**From:** [bk1492@aol.com](mailto:bk1492@aol.com) [<mailto:bk1492@aol.com>]   
**Sent:** Wednesday, August 27, 2014 2:46 PM  
**To:** OMB-Comments (CDC); [AMERICANVOICES@MAIL.HOUSE.GOV](mailto:AMERICANVOICES@MAIL.HOUSE.GOV); [VICEPRESIDENT@WHITEHOUSE.GOV](mailto:VICEPRESIDENT@WHITEHOUSE.GOV); [INFO@TAXPAYER.NET](mailto:INFO@TAXPAYER.NET); [MEDIA@CAGW.ORG](mailto:MEDIA@CAGW.ORG)  
**Subject:** Fwd: PUBLIC COMMENT ON FEDERAL REGISTER special interest legislation for blacks in los anageles is discrminatory for everybody else

THIS IS SPECIAL INTEREST SPENDING BASED ON THE COLOR OF YOUR SKIN, WHICH IS HIGHLY DISCRIMIANTORY AND PARTICUALRLY SHOUJLD BE SHUT DOWN AS DISCRIMINATORY TO ALL OTHER RACES INCLUDING RED, YELLOW AND WHITE.

THIS POLICY IS IN DIRECT CONTRAVENTION ON SPENDING AND ON THE U.S.CONSTITIOTN WHICH ADVANCES EQUALITY. YOU ARE TAXING WHITES, YELLOWS TO SPEND THESE TAX DOLLARS ONLY AND SPECIFICALLY ON BLACKS. THAT IS WRONG AND AGAINST THE ENTIRE DOCTRINE OF THE US CONSTITION.  WHAT ARE THE RED, YELLOW AND WHITE MEN TO DO IN LOS ANGELESE.

THIS IS A RISKY BEHAVIOR PERSONALLY CAUSED DISEASE THA TNOBODY NEEDSW TO GET. YOU GET IT IF YOU WANT TO INDULGE IN RISKY BEHAVIOR.ITS TIME FOR PEOPLE WHO CHOOSE TO DO THAT TO ASSUME ALL OF THE RISKS OF THAT HEHAVIOR AND TO PAY FULL PRICE FOR WHAT THEY BRING ON THEMSELVES. THIS PROGRAM SHOULD BE DEFUNDED AND THE BUDGET CUT TO ZERO. THIS COMMENT IS FOR THE PUBLIC RECORD. PLEASE RECEIPT. JEAN PUBLIC

[Federal Register Volume 79, Number 162 (Thursday, August 21, 2014)]

[Notices]

[Pages 49519-49520]

From the Federal Register Online via the Government Printing Office [[www.gpo.gov](http://www.gpo.gov/)]

[FR Doc No: 2014-19827]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60-Day-14-0913]

Proposed Data Collections Submitted for Public Comment and

Recommendations

    The Centers for Disease Control and Prevention (CDC), as part of

its continuing effort to reduce public burden, invites the general

public and other Federal agencies to take this opportunity to comment

on proposed and/or continuing information collections, as required by

the Paperwork Reduction Act of 1995. To request more information on the

below proposed project or to obtain a copy of the information

collection plan and instruments, call 404-639-7570 or send comments to

Leroy A. Richardson, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or

send an email to [omb@cdc.gov](mailto:omb@cdc.gov).

    Comments submitted in response to this notice will be summarized

and/or included in the request for Office of Management and Budget

(OMB) approval. Comments are invited on: (a) Whether the proposed

collection of information is necessary for the proper performance of

the functions of the agency, including whether the information shall

have practical utility; (b) the accuracy of the agency's estimate of

the burden of the proposed collection of information; (c) ways to

enhance the quality, utility, and clarity of the information to be

collected;(d) ways to minimize the burden of the collection of

information on respondents, including through the use of automated

collection techniques or other forms of information technology; and (e)

estimates of capital or start-up costs and costs of operation,

maintenance, and purchase of services to provide information. Burden

means the total time, effort, or financial resources expended by

persons to generate, maintain, retain, disclose or provide information

to or for a Federal agency. This includes the time needed to review

instructions; to develop, acquire, install and utilize technology and

systems for the purpose of collecting, validating and verifying

information, processing and maintaining information, and disclosing and

providing information; to train personnel and to be able to respond to

a collection of information, to search data sources, to complete and

review the collection of information; and to transmit or otherwise

disclose the information. Written comments should be received within 60

days of this notice.

