

RADICAL CURES

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

WHITEPAPER — VERSION 0.1 — JUNE 2026

The Radical Party · radicalcures.theradicalparty.com Correspondence: Omar Najjar · kingomartheoneandonly@protonmail.com

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

Contents

- 1** The Problem with Medical Research Funding
- 2** The Linux Insight
- 3** Radical Cures: How It Works
- 4** The Open Medical Advancement Royalty (OMAR)
- 5** Anchor Disease: Proof of Concept
- 6** Legal Structure — The Swiss Stiftung
- 7** Token Economics & Fund Flow
- 8** Roadmap
- 9** What We Are Asking For
- 10** Team & Governance
- Appendix** OMAR Licence Summary

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 Misalignment Monopoly 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.



The analogies hold precisely:

Linux / Open Source	Radical Cures / Open Medicine
GPL Licence	Open Medical Advancement Royalty (OMAR)
Kernel Maintainers	Scientific Verification Panel
Linux Foundation (Delaware)	Stiftung Radical Cures (Zug, CH)
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 impact investments. 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 and investors contribute to a disease-specific prize pool, held in escrow by the Stiftung Radical Cures. Donors receive tax benefit where applicable. Investors receive a proportional return if the prize is claimed within a defined window.
02 DEFINE	For each disease, the Scientific Verification Panel publishes a Cure Definition — a precise, pre-registered standard that a submission must meet. This 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 \$5,000,000 impact investment sit in the same pool. Both are locked until the cure is verified or the pool window expires.

Governments

National health ministries may contribute to disease pools as an alternative to grant funding. The prize model is more accountable — money moves only on results.

Philanthropies

Foundations may contribute to pools as program-related investments. The OMAR licence guarantees their contribution produces a permanently open output.

Patient Communities

Patient advocacy organisations may co-define the Cure Definition for their disease, ensuring the standard reflects real-world patient outcomes rather than surrogate endpoints.

Corporations

Companies may contribute as a form of pre-competitive collaboration. A pharmaceutical company funding a pool they cannot monopolise still benefits 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.

Core OMAR principles:

Permanent Open Access	Any cure verified under Radical Cures is released under OMAR in perpetuity. It cannot be re-enclosed. No company may patent an OMAR-licensed cure or any derivative that does not materially improve upon it.
Viral Openness	Derivative treatments or formulations based on an OMAR-licensed cure must themselves be released under OMAR. This mirrors the GPL copyleft mechanism: improvements to the commons must remain in the commons.
Commercial Royalty (10%)	Commercial entities that generate revenue from OMAR-licensed treatments pay 10% of gross revenue from those treatments back to the disease-specific pool. This is not a tax — it is a licence condition. Non-payment is a licence breach, enforceable under Swiss contract law and the laws of the implementer's jurisdiction.
Attribution	All commercial and non-commercial implementations must credit the discovering team and the Radical Cures platform. This creates reputational incentive for contribution independent of the prize.
Non-Commercial Use	Governments, NGOs, academic institutions, and individuals may implement OMAR-licensed cures at no cost and with no royalty obligation. This is the explicit public health guarantee of the system.
Researcher's Rights	The discovering team receives the full prize, retains full attribution, and may continue to commercialise their discovery — subject to the same 10% royalty as any other commercial implementer. They gain privileged access to future Radical Cures pools.

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

Why not just use 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 specific enforcement challenges of global pharmaceutical markets. This is new legal infrastructure, analogous to what the FSF 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 Stiftung structure. Everything else scales from this foundation.

Criteria for anchor disease selection:

Measurable endpoint	"Cured" must be unambiguous. Diseases with clear, objective, internationally-agreed clinical endpoints are prioritised over those with subjective or multidimensional outcomes.
Neglected by pharma	Conditions where the patent-monopoly model offers insufficient return to justify investment — rare diseases, diseases primarily affecting low-income populations, or conditions where existing treatments are "good enough" for commercial purposes but inadequate for patients.
Active research frontier	Conditions where the science is tractable and researchers are close — prize funding could provide the decisive push rather than needing to fund basic science from scratch.
Large affected community	A patient advocacy base large enough to contribute to the pool, validate the cure definition, and amplify the announcement of a successful verification.

Shortlisted candidates:

The following diseases are under consideration as the anchor. Final selection will be made in consultation with the Scientific Advisory Board and founding patient community partners.

Disease	Why It Qualifies	Status
Colour Vision Deficiency (Achromatopsia)	Clear endpoint (colour discrimination tests), gene therapy approaching clinical viability, 350M+ affected	Highly viable
Phenylketonuria (PKU)	Rare, clear biochemical endpoint, existing gene therapy research underway, active global patient community	Strongly viable
Chagas Disease	Neglected tropical disease affecting 7M+, political will among global health donors, clear parasitology	Highly viable

SECTION 6

Legal Structure — The Swiss Stiftung

Radical Cures will be established as a Swiss foundation (Stiftung) domiciled in Zug, Switzerland. This is the same jurisdiction and legal form used by the Ethereum Foundation, Cardano Foundation, and numerous other protocol-layer organisations that require a neutral, non-capturable legal entity to hold community assets and enforce open licences.

Why a Swiss Stiftung?

