Why running a Blend?

Debian Med as a success story for other Blends

Andreas Tille

Debian

Vaumarcus, 12. August 2013

What is Debian Med?

practice management system

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Contains practice management system

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Debian Pure Blend for medical care and microbiological research

Goal of Debian Med

→ *Debian Med is a sustainable way to distribute medical FLOSS to the user*

→ *Debian is the distribution of choice for people working in medical care and microbiological research*

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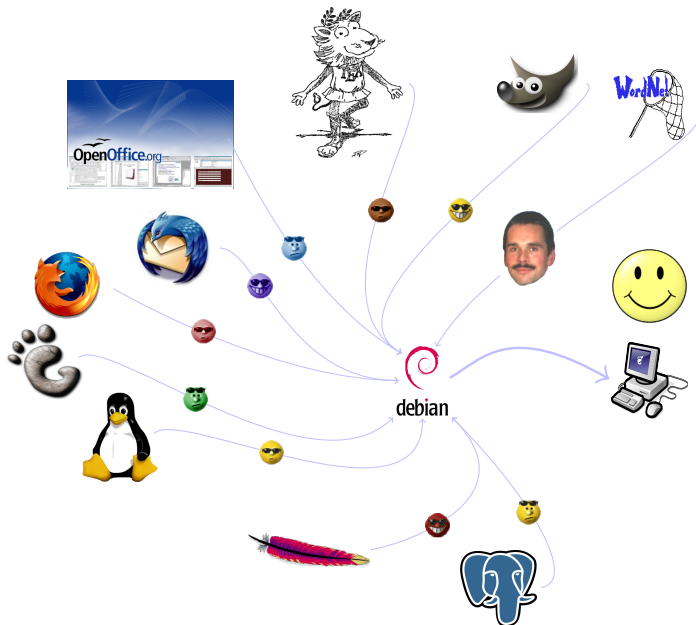
Goal of *${BLEND}*

➜ ${BLEND} *is a sustainable way to distribute* ${BLENDSCOPE} *FLOSS to the user*

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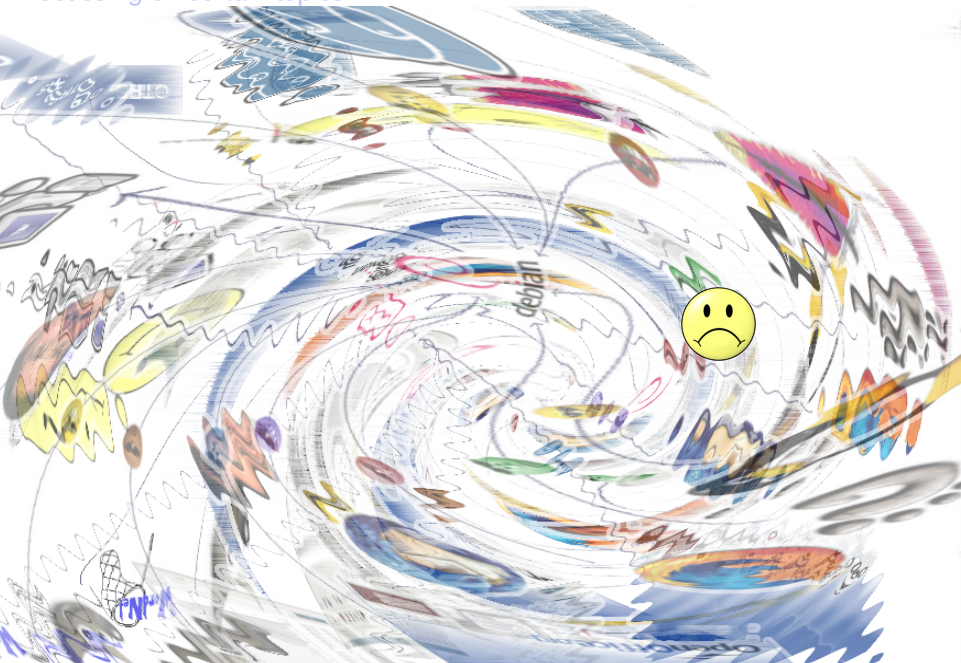➜ *Debian is the distribution of choice for people working in* ${BLENDSCOPE}

