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COMMITTEE ON OVERSIGHT AND ACCOUNTABILITY,  
SELECT SUBCOMMITTEE ON THE CORONAVIRUS PANDEMIC,  
U.S. HOUSE OF REPRESENTATIVES,  
WASHINGTON, D.C.

INTERVIEW OF: DR. GRETA MASSETTI

Tuesday, October 31, 2023

Washington, D.C.

The interview in the above matter was held in room 3400, O'Neill House Office Building, commencing at 10:04 a.m.

1     Appearances:

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4     For the SELECT SUBCOMMITTEE ON THE CORONAVIRUS PANDEMIC:

5

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15    For the CDC:

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17    LUISA FERRARI

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21    For HHS:

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23    PERRIN COOKE

24    YELENA TSILKER

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2 Mr. Benzine. All right. We can go on the record.

3 This is the transcribed interview of Dr. Greta Massetti, conducted by the House  
4 Select Subcommittee on the Coronavirus Pandemic, under the authority granted to it by  
5 House Resolution 5 and the rules of the Committee on Oversight and Accountability.

6 This interview is requested by Chairman Brad Wenstrup, as part of the select  
7 subcommittee's oversight of the Federal Government's response to the coronavirus  
8 pandemic.

9 Further, pursuant to House Resolution 5, the select subcommittee has  
10 wide-ranging jurisdiction but specifically to investigate the societal impact of decisions to  
11 close schools, how the decisions were made, and whether there is evidence of  
12 widespread learning loss. In addition, we can investigate executive branch policies,  
13 deliberations, decisions, activities, and internal and external communications related to  
14 the coronavirus pandemic.

15 Can the witness please state her name and spell her last name for the record?

16 Dr. Massetti. Greta Massetti. M as in Mary, a-s-s-e-t-t-i.

17 Mr. Benzine. Thank you.

18 Dr. Massetti, my name is Mitch Benzine, and I'm the staff director for the majority  
19 staff for the select subcommittee. I want to thank you for coming in today for this  
20 interview. The select subcommittee recognizes that you are here voluntarily, and we  
21 appreciate that.

22 Under the select subcommittee and Committee on Oversight and Accountability's  
23 rules, you are allowed to have an attorney present to advise you during this interview.

24 Do you have an attorney representing you in a personal capacity present with you  
25 today?

1 Dr. Masseti. I do not.

2 Mr. Benzine. Is there an attorney present representing the Department of  
3 Health and Human Services with you?

4 Dr. Masseti. There is.

5 Mr. Benzine. Will counsel identify themselves?

6 Mr. Cooke. Perrin Cooke, senior counselor at HHS.

7 Mr. Benzine. For the record, starting with the remainder of the majority staff,  
8 can any additional staff members please introduce themselves with their name and  
9 affiliation?

10 Mr. Osterhues. Eric Osterhues, and I am a counsel on the majority select  
11 subcommittee.

12 Ms. Brewer. Madeline Brewer, counsel for the majority.

13 [REDACTED] [REDACTED] Democratic senior counsel.

14 [REDACTED] [REDACTED] Democratic staff director.

15 [REDACTED] [REDACTED] Democratic chief counsel,

16 [REDACTED] [REDACTED] Democratic counsel.

17 Ms. Ferrari. Luisa Ferrari, CDC.

18 Ms. Schmalz. Jenn Schmalz, CDC.

19 Ms. Tsilker. Yelena Tsilker, HHS.

20 Mr. Benzine. Okay. Thank you, all.

21 Dr. Massetti, before we begin, I'd like to go over the ground rules for this  
22 interview.

23 The way this interview will proceed is as follows: The majority and minority staff  
24 will alternate asking you questions, one hour per side, per round, until each side is  
25 finished with their questioning. The majority staff will begin and proceed for an hour,

1 and then the minority staff will have an hour to ask questions. We will then alternate  
2 back and forth in this manner until both sides have no more questions.

3 If either side is in the middle of a specific line of questions, they may choose to  
4 end a few minutes past an hour to ensure completion of that specific line of questioning,  
5 including any pertinent followups.

6 In this interview, while one member of the staff for each side may lead the  
7 questioning, additional staff may ask questions.

8 There is a court reporter taking down everything I say and everything you say to  
9 make a written record of the interview. For the record to be clear, please wait until the  
10 staffer questioning you finishes each question before you begin your answer, and the  
11 staffer will wait until you finish your response before proceeding to the next question.  
12 Further, to ensure the court reporter can properly record this interview, please speak  
13 clearly, concisely, and slowly. Also, the court reporter cannot record nonverbal answers  
14 such as nodding or shaking your head, so it is important that you answer each question  
15 with an audible verbal answer.

16 Exhibits may be entered into the record. Majority exhibits will be identified  
17 numerically. Minority exhibits will be identified alphabetically.

18 Do you understand?

19 Dr. Masseti. I do.

20 Mr. Benzine. We want you to answer our questions in the most complete and  
21 truthful manner possible, so we'll take our time. If you have any questions or do not  
22 fully understand the question, please let us know and we will attempt to clarify, add  
23 context to, or rephrase our questions. Do you understand?

24 Dr. Masseti. I do.

25 Mr. Benzine. If we ask about specific conversations or events in the past and you

1 are unable to recall the exact words or details, you should testify to the substance of  
2 those conversations or events to the best of your recollection. If you recall only a part  
3 of a conversation or event, you should give us your best recollection of those events or  
4 parts of conversations that you do recall. Do you understand?

5 Dr. Masseti. I do.

6 Mr. Benzine. Although you're here voluntarily and we'll not swear you in, you're  
7 required, pursuant to Title 18, Section 1001 of the United States Code, to answer  
8 questions from Congress truthfully. This also applies to questions posed by  
9 congressional staff in this interview. Do you understand?

10 Dr. Masseti. I do.

11 Mr. Benzine. If at any time you knowingly make false statements, you could be  
12 subject to criminal prosecution. Do you understand?

13 Dr. Masseti. Yes.

14 Mr. Benzine. Is there any reason you are unable to provide truthful testimony in  
15 today's interview?

16 Dr. Masseti. No.

17 Mr. Benzine. The select subcommittee follows the rules of the Committee on  
18 Oversight and Accountability. Please know that if you wish to assert a privilege over any  
19 statement today, that assertion must comply with the rules of the Committee on  
20 Oversight and Accountability. Pursuant to that, committee rule 16(c)(1) states: For  
21 the chair to consider assertions of privilege over testimony or statements, witnesses or  
22 entities must clearly state the specific privilege being asserted and the reason for the  
23 assertion on or before the scheduled date of testimony or appearance. Do you  
24 understand?

25 Dr. Masseti. Yes.



1 A Since September 2007.

2 Q Can you run through your career progression while at the CDC?

3 A Sure. I started as a scientist in the Division of Violence Prevention in the  
4 same center where I am now. And then in 2008, I became a team leader, also in the  
5 Division of Violence Prevention. And then I think around 2012, I became a branch chief  
6 in that same center. And then for a few years I was an associate director for science in  
7 the Division of Cancer Prevention and Control in the Chronic Disease Center at CDC. I  
8 think that was about 2014 to 2016 or '17. And then I returned to the Division of  
9 Violence Prevention, and I was the branch chief for a different branch, the field of  
10 epidemiology and prevention branch. And just this past September, I transitioned into a  
11 role as principal deputy director for our center.

12 Q Can you just briefly -- so you used center, branch, division. Can you run  
13 through kind of what the hierarchy at the CDC is?

14 A Yeah. So there are several centers at CDC, and then within centers, there  
15 are divisions. In our center, there's the Division of Violence Prevention. It's in the  
16 National Center for Injury Prevention and Control, and then there's a branch level, and  
17 then the teams.

18 Q Okay. Thank you.

19 Can you run through your career up until you got to the CDC?

20 A So I got my Ph.D. in clinical psychology in 2002, and part of that I did a  
21 residency in clinical psychology at University of Chicago Medical Center. And then I  
22 worked at SUNY Buffalo for several years, first as a research assistant professor and then  
23 as an assistant professor in the Departments of Psychology and Pediatrics. And then I  
24 moved to CDC in 2007.

25 Q And then in your current role, can you elaborate -- I know the day to day is



1 probably --

2 A Yes.

3 Q -- varies wildly day to day, but can you give us a general picture of what your  
4 day-to-day responsibilities look like?

5 A In my current role, I've been in it for about a month, so I'm still kind of  
6 getting used to it. And the center director is vacant, so we have a person who is acting.  
7 So that also changes. But essentially, I'm responsible for all of the data, science, and  
8 informatics activity for the center, so overseeing all of our work related to data on  
9 unintentional injuries, overdoses, and violence prevention broadly.

10 Q Did you take on any additional roles during the pandemic?

11 A I did, yes.

12 Q What were those?

13 A So my first deployment started in July 1st, 2020. I was the lead of the data  
14 on-call team. And then I redeployed on August 15th -- no, September 15th, and I was  
15 the co-lead for the Community Interventions and Critical Populations Task Force, CICIP.  
16 And I was in that role for kind of an extended period of time. I rotated in and out with  
17 two colleagues. And we oversaw all of the development of guidance for community  
18 settings and for disproportionately affected populations. And then at some point, I also  
19 was on the principal deputy incident management team, kind of in the response  
20 leadership. I think that started around July of 2021. July or August.

