Date:Februa	ary 25, 2024
Your Name:	Paola Manduca
Manuscript Ti	tle: On the duty to protect the people of Gaza. How the collapse of the hospital health card
system has r	einforced genocidal intent
Manuscript nu	umber (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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		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
3	Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	None None None	36 months
4	Consulting fees	None	

5	Payment or honoraria for	None				
	lectures, presentations,					
	speakers bureaus,					
	manuscript writing or					
_	educational events					
6	Payment for expert	None				
	testimony					
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7	Support for attending	None				
	meetings and/or travel					
8	Patents planned, issued or	None				
	pending					
9	Participation on a Data	None				
	Safety Monitoring Board or					
	Advisory Board					
10	Leadership or fiduciary role	None				
	in other board, society,					
	committee or advocacy					
11	group, paid or unpaid	Nege				
11	Stock or stock options	None				
12	Receipt of equipment,	None				
12	materials, drugs, medical	None				
	writing, gifts or other					
	services					
13	Other financial or non-	None				
	financial interests					
Plea	ase summarize the above co	nflict of interest in the follo	owing box:			
N	lone					
Plea	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 thi					
	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	The second section of the sect
Manuscript number (if known):JPHE-24-11	

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1000	A Company of the Comp	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)
		Time frame: Since the initia	al planning of the work
1	All support for the present manuscript (e.g., funding,	None	
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated	None	
ROW SON	in item #1 above).		
3	Royalties or licenses	None None	A STATE OF THE STA
1	Canada		And the second of the second o
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events	Application of the control of the co	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None Sample Samp	
		Application of the second of t	
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	Confidence of the second of th
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	
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Please summarize the above conflict of interest in the following box:

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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.

Date:February	25, 2024
Your Name:	Alan Meyers MD,MPH
<b>Manuscript Title:</b>	On the duty to protect the people of Gaza. How the collapse of the hospital health care
system has rein	forced genocidal intent
Manuscript numl	per (if known):JPHE-24-11

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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	pranting of the work
3	Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	None None None	36 months
4	Consulting fees	None	

5	Payment or honoraria for	None			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	None			
	testimony				
7	Support for attending	None			
	meetings and/or travel				
8	Patents planned, issued or	None			
	pending				
9	Participation on a Data	None			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	None			
	in other board, society,				
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	None			
12	Receipt of equipment,	None			
	materials, drugs, medical				
	writing, gifts or other				
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13	Other financial or non-	None			
	financial interests				
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Pie	ase summarize the above co	ntlict of interest in the foll	owing box:		
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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 thi				
	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 reinfe	orced genocidal intent		
Manuscript number	er (if known):JPHE-24-11		

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3	Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	None None None	36 months
4	Consulting fees	None	

5	Payment or honoraria for	None				
	lectures, presentations,					
	speakers bureaus,					
	manuscript writing or					
_	educational events					
6	Payment for expert	None				
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7	Support for attending	None				
	meetings and/or travel					
8	Patents planned, issued or	None				
	pending					
9	Participation on a Data	None				
	Safety Monitoring Board or					
	Advisory Board					
10	Leadership or fiduciary role	None				
	in other board, society,					
	committee or advocacy					
11	group, paid or unpaid	Nege				
11	Stock or stock options	None				
12	Receipt of equipment,	None				
12	materials, drugs, medical	None				
	writing, gifts or other					
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13	Other financial or non-	None				
	financial interests					
Plea	ase summarize the above co	nflict of interest in the follo	owing box:			
N	lone					
Plea	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 thi					
	form.					

Date:February 25, 2024_		
Your Name:	derek summerfield	
Manuscript Title: On the d	luty to protect the people of	f Gaza. How the collapse of the hospital health care
system has reinforced go	enocidal intent	
Manuscript number (if kno	wn):JPHE-24-11	

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3	Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	None None None	36 months
4	Consulting fees	None	

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

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

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3	Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	None None None	36 months
4	Consulting fees	None	

5	Payment or honoraria for	None				
	lectures, presentations,					
	speakers bureaus,					
	manuscript writing or					
_	educational events					
6	Payment for expert	None				
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7	Support for attending	None				
	meetings and/or travel					
8	Patents planned, issued or	None				
	pending					
9	Participation on a Data	None				
	Safety Monitoring Board or					
	Advisory Board					
10	Leadership or fiduciary role	None				
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	committee or advocacy					
11	group, paid or unpaid	Nege				
11	Stock or stock options	None				
12	Receipt of equipment,	None				
12	materials, drugs, medical	None				
	writing, gifts or other					
	services					
13	Other financial or non-	None				
	financial interests					
Plea	ase summarize the above co	nflict of interest in the follo	owing box:			
N	lone					
Plea	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 thi					
	form.					

