

man health, help libraries cope with rising subscription costs and offer taxpayers access to research for which they annually cough up about US\$100 apiece to cover the National Institute of Health's US\$29-billion budget.

"Technology has enabled this policy," says Heather Joseph, executive director of the Scholarly Publishing and Academic Resources Coalition, a consortium of academic libraries. "It was

definitely a polarizing issue, but the reality is that it gives us a tremendous new resource to do things we haven't even thought of yet."

About 70 000 more manuscripts will be available annually to researchers and the public, Joseph added.

Several journal publishers opposed the change, fearing that making articles free would reduce their advertising and subscription revenue. They also claimed

the policy undermines their copyright.

But commencing May 25, 2008, researchers will be required to include the PubMed Central or National Institutes of Health submission number for all articles cited in their future grant applications and progress reports. Failure to do so would jeopardize future funding. — Janet Rae Brooks, Salt Lake City, Utah

DOI:10.1503/cmaj.080211

## DISPATCH FROM THE MEDICAL FRONT

### Soup truck

The pickup truck, loaded with buckets full of banku balls and groundnut soup, stops on the red earth courtyard of Tamale's residential mental health centre, where the windows are boarded up, the staff and funding long gone.

For a moment, there is no one — mangos ripen high on a tree, a goat investigates litter.

Then, as if on cue, a woman, her face expressionless, wearing tattered clothing and a cardinal tuque in 40 degree Ugandan heat, turns a corner and walks with firm certainty towards us to receive her meal. Other former in-patients soon appear from their makeshift shelters, still living on the grounds of this closed facility, also anticipating the daily visit.

We go to the next stop.

The driver explains to me that many people with mental illness in his city are banned from their families, and few have access to treatment. They become the homeless on the streets, feared by the public and without any means of support.

To address this issue, his clinic developed a free food program, and in 17 years has not missed a single meal.

Since then, the public has seen an improvement in those on the streets, and many gossip that the clinic secretly puts medication in the food.

Of course there's no medication, he laughs.

Having a full stomach helps their symptoms, and so does having others who care about them, arriving predictably each day.



Daren Lin

The food truck on a road in Tamale, with one of the cooks, Mary (right), and the driver, Somebody (left). Somebody got his moniker because the clinic needed "somebody" to do odd jobs and he stepped up to the plate.

Seeing their safe interactions with the clinic, the public stigma is now also gradually subsiding.

Our truck approaches some roadside market stalls, where people gather to stare at the nearby traffic circle.

There a man jumps up and down, dangerously close to honking scarlet tro-tro taxis whirling about him.

He is nearly naked under the blazing sun, screaming pressured speech.

Stepping from the truck, I approach him.

There is calm in his eyes as he takes my parcel of banku and groundnut.

Gently, he sits down to eat.

It is an amazing sight: compassion achieving the same short-term effect as

an antipsychotic, often pierced violently into an uncooperative patient's straining muscles back home. — Daren Lin MD, Hamilton, Ont.

DOI:10.1503/cmaj.080212

CMAJ invites contributions to Dispatches from the medical front, in which physicians and other health care providers offer eyewitness glimpses of medical frontiers, whether defined by location or intervention. The frequency of the section will be conditional on submissions, which must run a maximum 350 words or be subject to our ruthless editorial pencils. Forward submissions to: wayne.kondro@cma.ca