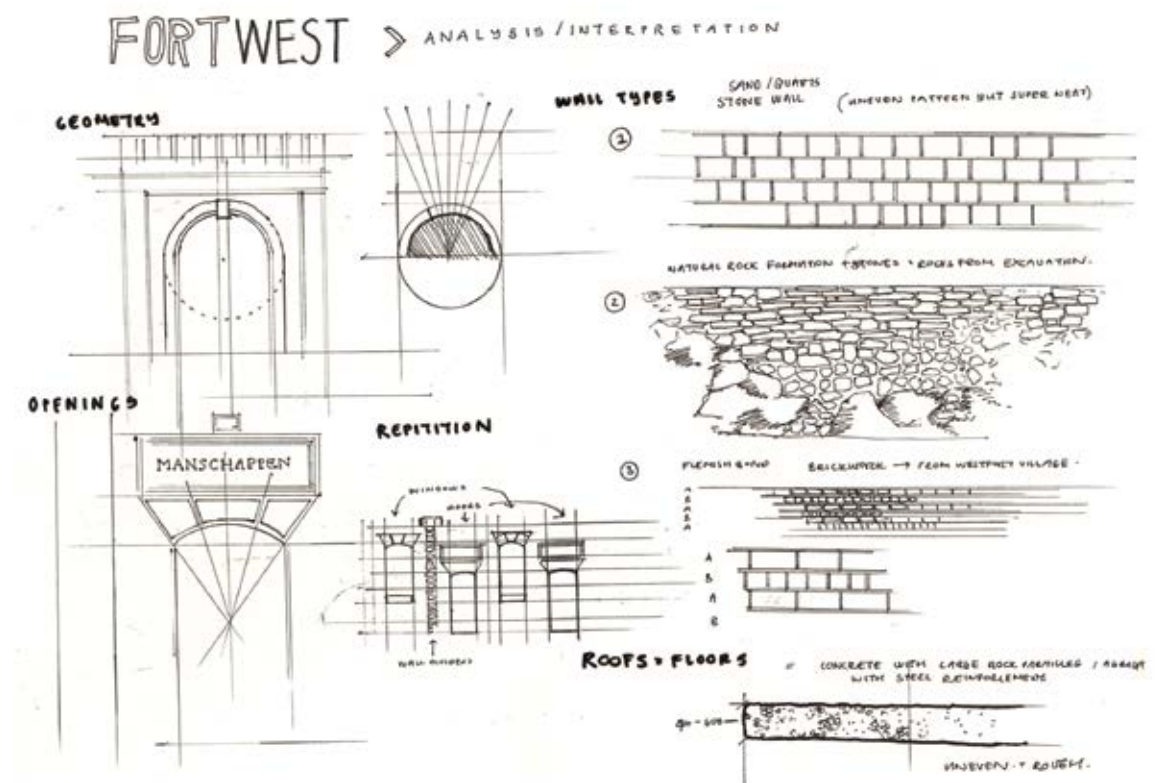
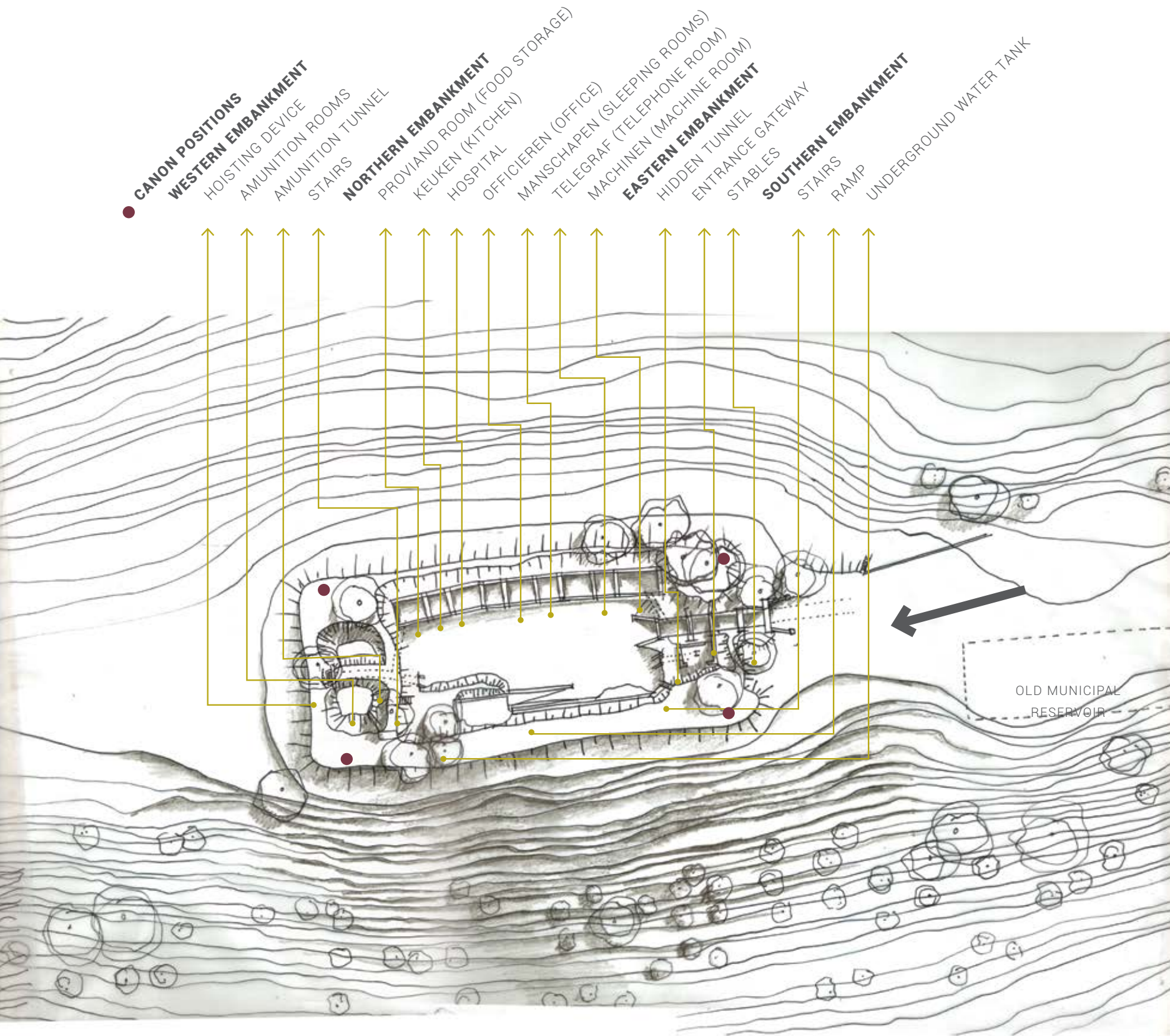


