

PUBLIC SUBMISSION

As of: 2/17/17 3:18 PM Received: December 08, 2016 Status: Posted Posted: December 08, 2016 Tracking No. 1k0-8th2-zm84 Comments Due: January 31, 2017 Submission Type: Unknown

Docket: CDC-2016-0113

Understanding Relationship Dynamics and Conflict Survey 0920-17FB

Comment On: CDC-2016-0113-0001

Understanding Relationship Dynamics and Conflict Survey 0920-17FB 2016-28899

Document: CDC-2016-0113-0002

Understanding Relationship Dynamics and Conflict Survey 0920-17FB RePUBLIC
 COMMENT ON FEDERAL REGISTER PUBLIC DOES NOT NEED TO PAY FOR THIS
 CRAP PROGRAM SHU TIT DOWN BUDGET TO ZERO

Submitter Information

General Comment

From: Jean Public <jeanpublic1@yahoo.com>

Sent: Friday, December 02, 2016 2:59 PM

To: OMB-Comments (CDC); INFO@TAXPAYER.NET; MEDIA@CAGW.ORG;
 INFO@NJTAXES.ORG; INFONJ@AFPHQ.ORG; YOURVIEWS@APP.COM;
 IKNFO@FOXNEWS.COM

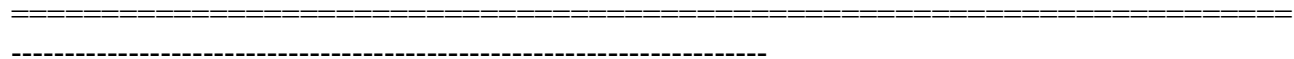
Subject: Re:PUBLIC COMMENT ON FEDERAL REGISTER PUBLIC DOES NOT NEED
 TO PAY FOR THIS CRAP PROGRAM SHU TIT DOWN BUDGET TO ZERO

THE CDC SHOULD BE WORKING ON DISEASES THAT HARM AMERICA. WE DO NOT NEED CDC TO GET INTO AREAS THAT THE US JUSTICE DEPT AND OUR LOCAL POLICE DEPTS AND SOCIAL SERICES ALREADY GET INTO. THE FACT IS WE NEED THESE EXTREMLEY HIGH PAID FAT CAT BUREAUCRATS TO FIND A REASON WHY WE HAVE AN EPIDEMIC OF AUTISM HARMING 20% OF OUR KIDS FROM VACCINES THAT HAVE NEVER BEEN PROPERLY INVESTIGATED. THE EMPLOYEES AT THIS AGENCY ARE VERY SNEAKY, SURREPEITIOUS. LAZY AND HIDE OUT FROM THE PUBLIC AND DONT WANT TO BE QUESIONTED BY ANYBODY WHO WOULD ASK THE HARD QUESTIONS OF WHY WE HAVE OUR CHILDREN POPULATION TURNING INTO AUTISM ADULTS. I DOINT THINK THE AMERCIAN PEOPLE WANT TO ENLARGE WHAT THIS AGENCY DOES IN ANY OTHR AREA BECAUSE THIS AGENCY HAS PROVIDED WHAT A VICIOUS LOUT IT IS IN THE AREA OF VACCINES. THEY PUSH VACCINES WHEN OUR KIDS EVERY MONTH SHOW UP ON THE VACCINE LIST INJUURED OR DEAD. DEAD. FROM

VACCINES. THEIR PARENTS WERE WITH THEM EVERY DAY AND THEY SAY THEY GO DOWNHILL AFTER THE VACCINES. AND THESE LOUSY EMPLOYEES JUST HIDE OUT AND LIE. THEY AREN'T EVEN SMART ENOUGH TO PUT THIS IN REGULATIONS.GOV, I WENT THERE AND PUT IN ALL KINDS OF NUMBERS AND NONE OF THEM WORKED TO ALLOW PUBLIC COMMENT. THIS AGENCY DOESN'T WANT PUBLIC COMMENT BECAUSE IT IS SO NOTORIOUSLY STUPID, VENAL AND LAZY. ALL THEY LIKE TO DO IS FLY OFF TO CONFERENCES IN FOREIGN LANDS WHERE THEY CAN DO NOTHING EXCEPT STAY IN HOTELS AND GET FREE FOOD. THEY ARE PRODUCING NOTHING OF VALUE FOR AMERICA. I THINK THE ENTIRE AGENCY SHOULD BE SHUT DOWN. IT DESERVES AN F MINUS FOR ITS WORK. VERY VERY POOR SHODDY WORK INDEED. THIS COMMENT IS FOR THE PUBLIC RECORD. PLEASE REPLY. JEAN PUOBLIEE JEANPUBLIC1@YAHOO.COM

