

## ICMJE DISCLOSURE FORM

Date: February 25, 2024

Your Name: Paola Manduca

Manuscript Title: **On the duty to protect the people of Gaza. How the collapse of the hospital health care system has reinforced genocidal intent**

Manuscript number (if known): JPHE-24-11

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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3	Royalties or licenses	___ None	
4	Consulting fees	___ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	

**Please summarize the above conflict of interest in the following box:**

None
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**Please place an "X" next to the following statement to indicate your agreement:**

**X I certify that I have answered every question and have not altered the wording of any of the questions on this form.**

## ICMJE DISCLOSURE FORM

Date: February 25, 2024

Your Name: Alice Rothchild, MD

Manuscript Title: **On the duty to protect the people of Gaza. How the collapse of the hospital health care system has reinforced genocidal intent**

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## ICMJE DISCLOSURE FORM

Date: February 25, 2024

Your Name: Alan Meyers MD, MPH

Manuscript Title: **On the duty to protect the people of Gaza. How the collapse of the hospital health care system has reinforced genocidal intent**

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## ICMJE DISCLOSURE FORM

Date: February 25, 2024

Your Name: Gianni Tognoni

Manuscript Title: **On the duty to protect the people of Gaza. How the collapse of the hospital health care system has reinforced genocidal intent**

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## ICMJJE DISCLOSURE FORM

Date: February 25, 2024

Your Name: derek summerfield

Manuscript Title: **On the duty to protect the people of Gaza. How the collapse of the hospital health care system has reinforced genocidal intent**

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## ICMJE DISCLOSURE FORM

Date: February 25, 2024

Your Name: Andrea Balduzzi

Manuscript Title: **On the duty to protect the people of Gaza. How the collapse of the hospital health care system has reinforced genocidal intent**

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Date: February 25, 2024

Your Name: Vincenzo Stefano Luisi

Manuscript Title: **On the duty to protect the people of Gaza. How the collapse of the hospital health care system has reinforced genocidal intent**

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**ICMJE DISCLOSURE FORM**

Date: February 25, 2024

Your Name: BRUNO CIGLIANO

Manuscript Title: **On the duty to protect the people of Gaza. How the collapse of the hospital health care system has reinforced genocidal intent**

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## ICMJE DISCLOSURE FORM

Date: February 25, 2024

Your Name: Lucio Nitsch

Manuscript Title: **On the duty to protect the people of Gaza. How the collapse of the hospital health care system has reinforced genocidal intent**

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## ICMJJE DISCLOSURE FORM

Date: February 25, 2024

Your Name: Rachel Rubin

Manuscript Title: **On the duty to protect the people of Gaza. How the collapse of the hospital health care system has reinforced genocidal intent**

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## ICMJE DISCLOSURE FORM

Date: February 25, 2024

Your Name: Ireo Bono

Manuscript Title: **On the duty to protect the people of Gaza. How the collapse of the hospital health care system has reinforced genocidal intent**

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**ICMJE DISCLOSURE FORM**

Date: 26 February 25, 2024 \_\_\_\_\_

Your Name: VITTORIO AGNOLETTO \_\_\_\_\_

Manuscript Title: **On the duty to protect the people of Gaza. How the collapse of the hospital health care system has reinforced genocidal intent**

Manuscript number (if known): JPHE-24-11

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	

Please summarize the above conflict of interest in the following box:

None

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

*Vittorio Agnoletto*



## ICMJE DISCLOSURE FORM

Date: February 25, 2024

Your Name: Lia Balduzzi

Manuscript Title: **On the duty to protect the people of Gaza. How the collapse of the hospital health care system has reinforced genocidal intent**

Manuscript number (if known): JPHE-24-11

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3	Royalties or licenses	___ None	
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## ICMJE DISCLOSURE FORM

Date: February 25, 2024

Your Name: Nozomi Takahashi

Manuscript Title: **On the duty to protect the people of Gaza. How the collapse of the hospital health care system has reinforced genocidal intent**

Manuscript number (if known): JPHE-24-11

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## ICMJE DISCLOSURE FORM

Date: February 25, 2024

Your Name: ROBERTO RASO

Manuscript Title: **On the duty to protect the people of Gaza. How the collapse of the hospital health care system has reinforced genocidal intent**

Manuscript number (if known): JPHE-24-11

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## ICMJE DISCLOSURE FORM

Date: February 25, 2024

Your Name: TIZIANA TRAVERSO

Manuscript Title: **On the duty to protect the people of Gaza. How the collapse of the hospital health care system has reinforced genocidal intent**

Manuscript number (if known): JPHE-24-11

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## ICMJE DISCLOSURE FORM

Date: February 25, 2024

Your Name: **FRANCO CAMANDONA**

Manuscript Title: **On the duty to protect the people of Gaza. How the collapse of the hospital health care system has reinforced genocidal intent**

Manuscript number (if known): **JPHE-24-11**

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