Figure 2.15: Site analysis of original intent & materials of Westfort (Author 2016)

2.14

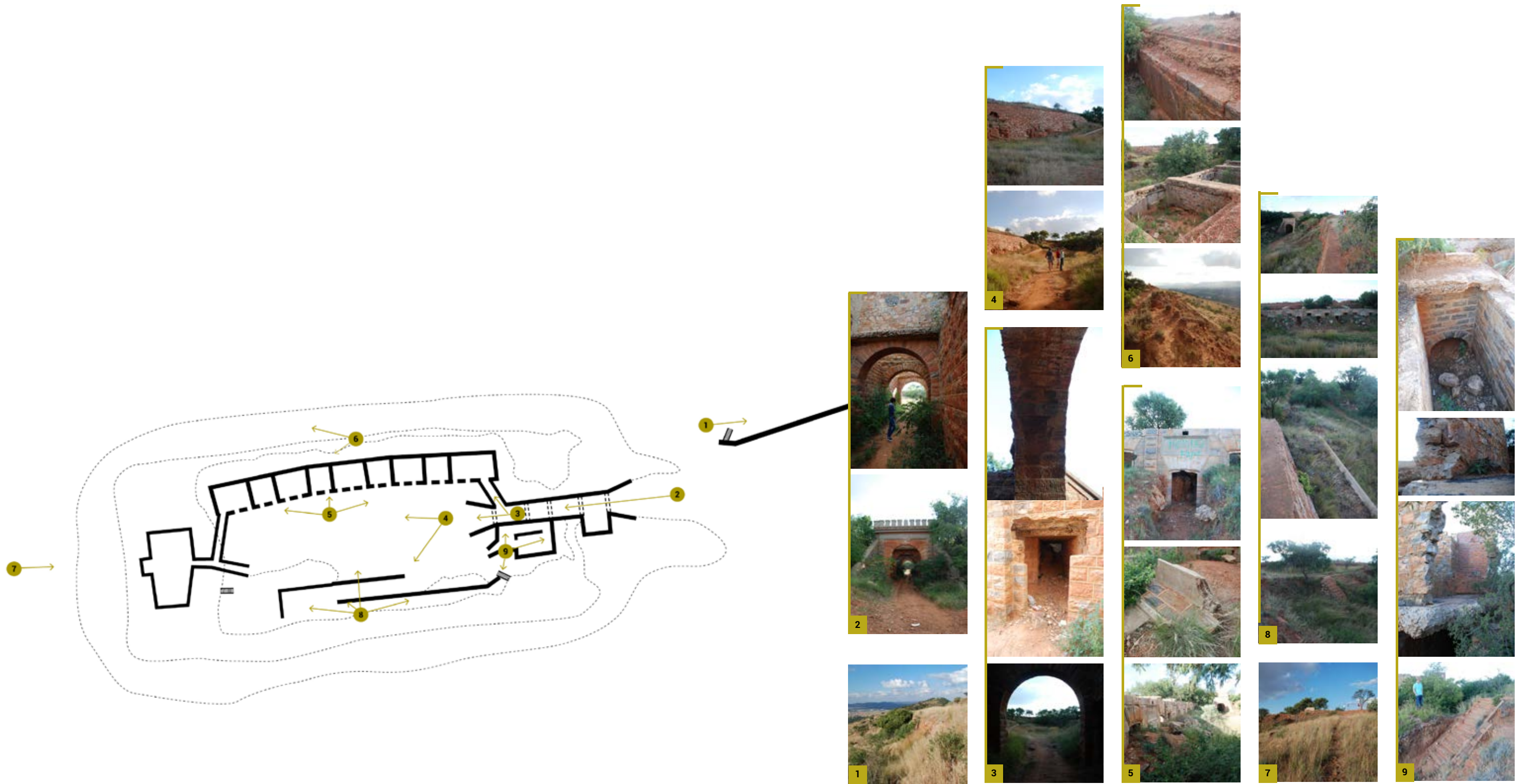


Figure 2.16: Site documentation of Westfort in its current condition (Author 2016)

2.15

As part of the unique history and cultural significance of the precinct, the former Westfort Leprosy Institution should also be considered for its valuable contribution to South African heritage.

The Westfort Leprosy Institution

Although it created a major upheaval in South Africa during the early 1900s, leprosy was a feared and misconceived disease, which historically received little attention in South Africa when compared to other countries (Horwitz 2006:271).

Leprosy (also known as Hansen's disease) is a chronic and infectious disease that manifests through the nerve system on the skin of individuals. If the disease was not well managed, the nerve system could be damaged, leading to numbness in the limbs and resulting in deformities of targeted body parts. Even before the discovery of the biological cause of leprosy, patients were condemned and kept at a distance from inhabited areas out of fear of the unknown (Breed & Grünwald 2013:54).

Horwitz (2006:272) believes that limited local research has failed society by not providing insight into both the history and the socio-political issues related to the disease, its biological relations, and the isolation policies connected with it. With the introduction of the Contagious Disease Act in 1880, the treatment of communicable diseases was highly regulated by public health legislation, which resulted in the establishment of multiple treatment facilities – as seen in the western parts of Pretoria (Kistner 2014:2).