21 Q And were in roles similar to that up until it kind of got stood down a little bit.  
22 Is it still at incident manager level within the CDC? There's like three different levels of  
23 public health incidents, right?

24 A Yes.

25 Q Is COVID still the highest one?

1 A Not currently. As far as I know, that response has been stood down.

2 Q Can you -- the same thing with your current day to day, what did the  
3 deployments look like? What did being a principal deputy incident manager look like,  
4 briefly?

5 A So when I was data on-call team lead, we were a small team that was  
6 responsible for kind of providing rapid response to high-priority requests on data on the  
7 pandemic. So, for example, we would get requests if there was somebody, like the CDC  
8 director or the HHS Secretary who was visiting stage. They would ask us to do a  
9 summary of kind of the current picture of the COVID pandemic in that area. So we  
10 would produce these kind of data summaries, or we would do rapid response data  
11 analysis to kind of share information about -- in response to questions.

12 When I was the task force lead for CICP, I oversaw the development of guidance  
13 for community settings. And that included anything from correctional facilities,  
14 homeless shelters, universities, and schools.

15 Q In addition to overseeing guidances, have you authored any MMWRs in your  
16 time at CDC?

17 A I have.

18 Q About how many would you say?

19 A So by your question, do you mean MMWRs while I was on the response or  
20 related to the response or more broadly kind of among other under MMWRs?

21 Q Let's focus on the response.

22 A Yeah. I was the lead author for one MMWR on the response, and I was a  
23 co-author for two, three, four?

24 Q Which one are you?

25 A I haven't read my CV in a while. I think it's about four.

1 Q All right. Which one were you the lead author for?

2 A I was the lead author for an MMWR that came out in, I think, July or  
3 August '22 on summary guidance, kind of updating the guidance for people to protect  
4 themselves from COVID-19 at that point.

5 Q And then you said in your role at CICP you oversaw the guidance process, so  
6 I'm assuming guidances on correctional institutions. Obviously, the school guidance that  
7 is going to be a large portion of today.

8 Was there a specific university guidance? Were there any our guidances that  
9 came through your center during the response?

10 A Through our task force, yeah. Early childhood education. I think those  
11 are the ones that I'm kind of recalling.

12 Q Some other just kind of boilerplate questions. Do you currently hold or  
13 have you previously held any honorary positions on boards or at companies?

14 A Not at companies. What kinds of -- I guess I'd love to get some clarification  
15 on what honorary positions, the types of --

16 Q The next one is at nonprofits.

17 A Yeah.

18 Q Any at nonprofits?

19 A I've been on boards at charter schools. I think that's probably what comes  
20 most to mind.

21 Q Okay. And then you answered this a little bit, but you have previously held  
22 academic positions.

23 A I have.

24 Q Do you currently hold any academic positions?

25 A I don't -- I'm not sure. I've had an adjunct faculty at Georgia State, but I

1 don't think that's currently active. I haven't used that in some time.

2 Q Okay. I'm going to shift gears and just ask yes or no, not getting into the  
3 context of the conversations, just yes or no, if you spoke with, emailed, or otherwise  
4 communicated with any of the following people regarding the February 2021 guidance.

5 A Okay.

6 Q So you personally, not just on the outside.

7 Randi Weingarten?

8 A I don't recall directly -- I'm sorry. Can you clarify the question? Is it just  
9 email communication or also in, like, by virtual --

10 Q Virtual is the next one. If you want me to combine the two, I'm happy to  
11 combine the two. Sometimes it's easier to think in buckets. But if you want me to --

12 A Yeah, it's easier for me --

13 Q So let's just say, yes or no, any communication --

14 A That's easier for me to answer.

15 Q -- with the following people.

16 Okay. Randi Weingarten?

17 A I was in some virtual meetings with Randi Weingarten, yes. I do not recall  
18 direct email communication, but it may be slipping my memory.

19 Q Kelly Trautner or Kelly Nedrow?

20 A Yes.

21 Q What was the nature of those communications?

22 A I was in several virtual meetings. I believe she emailed me a couple of  
23 times as well, or I was copied on emails that she had submitted.

24 Q Jane Meroney?

25 A I don't recall that name.

- 1 Q Marcela Ucelli-Kashyap?
- 2 A I don't recall that name.
- 3 Q Carole Johnson?
- 4 A Yes.
- 5 Q What were the nature of those?
- 6 A I was in several virtual meetings. That's what I can recall. Yeah.
- 7 Q Susan Rice?
- 8 A I don't recall any communication with her.
- 9 Q Jeff Zients?
- 10 A I believe I did a virtual presentation at one point that he attended, not  
11 related to the February 12th guidance.
- 12 Q Ashish Jha?
- 13 A Not related to the February 12th guidance.
- 14 Q Anthony Fauci?
- 15 A Not any communication related to the 2012 guidance.
- 16 Q Secretary Becerra?
- 17 A I was not in communication with Secretary Becerra related to the  
18 February 12th guidance.
- 19 Q Director Walensky?
- 20 A Yes, I had email communication and --
- 21 Q A lot of communication?
- 22 A Not a lot of communication.
- 23 Q Not a lot?
- 24 A Some email exchanges. And I was in some virtual meetings with Dr.  
25 Walensky.

1 Q And then anything with Jill Biden?

2 A No, I was never in any communication with Jill Biden.

3 Q All right. Did you say Joe or Jill?

4 A Either Biden.

5 Q All right. Thank you.

6 I want to shift to how CDC authors, publishes guidances. Who was the incident  
7 manager while you were principal deputy?

8 A Well, I was principal deputy incident manager. For part of it it was Peggy  
9 Honein and then Barb Mahon.

10 Q Briefly, and then I'll have some specific questions, but briefly, can you walk  
11 through the standard process for drafting, reviewing, and publishing outward-facing  
12 guidance?

13 A And I just want to be sure I understand. Do you mean in the context of any  
14 response, like COVID-19 response, or any guidance at CDC --

15 Q We can stick to within the COVID response.

16 A Okay. So our process generally throughout the years of the COVID  
17 response involved kind of identifying the need for guidance or identifying the need to  
18 update guidance because we often needed to -- we were constantly monitoring the data  
19 and evidence that was evolving and kind of assessing, you know, whether there was new  
20 information that needed to be incorporated and updating. So when we decided that an  
21 update was needed, we would identify somebody to take the lead and, you know, draft  
22 an initial kind update or new development. We often had ongoing engagements with  
23 partners and stakeholders. Sometimes that's what would prompt the need to update  
24 guidance based on their feedback. But then we would go back and invite their input  
25 either verbally or at times we would share drafts of guidance and ask them to provide

1 either questions or identify points of clarification or kind of let us know whether the  
2 guidance was consistent with what they were experiencing on the ground. And then we  
3 would kind of assess their feedback.

4 We did not -- just because we invited feedback did not mean that we always  
5 incorporated it. We would assess their feedback against what do we know from the  
6 evidence and the science and kind of the best practices. And, you know, at some point  
7 we would work through clearance processes and release the guidance.

8 Q Thank you.

9 I'm going to ask more specific questions about maybe each little chunk there.

10 A Sure.

11 Q So you said, and please correct me, it sounds like maybe two lanes for  
12 initiation of either a new guidance or a change. Either your own review of science and  
13 data or a stakeholder coming in and saying, hey, we're like seeing this on the ground, we  
14 need a change. Is that about right?

15 A Generally, that's largely correct. I mean, we had ongoing discussions about  
16 things, about what partners were seeing or what we were seeing. So sometimes there  
17 could be a variety of factors that were all influencing the need to change or update or  
18 release new guidance.

19 Q What was kind of the stereotypical -- would it come from internal to the CDC  
20 or were you getting more information from state and locals and territories or other  
21 stakeholders that kind of drove the guidance process?

22 A I don't know that it's easy to identify what was typical. What I will say is we  
23 had a lot of -- we were providing technical assistance ongoing to stakeholders on the  
24 ground. And so sometimes there was this constant churn of requests for clarification, or  
25 partners that were saying, well, you need to change this. And so we also wanted to

1 guard against releasing the guidance of the week and constantly updating, because that  
2 would have been disruptive and challenging.

3 So we were trying to, at all times, assess when is a change warranted, when is  
4 there evidence that suggests that a new practice needs to be incorporated into  
5 recommendations, or recommendations are outdated, or there's a different change in  
6 context. And so kind of what really prompted it was an internal dialogue. Usually, the  
7 incident manager would say, okay, you know, you need to move ahead with this change.

8 Q Secondly, that gets to my next question of how the potential changes are  
9 vetted at this stage. It goes down -- comes up to the incident manager who then gives  
10 the thumbs up?

11 A It depends. It would depend on kind of the context. So let me give some  
12 examples that might be helpful or think of examples.

13 Sometimes we found out information about antigen test performance. And as  
14 the virus continued to evolve, it would affect how well tests would be performing. And  
15 so because of that we had to rethink guidance that incorporated recommendations for  
16 testing to take into account, like, now we know this, and so this change. So it would  
17 have been a specific need.

18 Other times, like with school guidance, it was prompted often by kind of from the  
19 earliest days a motivation to support schools in providing in-person instruction and to  
20 doing so safely. And so what did the schools -- what kind of information did they need  
21 to be able to open their doors, ensure the kids were in classrooms with teachers, but  
22 doing so without significant spread of a virus.

23 Q So after the thumbs up is given, someone begins drafting it, a group of  
24 people begin drafting it, and then it's reviewed and debated within the task force. Is  
25 that correct?