Subject: PUBLIC DOES NOT NEED TO PAY FOR THIS CRAP PROGRAM SHUT IT DOWN BUDGET TO ZERO

[Federal Register Volume 81, Number 232 (Friday, December 2, 2016)]
[Notices]
[Pages 87037-87039]
From the Federal Register Online via the Government Publishing Office
[www.gpo.gov]
[FR Doc No: 2016-28899]



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-17-17FB; Docket No. CDC-2016-0113]

Proposed Data Collection Submitted for Public Comment and Recommendations

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice with comment period.



SUMMARY: The Centers for Disease Control and Prevention (CDC), as part of its continuing efforts to reduce public burden and maximize the

utility of government information, 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. This notice invites comment on a proposed information collection entitled "Understanding Relationship Dynamics and Conflict Survey." CDC will use the information collected to ascertain which factors or groups of factors may influence violence perpetration that occurs within adult intimate partner relationships.

DATES: Written comments must be received on or before January 31, 2017.

ADDRESSES: You may submit comments, identified by Docket No. CDC-2016-0113 by any of the following methods:

Federal eRulemaking Portal: Regulations.gov. Follow the instructions for submitting comments.

Mail: Leroy A. Richardson, Information Collection Review Office,

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Centers for Disease Control and Prevention, 1600 Clifton Road NE., MS-D74, Atlanta, Georgia 30329.

Instructions: All submissions received must include the agency name and Docket Number. All relevant comments received will be posted without change to Regulations.gov, including any personal information provided. For access to the docket to read background documents or comments received, go to Regulations.gov.

Please note: All public comment should be submitted through the Federal eRulemaking portal (Regulations.gov) or by U.S. mail to the address listed above.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the information collection plan and instruments, contact the Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE., MS-D74, Atlanta, Georgia 30329; phone: 404-639-7570; Email: omb@cdc.gov.

SUPPLEMENTARY INFORMATION: Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501-3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. In addition, the PRA also requires Federal agencies to provide a 60-day notice in the Federal Register concerning each proposed collection of information, including each new proposed collection, each proposed extension of existing collection of information, and each reinstatement of previously approved information collection before submitting the collection to OMB for approval. To comply with this requirement, we are publishing this notice of a

proposed data collection as described below.

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.

Proposed Project

Understanding Relationship Dynamics and Conflict Survey--New--National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Intimate partner violence (IPV) is a substantial public health problem in the United States. Over a third of women and over a quarter of men have experienced rape, physical violence, and/or stalking by an intimate partner. Recognition of the importance and prevalence of this issue has fueled research to examine the causes, correlates, and outcomes of IPV over the past several decades. However, studies across various IPV research domains (e.g., etiology, prevention efficacy and intervention effectiveness) tend to view IPV as an isolated occurrence and rarely consider the contextual situation in which IPV occurs. For example, existing models may not distinguish between an act of physical violence perpetrated during an argument from an act of physical violence perpetrated as a constellation of physical, sexual, and psychological violence by one partner toward another for the purpose of dominating and controlling that partner.

To that end, we need more information about the factors or groups of factors that influence violence perpetration within adult intimate partner relationships. This project will take a critical first step by collecting information from adults in the United States about their

attitudes, perceptions, beliefs and experiences with violence in intimate relationships. In the future, this information can help develop a standardized measurement scheme that will distinguish among different contextual forms of IPV perpetration so that effective violence prevention strategies can be targeted and implemented.

The respondent universe consists of 2,210 adults (18 years or older) from two populations: The general population who live in the United States and incarcerated individuals who live in Indiana. Half of the incarcerated group will have an IPV-related offense record and half will not. Data will be collected through an online survey of Mechanical Turk (MT) workers and an in-person survey of incarcerated individuals. Data analysis will include a combination of Factor Analysis and Latent Profile Analysis.

