Date:			11/1/2023			
Yo	ur Name:		Brandon Doan			
Manuscript Title:			Allocating Scarce Health Care Resources in Jails and Prisons During COVID-19: A Qualitative Study of Carceral Decision-makers			
M	anuscript Number (if	known):	Click or tap here to enter text.			
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	item #1 below, report disclosure is the past		· · · · · · · · · · · · · · · · · · ·	without time limit. For all other items, the time fram		
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1	All support for the		None			
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	writing, article	,	Click the tab key to add additional rows.			
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			ll entities with whom you have this ship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees		None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		None	
6	Payment for expert testimony	X	None	
7	Support for attending meetings and/or travel	X	None	
8	Patents planned, issued or pending	X	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X	None	

			all entities with whom you have this aship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	

Date:			11/1/2023			
Yo	ur Name:		Brendan Saloner			
Manuscript Title:			Allocating Scarce Health Care Resources in Jails and Prisons During COVID-19: A Qualitative Study of Carceral Decision-makers			
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ер	-	ension, yo		example, if your manuscript pertains to the facturers of antihypertensive medication, even if that		
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			entities with whom you have this hip 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 initial 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.	Greenwa	None II Foundation Making a Difference Grant Click the tab key to add additional rows.			
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3	Royalties or licenses	X	None			

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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	X	None	
8	Patents planned, issued or pending	X	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X	None	

			ll entities with whom you have this ship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X	None	
11	Stock or stock options	×	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	\boxtimes	None	
13	Other financial or non-financial interests	×	None	

Date:		11/1/2023			
Υοι	ur Name:	Gabriel B. Eber	Gabriel B. Eber		
Manuscript Title:		Allocating Scarce Health Care Resource Study of Carceral Decision-makers	Allocating Scarce Health Care Resources in Jails and Prisons DuringCOVID-19: A Qualitative Study of Carceral Decision-makers		
Ma	nuscript Number (if k	nown): Click or tap here to enter text.			
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		-	made to you or to your institution)		
	All support for the present manuscript (e.g., funding, provision of study materials, medical	relationship or indicate none (add rows as need	made to you or to your institution) ning of the work		
	All support for the present manuscript (e.g., funding, provision of study	relationship or indicate none (add rows as need Time frame: Since the initial plan None	made to you or to your institution) ning of the work		
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Time frame: Since the initial plan None Greenwall Foundation Making a Difference Gran	made to you or to your institution) ning of the work		

		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	⊠ None	
4	Consulting fees	□ None Centurion Health Paid to me individually	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☑ None Centurion Health Paid to me individually for a lecture Output Description: Output Description	e
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	✓ None Academic Consortium on Criminal Justice Health	Travel/tuition subsidies for attending conference
8	Patents planned, issued or pending	⊠ None	

		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None Centurion Health Former member, Advisory Board	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None Academic Consortium on Criminal Justice Health Journal of Correctional Health Care Editorial Board International Journal of Prisoner Health Editorial	Board of Directors Board
11	Stock or stock options	⊠ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□ None Centurion Health Small, de minimis gifts for giving a l	ecture
13	Other financial or non-financial interests	⊠ None	
Plea	se place an "X" nex	t to the following statement to indicate your agreeme	ent:
X	I certify that I have	answered every question and have not altered the wo	ording of any of the questions on this form.

