

Debian Med beyond COVID-19

How a Debian Blend gained momentum

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Debian

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1 What is Debian Med?

2 Teammetrics statistics and development cycles

3 Long term contributions as result of Covid-19 hackathons

4 Summary

Back in 2001 at DebConf 1



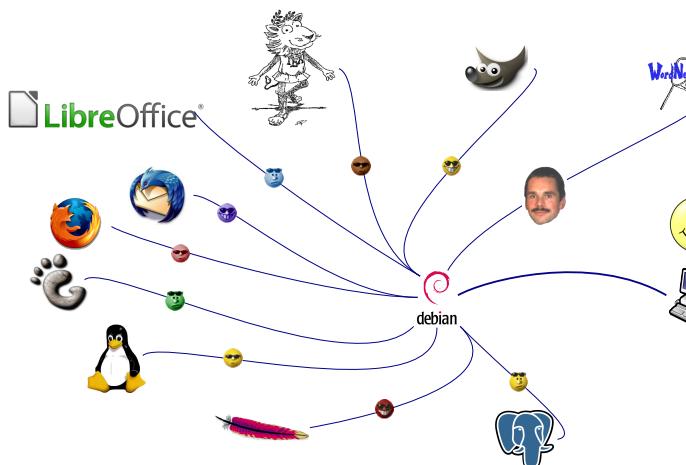
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the first talk about the concept was prepared



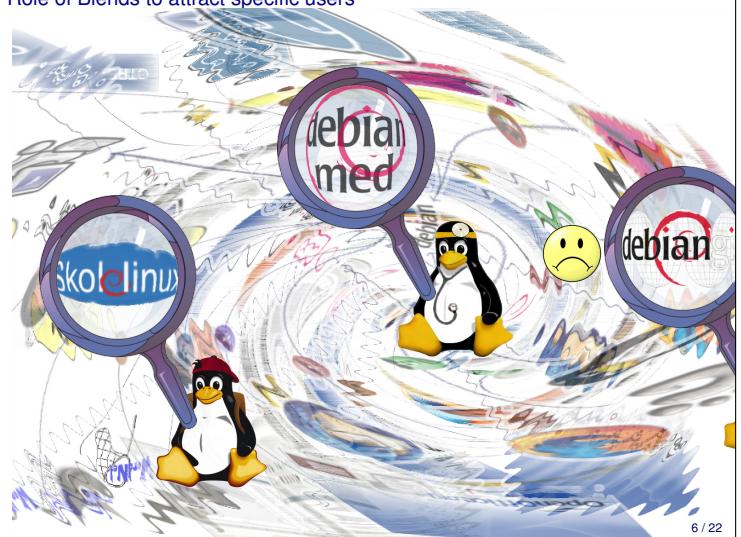
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Debian



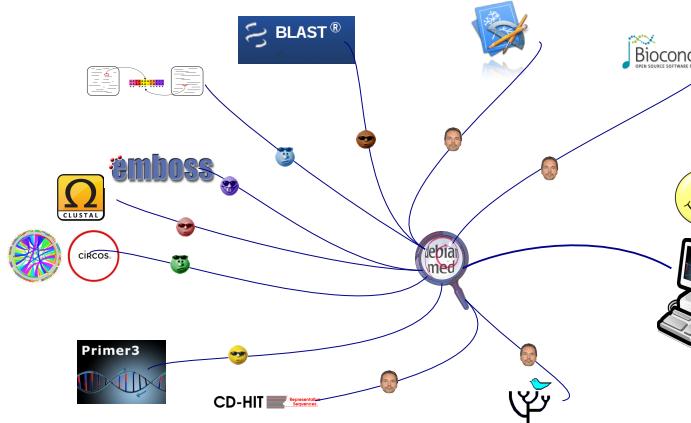
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Role of Blends to attract specific users



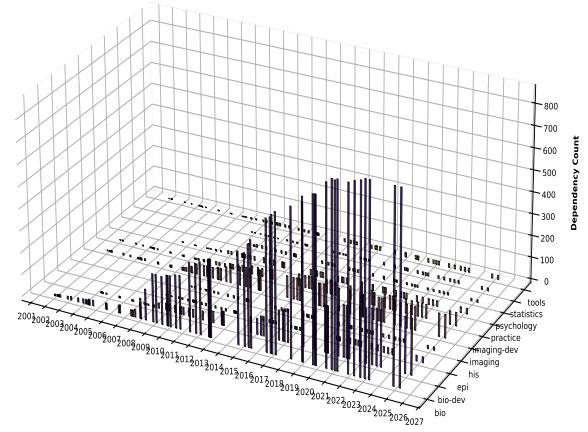
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Med-bio task of Debian Med



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Packages in selected tasks of Debian Med



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How can you help Debian Med?

Tell us, what software you want to see in Debian!