1           A    Generally, yes. I mean, it varied depending on the type of guidance. You  
2 know, some guidance we might have a very small group of experts that had particular  
3 expertise in that particular area, and so it might be a smaller group or -- but generally,  
4 there would be one person who was identified as kind of the lead drafter for any update  
5 or any guidance.

6           Q    Would -- understanding that things may change and move quickly, would the  
7 task force lead clear it before it goes to like big CDC for more clearance?

8           A    Yes. Generally, the task force lead had to review and approve before it  
9 went forward for any additional review -- level of review.

10          Q    And then what did the levels of review look like after it got out of the task  
11 force?

12          A    We had cross-task force clearance, so all of our task forces would have  
13 reviewed documents. And then we had the CDC clearance, and then cross-HHS and  
14 Federal Government review.

15          Q    When in the drafting process would you notify HHS that a guidance  
16 document was forthcoming?

17          A    Actually, I'm not really sure. It depends -- because oftentimes I was not  
18 involved in those discussions. So I can't really answer that question.

19          Q    Okay. Did you personally ever do it yourself or otherwise see sharing  
20 whole draft guidances within the department?

21          A    Not that I can recall, but it's possible we shared for awareness.

22          Q    Would it be more likely to share a summary versus the whole document or  
23 like a top line, this is what guidance is happening?

24          A    You know, we had -- there was a clearance review process where HHS was  
25 involved, but usually that was not done directly by those of us drafting guidance.

1 Q Okay. So we'll stick to as much as you can answer.

2 A Yes.

3 Q Would you normally notify other government agencies of forthcoming  
4 guidance?

5 A Sometimes, yes.

6 Q When in the drafting process would that usually take place?

7 A If there was a Federal agency that was kind of a stakeholder, for example,  
8 Bureau of Prisons was kind of a close partner for us in the correctional facility's guidance,  
9 and the Department of Education was a close partner of ours in educational guidance, we  
10 would kind of give them a heads-up early on, get their input. We had ongoing  
11 discussions with them about kind of what they were seeing in schools.

12 Q Would they get a copy of the draft guidance?

13 A Yes, sometimes.

14 Q Did the Department of Education get a full copy of the February 12th  
15 guidance?

16 A They did.

17 Q Were they given the opportunity to edit or comment on it?

18 A They were given the opportunity to comment, yes.

19 Q But not edit?

20 A In general, when we shared guidance, in that period we were trying to share  
21 PDF versions so that we could keep some version control. So for the most part we tried  
22 to invite comment but not editing.

23 Q And, again, as much as you know, would you notify the White House of the  
24 forthcoming guidance?

25 A I never notified the White House of forthcoming guidance.

1 Q All right. We can shift to working with outside stakeholders. We'll talk  
2 generally and then we can get more specific on the schools one.

3 Is it normal practice to notify outside stakeholders of a forthcoming guidance?

4 A Generally, in the context of the COVID response, it was normal practice. It  
5 was something that we did fairly routinely.

6 Q When in the drafting process, did you begin to reach out?

7 A It varied. Sometimes depending kind of on the nature of the changes or  
8 the process. But usually when we had a clear idea of kind of the nature of the changes,  
9 we wanted to be able to go to partners and tell them what the plan was, rather than just  
10 like, oh, we're changing it. So we would try to kind of reach out and either share a  
11 version and then have a call to discuss or have a call first and then share a version.

12 Q So that kind of answered my next question. Was it common to share draft  
13 guidances, the whole document, to outside groups?

14 A It was common during the COVID-19 pandemic response, yes.

15 Q Do you recall any instances of sharing full draft guidances other than the  
16 school reopening one?

17 A Yes, I do.

18 Q Which ones?

19 A So we shared the correctional facilities guidance with law enforcement  
20 stakeholders. We shared the homeless shelter guidance with stakeholders, nursing  
21 home guidance, early childhood education guidance, university, institutions of higher  
22 education guidance as well.

23 Q Would those outside groups be given the opportunity to edit or provide  
24 comment?

25 A Yes. And generally we invited comments or requests for clarification, but

1 we -- our standard practice was to make it clear that we would consider any inputs, but  
2 we were not obligated to make changes based on those inputs.

3 Q Did you ever receive line-by-line edits from any of the outside groups on the  
4 school reopening guidance?

5 A Could I get some clarification on what you mean -- how you would define a  
6 line-by-line edit?

7 Q Like a traditional, like, strike and replace or a traditional we need this specific  
8 line added. Not like general ideas or thoughts, but actual -- the outside group providing  
9 language.

10 A Yes, sometimes we had outside groups providing language, yes.

11 Q Which groups in the instance of the school guidance?

12 A The teachers' unions recommended some language. And I believe the  
13 Council of State and Territorial Epidemiologists provided some language or recommended  
14 some language.

15 Q So out of 50 outside groups, 2?

16 A There were not 50 outside groups that saw a version of the guidance.

17 Q Oh, okay. How many outside groups saw a version of the guidance?

18 A I think, you know, six or seven.

19 Q Do you recall --

20 A More than that. Maybe around 10.

21 Q Do you recall which ones? Obviously, CSTE, AFT, and NEA. Do you know  
22 the other ones?

23 A So our public health partners often got versions of guidance, and that was  
24 ASTHO, the Association of State and Territorial Health Officials; NACCHO, the local health  
25 officials, CSTE, and APHL, the public health laboratory folks. So they definitely saw a

1 version of the guidance.

2 I believe we also shared a version, in addition to the unions, the Department of  
3 Education, NASBE, which I think is the State Boards of Education folks. The school board  
4 association, the National Governors Association, and possibly CCSSO, the State school  
5 officials.

6 Q Was that kind of out of the ordinary? Do you normally just do the big four  
7 or do you pick and choose who else?

8 A We almost always shared versions with the big four, and then the others  
9 might vary, depending on the nature of the guidance. But that group, the State Boards  
10 of Education, CCSSO -- oh, actually, the National Association of School Nurses I think  
11 either saw a version of the guidance or participated in some meetings. But they  
12 had -- you know, we had a lot of engagements in the year prior to February 12th with a  
13 lot of different partners, and those that had kind of had productive conversations with us,  
14 like CCSSO and others, were those that kind of seem to be -- to provide an opportunity to  
15 get real input on the ground on what was happening and how the guidance might be  
16 helpful.

17 Q So throughout the pandemic, had you shared there were lots of school  
18 guidances, not just the February 12th one?

19 A Yes.

20 Q Was this a consistent group throughout?

21 A No, we did not have -- other than the big four, the public health partners, we  
22 had lots of calls between the response and the public health folks just on a lot of variety  
23 of things and just keeping each other informed. Other than that, the group of education  
24 stakeholders was very fluid, depending on the nature of what was happening or the types  
25 of input we were seeking, people who were reaching out to groups, partners that were

1 reaching out to us.

2 And so that, you know, I wouldn't say that -- I wouldn't characterize it as a  
3 standard group that kind of had any kind of expectation or, you know, they weren't like  
4 an advisory body of any kind.

5 Q Had AFT or NEA received a draft school guidance prior to the February 12th  
6 one?

7 A Not that I -- not that I'm aware of.

8 Q Why the change on this one?

9 A That February 12th guidance was the first time that I personally was very  
10 involved in the drafting process of guidance, so I'm not really sure exactly what had  
11 happened prior to that. Either NEA or AFT or both had been involved in some kind of  
12 technical assistance calls or webinars that we had done over the course of the fall. So  
13 we had had engagements with them, but that version of the guidance was the first time  
14 that I was very deeply involved in the process.

15 Q Okay. I ticked off a couple. So the normal -- are there usually, like,  
16 listening sessions, one-on-one sessions prior to the release of the guidance with outside  
17 groups?

18 A Yes. We'd come to kind of make those listening sessions or listening  
19 sessions a standard part where we kind of provided a verbal overview of the nature of the  
20 guidance. We would sometimes share a version in advance, and then we would kind of  
21 open the floor for feedback, questions for clarifications, or comments. And they're  
22 framed specifically as listening sessions so that we could really hear the input from the  
23 stakeholders. And it wasn't so much a dialogue as an opportunity for them to ask for  
24 clarification.

25 Q Do any outside groups get one-on-one meetings?

1 A Sometimes they would request one-on-one meetings, kind of often as a  
2 followup if there's something that was discussed during the listening session that they  
3 needed clarification on or they had some additional recommendations or suggestions.  
4 So that was not uncommon.

5 Q Do you have any groups that you have standing meetings with?

6 A We had standing meetings with the four public health partners pretty  
7 regularly. Not just about school guidance, they were just standard meetings.

8 Q Are the outside groups consulted on guidances acknowledged in the  
9 guidance?

10 A In public health -- in the response guidance, we just didn't really have a  
11 format or template to explicitly note who had provided input, no.

12 Q Has it been in the past?

13 A Not that I'm aware of.

14 Q Is there reason why not, other than a format issue?

15 A Yeah, I would probably say that we had not thought of it. Yeah.

16 Q Okay. I want to go ahead and introduce what'll be majority exhibit 1.

17 [Massetti Majority Exhibit No. 1.

18 Was marked for identification.]

19 BY MR. BENZINE:

20 Q Hopefully, it is way too familiar for you.

21 So majority exhibit 1 is a CDC guidance entitled, Operational strategy for K-12  
22 schools through phased mitigation, dated February 12th, 2021.

