CYNAERA

Predictive Systems for Health, Climate, and Institutional Stability

How CYNAERA Unifies Systems

01 Life-Course Modeling

Tracks individuals as continuous systems, not isolated encounters. Biology, environment, access, and policy are linked across years.

02 Unified Data Language

Translates medical, climate, social, and policy data into a shared terrain framework. All signals become comparable and interoperable.

03 Upstream–Downstream Integration

Connects causes, responses, and outcomes.
Environment → Symptoms → Utilization → Disability → Economic Impact.

How CYNAERA Unifies Systems

04 **Long-Horizon Intelligence**

Aligns short-term institutional decisions with decades-long human outcomes. Prevents long-term system collapse.

05 **Shared Operating Interface**

One integrated terrain platform for agencies, providers, researchers, and nonprofits. Different views. Same underlying reality.

06 **Continuous Feedback Loop**

Tracks outcomes after decisions. System recalibrates based on real-world impact.

ONE ENGINE, SIX BUDGETS - CASE STUDY

VITALGUARD™ EXAMPLE: WILDFIRE SMOKE EVENT (72-HOUR FORECAST)

ONE PREDICTION | SIX SAVINGS STREAMS

TOTAL SAVINGS

1. CMS/Medicaid: 2,000 ER visits avoided → $4.4M saved

2. VA Healthcare: 800 admissions avoided → $12M saved

3. State Workers Comp: 500 claims avoided → $3M saved

4. Private Insurance: 3,000 urgent care avoided → $1.5M saved

5. FEMA: Medical surge avoided → $2M saved

6. Local EMS: 400 ambulance calls avoided → $600K saved

$23.5M CYNAERA Fee (10% shared savings):
$2.4M

Annualized (10 events/year in one metro):
$24M revenue

Scale to 50 states:
$1.2B annual revenue

AIM™ THE CLIMATE INFRASTRUCTURE PLAY

AI's Massive Redundant Carbon Footprint

- Epic, Optum, Cerner, Flatiron, = separate AI infrastructure
- Same health data processed 5-10× across companies
- 2M+ tons CO_2/year in duplicate compute

Market Timing

- SEC: Scope 3 emissions reporting (2024)
- Federal: Executive Order 14057 net-zero by 2050
- Corporate: ESG investor requirements landed
- Economic: 10× cheaper than rebuilding green infrastructure

AIM™ Solution: A Shared Intelligence Layer

- Like hybrid cars replacing separate gas engines
- 80% emissions reduction through consolidation
- $139M/year in carbon credits
- Instant ESG compliance

Why This Becomes Mandatory

2025: Early adopters (carbon credit arbitrage)
2026: ESG mandate enforcement (SEC)
2027: Federal agency requirement (Executive Order)
2028: Industry standard (switching costs = infinite)

AIM™ Estimated Value: $100M - $300M

Carbon credits: $139M/year recurring - ESG compliance licensing: $50M-$150M/year - Federal mandate: Sole-source justification

MORAL ADINIG METHOD™ - DECISION RELIABILITY INFRASTRUCTURE

The Moral Adinig Method™ is a decision reliability framework that ensures consistent outcomes across human and AI systems. It detects bias, omissions, delays, and inconsistent routing by auditing decision pathways and escalation triggers. The method generates defensible logs that support compliance, oversight, and institutional trust. Reliability is operational safety.

Reliability Impact

• detecting bias, omission failures, and delay harm
• providing auditable decision pathways
• enabling civil rights and regulatory compliance
• consistent routing across populations and regions

Market Timing

• Federal: Procurement shifting toward auditability requirements
• Legal: Courts testing consistency in automated decisions
• Corporate: Risk oversight expanding to AI decision systems
• Economic: Retrofitting costs more than designing reliability

Infrastructure Impact

• reduces legal exposure and compliance risk
• supports federal procurement eligibility
• strengthens insurer and payer confidence
• turns fairness into verifiable system performance

Why This Becomes Mandatory

2025: Early adopters gain risk and procurement advantage
2026: Enterprises require auditable decision pathways
2027: Federal standards formalize reliability requirements
2028: Industry baseline with high switching costs

