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The Minneapolis Institute of Arts.
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African cure

A hospital by
MSAADA focuses on
preventative care

The Bunda Hospital groups several single-story masonry structures with metal roofs along a grid (below and opposite top). Courtyards between the structures (opposite center) offer outdoor access for patients. Facilities include surgery and classrooms for health education.

MSAADA has built its practice on designing churches, hospitals and educational facilities in Africa while maintaining a home base in Wayzata, Minn. With offices in Tanzania, Kenya, Madagascar and an associate office in India, the firm has developed expertise in interpreting the needs of underdeveloped countries.

Unlike in the United States, church and state are not necessarily separate in Africa. One of the firm's latest projects is an example of church and state working together. The Bunda District Hospital in the Mara region of northern Tanzania, at the northwestern edge of Serengeti National Park, was built by the Lutheran Church in Tanzania using approximately \$5 million of funds raised by Norwegian Lutheran Mission during a two-day telethon. The church runs the hospital while the government pays staff salaries.

Bunda Hospital is one of MSAADA's largest projects to date, spreading along a 50-acre hillside site on the eastern shore of Lake Victoria. As is customary

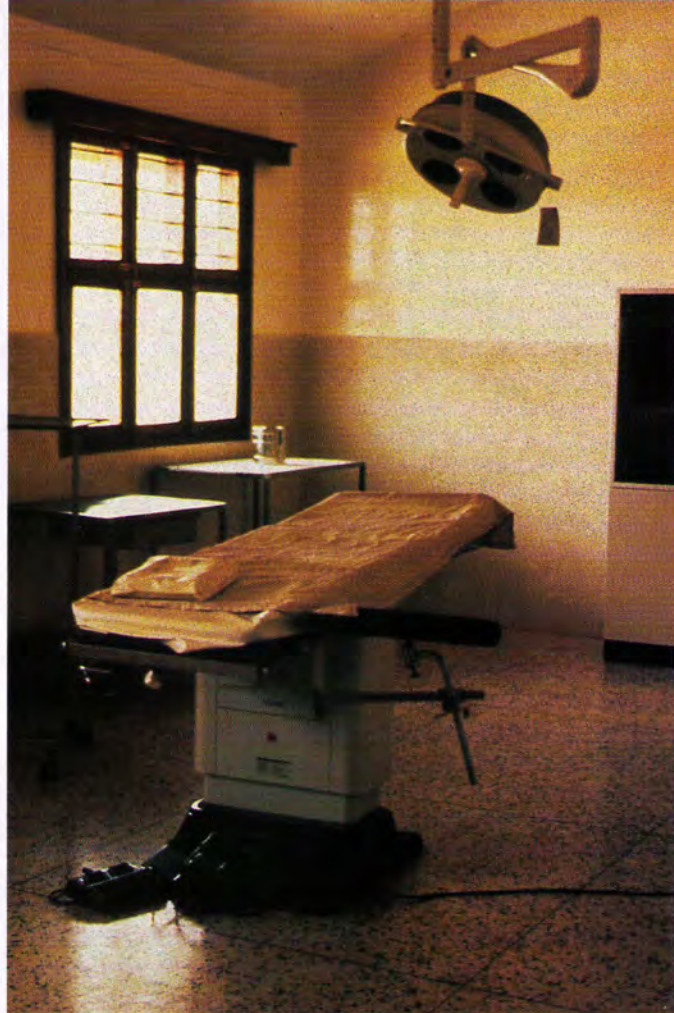
in Tanzania, in which medical services are free, the hospital emphasizes preventative care in a region hard-hit by the AIDS epidemic. Tanzania, and other African countries, lacks the resources to battle diseases once somebody does get sick. Typically, notes Poul Bertelsen, founding principal of MSAADA, the terminally ill go home to die; waging war against cancer and other such diseases is a luxury of the developed world.

Bunda Hospital's expansive plan includes 62,900 square feet of space to accommodate an in-patient ward with 120 beds, an out-patient department and a maternal/child health clinic, as well as ancillary buildings for staff housing, canteen, laundry, kitchen, central stores, mortuary, workshop, generator shop and toilets. The main hospital includes surgical wards, a central sterilization unit, internal-medicine wards for male, female and pediatric patients, intensive-care unit, maternity ward and delivery unit, laboratories, radiology services and pharmacy. In the maternal/child health





MSAADA



clinic, which is set apart from the main hospital, the emphasis is on education and hygiene. Women and their children will receive check-ups, inoculations and leave with food supplements, often distributed as an incentive to visit the clinic.

The various departments and units are housed in separate, single-story

buildings, connected by a roof-covered spine and landscaped courtyards. Interior finishes are bare-bones and utilitarian, with plaster over concrete-block walls, and terrazzo floors and counter tops chosen for durability. Lacking adequate electricity and mechanical-cooling systems, the grouping of small-

scale, concrete-block masonry buildings offers the benefit of natural ventilation and lighting, as well as easy outdoor access for the patients. Bertelsen notes that natural ventilation eliminates sick-building syndrome, although blowing dust is often a problem during the dry season.

The hands-on experience of designing in Africa sustains Bertelsen and his team. There is nothing ivory tower or theoretical about this kind of architecture. MSAADA architects design and build with

their hands, and the clients' benefits are immediately apparent. Says Bertelsen, "For us, it's exciting to do some of these facilities and know they are really needed."

E.K.

**Bunda Designated District Hospital
Bunda Town, Mara Region, Tanzania
MSAADA**