23 So we've talked about this guidance in kind of the periphery a little bit. Were  
24 you previously aware of this guidance before just now?

25 A Yes, I was.

1 Q And how are you aware of the guidance?

2 A I was the lead drafter of this guidance.

3 Q All right. Can you explain what the lead drafter role is?

4 A So I developed the kind of a first version following some conversation with  
5 our incident management leadership, and I was responsible for kind of leading the  
6 process for obtaining input from our stakeholders, making changes in response to those  
7 recommendations and kind of leading the rollout effort.

8 Q What was the goal of this guidance?

9 A So we had -- as I had previously mentioned, we had released several versions  
10 of school guidance, starting from February 2020. We had done -- we had developed  
11 resources for schools to provide kind of supportive information about how to provide  
12 safe in-person instruction. We've done a lot of technical assistance, a lot of outreach,  
13 webinars, presentations, tools, all through kind of the summer and fall of 2020.

14 And in December, we were very acutely aware that the new school semester was  
15 about to start. And we didn't have great data at the time, but to our best estimate,  
16 more than half of the school districts in the United States were not providing any  
17 in-person instruction at all. We were very concerned about that. We were worried  
18 about impact on children. We were worried about a number of concerns. And so we  
19 were thinking about what did we need to do to really support schools and reopening for  
20 in-person instruction in January, and we were very worried about the possibility that  
21 another semester would go by and schools wouldn't be able to take that step.

22 And so we were really trying to think about what might it take to get schools  
23 unstuck. What did we do that -- what could we do that was different from what we'd  
24 already been doing for several months? At that time, we were in a situation with a high  
25 surge of cases and the first known variant of concern, and so we were trying to balance



1 these potential issues, while at the same time providing schools the information they  
2 needed to do in-person instruction.

3 Q What were -- I imagine in your experience you know a lot about this, but  
4 what were kind of the side effects of not having in-person schooling?

5 A You know, in point of fact it's a bit speculative. We did at that time do a  
6 review of the literature to try to assess like what do we know about the impacts of not  
7 being in school. And there was just very little evidence. A lot of child development  
8 experts and education experts were speculating about potential learning loss or potential  
9 social impacts. And so there were people who had written some good pieces about it,  
10 but we had very little data. And so that, I think, was a bit of a challenge for us too that it  
11 was a -- there were swirling concerns without a whole lot of evidence.

12 Q Have you followed the data and studies since?

13 A I have not kept up in the last couple of years. I have followed the research  
14 on kind of family impacts and child maltreatment during COVID-19, but not on learning  
15 loss or other social impact.

16 Q Who else with you at the CDC worked on the guidance?

17 A So the person who was my co-lead of the CIGP Task Force at the time had a  
18 lot of input and was a strong collaborator. And there were others that were responsible  
19 for different pieces around rollout or messaging and those types of things.

20 Q Did you work with any other agencies or departments on this?

21 A The Department of Education was a close partner in the development and  
22 revisions.

23 Q Was that the only one?

24 A That I can recall, yes.

25 Q Did you ever have meetings or otherwise work with the White House on this

1 guidance?

2 A We had meetings, not during the -- not to invite input.

3 Q No input from the White House?

4 A No input from the White House.

5 Q Did the White House ever give input unsolicited?

6 A Not that I'm aware of.

7 Q When did the initiation or the drafting on the school guidance begin?

8 A It was very late December, in that last week or two of December right  
9 before -- right before new year.

10 Q Who gave you the thumbs up to start drafting?

11 A Henry Walke, the incident manager at the time.

12 Q Did you have any communication with the Biden transition team regarding  
13 the guidance?

14 A I never had any communication with the Biden transition team.

15 Q When did you complete the first draft?

16 A It was very early January.

17 Q Do you recall originally when your goal to make it public? Did you have a  
18 goal release date?

19 A I don't know. I mean, those dates, kind of what dates we can get, what's  
20 going on with the response at any given time was all very, very fluid. So we didn't have  
21 a goal release date in mind. I think dates were thrown around, but it was never within  
22 my control.

23 Q Okay.

24 Mr. Benzine. And we can go off the record.

25 [Recess.]

1

2

[10:59 a.m.]

3

██████████ On the record.

4

Good morning, Dr. Massetti. As I said before, my name is ██████████ I am a

5

Democratic senior counsel. And we're just going to dive into some questions. Some of

6

it may be repetitive to things you've answered before, and that's fine.

7

#### EXAMINATION

8

BY ██████████:

9

Q So I just want to frame, we're going to start, we're talking about it sounds

10

like you started working on the operational strategy at the end of December of 2020.

11

A Correct.

12

Q And then continued working on it in January and February of 2021.

13

A Correct.

14

Q Can you tell us a little bit about what was going on at that time, whether it

15

was vaccine rollouts, school closures, Trump administration response, the transition to

16

the Biden White House, whatever comes to mind, and sort of what was happening at the

17

CDC in those few months?

18

A So as I mentioned previously, there was a large context around all of the

19

work that we've been doing around reaching out to schools and school education

20

stakeholders to try to provide support and technical assistance to help schools reopen.

21

We were struggling with issues related to data, particularly what data we could get about

22

which schools were open or not. We're providing in-person instruction in what

23

context -- hybrid, optional -- so on and so forth.

24

We were still kind of at the -- I don't think we were yet at the peak of the winter

25

surge, so we knew that there were more and more cases every day. The first known

1 variant of concern emerged from right around that time. I think that was the Alpha  
2 variant in December.

3 We were continuing to monitor vaccine uptick. It had just become available, I  
4 think it was December 12th, my birthday. And we knew that there was this phased  
5 rollout plan and we were trying to have a better understanding, particularly as it related  
6 to schools, when States were going to make it available, the vaccines available for  
7 teachers, and other contexts.

8 So those were a lot of the factors that particularly related to this guidance update.

9 Q So it's fair to say December 2020 to February 2021, that was a very busy  
10 time for CDC staff, particularly those of you working on this guidance.

11 A That's absolutely correct. Yes.

12 Q Okay. So we're actually going to look at that. We're going to look at  
13 majority's exhibit 1 that they have already provided to you. And as you stated before,  
14 you were the lead in creating this document, correct?

15 A Correct.

16 Q Can you give us a brief overview of what the highlights of what were  
17 included in this document were? You can refer to specific sections if you want, but you  
18 don't have to.

19 A Yeah. So this document was really intended to provide recommendations  
20 for schools, particularly those schools that had not yet reopened for in-person instruction,  
21 to be able to reopen for in-person instruction.

22 And it's founded on three -- what we refer to as three essential elements of safe K  
23 through 12 school in-person instruction. And that includes consistent implementation  
24 of layered mitigation strategies, indicators of community transmission, and phased  
25 mitigation and learning modes.

1           And those are kind of the three elements that were providing recommendations  
2 around if you're going to reopen for in-person instruction, this is how to do so safely.  
3 And it really relied on several components, including universal use of masks in schools  
4 and other prevention strategies that we knew were effective.

5           We also had recommended additional ways that schools could provide protection  
6 to students and teachers, and some of those were using screening testing and vaccination  
7 for teachers when it was available.

8           Q    Great.

9           So I just want to draw your attention to a sentence in the executive summary right  
10 here on the front page. It is the second sentence in that first paragraph. And it says,  
11 "It is critical for schools to open as safely and as soon as possible, and remain open, to  
12 achieve the benefits of in-person learning and key support services."

13           Is it fair to say that that was the premise for the CDC, that it was critical to have  
14 schools opened, but have them opened safely?

15           A    That was our primary objective, for schools to reopen safely for in-person  
16 instruction and to do so as soon as possible.

17           Q    And why was that a goal of CDC at the time?

18           A    We were concerned about learning loss and other disruption to in-person  
19 instruction and learning for kids and other kind of social and health impacts. We were  
20 also concerned about disrupted access to support services, particularly for children with  
21 disabilities and others.

22           And we really were particularly concerned that if the schools did not reopen as  
23 soon as possible at the beginning of that winter semester that an entire school year  
24 would go by and children would not have any in-person schooling experience.

25           Q    Thank you.

1           And as I understand it, the American Federation of Teachers, AFT, made some  
2 language suggestions based on drafts that they were able to review and that made sense  
3 and were incorporated into the operational strategy.

4           And I just want to note that at the select subcommittee's April 26th hearing with  
5 ATF President Randi Weingarten, Chairman Wenstrup stated that he didn't disagree with  
6 the guidelines that AFT recommended. So we're just going to talk about those.

7           The first one we're going to look at -- and these pages are not numbered, but it is  
8 page 21. The very top of the page there's a heading that says, "Schools that implement  
9 expanded screening testing."

10           In the last paragraph -- the last full paragraph -- it starts with, "At all levels of  
11 community transmission, employers should provide reassignment, remote work, or other  
12 options for staff who have documented high-risk conditions or who are at increased risk  
13 for severe illness from COVID-19 to limit the risk of workplace exposure."

14           As I understand it, that language originated with a suggestion from AFT. But can  
15 you talk about why it was actually included in the guidance?

16           A     In our task force we had been doing a lot of work to try to identify not only  
17 which populations were disproportionately affected by COVID-19, but which groups were  
18 experiencing more severe outcomes. And it was quite evident from the evidence, the  
19 science early on, that there were some medical conditions that placed people at very high  
20 risk for having very serious illness and death from COVID-19, hospitalization and deaths.