The growing concern for and fear of the disease forced the former government (the Transvaal Volksraad) to act on what had by then become an epidemic. In 1897 President Paul Kruger put the Leprosy Segregation Law into effect, and the following year Westfort Leprosy Institution opened its doors. At that time Robben Island also accommodated a leprosy asylum which was only closed in 1931, after which it was integrated with Westfort as the only multiracial leprosarium in the country (Horwitz 2006:278).

Apart from being segregated from 'normal society', leprosy patients were further segregated according to racial, gender, mental and physical health policies (Horwitz 2006:274). As new information and knowledge became available, policies had to be reconsidered, in order to inform and educate both the patients and society in the collective effort to control this epidemic.

In 1922 a Leprosy Policy was approved by the Government towards research action, which placed high value on the ongoing process of documentation, examination and surveillance of the disease (Kistner 2014:240). At first, quarantine might have been considered the obvious solution to control all venereal diseases. Yet by 1940, the effective result of collective and thorough research had proven this idea to be a fallacy (Kistner 2014:5).

South African laws governing the compulsory segregation of patients were already repealed in 1977, after research proved that leprosy is fully treatable; yet, these laws were enforced for another 20 years. Horwitz (2006:291) states that the government ignored various social, economic and political factors in reconsidering the function and value of the Westfort institution, and therefore never determined its future use.



2.17

Figure 2.17: Patient check-up with doctors on site, 1979 (NASA Archive collection: 2015)



2.18

Figure 2.18: One of the patients at Westfort Hospital, 1963 (NASA Archive collection: 2015)



2.20

Figure 2.19: A Wedding accompanied by the military orchestra, 1933 (NASA Archive collection: 2015)

Figure 2.20: Patients lying in the sun as part of their daily treatment ritual, 1941 (NASA Archive collection: 2015)



2.19

An independent village

Before the leprosy epidemic, the former Daspoort Hospital (named after its location) was intended as a research facility dedicated to the treatment of smallpox.

A former superintendent of Westfort Hospital, Dr A van Zyl (1989:75), explains that, although it was initially called the New Pretoria Leprosy Asylum, it was later known as Westfort Leper Institution and in 1979 was renamed to Westfort Hospital. Before its completion in 1888, it had already been adapted into a leper asylum as a project under the ruling ZAR Government (Kistner 2014:3). The architect Sytze Wierda (1839-1911) was the Chief Architect of the Public Works Department in service of the government, and was responsible for designing additions to accommodate more patients. By 1896 the Daspoort Hospital housed 99 patients, and by 1902 it accommodated 328 patients (Kistner 2014:3).

Wierda was determined to design a place that represented a certain heterotopia, a home away from home, but it was still an asylum disguised as a beautiful small village. In his own words he describes his approach:

... to provide, in the most humane way a pleasant and attractive residence for those "unfortunates" who, through an incurable infectious disease, should be tied to it for as long as they lived.

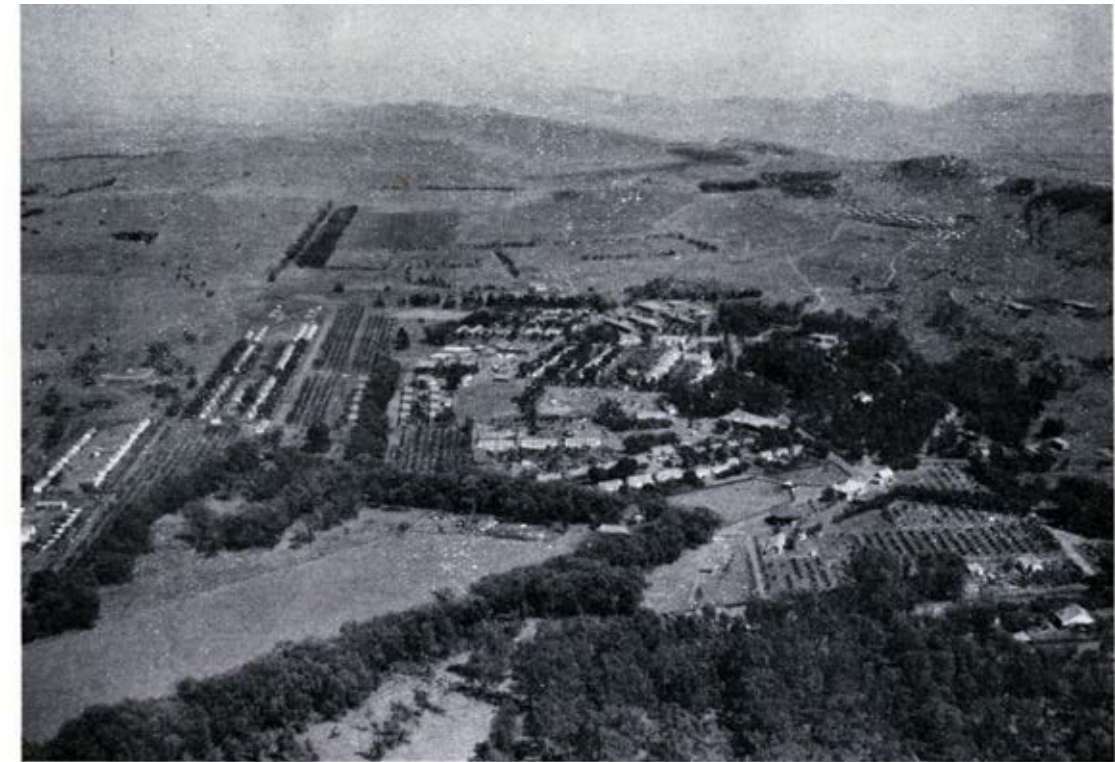
(Meiring 1980:15)



2.21

As the demand for treatment increased, the village had to be extended to accommodate more patients and specific facilities. A post office, police station, schools, churches and shops were just some of the facilities that were added. By 1900 the hospital managed its own farm which provided most of the fresh produce such as meat, poultry, fruits, vegetables and even honey through bee farming (Delpont & Saggacci 2015:47). This again highlights the significance of the Westfort Hospital establishment as an independent and self-sustaining community.

Although the establishment flourished as a small village, patients still yearned for a connection with the real world and a sense of belonging to society. By 1917 a series of eight watch towers were constructed to prevent patients from escaping and to protect the public from the unwanted disease (Delpont & Saggacci 2015:48).