11/1/2023

Date:

Your Name:		Leonard Rubenstein
Ma	nuscript Title:	Allocating Scarce Resources in Jails and Prisons During COVID-19: A Qualitative Study of Carceral Decision-Makers
Ma	nuscript Number (if k	nown): Click or tap here to enter text.
cor affe	tent of your manuscri	rency, we ask you to disclose all relationships/activities/interests listed below that are related to the ipt. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicated that whether to list a relationship/activity/interest, it is preferable that you do so.
epi	demiology of hyperter	s/activities/interests should be defined broadly. For example, if your manuscript pertains to the nsion, you should declare all relationships with manufacturers of antihypertensive medication, even if the manuscript.
	tem #1 below, report a	all support for the work reported in this manuscript without time limit. For all other items, the time fran 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)
		Time frame: Since the initial planning of the work
	present manuscript	□ None Greenwall Foundation Grant to institution Click the tab key to add additional rows.
		Time frame: past 36 months
2	contracts from any entity (if not	□ None Bloomberg American Health Initiative Internatl institutional grant for another project related to COVID in prisons

			Il entities with whom you have this ship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	X	None	
4	Consulting fees	X	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		None	
6	Payment for expert testimony	X	None	
7	Support for attending meetings and/or travel	X	None	
8	Patents planned, issued or pending	×	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X	None	

			all entities with whom you have this aship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	

Date:			11/1/2023			
Your Name:			Minna Song			
Manuscript Title:			Allocating Scarce Health Care Resources in Jails and Prisons During COVID-19: A Qualitative Study of Carceral Decision-makers			
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ер	-	ension, yo	u should declare all relationships with manu	example, if your manuscript pertains to the ufacturers of antihypertensive medication, even if the		
	item #1 below, report disclosure is the past			without time limit. For all other items, the time fram		
			entities with whom you have this hip 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 initial 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.	Greenwa	None II Foundation Making a Difference Grant Click the tab key to add additional rows.			
	this item.		T' - (1 0 (1 1			
2 Grants or Contracts from any entity (if not indicated in item #1 above).			Time frame: past 36 month None Il Foundation Making a Difference Grant	15		
3	Royalties or licenses	×	None			

			ll entities with whom you have this ship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees		None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		None	
6	Payment for expert testimony	X	None	
7	Support for attending meetings and/or travel	X	None	
8	Patents planned, issued or pending	X	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X	None	

			all entities with whom you have this aship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	

Date:	11/1/2023	
Your Name:	Carolyn Sufrin	
Manuscript Title:	Allocating Scarce Health Care Resources in Jails and Prisons During COVID-19: A Qualitative Study of Carceral Decision-makers	
Manuscript Number (if known): Click or tap here to enter text. 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 laffected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily in a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.		

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)
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2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None National Institute of Drug Abuse (NIDA) K23 Gran	nt, funding 8/2018-7/2023
3	Royalties or licenses	⊠ None	

		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	National Commission on Correctional Health Care (NCCHC) Resources Medical record review consulting; payments made to me	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None Honoraria for grand rounds presentations on health care for incarcerated women Payments made to me	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	□ None Reimbursement from American College of Ob/Gyn to volunteer basis on the board, as the representative of	
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	

		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None Volunteer board member for NCCHC, as ACOG's	liaison			
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				
Plea	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.					

Date:			11/1/2023			
Your Name:			Camille Kramer			
Manuscript Title:			Allocating Scarce Health Care Resources in Jails and Prisons During COVID-19: A Qualitative Study of Carceral Decision-makers			
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ер		ension, yo	น should declare all relationships with manเ	example, if your manuscript pertains to the ufacturers of antihypertensive medication, even if the		
	item #1 below, report disclosure is the past			without time limit. For all other items, the time fram		
			entities with whom you have this hip 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 initial planning	of the work		
1	All support for the present manuscript		None			
	(e.g., funding, provision of study	Greenwa	ll Foundation Making a Difference Grant			
	materials, medical		Click the tab key to add additional rows.			
	writing, article processing charges,					
	etc.)					
	No time limit for this item.					
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	contracts from any entity (if not	Greenwa	II Foundation Making a Difference Grant			
	indicated in item #1 above).		6			
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	licenses					

			ll entities with whom you have this ship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees		None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		None	
6	Payment for expert testimony	X	None	
7	Support for attending meetings and/or travel	X	None	
8	Patents planned, issued or pending	X	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X	None	

			all entities with whom you have this aship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	