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Not all tasks are appropriately covered

- Bioinformatics: very good, currently working on Workflows and AI packages
- Medical imaging: good
- Medical practice: there is something (gnumed)
- Epidemiology: several R packages, working on AI packages
- Hospitals: close to nothing (fis-gtm)
... besides a stable but unspecific OS

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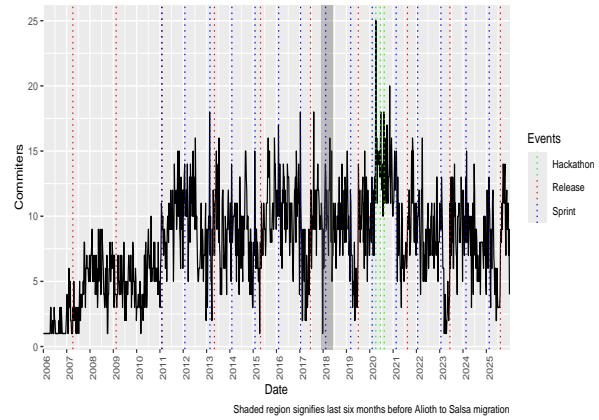
Debian Med has attracted one developer per year

According to a survey in Wiki

- Debian Med has 45 DDs+DMs (not all active any more)
- 23 DDs *because* Debian Med exists
- 16 out of the 23 above extended their activity to other fields in Debian
- 13 out of the 23 above are currently active in Debian Med
- 3 DDs and 1 DM are new after the April-Hackathon

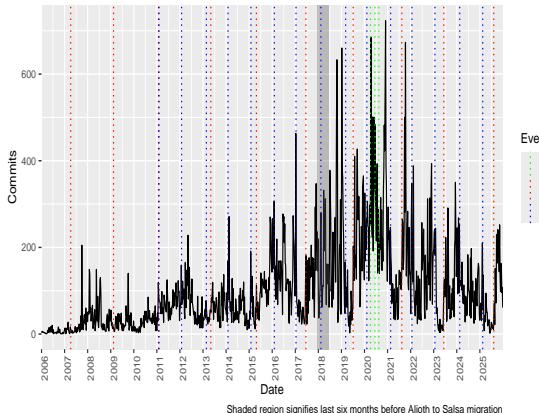
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Persons committing to Debian Med packages per week

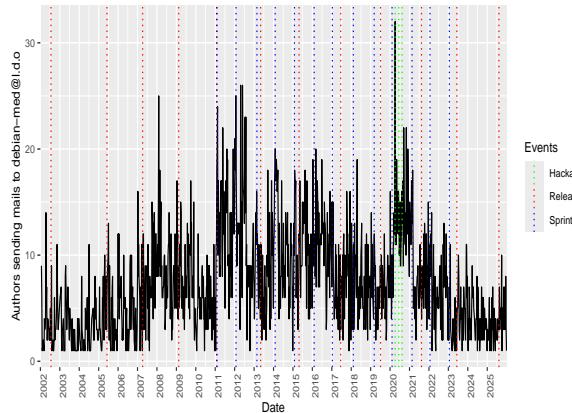


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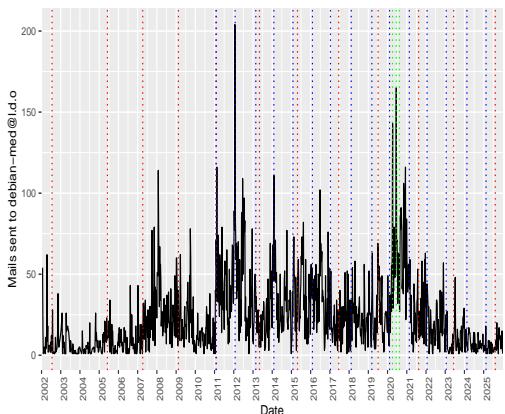
Commits to Debian Med packages per week



Persons posting to debian-med@lists.debian.org



Posts to debian-med@lists.debian.org



Communication

- Daily jitsy meeting
- Mailinglist
- IRC
- Established in online sprint February 2021: Matrix

Different contributions in hackathons

- Former contributors who came back for a certain period of time
- Permanent contributors who increased activity
- Other DDs/DMs (specifically ftpmaster) contributed
- New contributors
 - for a certain period of time
 - who stucked to the project
- Former and new GSoC / Outreachy students
- Non-technical contributors checking licenses, program versions and contacting upstream
- Family members with a lot of patience

Following Hackathons and Online-Sprint

- Two following Hackathons in two months distance not as productive
- Yearly sprint was done online
 - Set of attendees was different than real life sprints
 - Long term attendees with less/no activity
 - More non-european attendees
 - Continuously open Jitsi-room
 - Meeting inside the room every second hour

→ Join our next sprint at 21./22.2 in Berlin!

Long term effect of COVID-19 on the Debian Med project

- The Debian Med project got a totally new drive
- It is even more fun to work in this project
- While the actual spin of the hackathon faded away 4 new DDs/DMs are continuously contributing since then
Étienne Mollier HPC, Python, gcc, kept on in my 2 DPL terms,
has beaten me in several team metrics measures

Pierre Gruet Java competence, kept on in my 2 DPL terms

Nilesh Patra Tried hard to beat me in uploads and succeeded

Shayan Doust Contributed to teammetrics with R scripts

- Majority of the newcomers is not originated in the field of bioinformatics or medicine
- Everybody is kindly invited to share this fun with us and join the project

Long term effect of COVID-19 on my own work inside the project

- While the hackathon was running my work shifted from packaging way stronger to mentoring and organising
- Later it went back to "normal" - but with support of more developers
- Newcomers took over work I previously felt alone with and kept on when I worked as DPL
- Its even more fun than before to see all those skilled developers doing stuff I could never approach myself
- I'm very happy about all those hackathon contributions but I'm wondering how to keep on gathering more contributors

→ My best take-away message as DPL: Debian Med keeps on running without me!

Join our Sprint in Berlin in three weeks

21.+22. February 2026 in Berlin

<https://wiki.debian.org/Sprints/2026/DebianMedSprint2026>



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