21           And so we had already been discussing how do we take that piece into account in  
22 our guidance, how do we -- in any response for any kind of emergency health situation  
23 we're constantly thinking about kind of the layered or tiered recommendations based on  
24 people's individual risk and risk tolerance.

25           And so that was part of our guidance, was thinking about, like, how do we

1 integrate this consideration that there may be some people who are particularly  
2 vulnerable given their underlying medical conditions? And so we had been wrestling  
3 internally within CDC around kind of what type of language might be useful.

4 At one point, it may have been AFT, it sounds like it was AFT had recommended  
5 inclusion of language to this effect. And so we invited them to provide recommended  
6 language because we'd already been having some of that contextual conversation, that  
7 we wanted to try to take that consideration into account.

8 Q And is the language here, those mitigation factors, are those reasonable  
9 ways to limit severe health consequences for some while still allowing schools to reopen?

10 A Yes. I think the intent of the language really is to encourage schools and  
11 school officials to consider these issues in whatever ways is the best fit for them, is can  
12 they provide opportunities for reassignment, remote, or other options. We really  
13 wanted to avoid saying, this is how you must handle it, but this is really something that  
14 should be considered by school officials.

15 Q And does whoever crafted the language -- AFT, CDC -- does that change  
16 anything about the reasonableness of it from a public policy point of view?

17 A Not that I can think of.

18 Q So we're going to flip to the next page, so it is double sided, so it is just the  
19 other side of the page that we were on.

20 The second to last paragraph ends with, "In the event of increased levels of  
21 community transmission resulting from a variant of SARS-CoV-2, updates to this guidance  
22 may be necessary."

23 Can you please explain what that means and why it was included in the guidance?

24 A So in a lot of our guidance, dating long before this, we'd had some language,  
25 standardized language, that was to the effect of this guidance, these recommendations

1 reflect the best available evidence as we know it, but that continues to evolve and what  
2 we know will change. And so changes will need to be made based on what we know at  
3 a future date.

4 And so we had already -- we had some discussions about incorporating some of  
5 that language, and that's where this entire paragraph about variants, because in  
6 particular there was a lot of conversation about the Alpha variant and are there going to  
7 be new variants and what does that mean. And a lot of questions from schools that we  
8 were getting about: What does it mean? Is this something we should be worried  
9 about.

10 So that paragraph, the entire paragraph intended to say this is what know now,  
11 things may need to be changed, we may find out that there's going to be a variant in the  
12 future that's less severe, and so the guidance may need to change in a different direction.

13 And so it's really just taking that need to make adjustments into account.

14 Q You say there could be a variant that would make things less severe, but the  
15 results of contemplation that there could be a variant that would make things much more  
16 severe or maybe affect children more than the previous year had been.

17 A That's always certainly a possibility.

18 What I will say is at that time -- and it was true even later -- that we never  
19 recommended anything even close to closure triggers or any types of recommendation  
20 that would force schools to not open or close for in-person instruction.

21 And that was really kind of our assessment of the evidence, that it was not  
22 necessary to have anything even approach inclusion of triggers in guidance.

23 Q Great. So just overall, you're saying that if conditions change or variants  
24 change the guidance may change in any direction, but it's based on what the science is.

25 A Correct.



1 Q It's our understanding that AFT also suggested this -- that sentence that I  
2 read, that language. Is that your understanding?

3 A That was one of the other recommendations that they had made, yes.

4 Q Does that change anything about the reasonableness of that language being  
5 included?

6 A No. And I will say, both of those points were recommendations or requests  
7 that did not come only from AFT, they also came from several other stakeholders that  
8 were suggesting similar inclusion.

9 Q And both of the sentences that we've talked about, they are aimed at  
10 keeping schools open, just doing so safely. Would you agree?

11 A That's -- it is consistent with that intent, yes.

12 Q So you've mentioned that CDC spoke to many organizations. We've  
13 explored that. We're going to explore that a bit little more now and the ways you  
14 engaged with them to get the feedback on the draft.

15 I am passing out what's going to be marked as Democrats' exhibit A.

16 [Massetti Minority Exhibit A.

17 Was marked for identification.]

18 [REDACTED] So this is a letter that HHS sent to Chairman Wenstrup on June 5th.  
19 You may not be familiar with it. You're welcome to take a moment to look at it. But  
20 I'm going to draw your attention to the fourth page, which is a list of agencies and  
21 impacted groups CDC engaged. If you want to quickly look over that list.

22 Does this list look to you like the list of organizations that CDC consulted regarding  
23 the February 21st operational strategy?

24 Mr. Cooke. You mean February 12th.

25 [REDACTED]. Sorry. February 12th. I'm sorry.

1 Dr. Massetti. Yes. Not -- we didn't have the same engagement with every  
2 single organization. But, yes, this looks like the list that we engaged at some point, yes.

3

BY [REDACTED]

4

Q Okay. So we see education groups. For example, the National  
5 Association of Secondary School Principals is on here. There are also parent groups,  
6 such as the National Parent Teacher Association. Government-facing groups, you  
7 mentioned before. The National Governors Association is on here.

8

A Uh-huh.

9

Q Medical organizations. An example is the American Academy of Pediatrics.  
10 And you've spoken about this a little bit, but what is the purpose of consulting  
11 with all of these various different stakeholder organizations?

12

A It is a variety, it accomplishes a variety of objectives. One is it helps us  
13 understand whether the guidance is received or interpreted in the way that we intend,  
14 whether there's any language that's unclear.

15

It also allows us to understand kind of whether our recommendations are  
16 consistent with what stakeholders are experiencing on the ground.

17

I'm a scientist, so I'm not an educator, I'm not a teacher, I'm not a principal. So I  
18 don't spend all day in a classroom or in a school building. So we really need those -- that  
19 critical on-the-ground perspective kind of: Does this make sense to you? Is this  
20 feasible? Does it come across the way we intend it to?

21

There are also organizations that have their own guidance for schools, like the  
22 American Academy of Pediatrics. And so we also wanted to kind of understand  
23 consistency/inconsistency in how they were interpreting evidence versus how we were  
24 interpreting evidence, opportunity to vet based on what the data were saying.

25

So it was really about kind of getting the critical input from stakeholders from a

1 variety of perspectives to ensure that we were contextualizing and interpreting our  
2 guidance appropriately and adjusting it accordingly.

3 Q And you all did that through listening sessions?

4 A Sometimes it was listening sessions. Sometimes it was one-on-one calls.  
5 Sometimes it was sharing versions of the guidance and inviting comment.

6 We emphasized often that we were inviting feedback, but we were not obligated  
7 to implement the feedback, that really our approach was to interpret the  
8 recommendations that were made to us, especially against the evidence at the time or  
9 the data at the time, and then we could either make some changes accordingly or not,  
10 depending on what our internal experts would advise.

11 Q And just to clarify, would you individually have been on every single  
12 communication with every single stakeholder or were different combinations of CDC staff  
13 talking and interfacing with different organizations at different times?

14 A I was not on every communication with every stakeholder, no, certainly not  
15 with a list like this, correct.

16 Q And you mentioned sharing drafts of the operational strategy prior to  
17 release with some these organizations.

18 A Correct.

19 Q In other to get feedback?

20 A Yes.

21 Q So we are going to look at another exhibit. This will be Democratic exhibit

22 B.

23 [Masseti Minority Exhibit B.

24 Was marked for identification.]

25

BY [REDACTED]

1 Q This is a calendar entry dated January 22th, 2021, for a meeting to take place  
2 3 days later, on January 25th. And if you look at who's included on it, there's CDC staff  
3 as well as employees of the Association of Public Health Laboratories or, as we  
4 referenced, the APHL. And if you look at the subject of the meeting, it's about the CDC's  
5 draft reopening guidance, correct?

6 A That's correct.

7 Q And I want to note that there is also an attachment line that you can see,  
8 and the CDC has attached a draft of the guidance to this calendar. Is that correct?

9 A That's correct.

10 Q So CDC was giving APHL an advanced copy of the draft guidance as early as  
11 January 22nd of 2021?

12 A That's correct.

13 Q And were you giving draft copies of the guidance to other organizations at  
14 that time as well?

15 A Yes. So we had one call with our public health partners. That's this  
16 meeting request that was sent out. On that same day, on January 22nd, we sent out  
17 another meeting request for education partners and another meeting request for the  
18 National Governors Association. And all three of those meeting requests had the  
19 attachments included.

20 Q So there was nothing unique about any one of those organizations getting a  
21 copy of the guidance to look at -- or a draft of the guidance to look at.

22 A Not any -- not for any one of them, no.

23 Q And from all of those various groups you just spoke of -- to the APHL, the  
24 public health groups, the education groups, the National Governors Association -- did  
25 they provide feedback on the draft in any form?

1           A    Yes.  Most or all did, I believe.  They all did verbally at the listening session  
2           on that Monday, the 25th.  And then written inputs.  And then they had a lot of input  
3           on that version.  And also requested additional calls.  In particular, APHL and CSTE  
4           requested additional calls that following week for additional discussions.

5           Q    And was any of this feedback used as revisions were made to the draft?

6           A    We almost completely rewrote the guidance at that time.

7           Q    And was any -- did it matter what format the feedback came in, in order for  
8           it to be used?