2.22

This institution was intended, by design, to function as an independent village with all the necessary amenities and recreation facilities to make the patients as comfortable as possible. Yet, given the careful attention afforded to the built fabric with the State's best intentions, the patients were deeply traumatized by being forcefully removed from their loved ones and being considered as the 'outcasts of society'.

Reading through the countless pleading letters at the National Archives of South Africa (NASA 2015), one comes to realise the agony behind the isolation and the social turmoil as a result of the ongoing segregation and perhaps wrongful policy making at the time. Another concern that cannot be ignored is the collective memory of place and how this independent village is remembered by the patients, their loved ones, the health care community, and the general public.



2.23

Figure 2.21: Security gate at colored male section, 1945 (NASA Archive collection: 2015)

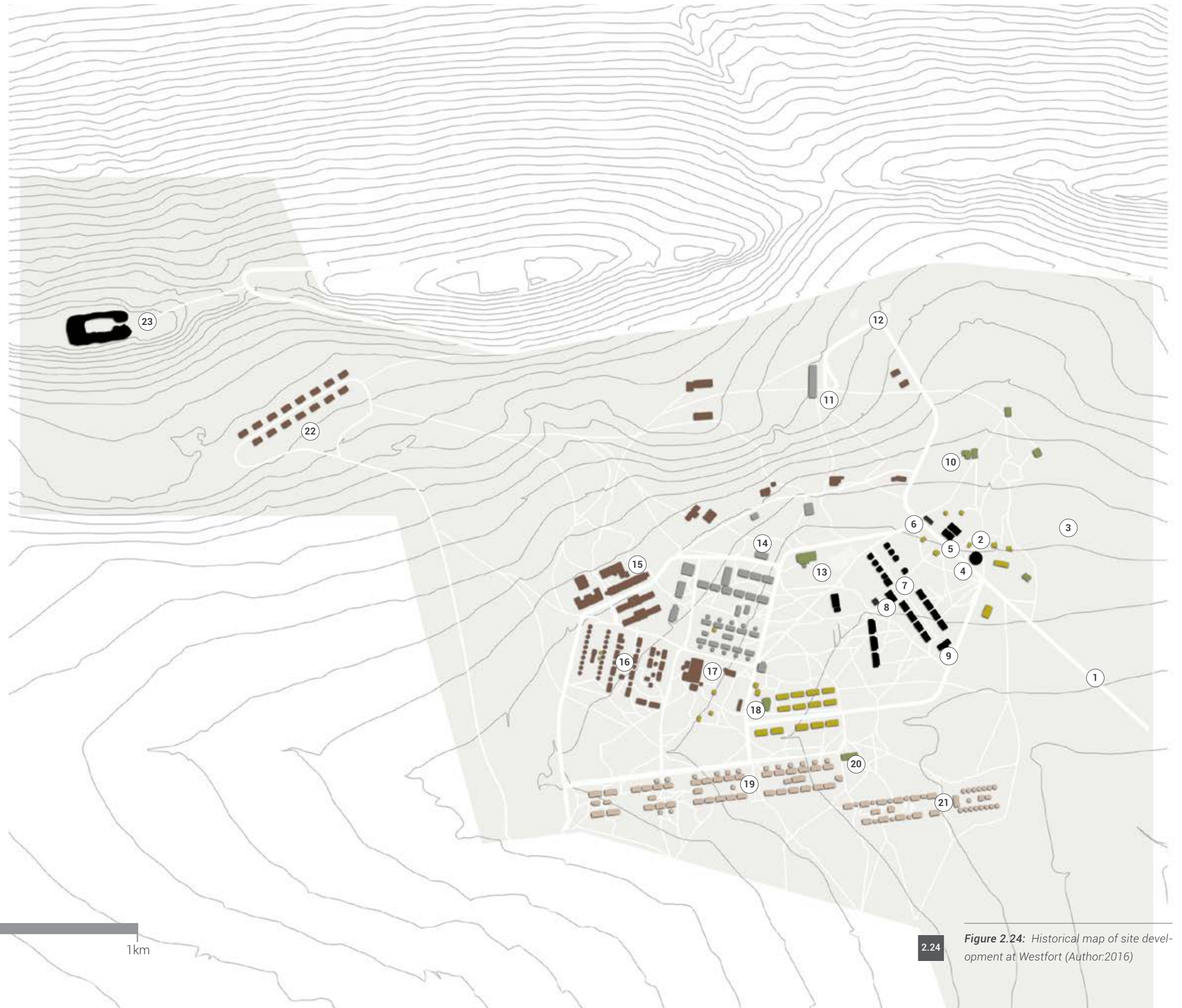
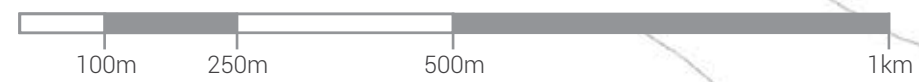
Figure 2.22: Native male patients section, 1941 (NASA Archive collection: 2015)

Figure 2.23: Westfort Leper institution and self-sustaining village, 1956 (NASA Archive collection: 2015)

- 1899
 - 1914
 - 1916
 - 1931
 - 1938
 - 1964
1. Entrance road
 2. Watch tower
 3. Graveyard
 4. Dutch Reform Church
 5. Administration
 6. Post Office
 7. European patients quarters
 8. Recreation room
 9. Hospital
 10. Police station
 11. Nurse quarters
 12. Access to Fort
 13. Catholic Church
 14. Pharmacy
 15. Theatre
 16. Native quarters
 17. Kitchen and inspection rooms
 18. Anglican Church
 19. Patients quarters
 20. School
 21. Native quarters
 22. Staff quarters
 23. Fort



**WESTFORT
HISTORICAL
SITE DEVELOPMENT**



2.24

Figure 2.24: Historical map of site development at Westfort (Author:2016)



AERIAL VIEW OF
WESTFORT VILLAGE
IN CURRENT CONDITION

2.25 **Figure 2.25:** Aerial view of Westfort in its current condition (GIS Department:2016)

2.3// THE PROCESS OF RUINATION

Today it is assumed that very few people know of the existence of Westfort and what is left of it. After its destruction in the early 1940s, the fort was vulnerable to vandalism and exposed to the natural processes of erosion and weathering. Due to its hidden nature and surrounding context, the fort is generally considered unsafe for curious visitors, which contributes further to its isolation as a lost historical beacon from the forgotten past.

