

FOIA MARKER

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Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member: Sandra Thurman

Subseries:

OA/ID Number: 40015

FolderID:

Folder Title:

Admin - Agency Representatives - Soliz, Robert

Stack:

S

Row:

66

Section:

6

Shelf:

1

Position:

1

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. form	re: Other government employees [Personally Identifiable Information] [partial] (1 page)	06/18/1998	b(6)
002. form	re: Other government employees [Personally Identifiable Information] [partial] (1 page)	02/25/1998	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:

Admin - Agency Representatives - Soliz, Robert

2018-0764-F

jm1981

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
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- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

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DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Health Resources and
Services Administration
Rockville MD 20857

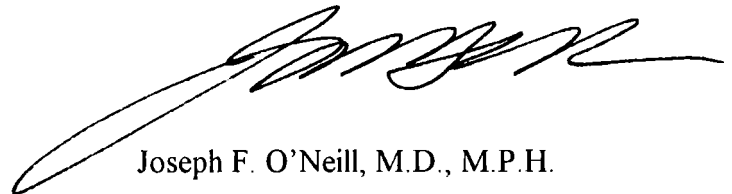
Date: FEB 13 1998

From: Associate Administrator
HIV/AIDS Bureau

Subject: Detail of CAPT Robert Soliz to the White House Office of National AIDS Policy

To: Director
White House Office of National AIDS Policy

I am extending CAPT Soliz's detail to your office for an additional 4 months, beginning February 18. CAPT Soliz's duties, responsibilities, and supervision will remain the same as in my memorandum to you of October 1, 1997, and as modified by his assignments during his detail thus far (implementing the President's Directive on Integration of HIV Prevention in Federal Programs Serving Youth). Thank you.

A handwritten signature in black ink, appearing to read "Joe O'Neill", is written over the typed name.

Joseph F. O'Neill, M.D., M.P.H.

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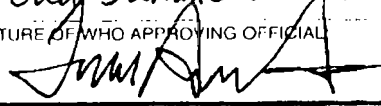
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WHITE HOUSE OFFICE
OTHER GOVERNMENT EMPLOYEES

TO: OFFICE OF MANAGEMENT AND ADMINISTRATION	FROM: (Requesting official's name and department or office) <i>Todd Summers, AIDS Policy</i>																
THIS IS TO REQUEST THAT THE FOLLOWING INDIVIDUAL PERFORM DUTIES IN THE WHITE HOUSE OFFICE																	
<table style="width: 100%;"><tr><td style="width: 20%;">NAME</td><td style="width: 30%;">Last <i>Soliz</i></td><td style="width: 30%;">First <i>Robert</i></td><td style="width: 20%;">Middle Initial</td></tr><tr><td>BIRTHDATE:</td><td colspan="2">SOCIAL SECURITY NUMBER (b)(6)</td><td>DATE AND TYPE OF APPOINTMENT IN EMPLOYING AGENCY <i>Career Public Health Service</i></td></tr><tr><td>GRADE/STEP: <i>CO-06</i></td><td colspan="2">SALARY: <i>[001]</i></td><td></td></tr><tr><td colspan="4">PARENT AGENCY <i>HRSA / HHS</i></td></tr></table>		NAME	Last <i>Soliz</i>	First <i>Robert</i>	Middle Initial	BIRTHDATE:	SOCIAL SECURITY NUMBER (b)(6)		DATE AND TYPE OF APPOINTMENT IN EMPLOYING AGENCY <i>Career Public Health Service</i>	GRADE/STEP: <i>CO-06</i>	SALARY: <i>[001]</i>			PARENT AGENCY <i>HRSA / HHS</i>			
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DESCRIPTION OF PROJECT OR DUTIES (PLEASE BE SPECIFIC), IF THIS IS AN EXTENSION, PLEASE NOTE BELOW <i>Agency representative status terminated as of 6/18/98.</i>																	
TYPE: <table style="width: 100%;"><tr><td>☐ DETAILEE</td><td>☐ HISTORICALLY PROVIDED SERVICE</td><td>☐ STUDENT VOLUNTEER</td></tr><tr><td>☐ ASSIGNEE</td><td>☐ WHITE HOUSE FELLOW</td><td>☐ OTHER _____</td></tr><tr><td>☐ PRESIDENTIAL MANAGEMENT INTERVIEW</td><td>☒ AGENCY REPRESENTATIVE</td><td></td></tr></table>		☐ DETAILEE	☐ HISTORICALLY PROVIDED SERVICE	☐ STUDENT VOLUNTEER	☐ ASSIGNEE	☐ WHITE HOUSE FELLOW	☐ OTHER _____	☐ PRESIDENTIAL MANAGEMENT INTERVIEW	☒ AGENCY REPRESENTATIVE								
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DRUG TESTING DESIGNATION: TDP = TESTING DESIGNATED POSITION ☐ TDP ☐ Non-TDP																	
BEGINNING DATE (Mo/Day/Yr): <i>10/1/97</i>	ENDING DATE (Mo/Day/Yr): <i>6/18/98</i>																
POSITION TITLE (At the EOP Complex):	APPROVING OFFICIAL IN PARENT AGENCY (Name & Telephone): <i>Joseph O'Neill</i>																
TYPE OF DETAIL (If applicable): ☐ Non-Reimbursable ☐ Reimbursable	ASSIGNMENT LOCATION (Office or Division, Building, Room Number, & Telephone): <i>Office of National AIDS Policy 736 Jackson Place</i>																
IF REIMBURSABLE, FMD CERTIFICATION OF FUNDS AVAILABILITY:																	
WHO CONTACT PERSON (Name & Telephone): <i>Todd Summers 6-2444</i>																	
SIGNATURE OF WHO APPROVING OFFICIAL: 	DATE: <i>6/18/98</i>																
OFFICE OF MANAGEMENT AND ADMINISTRATION / APPROVAL: _____																	