9           A    Do you mean whether they provided it, like, verbally on the call versus sent  
10          an email versus --

11          Q    Yes.

12          A    No.  I mean, if it could -- I can't read smoke signals.  But if feedback was  
13          given in whatever way we could interpret it, we would try to consider it to the best of our  
14          ability.  Again, we're not obligated to integrate it or incorporate it or make changes  
15          accordingly.

16          Q    All right.

17                So we've talked about CDC's views of this operational strategy and that CDC  
18          recognized the emphasis was on safe and quick school reopening.  So I just want to  
19          confirm that that was in these conversations with all of these stakeholder organizations.

20          A    That's correct.  The intent at the very outset was kind of stated:  Our  
21          objective is to try to provide recommendations so schools can reopen for in-person  
22          instruction.

23          Q    And was it -- did it seem like anything about the stakeholder process or any  
24          of these conversations was inappropriate?

25          A    No.  There was nothing that was unusual or inappropriate or -- no.

1           ████████ Off the record for one moment.

2           [Discussion off the record.]

3           ████████ On the record.

4           So that concludes our questions for the moment. So you can take a break.

5           Ms. Masseti. All right. Thank you.

6           ████████ Off the record.

7           [Discussion off the record.]

8           Mr. Benzine. We can go on the record.

9                         BY MR. BENZINE:

10           Q     Dr. Massetti, I want to ask a couple of follow-up questions from the previous  
11 hour and a couple other ones and then go back.

12                         Dr. Walke, in his transcribed interview in 2022, when asked, "Is it common to send  
13 draft deliberative or predecisional guidances outside of the government to outside  
14 partners?" he said:

15                         "We may send summaries like the day we're going to release something or the  
16 day of to give our partners -- to give people a heads-up that this is coming so that they  
17 can help with their communication, get their talking points, so there's no surprises.

18                         "We don't want to drop our guidance and then on a particular day and everyone's  
19 scrambling. So we would either give a high-level summary or draft, mostly high-level  
20 summaries around what is happening.

21                         "And if we released our whole guidance it would be sort of in an embargo state,  
22 meaning several hours before we would share it with our partners this is coming out,  
23 here's some talking points around for our guidance."

24                         So why in this one was it not several hours before but several weeks before?

25           A     So, first of all, we did often send drafts of guidance days, sometimes weeks

1 before. And our expectation at that time was that we thought we had a pretty close to  
2 finished version of the guidance because it was -- when we first started drafting the  
3 guidance at the end of December, one of the things we were thinking about was, well,  
4 what do schools, those schools that are not yet reopened for in-person instruction, what  
5 do they need? And one idea that was circulated was maybe we should be  
6 recommending screening testing.

7 And so that was the original version of the guidance that was disseminated on  
8 January 22nd. We thought it was pretty close to done. We were going to release it  
9 pretty soon. But it was really framed around how to use screening testing to reopen for  
10 in-person instruction safely. And the feedback we received was that was really not  
11 going to work for schools.

12 So to answer your question, we thought we were pretty close to release and had  
13 to very quickly pivot based on the feedback we received from our stakeholders.

14 Q Okay. So when Dr. Walke kind of describes this process and you describe it  
15 a little bit differently, like, is it just he doesn't have visibility into what's going on a little  
16 bit beneath him or does he not know?

17 A I mean, I can't get into his head, so I don't know exactly kind of what his  
18 intent was behind his description. He was the incident manager for a very large  
19 response, so I don't imagine that he would know the day-to-day workings of the process.  
20 We did have a lot of guidance that we were responsible for in our task force and that was  
21 a pretty standard process to get input.

22 Q In response to minority exhibit B, where you shared a draft, the January 21st  
23 version of the draft, with the big four groups, CSTE, NACCHO, ASTHO, and APHL, in  
24 addition to education groups, do you remember which education groups it was at that  
25 time?

1           A    It was that list I shared before, the State boards of education, the  
2 Department of Education, NASB, the National Association of School Nurses, CCSSO, I  
3 believe NEA or AFT or both as well.

4           Q    Okay. He also testified that in essence you rewrote the whole guidance  
5 after that meeting, which I'm sure was really uplifting. Did any of the groups provide,  
6 when they provided thoughts, did they provide line-by-line edits, or was it just, "Hey, this  
7 isn't going to work"?

8           A    Yes. We got written feedback following -- we had verbal feedback on  
9 Monday during the call and then written feedback in the following couple of days. And  
10 then a couple of the groups requested follow-up calls to underscore their concerns.

11          Q    What did the written feedback look like? Was it like, "We get sent letters  
12 every day," or was it like, "Here are the exact changes that we want"?

13          A    It was a mix of kind of big overview, like, "Here are our concerns about  
14 you -- about your recommendation to use screening testing to reopen," but also kind of  
15 bulleted items specifically kind of requesting changes or suggesting revisions on different  
16 versions, different sections and components and recommendations for things that they  
17 thought were missing that should be included.

18                It was a variety of things, usually in an email or in an attachment, like a Word  
19 attachment.

20          Q    Did it include draft language?

21          A    Sometimes some of the feedback included draft language, yes.

22          Q    Do you remember from who you got draft language?

23          A    So just to be clear on your question, is it -- are you referring to those days,  
24 the 25th, 26th, 27th, that period?

25          Q    Yes.



1           A     I think CSTE might have provided draft language. But off the top of my  
2 head, I don't remember exactly, like, who on those dates provided draft language.

3           Q     Was it common, like, understanding that the feedback is common, was it  
4 common to get draft language, though?

5           A     Sometimes some organizations provided draft language, yes, or wording or  
6 changes, to use: "This sentence is written like this, we recommended writing it like this  
7 instead."

8           Q     Usually from the big four or from other folks?

9           A     From other folks as well.

10                             [Massetti Majority Exhibit No. 2.

11                             Was marked for identification.]

12                     BY MR. BENZINE:

13           Q     I'd like to introduce what is majority exhibit 2.

14           A     I will say we tried to minimize that by sending PDFs in this. At that time we  
15 had been sending Word documents just because it's harder to keep track of  
16 recommendations and comments and changes. And so the PDF kind of led to a cleaner  
17 process for inputs.

18           Q     I do that too. I send PDFs when I don't want people to edit my things.

19                     So majority exhibit 2, this is an email chain from January 25th, 2021, and Bates  
20 numbered SSCPCDC000505 through 507.

21                     I want to go to the page that's 506. And the email on the top is from you. And  
22 I just want to draw your attention to, I guess, it's the second sentence.

23                     "The timeline is tight if we are to release on Friday, though it's probably really  
24 essential to make sure they feel heard."

25                     So this is obviously after that listening session with -- at least I believe it's CSTE

1 that is sending the comments?

2 A Correct.

3 Q So the public health partner listening session.

4 A Okay.

5 Q The Friday after January 25th is January 29th. At that point was that the  
6 goal of release and then that listening session kind of pushed it?

7 A That's correct. We were -- I think at that point we were thinking we might  
8 by able to release that Friday, but that was not to be.

9 Q All right. Do you recall when draft guidance was shared with AFT?

10 A I don't recall. I don't know if they were one of the groups that received it  
11 on January 22nd or not.

1

2

[Massetti Majority Exhibit No. 3.

3

Was marked for identification.]

4

BY MR. BENZINE:

5

Q I want to introduce majority exhibit 3. This is an email chain again from

6

February of 2021 and covers a few dates. It includes some AFT employees, Dr. Walke,

7

and former Director Walensky, and is Bates numbered SSCPCDC000692 through 698.

8

I want to go to the page number 696. So at the bottom of 696 there is an email

9

from Kelly Trautner at AFT. It flows on to 697. And it says, "Thank you again for

10

Friday's rich discussion about forthcoming CDC guidance and for your openness to the

11

suggestions made by our president, Randi Weingarten, and the AFT."

12

That preceding Friday was January 29th. Would it have been plausible that that's

13

the day that you shared it with AFT?

14

A Yeah. So following that, those listening sessions on the 25th, and then

15

additional kind of written input from partners, we -- I rewrote the guidance on the 27th.

16

And so on the 29th we shared that January 27th version to a number of partners,

17

including AFT, yes.

18

Q Okay. Did you participate in the discussion with AFT on the 29th?

19

A I believe I did, yes.

20

Q Do you recall what was said?

21

A I'm doing the math. Yeah. So one point we had discussed was this issue

22

of high-risk -- teachers with high-risk medical conditions, and they had requested some

23

language be included to acknowledge that. They also had made some additional

24

requests, some of which -- most of which we did not incorporate into our guidance.

25

Q What were the additional requests, if you can remember?

1           A    So they very strongly advocated for strengthening our recommendations  
2 around vaccination and in particular were encouraging CDC to recommend that schools  
3 should not be reopened for in-person instruction unless teachers were all fully  
4 vaccinated. We did not accept that guidance.

5           They also were strongly recommending that schools should not reopen or that  
6 CDC should say schools should not reopen unless they upgraded their ventilation, HVAC.

7           And for both of those recommendations we actually made changes in the other  
8 direction. So we downgraded our recommendations for vaccination and made it clear  
9 that schools did not need to have all teachers vaccinated or have upgraded ventilation or  
10 to provide in-person instruction.

11           They also wanted us to specify the types of masks that should be required, in  
12 particular respirators or more protective masks. We did not accept that  
13 recommendation.

14           And they had also recommended that we should specify that 6 feet of physical  
15 distance should be a minimum requirement but it really should be higher than that when  
16 possible.

17           Q    I want to take each of these. I'm going to ask about some of them in more  
18 detail later, but we'll go high level for now.