CDC will seek a two-year approval from the Office of for this new collection. There are no cost to respondents other than their time spent responding to the survey/screener.

Estimated Annualized Burden Hours

Number of Response	Type of respondents	Form name	Number of responses per burden respondents	Total burden respondent (hours)	Total burden hours
1	5/60	Mechanical Turk Survey Screener.....	4,300	358	4,300
1	1	Mechanical Turk Survey Understanding	1,000	1,000	1,000
1	75/60	Incarcerated Survey Understanding	105	131	105
Total.....					
..... 1,489					

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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. 2016-28899 Filed 12-1-16; 8:45 am]

BILLING CODE 4163-18-P

PUBLIC SUBMISSION

As of: 2/17/17 3:24 PM Received: January 18, 2017 Status: Posted Posted: January 18, 2017 Tracking No. 1k1-8u8g-mr70 Comments Due: January 31, 2017 Submission Type: Unknown

Docket: CDC-2016-0113

Understanding Relationship Dynamics and Conflict Survey 0920-17FB

Comment On: CDC-2016-0113-0001

Understanding Relationship Dynamics and Conflict Survey 0920-17FB 2016-28899

Document: CDC-2016-0113-0003

Understanding Relationship Dynamics and Conflict Survey 0920-17FB CDC2016 0113 81 Fed. Reg. 87037 (Dec. 2 2016).

Submitter Information

General Comment

-----Original Message-----

From: Gerald Schatz [mailto:geraldschatz@charter.net]

Sent: Friday, December 16, 2016 4:49 PM

To: OMB-Comments (CDC) <omb@cdc.gov>

Cc: Richardson, Tony (CDC/OD/OADS) <lmr7@cdc.gov>

Subject: Department of Health and Human Services, Centers for Disease Control and Prevention,

Proposed Data Collection Submitted for Public Comment and Recommendations, Docket No. CDC□

2016□ 0113, 81 Fed. Reg. 87037 (Dec. 2, 2016).

Thank you for your prompt answers to my query concerning this project.

As an ethicist concerned with protection of human subjects of behavioral and biomedical research

and as a lawyer concerned with regulatory compliance by researchers and sponsor agencies, I felt duty-

bound to look into this proposed research on vulnerable subjects.

The above-caption notice was issued pursuant to the Paperwork Reduction Act, which inter alia requires compliance with relevant law.

Despite an apparent good-faith attempt to comply with human subjects protection law, the project is not yet in compliance. Problems include:

I. The consent form is misleading in important respects and reflects inadequate IRB review.

The consent form overpromises confidentiality.

The consent form mentions a Certificate of Confidentiality as affording complete protection against disclosure except where harm to another is threatened. But Department of Health and Human Services Certificates of Confidentiality do not protect against voluntary disclosure by a researcher or handler of the research data. Moreover, whether they can withstand state court subpoena has not been subjected to Constitutional test.

That data will be locked or coded says nothing about identifiability or who has access under what conditions

The consent form minimizes the likelihood that responses will be self incriminating and subject to disclosure. Yet much of the whole survey delves into behavior that might be incriminating.

I am a District of Columbia lawyer, not an Indiana lawyer, but my reading of Indiana's corrections information disclosure statute tells me that confidentiality can be overridden for compelling reasons in the public interest (not further defined in statute). Indiana's statute apparently thus presumes prior knowledge of what might be disclosed. In this regard, the IRB record of decision does not reflect inquiry into whether there is credible assurance that the interview room will not be wired for possible eavesdropping.

II. The consent form's provision for further information or complaint is an illusory promise, inasmuch as these forms of communication are expensive, often unaffordable for prisoners, and if they do take place the calls, e-mail, and paper mail are routinely monitored by prison authorities.

III. This project has not undergone Secretarial-level review procedures still required, as the IRB pointed out:

Approval requires the study may proceed only after the Secretary of Health and Human

Services and
her designee has consulted with appropriate experts including experts in penology, medicine,
and
ethics, and published notice, in the Federal Register, of the intent to approve such research

A Paperwork Reduction Act notice does not satisfy this requirement.

Unless these and any other problems that may be found in further review are remedied, this
project
should not proceed.

Thank you for your attention.

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Pellegrino Center for Clinical Bioethics Georgetown University Medical Center