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002. form	re: Other government employees [Personally Identifiable Information] [partial] (1 page)	02/25/1998	b(6)
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Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:

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WHITE HOUSE OFFICE
OTHER GOVERNMENT EMPLOYEES

TO: OFFICE OF MANAGEMENT
AND ADMINISTRATION

FROM: (Requesting official's name and department or office)

Todd Summers - AIDS Policy

THIS IS TO REQUEST THAT THE FOLLOWING INDIVIDUAL PERFORM DUTIES IN THE WHITE HOUSE OFFICE

NAME: Last First Middle Initial

Soliz

Robert

BIRTHDATE: SOCIAL SECURITY NUMBER

(b)(6)

DATE AND TYPE OF APPOINTMENT IN EMPLOYING AGENCY

Career public health officer

GRADE/STEP

GS-06

SALARY:

\$75,000 [002]

PARENT AGENCY:

HRSA (Health Resources and Services Administration / HHS)

DESCRIPTION OF PROJECT OR DUTIES (PLEASE BE SPECIFIC). IF THIS IS AN EXTENSION, PLEASE NOTE BELOW.

Extend agency rep. status

TYPE:

☐ DETAILEE

☐ HISTORICALLY PROVIDED SERVICE

☐ STUDENT VOLUNTEER

☐ ASSIGNEE

☐ WHITE HOUSE FELLOW

☐ OTHER

☐ PRESIDENTIAL MANAGEMENT INTERN

☒ AGENCY REPRESENTATIVE

DRUG TESTING DESIGNATION

TDP = TESTING DESIGNATED POSITION

☒ TDP

☐ Non-TDP

BEGINNING DATE (Mo/Day/Yr)

10/1/97

ENDING DATE (Mo/Day/Yr)

5/18/98

POSITION TITLE (At the EOP Complex)

Agency Representative

APPROVING OFFICIAL IN PARENT AGENCY (Name & Telephone):

Joseph O'Neill (301) 443-1993

TYPE OF DETAIL (If applicable):

☒ Non-Reimbursable

☐ Reimbursable

ASSIGNMENT LOCATION

(Office or Division, Building, Room Number, & Telephone).

Office of National AIDS Policy

808 17th Street NW, Ste. 820

Washington 20006

(202) 632-1090

WHO CONTACT PERSON (Name & Telephone)

Todd Summers (202) 632-1090

SIGNATURE OF WHO APPROVING OFFICIAL:

DATE:

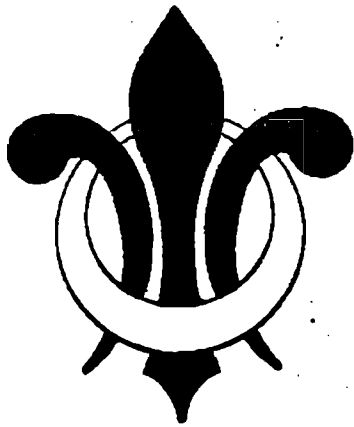
2/25/98

OFFICE OF MANAGEMENT AND ADMINISTRATION APPROVAL:

DATE:

Daniel -
Can you look
at this?

TS



HEALTH RESOURCES AND SERVICES ADMINISTRATION
OFFICE OF THE ADMINISTRATOR

AIDS PROGRAM OFFICE

PARKLAWN BUILDING - ROOM 14A-21
5600 FISHERS LANE
ROCKVILLE, MD 20857

TELEPHONE: (301) 443-4588

FAX: (301) 443-1551

FAX NUMBER: (202) 632-1096

TO: TODD SUMMERS

FROM: BOB SOLIZ

THIS PAGE PLUS 2 PAGE(S) TO FOLLOW

COMMENTS OR ADDITIONAL INFORMATION

Todd: I am, of course, open to modifying any
of these activities, or looking about any new
activities...

Bob Soliz

2. also PACTHA
involvement

3. Work
w/ PACTHA

4. Help w/ women
Leadership Roundtable
Conference
set up for
Community of Color
Conference

1.

also work w/
PACTHA
on this

given their interest
in youth issues and
opportunity seen
to the Council

interoffice
M E M O R A N D U M

to: Todd Summers
Deputy Director, National AIDS Policy Office

from: Robert Soliz
AIDS Program Office, HRSA

subject: Activities

date: September 2, 1997

Listed below are some activities which you and I discussed which could be appropriate for me to work on while detailed to the National AIDS Policy Office.