Those who have ventured to this lonesome 'battleship' can still appreciate the grandeur of its unique design, but are left with questions as to how this majestic historic artefact could so easily have been abandoned and forgotten over the years.

Some articles in the South African Panorama (1989, 1963), Pretoria News (1997, 2006, 2009) and Pretoriana (2009) (see Annexure) describe concerned history enthusiasts who have attempted to raise awareness of the forgotten memories and the significance of all the forts. One particular article in the South African Panorama titled 'Silent Forts' (Visser 1963:20) requests the governing authorities to take the lead in the campaign for restoration, yet calls on citizens to protect and preserve the memory of these neglected cultural artefacts.

In 1938 both Fort Klapperkop and Fort Schanskop were declared as national monuments under the old National Monuments Council (NMC), which was

replaced by the South African Heritage Resources Agency (SAHRA) in 2000 (SAHRA 1988:2). Fort Klapperkop was first restored to its original state and converted into a military museum in 1966, whilst the same procedure was also followed at Fort Schanskop in 1978 (Van Vollenhoven 1998:350). According to SAHRA (1988:34), ownership of Fort Wonderboompoort was transferred to the City Council of Pretoria in 1954. It was only partially restored in 1986, after which it was declared a provincial heritage site.

Sadly, Fort West was never declared a provincial heritage site, and although it is under the protection of SAHRA, it remains 'unprotected' and vulnerable to destruction (Van Vollenhoven 1998:240). It is evident that over the years the 'unprotected' Fort West was even further stripped down for its steel components. Until 2008 the unique and prominent steel doors at the entrance gate were still in position, yet together with all the iron hinges, handles and lettering, these were blatantly taken and probably found their way to the nearest scrap metal dealership. As the structural and decorative steel elements formed an integral part of the structural integrity and authenticity of the fort, it is crucial to reconsider its use and value in the design process.

Figure 2.26 Sketches from site visits at the Fort (Author 2016)



2.26

Fear or fascination?

With the de-sanctification of the city there is always that peculiar hidden artefact (or what is left of it) that fosters the popular perception of a ruin as a wasteland, dangerous and truly 'unsightly'. Yet, ruins are sites of numerous potential activities that could easily be enmeshed in the existing social context as places of adventure, cultivation, shelter and creativity that potentially provide an alternative public platform (Edensor 2005:21).

In the context of the city, Edensor (2005:22) argues that ruins are an integral part of capitalist expansion, reminding us of the temporal state of our human existence as well as that of the built environment. Yet traces and detail found in these forgotten ruins highlight the mystery of the past and simultaneously invoke a need to tell stories about it.

[The form of ruins] must be respected as integrity, embodying a history that must not be denied. In their damaged states they suggest new forms of thought and comprehension, and suggest new conceptions of space that confirm the potential of the human to integrate itself, to be whole and free outside of any predetermined totalising system.

(Woods, 2013:331)

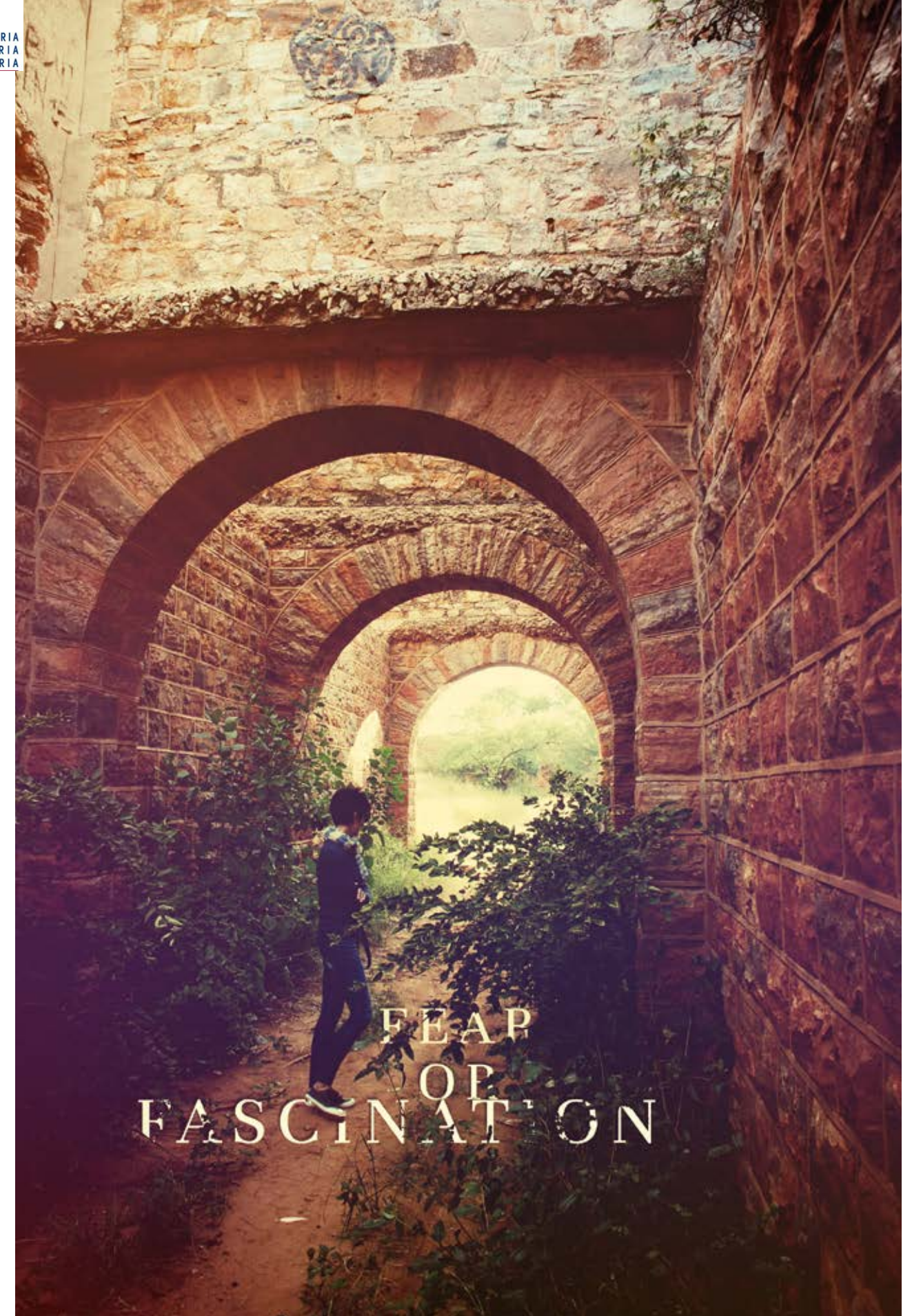
In recent years society has gone from fear to fascination and obsession with ruins, which is either engendered by a fear of the old or a curiosity of what it might become. Burrell and Dale (2011:112) state that this fascination might lie in the liminal state between polar opposites.