No owners or shareholders	A Stiftung has no equity. Once assets are donated to the foundation, they are legally bound to the foundation's purpose. No founder, investor, or commercial actor can extract them. This is the structural guarantee that prize pools cannot be redirected.
Public benefit exemption	Swiss public-benefit foundations are exempt from corporate income tax. This maximises the proportion of contributed funds that reach the prize pool.
FINMA-regulated credibility	Switzerland's financial regulator (FINMA) provides internationally recognised oversight. Donors, investors, and institutional partners in any jurisdiction are familiar with and trust Swiss foundation structures.
Entrepreneurial funding permitted	The Canton of Zurich explicitly permits charitable foundations to use impact investment structures alongside donations — allowing Radical Cures to offer return-seeking investors a legitimate vehicle alongside philanthropic donors.
Precedent from Crypto Valley	Over 600 foundations operate in Zug's Crypto Valley. Legal counsel, banking relationships, and regulatory pathways are well-established for exactly this type of organisation.

Governance structure:

The Stiftung will be governed by a Foundation Council (Stiftungsrat) of a minimum of three members, including at least one independent Swiss resident as required by law. The Council has fiduciary duty to the foundation's mission only — not to any founder, donor, or commercial partner.

Separate from the Foundation Council, a Scientific Verification Panel will govern the cure definition and verification process. Panel members are appointed by the Council but operate independently, with published conflict-of-interest policies and public recusal procedures.

Minimum capital to register a Swiss Stiftung: CHF 50,000 (~USD 56,000 / AUD 85,000). This is the primary fundraising target of Phase 1.

SECTION 7

Token Economics & 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 (USD, EUR, AUD, CHF) and major cryptocurrencies (ETH, USDC, BTC). All cryptocurrency contributions are converted to stablecoin or fiat at time of receipt and held by the Stiftung in escrow. The prize pool balance for each disease is published in real time on the platform and verifiable on-chain.

Fund flow mechanics:

Stage	Mechanism	Who Benefits
Contribution	Donor/investor sends funds to disease-specific pool address	Pool balance increases
Escrow	Stiftung holds funds; multi-sig release requires Council + 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
Investor return	Investors receive pro-rata return from commercial royalty stream	Impact investors
Royalty cycle	10% of commercial implementer revenue returns to pool for next disease	Next research round

SECTION 8

Roadmap

PHASE 0**Now — Month 2**

- Whitepaper published and distributed
- Anchor disease selected
- Scientific Advisory Board — first two members recruited
- Patient community partnership established for anchor disease
- Apply for Gitcoin public goods funding round

PHASE 1**Months 2–6**

- Seed capital raised: AUD 85,000 target
- Swiss IP counsel engaged — OMAR licence drafted
- Stiftung Radical Cures registered in Zug
- Foundation Council appointed
- Anchor disease cure definition published
- First prize pool opened publicly

PHASE 2**Months 6–18**

- Prize pool reaches critical mass for anchor disease
- Scientific Verification Panel operational
- Second disease pool opened
- First institutional donor / government health ministry contribution
- Platform open to researcher submissions

PHASE 3**Year 2+**

- First cure submission received and under verification
- OMAR royalty collection mechanism operational
- Five or more disease pools active
- Self-sustaining royalty cycle initiated
- Model replicated or licensed to regional partner organisations

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 Capital

AUD 85,000 (approximately CHF 50,000 / USD 56,000) to register the Stiftung and commission the OMAR licence. This is a one-time structural cost. Every dollar contributed above this threshold goes directly into the first disease prize pool. Donors at this stage will be named as Founding Contributors in the Stiftung charter and on the platform permanently.

2. Scientific Credibility

We are seeking two to three researchers — ideally with relevant expertise in the anchor disease — willing to serve on the inaugural Scientific Advisory Board. This is an unpaid advisory role at this stage, with equity-equivalent recognition in all platform communications. If you are such a person, or can connect us with one, this is the most valuable contribution you can make right now.

3. Distribution

If you believe this model has merit, share this document. The prize pool 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 research 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 a team with an unproven track record to manage large sums of money. The Stiftung structure exists precisely so that trust is placed in a legal institution, not in individuals. We are not asking for permission from the pharmaceutical industry, the NIH, or any regulatory body to build this. We are building the infrastructure. The results will speak.

SECTION 10

Team & Governance

Radical Cures is an initiative of The Radical Party. We are a small team with backgrounds spanning aviation, rural infrastructure, technology, and applied problem-solving. We are not medical researchers. We are system architects.

The founding insight is that the medical research funding problem is not primarily a scientific problem. It is an incentive design problem. The people most qualified to solve incentive design problems are not necessarily the people most qualified to cure diseases.

We are building the platform, the legal structure, and the licence. The researchers we recruit will do the science. The patient communities we partner with will define what counts as a cure. The Foundation Council will govern the institution. This is the Linux model: Torvalds did not write all the software. He built the kernel and the contribution infrastructure that allowed others to.

We are actively recruiting: • Foundation Council members (ideally one Swiss-resident legal or financial professional) • Scientific Advisory Board members (researchers in anchor disease area) • Patient community liaison (anchor disease community representative) • Swiss IP counsel (pro-bono or deferred-fee engagement sought) Contact: Omar Najjar · kingomarthoneandonly@protonmail.com

APPENDIX

Open Medical Advancement Royalty — Term Summary

The following is a plain-language summary of the intended OMAR licence terms. This is not a legal document. The finalised licence will be drafted by qualified Swiss IP counsel and published in full prior to the opening of the first prize pool.

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	Swiss law; international recognition clauses to be specified
Enforcement	Stiftung Radical Cures 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

Radical Cures — Stiftung Radical Cures (proposed) — Zug, Switzerland

radicalcures.theradicalparty.com · Omar Najjar · kingomartheoneandonly@protonmail.com

This document is a founding whitepaper and does not constitute a prospectus, financial product, or offer of securities in any jurisdiction.