1. Follow up to the White House report, "Youth & HIV/AIDS: An American Agenda." This report makes several recommendations concerning adolescents and HIV/AIDS in the areas of prevention, testing, treatment/care, and research. In the area of HIV/AIDS research and adolescents, the White House report recommends that the National Institutes for Health (NIH) and the Food and Drug Administration (FDA) work collaboratively in developing appropriate clinical trials for adolescents, enrolling adolescents in these trials, and in development of resultant clinical practice guideline for adolescents with HIV/AIDS. The CARE Act requires that the Health Resources and Services Administration (HRSA) facilitate access to link research for women, children, infants and youth, and requires that HRSA and NIH collaboratively develop an implementation plan to accomplish this. This activity would focus on implementation of these provisions of the White House report and the re-authorized Ryan White CARE Act.
2. Follow up to the White House Round Table on Native Americans and HIV/AIDS. At this meeting, held February, 1997, several recommendations were made to NAPO directed to increasing the responsiveness of Federal HIV/AIDS efforts to Native American communities. In addition, the Health Resources and Services Administration (HRSA) held a national Technical Assistance consultation meeting with Native American Representatives to obtain their input for the development of a technical assistance strategy directed to increasing the ability of Native American groups to compete for Ryan White CARE Act funds. This activity would document progress in the development of activities by Federal Agencies to implement these recommendations.
3. Other activities as necessary.

Todd Summers, Deputy Director, National AIDS Policy Office

Page 2

September 2, 1997

These activities or their scope may be modified as necessary as you and I talk or as required by events. My telephone number is (301) 443-3656, and my fax number is (301) 443-1551. Please call me if you have any questions.

I look forward to talking to you again soon.

September 24, 1997

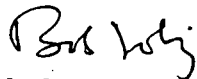
Todd:

Attached are copies of the forms that I needed to complete. For each form, I've attached the original and a marked xeroxed copy indicating where information needs to be entered on the original.

Once you send these to the EOP personnel office, they will call me to arrange an interview, at which time I am to take to them completed copies of the White House Personal Data Statement Questionnaire, the Questionnaire for National Security Positions, and the IRS Information Release authorization.

Please call me as you deem necessary in completing these forms. My telephone is (301) 443-3656.

Thanks.



Bob Soliz

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Public Health Service

**Health Resources and
Services Administration
Rockville MD 20857****Date: OCT 1 1997****To: Director, White House Office of National AIDS Policy****From: Associate Administrator
HIV/AIDS Bureau****Subject: Detail of Robert Soliz to the Office of National AIDS Policy**

This is to confirm recent discussions between you and I concerning the detail of Mr. Robert Soliz of my staff to your office.

Mr. Soliz and Mr. Todd Summers of your office have been in communication with each other to determine a start date for Mr. Soliz's detail and to discuss possible work assignments for Mr. Soliz. These assignments are tentative, and Mr. Soliz would, of course, complete whatever assignments arise as necessitated by the requirements of your office. Briefly, some of the activities discussed by Mr. Soliz and Mr. Summers are:

1. Follow up to the White House report, "Youth & HIV/AIDS: An American Agenda." This report makes several recommendations concerning adolescents and HIV/AIDS in the areas of prevention, testing, treatment/care, and research. In the area of HIV/AIDS research and adolescents, the White House report recommends that the National Institutes for Health (NIH) and the Food and Drug Administration (FDA) work collaboratively in developing appropriate clinical trials for adolescents, enrolling adolescents in these trials, and in development of resultant clinical practice guideline for adolescents with HIV/AIDS. The Ryan White CARE Act, which our agency administers, requires that the Health Resources and Services Administration (HRSA) facilitate access to link research for women, children, infants and youth, and requires that HRSA and NIH collaboratively develop an implementation plan to accomplish this. This activity would focus on implementation of these provisions of the White House report and the re-authorized Ryan White CARE Act.

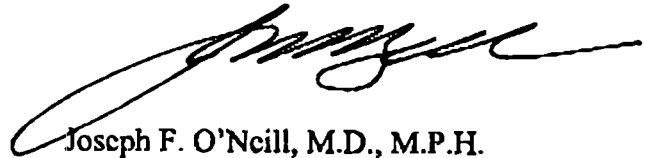
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3. Other activities as necessary.

I will be detailing Mr. Soliz to your office for periods of time not to exceed four months per period. You and I can discuss Mr. Soliz's tenure there as you determine your needs for his assistance.

Thank you very much. I look forward to our offices working closely together to more effectively fulfill the needs of people infected with HIV/AIDS. Please call me if you have any questions.

Sincerely

A handwritten signature in black ink, appearing to read "Joe O'Neill", written in a cursive style.

Joseph F. O'Neill, M.D., M.P.H.
Associate Administrator