ABSTRACT
This paper presents two hospitals in northern Namibia and discusses the architectural design as embedded in two different political discourses which generates entirely different forms. One is Onandjokwe hospital constructed by Finnish missionaries in 1911. The other, Oshakati hospital, inaugurated in 1966, was the first governmental hospital in this part of Namibia as a response to the international critic of apartheid neglect of black people’s health. There are major differences between the hospital design and construction management of the two hospitals. Discursive differences are visible in construction, building material and layout including spatial separation of patients as well as staff.

The paper also frames the hospitals in the wider politico-geographical process in which South African warfare in the area from 1966 to 1989 is central. The two hospitals became associated to the two different antagonists in the conflict. Oshakati hospital became a part of the South African war machinery, while Onandjokwe became a “terrorist” hospital where wounded guerilla soldiers searched for care. The major South African army base was constructed just adjacent to the Oshakati hospital. Three other governmental hospitals were also constructed in the area during the conflict as a part of the strategy to “win the hearts and minds” of the local people.

Keywords: architectural design, apartheid, hospital, missionary medicine, Namibia, warfare

1 INTRODUCTION
South African apartheid ideology involved social engineering ambitions. This included a separation of races, which was fulfilled by the spatial organization of ‘homelands’. The apartheid ideology also produced design of various different buildings and environments (Judin & Vladislavic, 1998). This paper presents the design of two hospitals in Northern Namibia; one, Oshakati hospital, in which the apartheid ideology is clearly enacted in architectural form. As a contrasting example, the Finnish missionary Onandjokwe hospital was constructed with a different ideological standpoint.

Northern Namibia was entrusted to South Africa as a Mandate after the 1st World War. Over time the South African mandatory regime turned into a full scale occupation in defiance with the decisions of the United Nations. One aspect of the international criticism was the neglect of the health of the black people living in Namibia. Oshakati hospital, the first governmental
hospital in northern Namibia, was constructed mainly as a response to this criticism and as part of the formal introduction of apartheid in this part of the country. At the time the Oshakati hospital was opened in 1966, the Finnish Missionary Society had provided biomedical healthcare to local people during fifty years, partly funded by the South African government.

2 A MISSIONARY HOSPITAL

In 1908, Dr. Selma Rainio arrived in Ovambo from Finland. During her first posting, she saw outpatients in huts outside the little building where she stayed. However, the plans for the construction of proper buildings soon started.

The first building of Onandjokwe hospital was constructed of adobe bricks. It contained seven living rooms, a kitchen and a storage room for groceries. This building, which also contained an outpatient clinic and an operating room, was inaugurated on 9 July 1911. During the following decades, the hospital was extended with both smaller and larger buildings for dwelling or for healthcare purposes. Some were simple structures, such as storage rooms, workshops or sheds. Accommodation for staff and patients and a few larger buildings for medical services were finished between 1912 and 1926. The larger buildings had a veranda, which followed the entire length of the house with an overhanging roof giving shadow to the veranda as well as the interiors. All were clay buildings. The roofs, often covered with thatch, were supported by tree trunks, and provided shelter for patients waiting to be seen by the doctor (Kyrönselppä, 1965). These buildings were hybrids of local architecture and western types of hospital buildings (Nord, 2014). Much of the healthcare was provided on an outpatient basis although the hospital also had the capacity to provide inpatient care. Surgery was carried out at the hospital. Inpatient accommodation was provided in huts erected for the purpose, where patients and accompanying family could stay.

To the missionaries, medical care was not a healthcare undertaking alone but was intermixed with religious ambitions and proselytizing. Healthcare was used to attract people to the Finnish missionary hospitals where they were approached with a religious aim (Miettinen, 2005). This was a succesful strategy. Even people who wanted to have little to do with missionaries in general could be approached by means of medical care (McKittrick, 2002).

3 A NEW HOSPITAL IN OSHAKATI

The plans for the introduction of apartheid in northern Namibia was presented in the Odendaal Plan, an official governmental report (Odendaal Plan 1964). It was suggested that a homeland would be established, Ovamboland. There was a particular focus on the improvement of health services in the report. The plans to construct a governmental hospital was presented. The South African government may have expected that the fact that it was a large capital project of strong symbolic value would impress the international audience (cf. McPake, 2009). However, the international audience was not satisfied. The same year as the hospital opened in 1966, South Africa lost the Mandate and South African presence was declared illegal.
The construction of Oshakati hospital was carried out in a notable way which revealed little confidence in the resources of the north. The use of local materials and architectural forms that were applied by the missionaries were absent in the South African construction (Nord, 2014). The hospital buildings were made of prefabricated asbestos walls and iron sheet roofing produced in South Africa and transported an approximate distance of 2500 kilometres by train to Tsumeb, 300 kilometres south of Oshakati. The large and heavy building components were reloaded from the train to lorries and the transportation continued to Oshakati where the walls were erected (Bremer, 1966).