... the ruin as organisation and disorganisation, the ruin as architecture or dust, order and chaos, humanity or nature.

(Burrell & Dale, 2011:113)

These conflicting tensions are evident in the historical and architectural remains of both the fort and the former institution. They stand in a relationship of a certain 'otherness' which is lost in the present, yet reminds one of the forgotten past. With their current state resulting from isolation and abandonment, these artefacts are in desperate need of a collective plan of action. The answer to whether the site should be restored, rehabilitated or completely erased to make way for new meaning might just lie in their individual and collective heritage value.

Figure 2.27: Photograph of entry portal at Westfort in it's current condition (Author 2016)



2.27

Similar to the fort, the functional intent of the institution was instantly redundant when leprosy was no longer seen as a threat to society. In 1997 Westfort Hospital closed its doors and, despite its cultural richness, was abandoned and irrevocably became part of an extended process of ruination (Horwitz 2006:290).

Since its closure in 1997, roughly 5000 illegal informal settlers have occupied the site and the historical buildings, claiming self-appointed ownership over the property (Breed & Grünewald 2013:60). Although there are no recorded data or proof, it is speculated that the new occupants of Westfort are likely also considered by society as 'outcasts' due to their employment, migration, racial and social status.

After the doors were closed the site has been cut off from any municipal services, but is provided with a limited water supply to accommodate the most basic needs of the newly established Westfort community (Breed & Grünewald 2015:60). Apart from water limitations, these community members live under very harsh conditions and are forced to find alternative resources in the fight for survival.

The historic buildings have now been stripped and adapted to suit the needs of the inhabitants. Livestock freely graze over the landscape, gardens boast fresh fruit and vegetables, and at every corner someone is busy collecting, transforming or creating something that might be sold for another day's survival.

The alarming concern still to be addressed is the heritage value of this unique cultural landscape and its exposure to the ongoing process of ruination. It is possible that these historical artefacts will soon be completely diminished in value and forgotten, which will surely be a great loss to our collective South African heritage.

Due to a lack of understanding of the tangible and intangible consequences of isolation and ruination, this phenomenon is sadly accelerating in society. Apart from the forgotten memory of the heritage fabric, the people and the landscape, this process of ruination is still one of the biggest threats to fostering a sense of continuity and belonging.



2.28

Figure 2.28: Functioning St Mary's hospital complex (1963) (NASA Archive collection: 2015)

Figure 2.29: Collage of St Mary's hospital complex with current and historic context overlap generated in Honors year as part of site analysis (Author 2015)

Figure 2.30: St Mary's Hospital building in current condition (Author 2015)



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Figure 2.31: Aerial view of Westfort precinct (1942) (NASA Archive collection: 2015)

Figure 2.32: Aerial view of Westfort precinct in current condition (Author 2016)

Figure 2.33: Functioning Orthodox Church at Westfort (1952) (NASA Archive collection: 2015)

Figure 2.34: Orthodox Church at Westfort as community hall (Author 2015)

Figure 2.35: Remains of the Orthodox Church at Westfort after a protest action (Swart 2016)

Figure 2.36: Native men patient complex at Westfort (1941) (NASA Archive collection: 2015)

Figure 2.37: Re purposed rondawels for pig farming (Author 2016)



WESTFORT PRECINCT
SITE BOUNDARIES

2.38

Figure 2.38: Aerial view indicating project site boundaries (Author:2016)

2.4//
CONTEXTUAL
PRECEDENTS

THE AMER FORT COMPLEX

Location : Jaipur, India
Date : 11th - 17th century
Architect : Raja man singh

Key words

Cultural landscape
Landscape conservation
Movement
Tourism

As previously mentioned, cultural landscapes are an integral part of a nation's heritage, exhibiting multiple stories of our shared cultural heritage over time. Similar to Fort West and its military counterparts, the Amer Fort complex in Jaipur is a good example of re-appropriation over time, as well as an experience of the authenticity of place.

Along with six other hill forts in the state of Rajasthan, this fort complex has recently been added to the tentative list of World Heritage sites in an attempt to preserve its shared heritage significance (Rajora 2013:2). As part of a thesis project, Rajora (2013:30) focussed on landscape conservation through experience and interpretation of place. By extending the presupposed heritage periphery from building to landscape, the project introduces a series of experiential interventions connected by a variety of walking trails.

One of the key determinants in this project was the overlaying of movement patterns and thresholds. The planning of the trail was informed by the development of and additions to the complex over time, such as the historical, water, cultural, archaeological and tourist trails.

In the hope of serving as a conservation model for the larger network of forts in Jaipur, this project illustrates that the Westfort can also benefit from rehabilitation through landscape conservation. Not only does the rehabilitated site contribute to the city's economic growth, but also to the shared memory of place.