19           Just so I'm clear, by this point, by January 29th or thereabouts, understanding it's  
20 2 years ago, do you remember maybe there were a lot of calls at this time?

21           A    Yes, correct.

22           Q    So thereabouts. AFT's position was that CDC, despite not having the legal  
23 authority to do so, should mandate vaccines as a prerequisite to reopen schools?

24           A    I wouldn't state it that way. They were more recommending that CDC  
25 should state that schools should not reopen unless all teachers had been vaccinated.

1 Q Okay. So it's more of it's not that CDC should go on the affirmative and say  
2 you have to get vaccinated, it's you cannot go to school unless you are vaccinated?

3 A I think their recommendations were more around either all teachers have  
4 had the opportunity to get vaccinated or have had access to vaccination or something to  
5 that effect.

6 Q Okay.

7 A But it was not consistent with the evidence at the time.

8 Q Okay. So you would say that that recommendation was not scientific.

9 A Um --

10 Q Not scientifically valid.

11 A Our assessment of the recommendation was that we had looked at a lot of  
12 studies that had been done in schools in the U.S. and abroad from the fall. And many of  
13 those studies showed that safe in-person instruction was possible without substantial  
14 secondary transmission.

15 And vaccines were not available at the time. So if it was possible to do so  
16 without teachers being vaccinated, the recommendation -- the best -- based on the best  
17 available evidence, was that schools did not need to have all teachers vaccinated for  
18 in-person instruction.

19 Q The ventilation recommendation, can you go into a little bit more detail?

20 A I think there was some discussion -- there was discussion at the time about  
21 the value and benefits of ventilation. We have since learned a lot more about how good  
22 ventilation can -- or improved ventilation and air exchange can really minimize respiratory  
23 virus transmission in schools.

24 At the time the science was a little bit less available. And what we also weren't  
25 really sure was what the context was in schools. So, for example, if a school building is

1 really old and it's drafty, that might be a very well-ventilated school, even though it has  
2 not upgraded the HVAC systems.

3 So there was a lot of discussion not just with the unions but with other partners as  
4 well around what should the recommendations be for schools, what is good ventilation,  
5 what does it mean, how do you even measure it, how does a school know if they're well  
6 ventilated?

7 So for that reason we recommended attending to things like ventilation and  
8 hygiene but we really didn't want to make very clear specifics around, like, this is -- these  
9 are the changes that schools should make, because we just did not have the evidence to  
10 support that.

11 Q As a general matter, does CDC evaluate practicality when making  
12 recommendations as well?

13 A It's one of the factors that we take into account when possible, yes.

14 Q Would the recommendation from AFT on ventilation have been practical?

15 A I think that would have been one that we would have had a hard time  
16 assessing personally without some input from other school stakeholders. We would  
17 have needed to hear from school boards and school superintendents and others to really  
18 understand, like, are these recommendations practical or not. I think we would not  
19 attempt to make that judgment on our own.

20 Q Thank you.

21 On the masks recommendation, can you go into a little bit more detail? So, like,  
22 what level of masks did they want to be recommended?

23 A I don't recall a very specific recommendation or suggestion. I don't recall  
24 them saying, like, "Oh, you should require these types of masks." But they had  
25 asked --- what I do recall is them saying, "Should you specify the types of masks that

1 children and teachers should wear?"

2 And at that time, we did not feel there was sufficient evidence to recommend  
3 more protective masks like respirators, in particular because children's faces are smaller,  
4 respirators are typically not fitted to their faces so they're not necessarily always more  
5 protective or better. And we really felt strongly that if children were going to be  
6 wearing masks it should be ones that are comfortable and they're willing to wear.

7 So for those reasons we didn't consider specifying the types of masks.

8 Q And then the position AFT had on the 6 foot of distancing was that it should  
9 be a minimum, not the standard?

10 A That's the recommendation they made, yes.

11 Q Did any of the other groups make recommendations on a similar level to  
12 AFT?

13 A Do you mean other stakeholder groups that provided input?

14 Q Yes.

15 A And are you asking about whether they were making specific  
16 recommendations or --

17 Q Or like to this extremity.

18 A Sometimes, yes. So we had a lot of discussion with CSTE, for example,  
19 related to singing and physical education and whether we should strengthen  
20 recommendations for chorus. For example, if kids were going to be singing, should they  
21 be more distanced?

22 So there were a lot of, like, nuanced discussions around some of those pieces,  
23 yeah. So I would say particularly CSTE is another one that gave a lot of input that was  
24 very detailed, but a lot of the stakeholders did provide a variety of input, some of it more  
25 high level but some of it in the weeds as well.

1 Q Did any of the other stakeholders that you worked with suggest that schools  
2 shouldn't reopen unless teachers are vaccinated?

3 A I don't recall any other stakeholders making that recommendation, no.

4 Q Did any other stakeholders make the similar or same recommendation on  
5 ventilation as AFT?

6 A Some of the other stakeholders were asking about what we were seeing  
7 around ventilation, what the evidence was, and whether some -- we could strengthen  
8 that recommendation. I think that's one, again, that we were struggling with because  
9 we really didn't know, like, what should the recommendation be if it is stronger.

10 So, yeah, we did have conversations about ventilation with other stakeholders  
11 too. Yeah.

12 Q Did any of the other stakeholders have similar recommendations  
13 surrounding masks of naming specific types?

14 A At the time, I don't recall anyone else mentioning the types of masks.

15 Q And did any other stakeholders have similar recommendations regarding 6  
16 foot being the minimum distance?

17 A The one item I remember is what I mentioned around physical education  
18 and singing and band. There were some discussions about that, about whether the  
19 distance should be larger for some settings given the opportunity for people breathing  
20 out more heavily, more droplets, so on and so forth.

21 Q Specifically, did any other stakeholders suggest 6 foot being the minimum in  
22 the classroom?

23 A No, not that I can recall.

24 Q Thank you.

25 We'll move on -- keep this email handy.



1 A Okay.

2 Q We'll move on to majority exhibit 4.

3 [Masseti Majority Exhibit No. 4.

4 Was marked for identification.]

5 BY MR. BENZINE:

6 Q So you said the goal of the 29th kind of went away after the first stakeholder  
7 meeting where we had -- where CDC had to do a whole lot of rewrites.

8 Introducing majority exhibit 4, is an email chain, again from January of 2021, and  
9 Bates numbered SSCPCDC000762 through 763.

10 In the middle of the page marked 763, Sherri Berger -- who was either the COO or  
11 chief of staff at the time?

12 A She was the acting chief of staff.

13 Q Wrote an email that said, "Hi. We discussed and would like to release at  
14 the Wednesday White House 11 a.m. press briefing. Thanks for your assistance."

15 That Wednesday would be referencing February 3rd. Is that your understanding  
16 of the next goal for release?

17 A Yes. When we had to push our release later, I think that was the  
18 alternative we had discussed, was February 3rd.

19 Q And this delay was largely because of the input from stakeholders in  
20 rewrite?

21 A Correct. They need to kind of pivot from the Monday discussions, yeah.

22 Q Going to the page marked 762, the first page of the email, Sherri Berger  
23 again writes, "Quick update: Rochelle" -- meaning Director Walensky -- "and  
24 Carole" -- meaning Carole Johnson at the White House -- "started teacher union calls  
25 today. I think there may be one more to schedule on Monday. Based on feedback, at

1 this time, it's not looking like Wednesday will work to roll out the new guidance."

2 Did Ms. Berger or anyone ever convey to you that the guidance was delayed  
3 because of the teachers unions?

4 Mr. Cooke. So I'm just going to step in here and note that asking about specific  
5 recommendations or any other internal deliberations bears on important confidentiality  
6 interests in the executive branch, so we're not going to be looking at that here.

7 Mr. Benzine. I'm confused as to why my question is --

8 Mr. Cooke. To the extent that you're asking about specific recommendations  
9 coming from specific individuals and their own internal deliberations, that  
10 implicates executive branch confidentiality interests and we're not going to be able to get  
11 into it in this setting.

12 MR. BENZINE:

13 Q All right. Just so you know, deliberative process is not recognized by  
14 Congress nor the committee.

15 I will once again ask the question: Was the guidance delayed past February 3rd  
16 because of the teachers unions.

17 A Not that I know.

18 Q No? All right. Thank you.

19 In the same email Ms. Berger says that there are plans to have calls with the  
20 teachers unions on Monday, February 1st.

21 I would like to go to what will be majority exhibit 5?

22 [Masseti Majority Exhibit No. 5.

23 Was marked for identification.]

24 BY MR. BENZINE:

25 Q This is an email chain that takes place on February 1st and 2nd, 2021, and

1 Bates numbered SSCPCDC000731 through 734.

2 I want to go to the bottom of 732. There's an email from Ms. Berger on  
3 February 1st at 3:06 at the bottom of the page and it goes on to 733. And in the middle  
4 of 733 it says, "Call scheduled with American Federation of Teachers today.  
5 February 1st, 2021."

6 Were you on the call on February 1st?

7 A I was.

8 Q Do you recall anything, what was said on that call?

9 A Yes. We had a call with staff from AFT. And in fact, the call was  
10 scheduled with -- based on a recommendation from a colleague from NIOSH, which is the  
11 National Institute for Occupational Safety and Health, who had recommended that we  
12 engage with some staff from AFT.

13 And they were not individuals who had previously been involved in our  
14 discussions and guidance, so they were not the ones who had reviewed the earlier  
15 version.

