RADICAL CURES

A Prize-Based, Open-Licence Protocol for Curing Human Disease

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"What Linus Torvalds did for operating systems, we intend to do for the human body."

SECTION 1

The Problem with Medical Research Funding

The global medical research system is broken in a specific, fixable way. It is not broken because scientists are incompetent, or because cures are impossible. It is broken because the incentive structure systematically rewards the wrong things.

The pharmaceutical industry spends more on marketing than on research. The NIH spends more on administering grants than many countries spend on medicine entirely. And yet, diseases that have been "under research" for fifty years remain uncured. Three structural failures drive this:

Pay-for-Effort, Not Results

Grant funding compensates researchers for trying, not for succeeding. A scientist can spend a career publishing negative results, consuming millions in funding, and retire with a pension. There is no financial consequence for not curing a disease.

Patent Monopoly Misalignment

The only path to a meaningful financial return from a cure is a patent monopoly. This forces cures into a pricing model that excludes billions of patients and creates perverse incentives to develop treatments rather than cures — because a treatment generates recurring revenue while a cure eliminates the patient as a customer.

Bureaucratic Friction

The average time from discovery to approved treatment is 12 years and $2.6 billion. Most of this cost is regulatory navigation, not science. This wall is insurmountable for independent researchers and small institutions, concentrating innovation in organisations large enough to absorb the cost — further entrenching incumbent interests.

The result: diseases with known biological mechanisms remain uncured for decades not because cures are scientifically impossible, but because no single actor has sufficient incentive — unconstrained by competing obligations — to achieve one.

SECTION 2

The Linux Insight

In 1991, Linus Torvalds posted a message to a Usenet newsgroup. He had no money, no institution behind him, and no permission from the software establishment. He had a working kernel and a licence.

The GNU General Public Licence — drafted by Richard Stallman — was not just a legal document. It was a self-propagating incentive mechanism. Anyone who used Linux code had to release their improvements under the same terms. The licence made openness viral. It made collaboration the path of least resistance. And it made it legally impossible for any single actor to enclose the commons.

What if we applied the same logic to medicine? Not open-source medicine in the naive sense — biology is not software and a cure cannot be compiled from a GitHub repo. But the underlying architecture is transferable: a prize that replaces the patent monopoly, a licence that makes cures permanently open, and a legal structure that no single company can capture.

Linux / Open Source	Radical Cures / Open Medicine
GPL Licence	Open Medical Advancement Royalty (OMAR)
Kernel Maintainers	Scientific Verification Panel
Linux Foundation (non-profit steward)	Radical Cures Ltd (ACNC-registered charity, Australia)
Contributor pays nothing, benefits from all contributions	Researcher receives prize, cure belongs to humanity
Commercial users fund the commons indirectly	Commercial implementers pay 10% royalty back to research pool
Forking is allowed; improvements stay open	Derivative treatments permitted; improvements remain OMAR-licensed

The key difference: Linux replaced proprietary software with open software. Radical Cures replaces the patent monopoly with a prize — a one-time payment that extinguishes the monopoly incentive and places the cure in permanent open commons. The prize is large enough to make curing more lucrative than treating. The licence is viral enough that no one can enclose it.

SECTION 3

Radical Cures: How It Works

Radical Cures is a prize protocol. For each disease, a prize pool accumulates from public donations and grants. The prize is disbursed in full to the first team that satisfies the pre-defined verification standard for that disease. The cure is immediately licensed under OMAR — open to humanity, with commercial implementers required to return 10% of related revenue to the pool.

The mechanics in five steps:

01 · Pool

Donors contribute to a disease-specific prize pool, held by Radical Cures Ltd. Donors receive a tax deduction where the charity is DGR-endorsed. Funds are held until the cure is verified or the pool window expires.

02 · Define

For each disease, the Scientific Verification Panel publishes a Cure Definition — a precise, pre-registered standard that a submission must meet. It is published before any research begins, cannot be changed after pool opening, and is written in plain language accessible to patients and the public.

03 · Research

Any qualified researcher, institution, or team globally may submit a cure claim. There is no application process, no grant committee, no institutional affiliation required. The cure definition is public. The incentive is the prize.

04 · Verify

The Scientific Verification Panel reviews submissions against the published standard. Verification is adversarial — challengers may present counter-evidence. The panel's decision is public, reasoned, and subject to independent audit. Partial milestone prizes may be awarded for significant advances short of full verification.

05 · Release

Upon verification, the prize is disbursed. The cure is immediately published under the OMAR licence. Commercial implementers may use it freely, subject to the 10% royalty obligation. Royalties flow back into the pool for the next disease.

Who can contribute to a pool?