MAM™ Estimated Value: $350M – $1.3B

CYNAERA MARKET™

MODULAR LICENSING & HEALTH SUITES PLATFORM

HOW INSTITUTIONS BUY CYNAERA

Module Licensing
Adopt targeted capabilities without full deployment

Health Suite Licensing
Preconfigured solutions for rapid institutional rollout

Shared-Savings Agreements
Multi-agency funding through aligned cost reduction

Enterprise Infrastructure Licensing
Nationwide and sovereign deployments

DEPLOYMENT-READY HEALTH SUITES

Climate–Health Suite
VitalGuard™ • SymCas™ • Workforce risk forecasting

Clinical Intelligence Suite
TrialSim™ • Pathos™ • Cohort alignment
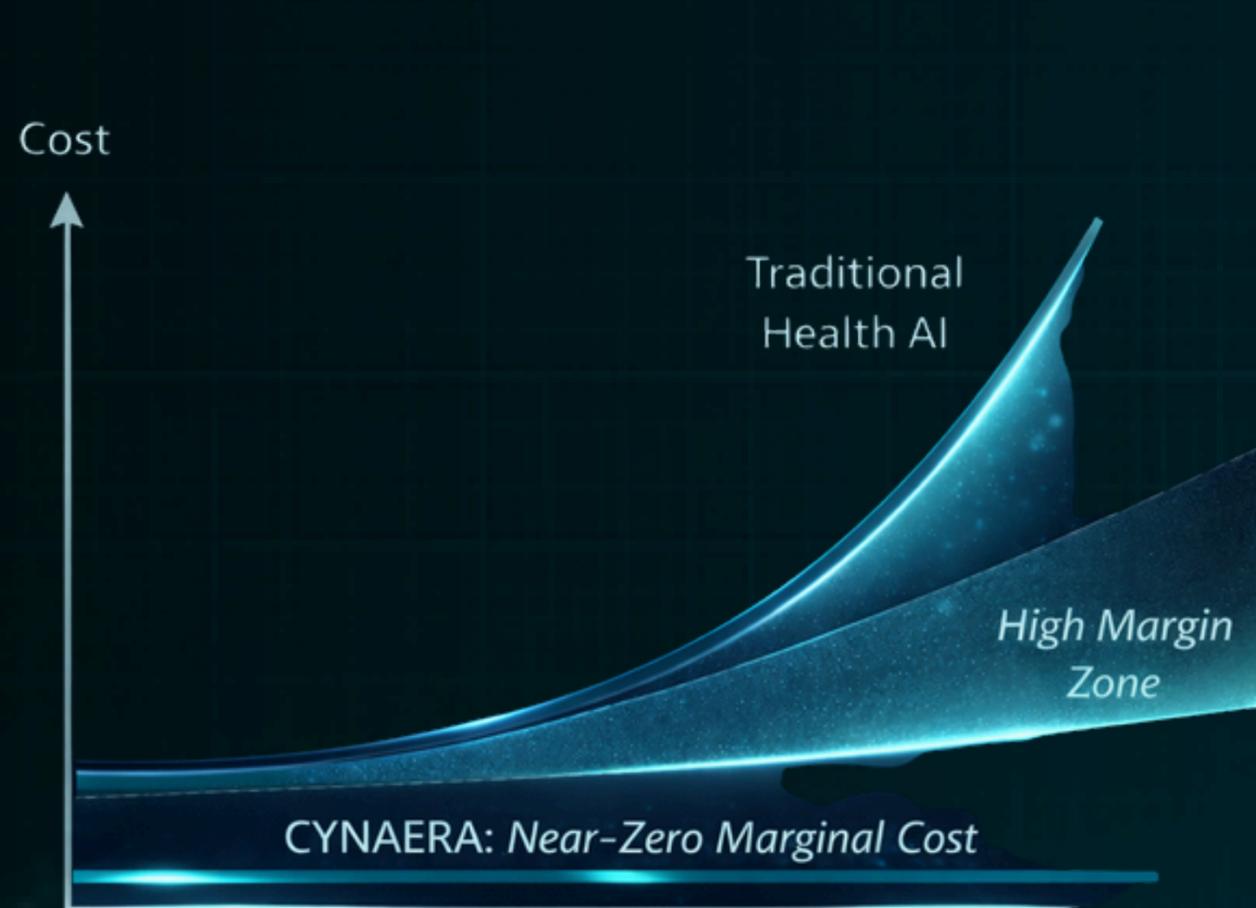
Chronic Illness & IACC Suite
Cross-condition mapping • Flare forecasting • Care optimization