Date:February 25, 2024	
Your Name: Vincenzo Stefano Luisi	
Manuscript Title: On the duty to protect the people of Gaza. How the collap	se of the hospital health care
system has reinforced genocidal intent	
Manuscript number (if known):JPHE-24-11	

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3	Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	None None None	36 months
4	Consulting fees	None	

5	Payment or honoraria for	None				
	lectures, presentations,					
	speakers bureaus,					
	manuscript writing or					
_	educational events					
6	Payment for expert	None				
	testimony					
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7	Support for attending	None				
	meetings and/or travel					
8	Patents planned, issued or	None				
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9	Participation on a Data	None				
	Safety Monitoring Board or					
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10	Leadership or fiduciary role	None				
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11	Stock or stock options	None				
12	Receipt of equipment,	None				
12	materials, drugs, medical	None				
	writing, gifts or other					
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13	Other financial or non-	None				
	financial interests					
Plea	ase summarize the above co	nflict of interest in the follo	owing box:			
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	form.					

Date:February 25, 2024	· .		
Your Name: SRUKO	CIGLIAN	(0	
		Gaza. How the collapse of the hospital health o	are
system has reinforced genocidal in	ntent		
Manuscript number (if known):JPHE-	24-11		

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		Time frame: Since the initia	l planning of the work
1.	All support for the present manuscript (e.g., funding, provision of study materials,	None	
	medical writing, article processing charges, etc.)  No time limit for this item.		
		Time frame: past	36 months
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	None	Construction of the contract o	
	lectures, presentations,			
	speakers bureaus,	Charles and the		
	manuscript writing or			
	educational events	4.85 (4.86)		
6	Payment for expert	None		apegg
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7	Support for attending	None		NAME:
	meetings and/or travel	Tauric	erikasi eteraksi (1904) anasa 1912 ke organi manadaran (1904) asalah da saba	
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8	Patents planned, issued or	None		******
	pending			
9	Participation on a Data	None		
	Safety Monitoring Board or	and installation		
	Advisory Board			
10	Leadership or fiduciary role	None		3668
	in other board, society,			
	committee or advocacy			_
	group, paid or unpaid			
11	Stock or stock options	None		
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11100				
12	Receipt of equipment,	None		
	materials, drugs, medical			
-	writing, gifts or other			_
	services			
13	Other financial or non-	None	1954 No. 2014 No. 201	
***	financial interests	NOTE	26.000 Co. 27.53555 Sociologica (1992)	
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rie	Please summarize the above conflict of interest in the following box:			
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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.

Date:February 25, 2024	
Your Name: Lucio Nitsch	
Manuscript Title: On the duty to protect the people of Gaza. How the collapse of the hospi	ital health care
system has reinforced genocidal intent	
Manuscript number (if known):JPHE-24-11	

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3	Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	None None None	36 months
4	Consulting fees	None	

5	Payment or honoraria for	None				
	lectures, presentations,					
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	manuscript writing or					
_	educational events					
6	Payment for expert	None				
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7	Support for attending	None				
	meetings and/or travel					
8	Patents planned, issued or	None				
	pending					
9	Participation on a Data	None				
	Safety Monitoring Board or					
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10	Leadership or fiduciary role	None				
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11	Stock or stock options	None				
12	Receipt of equipment,	None				
12	materials, drugs, medical	None				
	writing, gifts or other					
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	financial interests					
Plea	ase summarize the above co	nflict of interest in the follo	owing box:			
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Plea	Please place an "X" next to the following statement to indicate your agreement:					
	X I certify that I have answe	ered every question and ha	ve not altered the wording of any of the questions on t			
	form.	- •				

Date:February 25, 2024	
Your Name: Rachel Rubin	
Manuscript Title: On the du	ty to protect the people of Gaza. How the collapse of the hospital health care
system has reinforced ger	ocidal intent
Manuscript number (if know	n):JPHE-24-11

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		Time frame: past	36 months
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		None	

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

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

None		

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R.R.

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 he	ealth care
system has reinforced genocidal intent	
Manuscript number (if known):JPHE-24-11	

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4	Consulting fees	None	

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	speakers bureaus,					
	manuscript writing or					
_	educational events					
6	Payment for expert	None				
	testimony					
_						
7	Support for attending	None				
	meetings and/or travel					
8	Patents planned, issued or	None				
	pending					
9	Participation on a Data	None				
	Safety Monitoring Board or					
	Advisory Board					
10	Leadership or fiduciary role	None				
	in other board, society,					
	committee or advocacy					
11	group, paid or unpaid	Nege				
11	Stock or stock options	None				
12	Receipt of equipment,	None				
12	materials, drugs, medical	None				
	writing, gifts or other					
	services					
13	Other financial or non-	None				
	financial interests					
Plea	ase summarize the above co	nflict of interest in the follo	owing box:			
N	lone					
Plea	Please place an "X" next to the following statement to indicate your agreement:					
	X I certify that I have answe	ered every question and ha	ve not altered the wording of any of the questions on t			
	form.	- •				

Date: <u>16</u> February 25, 2024	
Your Name: VITTURIU AGNOLUTTU	
Manuscript Title: On the duty to protect the people of Gaza. How the collapse of the hospita	l 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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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)
ME	2 pt 12 SEPTEMBER OF AND SECTION AND	Time frame: Since the initi	al planning of the work
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	
		Time frame: pas	st 36 months
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	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		계속하다 하시다면 그렇게 되는데 하시는 그리 없다.
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
Ü	pending	None	
9	Participation on a Data	None	
,	Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		7
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	None	
11	Stock of stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