Individuals: anyone. A $5 donation and a $5,000 donation sit in the same pool. **Governments:** national health ministries may contribute as a more accountable alternative to grants — money moves only on results. **Philanthropies:** foundations may contribute as program-related grants; OMAR guarantees a permanently open output. **Patient communities:** advocacy organisations may co-define the Cure Definition, ensuring the standard reflects real-world outcomes. **Corporations:** companies may contribute as pre-competitive collaboration and still benefit from the cure through the OMAR commercial licence.

SECTION 4

The Open Medical Advancement Royalty (OMAR)

OMAR is the licence that makes Radical Cures self-sustaining. It is the GPL for medicine: a legal instrument that makes openness the default, enforces it contractually, and creates a royalty stream that funds the next round of research without requiring ongoing philanthropy.

Principle	Meaning
Permanent Open Access	Any verified cure is released under OMAR in perpetuity and cannot be re-enclosed. No company may patent an OMAR-licensed cure or a non-material-improvement derivative.
Viral Openness	Derivative treatments based on an OMAR-licensed cure must themselves be OMAR-licensed — the GPL copyleft mechanism applied to medicine.
Commercial Royalty (10%)	Commercial entities generating revenue from OMAR-licensed treatments pay 10% of gross revenue back to the disease-specific pool. A licence condition, not a tax; non-payment is a breach.
Attribution	All implementations must credit the discovering team and the Radical Cures platform.
Non-Commercial Free Use	Governments, NGOs, academic institutions, and individuals may implement OMAR-licensed cures at no cost and with no royalty. The public-health guarantee of the system.
Researcher's Rights	The discovering team receives the full prize, retains full attribution, and may commercialise — subject to the same 10% royalty — and gains privileged access to future pools.

OMAR is currently a term sheet, not a finalised legal document. An early use of Radical Cures seed funding will be engagement of IP/health-law counsel to draft OMAR as an enforceable licence instrument under Australian law, with international recognition clauses. This is the single most important legal deliverable of Phase 1.

Why not Creative Commons? Creative Commons licences do not include royalty mechanisms, do not address patent rights in biological materials, and were not designed for the regulatory environment of pharmaceutical development. OMAR is purpose-built for medicine: it must address patent claims, regulatory data exclusivity, manufacturing know-how, and the enforcement challenges of global pharmaceutical markets. This is new legal infrastructure, analogous to what the Free Software Foundation built for software.

SECTION 5

Anchor Disease: Proof of Concept

Radical Cures does not launch with 170 diseases. It launches with one. The anchor disease serves as proof of concept for the prize mechanism, the verification protocol, the OMAR licence, and the charity structure. Everything else scales from this foundation.

Selection criteria

Measurable endpoint — "cured" must be unambiguous. **Neglected by pharma** — where the patent-monopoly model offers insufficient return. **Active research frontier** — where prize funding could provide the decisive push. **Large affected community** — a patient base able to contribute, validate the definition, and amplify a successful verification.

Disease	Why It Qualifies	Status
Colour Vision Deficiency (Achromatopsia)	Clear endpoint (colour discrimination tests), gene therapy approaching clinical viability, 350M+ affected globally, largely ignored by pharma	Primary candidate
Phenylketonuria (PKU)	Rare, clear biochemical endpoint, existing gene-therapy research underway, active global patient community	Secondary candidate
Chagas Disease	Neglected tropical disease affecting 7M+, political will among global-health donors, clear parasitological cure endpoint	Secondary candidate

SECTION 6

Legal Structure

Radical Cures is founded as an **Australian public company limited by guarantee**, registered as a charity with the Australian Charities and Not-for-profits Commission (ACNC) and endorsed by the ATO as a **Health Promotion Charity** with **Deductible Gift Recipient (DGR)** status so that donations are tax-deductible.

Why this structure to launch

No owners, no shareholders	A company limited by guarantee has no equity and no distributable profit. Its constitution binds all income and property to its charitable purpose, and on winding up any surplus must pass to another like charity — never to members. Prize pools cannot be redirected to private benefit.
Tax-deductible from day one	DGR endorsement means Australian donors receive a deduction immediately — the biggest driver of early giving — without the locked capital and foreign-resident representation a foreign foundation requires before it can even open.
Independent regulation, public trust	The ACNC maintains a public charity register and enforces the Governance Standards; charities are transparent, searchable, and accountable.
Fast and low-cost	The entity can be registered in weeks for under a thousand dollars in government fees, so early dollars go to demand and the first prize pool rather than to structure.

Governance

The company is governed by a Board of at least three directors, each a "Responsible Person" under the ACNC Governance Standards with fiduciary duty to the charitable mission alone. A separate, independent Scientific Verification Panel governs each disease's Cure Definition and the verification of claims, with published conflict-of-interest and recusal rules. No director, member, or associate may claim or share in a prize pool.