Proposed Project

    Evaluating Locally-Developed HIV Prevention Interventions for

African-American MSM in Los Angeles (OMB Control No. 0920-0913, expires

01/15/2015)--Extension -- National Center for HIV/AIDS, Viral

Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease

Control and Prevention (CDC).

Background and Brief Description

    Data on HIV cases reported in 33 U.S. states with HIV reporting

indicate the burden of HIV/AIDS is most concentrated in the African-

American population compared to other racial/ethnic groups. Of the

49,704 African-American males diagnosed with HIV between 2001 and 2004,

54% of these cases were among men who have sex with men (MSM). In Los

Angeles County (LAC), the proportion of HIV/AIDS cases among African-

American males attributable to male-to-male sexual transmission is even

greater (75%).

    In the absence of an effective vaccine, behavioral interventions

represent one of the few methods for reducing high HIV incidence among

African American MSM (AAMSM). Unfortunately, in the third decade of the

epidemic, very few of the available HIV-prevention interventions for

African-American populations have been designed specifically for MSM.

In fact, until very recently, none of CDC's evidence-based HIV-

prevention interventions had been specifically tested for efficacy in

reducing HIV transmission among MSM of color. Given the conspicuous

absence of (1) evidence-based HIV interventions and (2) outcome

evaluations of existing AAMSM interventions, our collaborative team

intends to address a glaring research gap by implementing a best-

practices model of comprehensive program evaluation.

    The purpose of this project is to test, in a real-world setting,

the efficacy of an HIV transmission prevention intervention for

reducing sexual risk among African-American men who have sex with men

in Los Angeles County. The intervention is a three-session, group-level

intervention that will provide participants with the information,

motivation, and skills necessary to reduce their risk of transmitting

or acquiring HIV.

    The intervention is being evaluated using baseline, 3-month and 6-

month follow up assessments. This project also intends to conduct in-

depth qualitative interviews with a total of 36 men in order to assess

the experiences with the intervention, elicit recommendations for

improving the intervention, and to better understand the factors that

place young African American MSM at risk for HIV.

    CDC is requesting approval for a 1-year clearance to complete data

collection. The data collection system involves screenings, limited

locator information, contact information, baseline questionnaire,

client satisfaction surveys, 3-month follow-up questionnaire, 6-month

follow-up questionnaire, and case study interviews.

    An estimated 160 men will be screened for eligibility in order to

enroll 80 additional men to reach the desired

[[Page 49520]]

sample size of 528. The baseline and follow up questionnaires contain

questions about participants' socio-demographic information, health and

healthcare, sexual activity, substance use, and other psychosocial

issues.

    There is no cost to participants other than their time.

                                        Estimated Annualized Burden Hours

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                                                                      Number      Average burden   Total annual

      Type of respondent            Form name        Number of     responses per  per respondent    burden (in

                                                    respondents     respondent      (in hours)        hours)

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Prospective Participant.......  Outreach                     160               1            5/60              13

                                 Recruitment

                                 Assessment

                                 (screener).

Prospective Participant.......  Limited Locator              160               1            5/60              13

                                 Form.

Enrolled Participant..........  RCT Informed                  80               1           10/60              13

                                 Consent Form.

Enrolled Participant..........  Participant                   80               1           10/60              13

                                 Contact

                                 Information

                                 Form.

Enrolled Participant..........  Baseline                      80               1               1              80

                                 Questionnaire.

Enrolled Participant..........  Client                        40               3            5/60              10

                                 Satisfaction

                                 Survey.

Enrolled Participant..........  3-month follow               100               1               1             100

                                 up

                                 Questionnaire.

Enrolled Participant..........  6-month follow               170               1               1             170

                                 up

                                 Questionnaire.

Enrolled Participant..........  Success Case                  10               1           10/60               2

                                 Study Informed

                                 Consent Form.

Enrolled Participant..........  Success Case                  10               1             1.5              15

                                 Study Interview.

                                                 ---------------------------------------------------------------

    Total.....................  ................  ..............  ..............  ..............             429

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Leroy A. Richardson,

Chief, Information Collection Review Office, Office of Scientific

Integrity, Office of the Associate Director for Science, Office of the

Director, Centers for Disease Control and Prevention.

[FR Doc. 2014-19827 Filed 8-20-14; 8:45 am]

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