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:

Willair Agnoletto

X I certify that I have answered every question and have not altered the wording of any of the questions on this 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 reinfe	orced genocidal intent			
Manuscript number	er (if known):JPHE-24-11			

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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	
3	Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	None None None	36 months
4	Consulting fees	None	

5	Payment or honoraria for	None				
	lectures, presentations,					
	speakers bureaus,					
	manuscript writing or					
_	educational events					
6	Payment for expert	None				
	testimony					
_						
7	Support for attending	None				
	meetings and/or travel					
8	Patents planned, issued or	None				
	pending					
9	Participation on a Data	None				
	Safety Monitoring Board or					
	Advisory Board					
10	Leadership or fiduciary role	None				
	in other board, society,					
	committee or advocacy					
11	group, paid or unpaid	Nege				
11	Stock or stock options	None				
12	Receipt of equipment,	None				
12	materials, drugs, medical	None				
	writing, gifts or other					
	services					
13	Other financial or non-	None				
	financial interests					
Plea	ase summarize the above co	nflict of interest in the follo	owing box:			
N	lone					
Plea	Please place an "X" next to the following statement to indicate your agreement:					
	X I certify that I have answe	ered every question and ha	ve not altered the wording of any of the questions on t			
	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 car
system has reinforced genocidal intent
Manuscript number (if known):JPHE-24-11

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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3	Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	None None None	36 months
4	Consulting fees	None	

5	Payment or honoraria for	None				
	lectures, presentations,					
	speakers bureaus,					
	manuscript writing or					
_	educational events					
6	Payment for expert	None				
	testimony					
_						
7	Support for attending	None				
	meetings and/or travel					
8	Patents planned, issued or	None				
	pending					
9	Participation on a Data	None				
	Safety Monitoring Board or					
	Advisory Board					
10	Leadership or fiduciary role	None				
	in other board, society,					
	committee or advocacy					
11	group, paid or unpaid	Nege				
11	Stock or stock options	None				
12	Receipt of equipment,	None				
12	materials, drugs, medical	None				
	writing, gifts or other					
	services					
13	Other financial or non-	None				
	financial interests					
Plea	ase summarize the above co	nflict of interest in the follo	owing box:			
N	lone					
Plea	Please place an "X" next to the following statement to indicate your agreement:					
	X I certify that I have answe	ered every question and ha	ve not altered the wording of any of the questions on t			
	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 reinford	ced genocidal intent				
Manuscript number (	if known):JPHE-24-11				

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3	Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	None None None	36 months
4	Consulting fees	None	

5	Payment or honoraria for	None						
	lectures, presentations,							
	speakers bureaus,							
	manuscript writing or							
_	educational events							
6	Payment for expert	None						
	testimony							
_								
7	Support for attending	None						
	meetings and/or travel							
8	Patents planned, issued or	None						
	pending							
9	Participation on a Data	None						
	Safety Monitoring Board or							
	Advisory Board							
10	Leadership or fiduciary role	None						
	in other board, society,							
	committee or advocacy							
11	group, paid or unpaid	Name						
11	Stock or stock options	None						
12	Receipt of equipment,	None						
12	materials, drugs, medical	None						
	writing, gifts or other							
	services							
13	Other financial or non-	None						
	financial interests							
Plea	ase summarize the above co	nflict of interest in the follo	owing box:					
			1					
N	lone							
Plea	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.	, ,	<b>3</b> , , , , , , , , , , , , , , , , , , ,					

Date:Febr	uary 25, 2024
Your Name:	TIZIANA TRAVERSO
Manuscript <sup>1</sup>	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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		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
3	Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	None None None	36 months
4	Consulting fees	None	

5	Payment or honoraria for	None						
	lectures, presentations,							
	speakers bureaus,							
	manuscript writing or							
_	educational events							
6	Payment for expert	None						
	testimony							
_								
7	Support for attending	None						
	meetings and/or travel							
8	Patents planned, issued or	None						
	pending							
9	Participation on a Data	None						
	Safety Monitoring Board or							
	Advisory Board							
10	Leadership or fiduciary role	None						
	in other board, society,							
	committee or advocacy							
11	group, paid or unpaid	Name						
11	Stock or stock options	None						
12	Receipt of equipment,	None						
12	materials, drugs, medical	None						
	writing, gifts or other							
	services							
13	Other financial or non-	None						
	financial interests							
Plea	ase summarize the above co	nflict of interest in the follo	owing box:					
			1					
N	lone							
Plea	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.	, ,	<b>3</b> , , , , , , , , , , , , , , , , , , ,					

Date:February 25, 2024	
Your Name: FRANCO CAMANDONA	
Manager Till On the detect and take a collection of the best like	

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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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)  planning of the work
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	
		Time frame: past	36 months
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	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	_
	testimony		
7	Support for attending	Non-	
	meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10			
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

Please summarize the above conflict of interest in the follo	wing	box:
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None			

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

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