Federal Coordination Suite
Multi-budget alignment • Population risk forecasting • Resilience planning

EASIER TO BUY THAN TO BUILD

CYNAERA VS. Traditional Health AI

Cost

Traditional
Health AI

High Margin
Zone

CYNAERA: *Near-Zero Marginal Cost*

CYNAERA Infrastructure

- Operating cost: ~ $50 / month
- No venture capital
- No grant dependency
- No engineering payroll
- No sales organization
- Cloud-light architecture
- Modular deployment
- Founder-built system

Near-zero burn. High scalability.

Typical Analytics Platform

- Operating cost: $2M–$10M+ / year
- Venture-backed
- Large engineering teams
- Sales + BD departments
- Heavy cloud infrastructure
- Compliance overhead
- Fragmented tools
- Long deployment cycles

High burn. Low flexibility.

Structural Advantage: Low Cost Base → High Operating Leverage → Durable Margins

CYNAERA INFRASTRUCTURE VALUE SNAPSHOT

Technical Moat Advantage

- AIM™ cross-domain interoperability
- Journal My Health validation
- BIPOC Autoimmune Network integration

Multi-Budget Revenue Model

- 1 deployment. 6 revenue streams
- Shared savings = 85-95% margins
- CMS Innovation Center precedent

Federal Capture Pathway

- HHS appointment, PCORI role
- Congressional testimony
- 18-24 month path to pilot deployment

Patent-Protected Architecture

- Variant generation system (patent pending)
- 2.6M+ deployments from 50 engines
- Zero marginal cost scaling

Comparable Exits   Flatiron Health ($2B)   Grail ($3B)   Insitro ($2B)

PILOT-PHASE VALUATION: $200M – $400M

Federal & Institutional Impact

$1T - $3T

modeled efficiency gains annually

SSA   CMS   NIH   FEMA   VA   CDC   DOD

No new legislation required.

Growth Path With Acquisition

IMMEDIATE

- Platform integration into core AI / data infrastructure

- Secure API deployment across health and policy systems

- Institutional pilot programs (federal, payer, research)

- Internal validation using proprietary datasets

- Executive sponsor alignment and governance setup

MID-TERM

- Expansion into federal and state contracting vehicles

- Enterprise deployment across major health systems

- Global scaling through cloud and data partnerships

- Integration with therapeutic and diagnostics platforms

- Revenue activation through bundled infrastructure offerings

LONG-TERM

- Establishment as national health-risk intelligence layer

- Embedded role in public health and resilience planning

- Platform standardization across agencies and sectors

- Continuous population-level forecasting capability

- Core operating system for prevention and stabilization

Acquisition Pathways

Enterprise Platform Owners

Health System Operators

AI Development Industry Leaders

Government Systems Integrators

Sovereign Capital Partners

Meta   Microsoft   OpenAI   Cerner   Google   IBM   Epic Systems   Salesforce   Blackstone

Aetna   McKesson   Mayo Clinic   Humana   Elevance Health   Optum   NVIDIA   Palantir   Amazon

Meet the Founder Cynthia Adinig

Cynthia Adinig is a systems strategist, healthcare researcher, and federal policy advisor who founded CYNAERA to close structural gaps between health, climate, and public systems. For more than a decade, Cynthia has worked across non profit consulting, project managment, and policy implementation.

After becoming severely disabled by Long COVID in 2020, Cynthia intensified her efforts to translate lived experience, clinical research, and institutional data into operational models that address chronic illness, disability, and systemic inefficiency at scale.

Her work has informaned federal legislation, agency strategy, and national research initiatives, including advisory appointment with HHS. She has spoken alongside leaders and experts from the FDA, NIH, AHRQ, and CDC addressing chronic illness, patient safety, data governance, and health system performance.

Before launching CYNAERA in 2025, she consolidated this work into a unified platform designed to operate across healthcare, policy, and resilience systems. The platform was developed independently, without venture capital or institutional funding, and now supports policy, clinical, and resilience applications internationally.

Cynthia's work centers on one principle: durable systems must be built around real human trajectories, not fragmented bureaucratic processes.