Figure 2.39: Amer Fort complex upon approach from village (Wessels:2016)

Figure 2.40: Map of Jaipur indicating its relationship to the Fort complex (Rajora:2013)

Figure 2.41: Multiple routes up to the Fort complex (Wessels:2016)

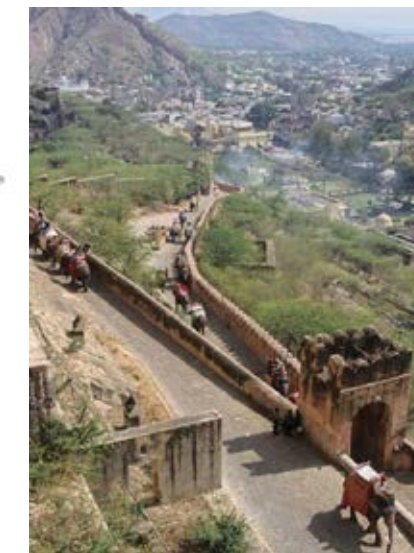
Figure 2.42: Circulation and tourist trails (Rajora:2013)



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2.41



2.42

THE GENADENDAL CONSERVATION PROJECT

Location : Genadendal, Western Cape

Date : Established: 1738

Case study: 2008

Architect : Braaksma & Roos

Key words

Shared heritage

Community involvement

Participatory

Action plan

1. Training, communication & marketing
2. Town improvement & clean-up
3. Accommodation management
4. Integration with nature
5. Community based cultural tourism
6. Music as tourist attraction

As part of the shared heritage projects approved by the Ministry of Education, Culture and Science of the Netherlands, the restoration of Genadendal is an example of community integration to restore a sense of pride in the social and cultural identity of place (Roos 2002:336). Built on the site of the oldest mission station in South Africa, Genadendal was established in 1738. Even today it still reflects the richness of both the tangible and intangible heritage layers that were developed over time (Roos et al. 2009).

Driven by the community members themselves, the project aimed to preserve the original heritage fabric and unique construction techniques of the Cape vernacular region. The initial idea, as proposed by the restoration team, was to restore three critical points of interest: the fertile valley for agricultural development, the central church as the heart of the settlement, and the natural surroundings to promote eco-tourism.

Over the centuries it became a place associated with the coming together of people from different racial groups. In addition to being the first permanent Khoi settlement at the Cape, it was also a place of sanctuary for more than a thousand slaves when slavery was abolished in 1838.

– Nelson Mandela

(Roos, et al., 2009:vii)

The promotion of social sustainability and local knowledge and capacities is the main successful outcome of this project. This collaborative conservation effort illustrates the benefits of investing in a shared identity and collective memory of place.

Figure 2.43: Community members from Genadendal (Roos:2008)

Figure 2.44: Elevations and plans of original built fabric (Roos:2008)

Figure 2.45: Restoration and construction by community members (Roos:2008)

Figure 2.46: Restoration of local cottage (Roos:2008)



2.43



2.44



2.45



2.46

**THE LALIBELA
ROCK-HEWN CHURCHES**

Location : Lalibela, Ethiopia

Date : 11-12th century

Architect : unknown

Key words

Heritage Tourism

Indiginization

Construction

Experiential

Hidden in the northern part of Ethiopia, in the province of Wollo, lies the legendary town of Lalibela. Its authenticity is celebrated by the presence of eleven remarkable rock-hewn churches.

Except for the weekly market day, this town is perceived as just a quiet mountain village, yet it is home to an internationally renowned 900 year old World Heritage site (Fraser & Ruther 2013). Today the denomination of the still functioning Ethiopian Orthodox Church is a fascinating study in indiginization and the ongoing commitment to preserve its functional legacy.

In 1978 the rock-hewn churches of Lalibela were inscribed by UNESCO on the World Heritage List as one of the first restoration projects to be sponsored by the World Monuments Fund in the 1960s, and have since then been part of various international conservation projects to preserve this treasure as an international legacy (Negussi 2010:1).

Similar to Westfort, these hidden structures are also vulnerable to modern threats and in need of continuous rehabilitation. At first they required protection from enemies beyond their

borders, and today their structural integrity is compromised by natural forces of weathering and erosion (Hecht & Kidane 1983:211). Apart from the latter, annual pilgrims, festivals and tourists are also exacerbating the deterioration process and should be considered in the heritage management programme.

Perhaps what strikes the visitor the most is the expectation of a monumental experience, and yet on approach these churches are humbly situated below the vista, which makes them unique to the church typologies of their time. In contrast to the traditional method of constructing from the ground upwards, these churches were hewn out from the roof downwards (Hecht & Kidane 1983:130).

The construction process shows similarities to that of the fort, as the emphasis was on in situ removal rather than addition. What is interesting is that the builders had to work with the unconventional, the negative, and the process could therefore almost be described as a process of 'archaeology in reverse'. This World Heritage treasure is truly one of a kind. It successfully celebrates authenticity of place and heritage value, as well as an experiential journey.

Figure 2.47: Pilgrims gathering around the church of St George (Davey 2010)

Figure 2.48: Section indicating the visibility planes (Ching 2007:113)

Figure 2.49: Exterior Facade two churches (Zamani Project :2011)

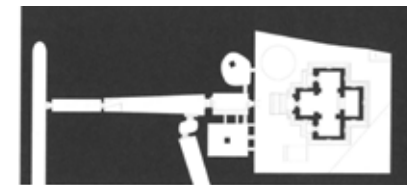
Figure 2.50: Temporary roof structure for protection (Grace et al 1967: 23)

Figure 2.51: Elevation of two churches (Zamani Project :2011)

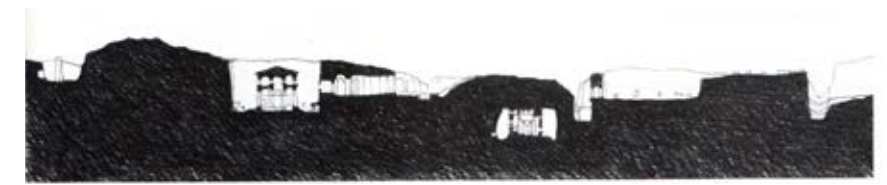
Figure 2.52: Section indicating the visibility planes (Ching 2007:113)



2.47



2.48



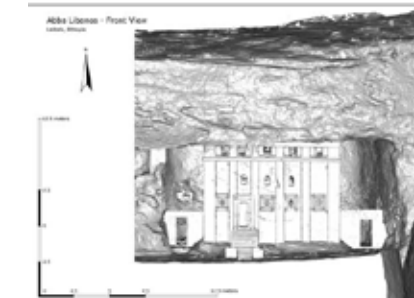
2.50



2.52



2.49



2.51

Conclusion

Luckily the concern for both Westfort and the former institution has found common ground amongst academics and professionals, political stakeholders, former patients, and current community members (Delpont & Saggacci 2015:42). The continued interaction between these critical stakeholders is of great importance in the protection of the cultural significance of the site, as well as the inclusion of current socio-economic concerns.