Future international structure

As pools reach global scale and attract cross-border and institutional funding, Radical Cures may establish a complementary international entity — for example a Swiss foundation (Stiftung) in Zug, the structure used by protocol-layer organisations such as the Ethereum Foundation — to hold multi-jurisdictional pools and enforce the OMAR licence internationally. That step is deferred until justified by the scale of funds; it is not required to begin.

SECTION 7

Fund Flow

Radical Cures does not issue a token. This is a deliberate decision. Token issuance introduces speculation, regulatory complexity, and incentive misalignment that would undermine the credibility of the prize mechanism with the scientific and medical communities we need to engage.

Contributions are accepted in fiat currency (AUD, USD, EUR) and, in future, major cryptocurrencies converted to fiat on receipt. All funds are held by Radical Cures Ltd, with the prize-pool balance for each disease published in real time on the platform.

Stage	Mechanism	Who Benefits
Contribution	Donor gives to a disease-specific pool (Gift Fund)	Pool balance increases
Custody	Charity holds funds; release requires Board + Panel sign-off	Security for contributors
Milestone release	Partial disbursement (up to 30%) on verified intermediate milestones	Researcher liquidity
Full release	100% of pool disbursed on verified cure	Discovering team
Royalty cycle	10% of commercial implementer revenue returns to pool for next disease	Next research round

> Early funding is by **donation and grant only**. A charity cannot pay returns to investors. A return-seeking impact-investment vehicle may be designed later as a separate, appropriately licensed entity; it sits outside the charity and outside this phase.

SECTION 8

Roadmap

Phase 0 — Now to Month 2

Whitepaper published and distributed · anchor disease selected · Scientific Advisory Board first members recruited · patient-community partnership established · public demand-registration open on the platform.

Phase 1 — Months 2–6

Seed funding raised (AUD 85,000 target, for OMAR drafting + first pool + operating runway) · **Radical Cures Ltd registered with ASIC and the ACNC; DGR (Health Promotion Charity) endorsement obtained** · Board appointed · IP/health-law counsel engaged to draft OMAR · anchor-disease Cure Definition published · first prize pool opened publicly.

Phase 2 — Months 6–18

Prize pool reaches critical mass · Scientific Verification Panel operational · second disease pool opened · first institutional/government contribution · platform open to researcher submissions.

Phase 3 — Year 2+

First cure submission under verification · OMAR royalty collection operational · five or more pools active · self-sustaining royalty cycle · model replicated with regional partners (and, if warranted, an international entity established).

SECTION 9

What We Are Asking For

This whitepaper is a founding document, not a pitch deck. We are not seeking venture capital. We are seeking co-founders of a new kind of institution — people who understand that the medical research system needs new infrastructure, not more money poured into the existing one. We are asking for three things:

1. Seed funding

AUD 85,000 to draft the OMAR licence, seed the first disease prize pool, and cover operating runway through registration. Every dollar above the structural cost goes directly into the first prize pool. Donors at this stage are named as Founding Contributors on the platform and in the charity's founding records, and — once DGR is endorsed — receive a tax deduction.

2. Scientific credibility

Two to three researchers — ideally with expertise in the anchor disease — willing to serve on the inaugural Scientific Advisory Board. An unpaid advisory role at this stage, with recognition in all platform communications.

3. Distribution

If you believe this model has merit, share it. The prize mechanism only works at scale: a patient community of 10,000 people each contributing $100 creates a $1,000,000 prize — enough to fund a serious push on a neglected disease. We need the network, not just the capital.

What we are not asking for: we are not asking anyone to trust an individual team with large sums. The charity structure — a company limited by guarantee, regulated by the ACNC, with assets bound to purpose — exists precisely so that trust is placed in an accountable institution, not in individuals.

APPENDIX

OMAR — Term Summary

A plain-language summary of the intended OMAR licence terms. This is not a legal document; the finalised licence will be drafted by qualified counsel and published in full before the first prize pool opens.

Term	Plain Language Meaning
Licence type	Copyleft — derivatives must remain open
Commercial use	Permitted; 10% gross-revenue royalty applies
Non-commercial use	Free, unrestricted
Patent rights	OMAR-licensed cures may not be re-patented by implementers
Derivatives	Derivative treatments are OMAR-licensed automatically
Attribution	Required in all implementations
Jurisdiction	Australian law; international recognition clauses to be specified
Enforcement	Radical Cures Ltd holds enforcement rights on behalf of humanity
Termination	Commercial licence terminates automatically on royalty non-payment
Researcher rights	Full prize, full attribution, commercial rights subject to royalty
Duration	Perpetual; no expiry