Debian

Debian Med

DebiChem

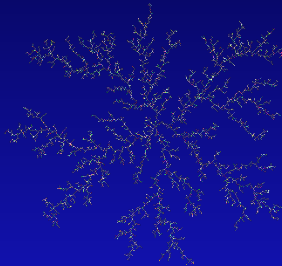Debian Science

Debian Jr

Debian Edu

Debian Multimedia

Debian GIS

Debian Med

DebiChem

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- «*Debian Internal Projects*» became
- «*Custom Debian Distributions*» → complete failure
- DebConf 2008 «*Debian Internal Solutions*»???
- People popped up for the only purpose of *bikeshedding*
- Vote ended up in «*Debian Pure Blends*» in short «*Blends*»

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Similar structures in other distributions

- Fedora has SIGs (Special Interest Groups)
  - *Fedora Medical SIG*
  - *Fedora Science SIG*
- *OpenSuSE Medical*
  - shamelessly copied *Debian Med tasks* pages without backing it up by technical work
  - attempts to get contact failed
- *Ubuntu-Med*
  - seems to lag behind current Ubuntu
  - quite different focus than Debian Med
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→ *Debian Med has by far largest team and amount of packages*

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- Provide great preconditions for derivatives straight inside Debian (example *BioLinux*)
  - Using Debian Med VCS
  - Join common sprints
  - Finally profit from common work via Ubuntu detour
- Good options are unfortunately widely ignored by derivatives (example *OSGeo*)
  - Ubuntu derivative trying to get a full toolchain of open source geospatial software
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- Making a certain topic "hot"
- Attract users of the specific working field interested in Debian
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Why considering Debian Med a model?

- One of the first Blends
- Medical software collection has bad chances to survive
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- General creation of metapackages based on tasks files (`blends-dev`; generalised from Debian Edu)
- Web sentinel based on same tasks files
  - *tasks*
  - *bugs*
  - *thermometer* (generalised from Debian GIS)
- Handling of scientific citations
- Subsectioning of *DDPO pages* according to tasks
- Making use of *UDD* for several purposes (web sentinel, citations, prospective packages in VCS, upload + bugs statistics)
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Exkurs: User contact

On Wed, Jan 18, 2012, Luis Ibanez wrote:
Subject: Looking for a Debian packager for FIS-GT.M:
Change the History of Healthcare!!

Dear Debian packagers:

> We are looking for one of you to help
> us change the history of Healthcare

We are working at OSEHRA (http://www.osehra.org/) on
building an Open Source environment for VistA, the
Electronic Health Records system of the US Department
of Veterans Affairs.

VistA is the best proven EHR, and it has been used for
the last 30 years at the VA. It currently runs about
170 VA hospitals and about 1,000 ambulatory facilities.
...

Answer to user request: MoM

On Wed, Thu, 19 Jan 2012, Andreas Tille wrote:

Subject: Happy birthday Debian Med and announcement of MOM

...To ensure that this development of a strong team will continue I would like to propose a new effort I would like to call

Mentoring Of the Month" (MOM)

In this program I would like to dedicate a part of my spare time to a newcomer (the "student") providing any packaging knowledge I have to enable him working more or less independently on packaging after passing this MOM period. I like to guide the student kindly into all secrets of Debian packaging at the example of a specific program which is in the focus of the Debian Med team. The student is free to pick the package however, ...

Debian Med is good for Debian
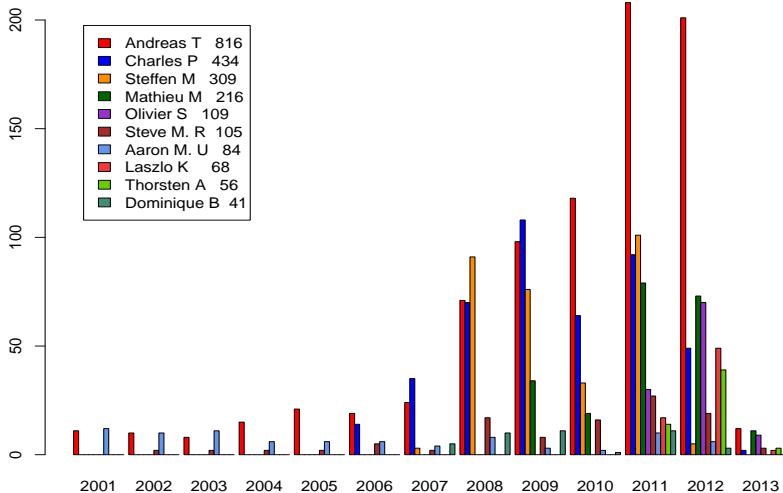
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- Debian Med has 23 DDs+DMs
- 10 DDs *because* Debian Med exists;
  4 DDs before Debian Med started
- 7 out of the 10 above extended their activity to other fields in Debian
- 8 out of the 10 above are active in Debian Med