When the hospital was inaugurated it was severely undersized for its mission of serving the approximately 230 000 people living in the area. The hospital had 444 beds. Beds for black patients were divided among three general wards for adults, one ward for children, one maternity ward, and four TB wards of which one was for children. Each inpatient ward contained about 40 beds. There were also a surgical theatre, an outpatient department and a dispensary. There were offices for administration and buildings for the nursing school (Bremer, 1966). The buildings were robust and rough, both the exteriors as well as the interiors. A simple corridor ran through the greyish inpatient wards. Meals were served in the dining-hall on sturdy tables to patients who sat on benches made of wood. Covered walkways connected the wards and protected patients and staff from the harsh climate, sun and sand (Own observations).

The apartheid ideology was visible in the design of the hospital. White patients were offered a substantially higher standard than blacks, with a special inpatient ward with four private en-suite rooms with patios and baths, and a delivery ward. Staff accommodation was subject to similar considerations. The quality of accommodation for the various types of staff reflected both their respective place in the hospital staff hierarchies, as well as the colour of their skin. White doctors and senior non-medical staff were provided with a family house or flat. Two types of accommodation for nurses were provided. “European Sisters” were accommodated in double-room flats with a kitchen in the patio and shared entrance and bathrooms. “Non-European” nurses, auxiliary nursing staff and nursing students lived in so-called single quarters (Own observations). White staff were also provided with a tennis court and a swimming bath. The separated accommodation had a practical rationale. Black and white staff members were not allowed to socialize outside working hours.

4 WIN THE HEARTS AND MINDS STRATEGY
In 1966 the civil war started between the liberation movement and South Africa. The conflict completely changed the conditions for the hospital in Oshakati. The immediate surroundings of the hospital were fortified and fenced when a major South African base was established in the immediate vicinity. The entrance to the base was opposite the entrance to the Oshakati hospital. The hospital became an asset in the South African war machinery, staffed with military medical personnel. Both hospitals in received many patients produced by warfare and torture. In Onandjokwe, also guerrilla soldiers searched for care. In the 70s the missionaries openly chose the liberation movement (SWAPO) side in the conflict. As a consequence the Onandjokwe hospital was labelled as a “terrorist” hospital by the South Africans. It was raided by militaries at a number of occasions.
The South African defence force embarked on the strategy of winning the hearts and minds of the local people in order to improve their relations with them and to facilitate their presence. The provision of medical services to an area they had previously neglected was a part of this campaign. In a few years in the 80s, three new governmental hospitals were constructed in close vicinity to each other not far from Oshakati hospital, Ombalantu (Nakanyale), Tsandi and Okahao hospitals. Tsandi and Okahao hospitals were about 25 kilometres apart and the hospital in Ombalantu was about 40 kilometres away from the others. This was a “seductive donation” to local headmen in order to make them cooperative (Hangula, 1993, p. 17). The hospitals were located in the respective jurisdiction areas of three ethnic groups, Ombalantu, Uukwaluudhi and Ongandjera. The three hospitals were akin to the hospital in Oshakati in type and in building techniques. All were a model type of hospital. They had similar layouts (the Tsandi and Ombalantu hospitals were identical) in which inpatient wards and other buildings were connected with a system of covered walkways. Their sizes were comparable. Although very close to each other, they did not represent a parallel facility provision for whites only. These hospitals were for civilian use, and were intended for black patients.

5 EPILOGUE
In 1988, diplomatic endeavors put an end to the border war. The new Namibian government took on the arduous task of renovating, refurbishing and reorganizing the apartheid healthcare system they took over at independence. In the mid-90s, renovation works started in the now Intermediate Hospital Oshakati that was to replace the whole hospital. This work was finished just over ten years later. The three hospitals Okahao, Tsandi and Outapi were adapted to the district level and totally removated. Onandjokwe hospital was now run by the Evangelical Lutheran Church of Namibia and was also renovated. It celebrated its 100-year anniversary in 2011. The first adobe building is kept and renovated as a museum.

REFERENCES