

The Great Upgrade

A guide for public institutions and implementers

Where human potential has been trapped the longest,
The Great Upgrade should arrive first.

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How to read this edition

This edition explains a working civic framework. The six proposals are designs for review and testing. Their inclusion does not mean they have been legally authorized, piloted or proven effective.

The idea in one sentence

Where human potential has been trapped the longest, The Great Upgrade should arrive first. This priority rule asks where old arrangements repeatedly block health, safety, learning, mobility or a decent livelihood, and where a feasible change could release the most opportunity.

The basic method

Describe the result the present system produces. Publish a specific alternative and at least one credible rival. Ask who benefits and who bears costs. Invite a dissenter to state the strongest objection. Check law, money, safety and evidence. Test a limited version, measure outcomes and revise or stop.

Who has a voice

Residents, universities, researchers, governments, legislators, businesses, labor organizations and civil society can all contribute. Their responses are shown in separate panels. A senator speaks for a legislature only after the legislature has acted. Every institutional response states who approved it, what authority it carries and which version it reviewed.

A proposal can lose

A fair comparison includes the current system, the Great Upgrade design, and credible alternatives. A person can also say that the evidence is insufficient. Old votes stay visible when a proposal changes, but current support must be calculated from responses to the current version.

Six working proposals

001 examines substance policy and public health; 002 compares elevated active mobility with safer routes at street level; 003 organizes neighborhood repair and maintenance as Evolucracia; 004 designs a protected city infrastructure fund; 005 examines a temporary international infrastructure workforce partnership; 006 tests accountable southbound weapons inspection. All six require further legal, financial and operational work before any jurisdiction can implement them.

What counts as progress

A concept advances to a working proposal, then a legally authorized pilot with a budget, safety limits and an independent evaluator. Only a demonstrated result can justify replication. A ten year horizon organizes the work; it guarantees no proposal will reach national scale.

1 The decision before an institution

Decide whether to review a proposal, authorize a bounded study, invite alternatives or maintain the present system. No institution is asked to certify a Great Upgrade proposal as adopted merely by answering a questionnaire. Record the decision making body, legal authority, proposal version, conflict disclosures, dissent and publication date.

2 Ninety day preparation

Days 1 to 30: identify a public problem, collect a baseline, inventory affected groups and confirm the actual decision authority. Days 31 to 60: obtain legal, budget, safety and procurement reviews; solicit alternatives and an independent dissent. Days 61 to 90: publish an institutional response and, if warranted, a pilot charter with limits and stop rules. These are planning intervals, not a claim that every jurisdiction can meet them.

3 Minimum public dossier

Publish a precise status quo description, candidate mechanisms, evidence ledger, cost and maintenance assumptions, rights and environmental review, covered groups, dissent, version history and the authority attached to each response. Keep personally identifying verification records out of the public export. Report contacted and nonresponding sectors so a favorable percentage is not mistaken for complete coverage.

4 Pilot authorization gate

Require a named lead agency, lawful power to act, location and duration, signed operating agreement, cap on spending, training and safety plan, independent evaluation access, complaint channel, contingency and exit responsibilities. The approval instrument must say which activities are forbidden and who can suspend the pilot. If any gate is absent, authorize further study instead of field operations.

5 Budget and procurement

Build capital, staffing, compliance, insurance, monitoring, maintenance, replacement and closure costs into the estimate. State who pays and who owns assets afterward. Use competitive or otherwise lawful procurement and publish conflicts. Show a low and high scenario with assumptions; do not turn a rough model into a revenue promise.

6 Applied choices among the six

For 002, compare elevated construction with a protected surface route using full lifecycle cost and accessible travel. For 003, protect skilled employment and assign maintenance. For 004, model household burden and displacement. For 005, verify shortages, wage parity, recruitment fees and housing. For 006, review border authority, throughput, privacy and route displacement. Each demands its own competent legal review.

7 Special gate for Proposal 001

Keep the three drug policy architectures separate in any vote or pilot. Clinical care requires licensed providers, eligibility, informed consent, pharmacovigilance, diversion controls and emergency protocols. A vending or pharmacy distribution mechanism is an unresolved design variant requiring specific legal and clinical authorization. Monitor youth access, overdose, illicit market displacement and equity. Do not book hypothetical tax proceeds as available funds.

8 Decision record after evaluation

The independent report should compare outcomes and adverse events with the predefined baseline and comparator, explain data gaps, calculate total public cost and identify who gained or lost. The authorized body must choose one of five recorded actions: stop, revise, repeat pilot, expand within limits or retain the current system. Any material redesign gets a new version and renewed review.

9 Institutional invitation

An agency or university can start with one certified response to one version of one proposal. Name the body that made the decision, disclose its scope and publish the strongest objection. That small, valid act adds more useful legitimacy than an unsupported claim of universal institutional support.

Project sources and status

The Great Upgrade Pan American Master v4.0, September 2026; La Gran Actualización Documento Maestro Panamericano v3.2, September 2026; Proposal 001 Three Alternatives for Drug Policy, September 2026. These are project documents. Clinical, legal and fiscal decisions require independent, jurisdiction specific verification.