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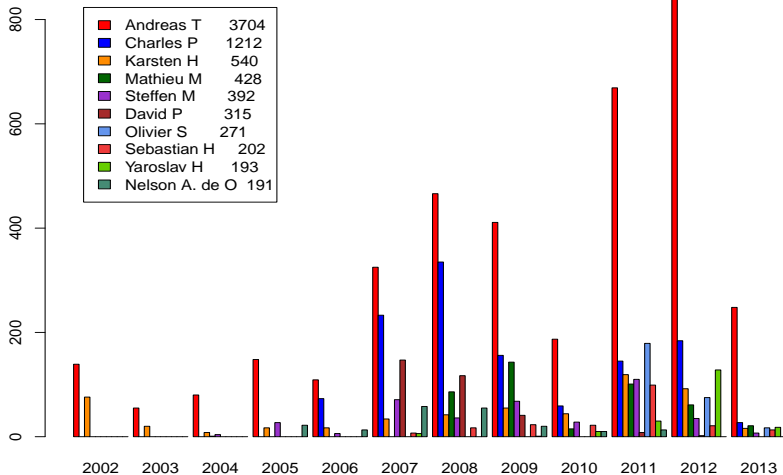
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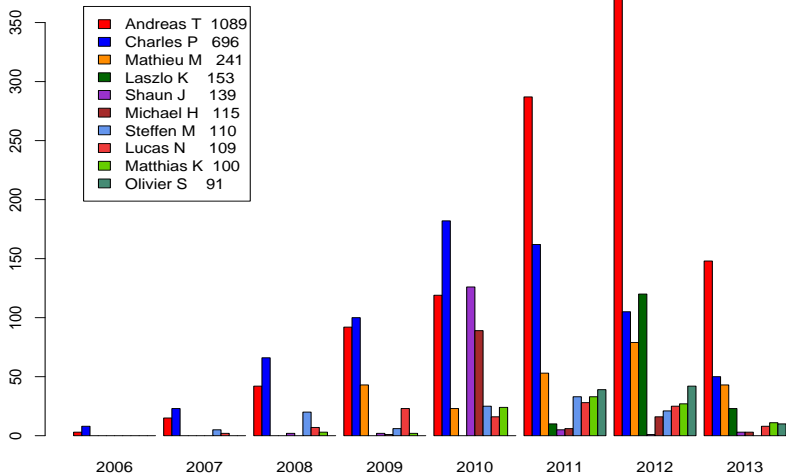- 8 out of the 10 above are active in Debian Med
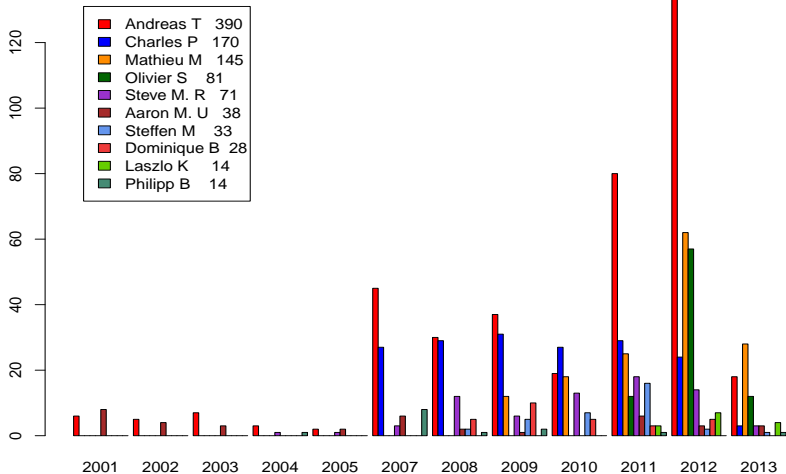
Top 10 Uploaders of Debian Med team

Legend:
- Andreas T 816
- Charles P 434
- Steffen M 309
- Mathieu M 216
- Olivier S 109
- Steve M. R 105
- Aaron M. U 84
- Laszlo K 68
- Thorsten A 56
- Dominique B 41

Top 10 discussion Debian Med developer mailing list

Legend:
- Andreas T 1089
- Charles P 696
- Mathieu M 241
- Laszlo K 153
- Shaun J 139
- Michael H 115
- Steffen M 110
- Lucas N 109
- Matthias K 100
- Olivier S 91