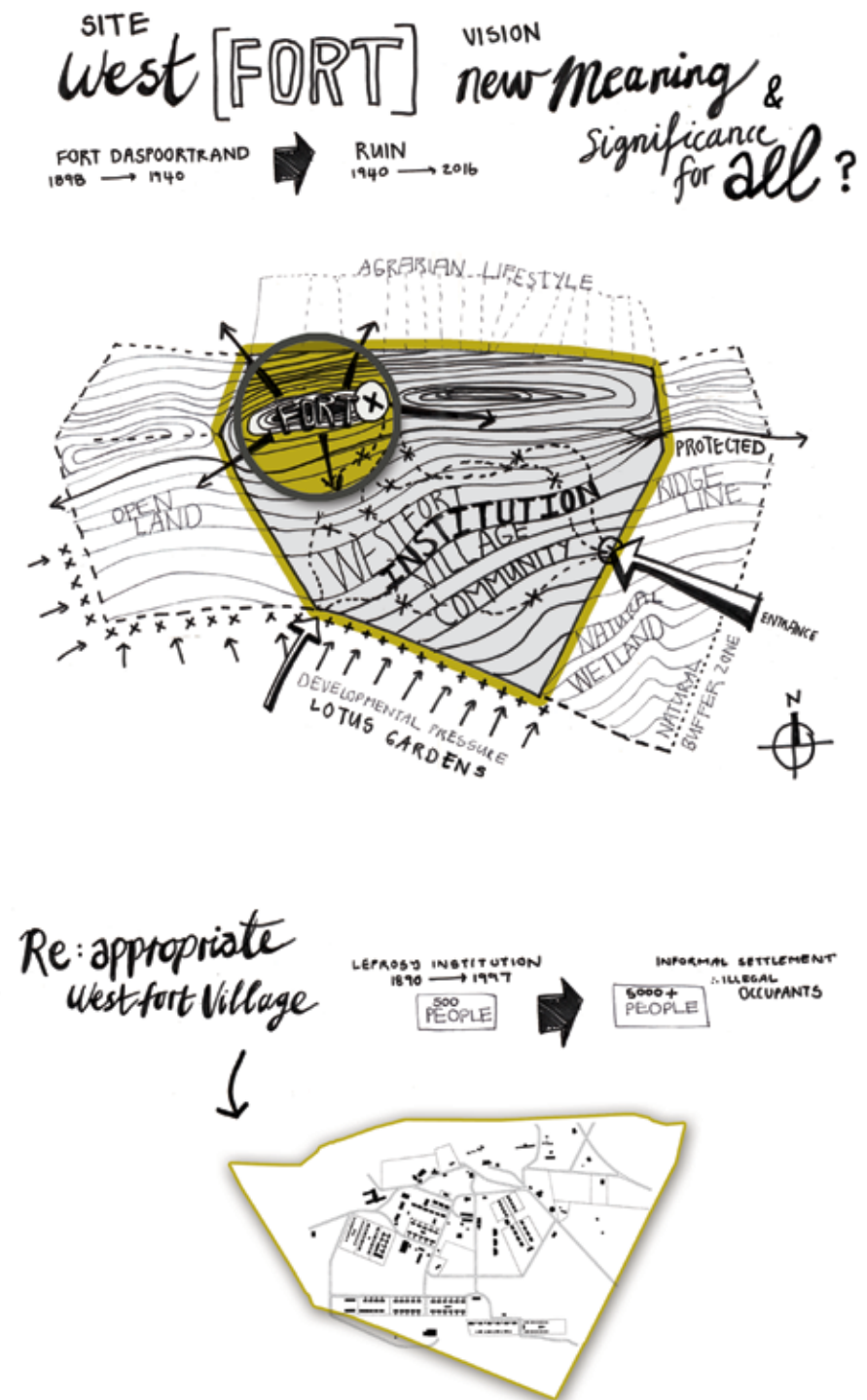
In 2012 a heritage survey of the Westfort Hospital complex was conducted to direct the approach to the future development of this significant cultural landscape. Naudé (2012:2) highlights the importance of not only placing value on the historical and architectural fabric, but also on its existence as a single entity in a contemporary context, which includes the social, cultural, historical and environmental factors contributing to the uniqueness of place.

Based on a recent research study by Delpont & Saggacci (2015:42), it is clear that there is information missing regarding ownership of the site, the intentions of future development, and the use of both the village and the fort. Although the site is under major threat from developmental pressures, it is interesting to note that the site boundaries have not yet been breached and are still clearly demarcated in accordance with the original site peripheries (see Figure 36).

It is clear that Westfort Village should be subject to either a formal or informal systematic approach that protects the site from encroaching developers and new inhabitants. Westfort Village is considered an established community that not only protects and preserves the site, but has also established a new informal economy that is integral to the continued existence of the site. As custodians of the site, the Westfort community is considered as critical stakeholders in the successful future valuation of the entire precinct.

In an attempt to realign the significance of this historical site with its value and possible future intentions, the following chapter will form the theoretical premise for the design process. The theory should assist the process of understanding the heritage value, the identity of place, and the experiential potential of the Westfort precinct, in order to determine an appropriate design response and programme.

Figure 2.53: Potential strategies for the Westfort precinct as one holistic entity (Author 2016)



2.53