Top 10 commiters to Debian Med VCS

Legend:
- Andreas T   4904
- Charles P   3384
- Mathieu M   1700
- Steffen M   1018
- Olivier S   908
- David P   538
- Steven M. R   447
- Laszlo K   436
- Aaron M. U   285
- Thorsten A   275
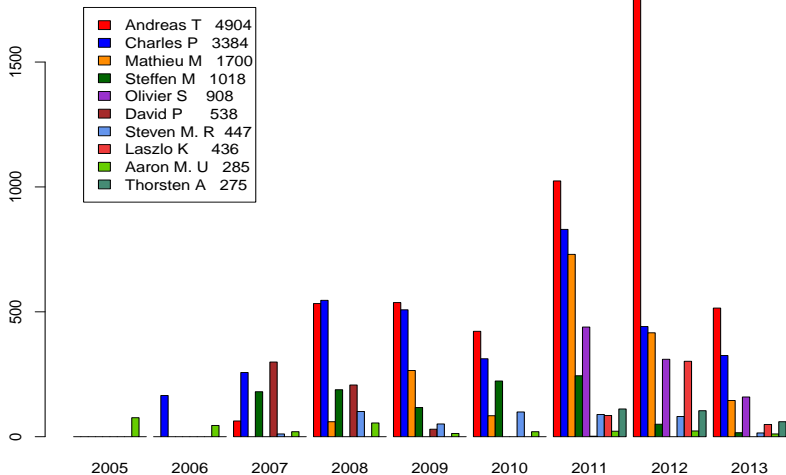
*Waking up in the morning and realising
that somebody else has solved your
problem from yesterday*

Meetings

- Charts have shown an increase of active developers and general activities since yearly sprint meetings are happening
- For the moment the Sprints are only done in the Biology branch
- Ratio between Debian developers to developers & users of bioinformatics software was about 1:5
- By closely working together with our users we have won new developers (one per Sprint)

→ *Previous users start realising that they can take influence by becoming a developer.*
Yes, you can really join Debian!

Thanks for supporting Sprints which we have proven to be successful

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→ *Previous users start realising that they can take influence by becoming a developer.*
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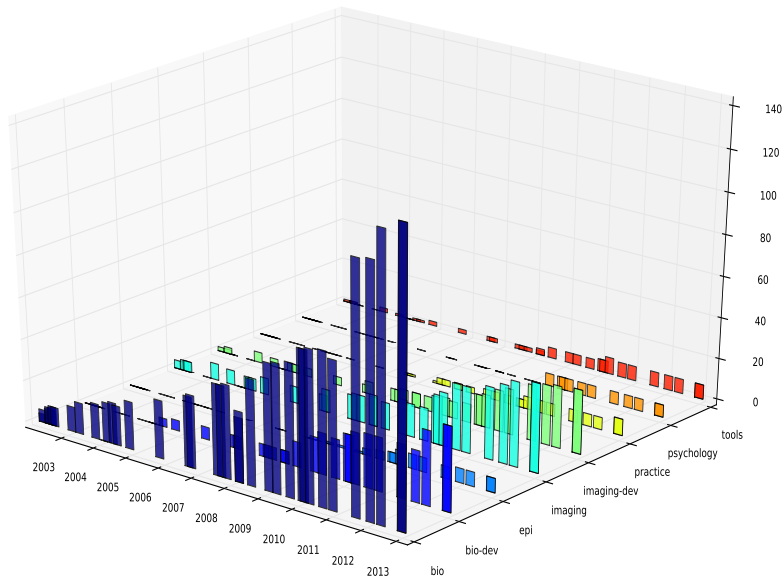Thanks for supporting Sprints which we have proven to be successful

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Number of Packages in selected tasks

Healthy growth

- After some stagnation in the beginning growth in all measures
- Warning: Also the amount of own work is growing
  (even if work is split on more shoulders)
- Strategy: Making Blends tools even more attractive to
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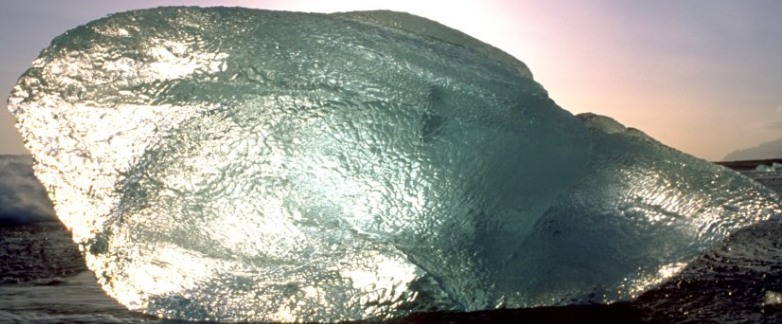
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This talk is available at

http://people.debian.org/~tille/talks/

Andreas Tille <tille@debian.org>