16 We did share a draft with them and they had some feedback on the guidance that  
17 was different from what we were hearing from other stakeholders and other partners  
18 that we had engaged previously, the previous week.

19 Q Do you remember which AFT staff it was?

20 A I don't remember their names.

21 Q But not, like, Kelly Trautner, who had been ---

22 A I don't think she was on that call. No, it was a different group.

23 Q On the first page of that exhibit there's an email at the bottom from Dr.  
24 Walke. And right in the middle of it he says, "Greta" -- I'm assuming referring to  
25 you -- "from our school group had a somewhat difficult call with AFT staff today."

1 Can you explain what made the call difficult?

2 A I think it's referenced later in that email that we had sent the guidance in  
3 advance the Friday before, this was another Monday call, and we -- the types of feedback  
4 they gave was inconsistent with what we had heard from other partners. And in  
5 particular, they were encouraging us to incorporate a lot of language in the guidance that  
6 really is not CDC's kind of scope.

7 So, for example, the bulleted version on the next page, they wanted us to talk a lot  
8 about mental health and be really, like, the focus of the guidance should be on kind of  
9 mental health among children, which is an important topic but not really kind of what we  
10 write guidance about.

11 So they were asking for a lot of changes and pivoting that would have made the  
12 guidance outside of the scope of what CDC does and the types of recommendations we  
13 provide.

14 Now, I will say again this was a new group with AFT that we had not had  
15 conversations with before, so I don't know whether they had any context or  
16 understanding of the types of guidance that we do or what the intent of our guidance is.

17 Q You mentioned the bulleted list that Dr. Walke provided. I assume that  
18 about summarizes what they requested on the call?

19 A That's correct, yes.

20 Q I want to go through a couple of these.

21 So we have already kind of talked about bullet 2, "Greater attention and heavy  
22 focus on the recommendations for cleaning and ventilation."

23 A Uh-huh.

24 Q The fourth bullet wanted support for more testing in schools. Can you  
25 explain the conversation surrounding that on the call?

1           A    So the previous version of the guidance was completely focused on how  
2 schools could use screening testing to reopen for in-person instruction.

3           The feedback we got was that they understood that the way it would be  
4 interpreted by schools was that they had to do screening testing and that if they didn't  
5 provide screening testing then they shouldn't be open for in-person instruction.

6           And that was not at all our intent with the way we wrote the guidance.   So that  
7 was the pivot.   Wednesday the 27th was to reframe the guidance to really focus on how  
8 schools could reopen for in-person instruction using prevention strategies like masking  
9 and that screening testing was an option for some schools.

10          And that was based on feedback from all of our partners who all consistently  
11 spoke with one voice and said, no, the screening test requirement is really -- or what  
12 appears to be a requirement is not feasible and not necessary.

13          And so that version of the guidance after the 27th really kind of walked back this  
14 screening testing piece and again provided it as an option for some schools.

15          And so this group from AFT had received that version and they were asking for us  
16 to just strengthen the screening testing recommendation.   I don't think they were saying  
17 that it should be required, but they were just asking us to really emphasize screening  
18 testing more.

19          And because we had already considered that and had walked away from it, we did  
20 not think that it was consistent with other feedback we've gotten from partners.

21          Q    Thank you.

22          On the call, if you remember, what did they mean by, "Wanted enforcement  
23 mechanisms for mitigation efforts in schools"?

24          A    I think they wanted for us to be able to -- or for CDC to mandate -- or had  
25 made suggestions that CDC could require wearing masks, things like that.   But we really

1 don't have any authority and would not be able to make those kinds of  
2 recommendations.

3 Q Had that come up before on AFT calls, requesting or wanting CDC to  
4 mandate masks or mandate vaccinations?

5 A No. I think other partners and stakeholders, including AFT, that we had  
6 spoken with were aware of kind of CDC's role and whether we have the ability or  
7 opportunity to mandate anything.

8 Q So how did this call come to be? If it wasn't with the normal folks, and it  
9 seems that they didn't understand CDC's role, they were looking at previous things, do  
10 you know how this call came to be on your calendar?

11 A So it was recommended by a colleague at NIOSH. So we already had -- we  
12 were scheduling a second round of listening sessions for that Monday, February 1st, and  
13 we had several planned.

14 And a colleague at NIOSH said they had engaged with this group previously -- I'm  
15 not sure in what context -- but had suggested, "Hey, are you talking to them? You  
16 should go ahead and include them as well." So we figured, since we were talking to  
17 other stakeholders and had talked to AFT anyway, we would include them in that round.

18 Q And then, at the very end, Dr. Walke suggests a follow-up call with Rochelle  
19 and AFT president. Did that follow-up call happen?

20 A I was not involved in that exchange or communication, so I don't know.

21 Q Okay.

22 [Masseti Majority Exhibit No. 6.

23 Was marked for identification.]

24 Mr. Benzine. I want to introduce majority exhibit 6. This is an email from  
25 Director Walensky on February 11th and Bates numbered SSCPCDC000678.

1           And in it -- let me find the exact language -- in the email from Dr. Jones it says,  
2           "Greta and team will reach out to NEA/AFT this evening to set up a technical discussion  
3           tomorrow with both groups to talk through the CDC operational strategy."

4           Do you recall if you had that discussion?

5           Dr. Masseti. I did, yes.

1

2 [11:56 a.m.]

3 BY MR. BENZINE:

4 Q What is your recollection of it?

5 A So the next day -- that evening and the next day, we were planning the  
6 release of the strategy, which I think went live at like 1:00 or 2:00. And so we had  
7 planned a series of calls that morning with stakeholders just to give them a heads-up that  
8 that was going to be the launch day and what was going to happen and kind of what the  
9 final landing place. So the AFT and NEA were one or two of the groups that we included  
10 in those rollout calls.

11 Q What was, like, the content of the rollout call, just high level summary?

12 A That's correct. Just sharing kind of here's the process that we've taken.  
13 There will be a release. It will be at 2 p.m. today. Here is the high level overview of  
14 what the content of the guidance is and -- yes, I think that kind of covers it.

15 Q At that point, 24 hour-ish before release, did AFT or NEA express any  
16 concerns about the guidance?

17 A I think there were some exchanges about some of that version, but I don't  
18 recall the details.

19 Q I'm going to ask a couple more questions, some of which you've already  
20 answered, but we'll -- if you need to repeat it or we can move on.

21 A Okay.

22 Q Surrounding vaccinations, on February 3rd, 2020, Director Walensky said the  
23 vaccinations for teachers were not a prerequisite for opening. Do you recall that?

24 A I do recall that. She said that, I think, in a public statement.

25 Q Did you agree with her at the time?



1           A    At the time, I felt like her statement was consistent with the science and  
2 evidence that we had.

3           Q    To your recollection, were there ever discussions within the CDC regarding  
4 mandating teacher vaccinations?

5           A    No, never.

6           Q    Was there ever a discussion of conditioning school reopening on teacher  
7 vaccinations?

8           A    No, it was never considered.   And, in fact, when we had a concern that our  
9 recommendations might be misinterpreted, we wanted to be absolutely clear that we did  
10 not recommend conditioning reopening on school vaccination, and so we downgraded  
11 our recommendation for vaccination.

12          Q    And did AFT advocate for vaccinations as a prerequisite?

13          A    They asked whether we might consider it, yes.

14          Q    Did they ever advocate for mandatory vaccination of teachers?

15          A    I don't think so.   I don't think they -- I think AFT, from most of my  
16 conversation with them, I think they're aware that CDC doesn't have any enforcement  
17 authority to mandate vaccination.

18          Q    Okay.   And then one final question before we go on break.   The four kind  
19 of larger recommendations that they made previously -- vaccinations, ventilation, masks,  
20 and the 6-foot minimum -- if those were implemented, would fewer schools have  
21 opened?

22          A    It's hard to kind of entertain a hypothetical.   It would have made reopening  
23 more challenging for schools certainly, yes.

24          Mr. Benzine.   Okay.   Thank you.

25          We can go off the record.

1 [Recess.]

2 [REDACTED] We can go back on the record.

3 BY [REDACTED]:

4 Q Dr. Massetti, just one question with respect to something that we touched  
5 on earlier. We talked a little bit about the distinction between having an opportunity to  
6 comment on a document versus having the opportunity to edit a document.

7 To me it's not that clear that there's a difference between those two things. In  
8 other words, if you have a PDF and you send it out to 10 groups, it would seem to me that  
9 all 10 of those groups have an opportunity to do whatever they want with it. They can  
10 come back to you and give high level comments, for lack of a better term, or they can say  
11 to you, well, on page 5, the second sentence, we would rather that it say X, Y, and Z,  
12 which we might think of more as an edit, but either way it seems to me that all 10 of  
13 those groups have had the same opportunity.

14 Does that seem right?

15 A So, generally, when we sent out a version of a document for review and  
16 input, we did not specify what that input should look like, what format or a template, that  
17 it needed to be bulleted feedback, or what have you. So what our partners came back  
18 with varied depending on their style and the types of feedback and the information they  
19 were sharing. So sometimes they would say, here's a sentence, we'd like for you to  
20 include it. Or sometimes they'd say, we have questions about this paragraph. We  
21 don't understand what that means or suggest you change it, kind of without specifics and  
22 everything in between.

23 So, you know, the partners and individuals varied in the extent to which -- or how  
24 they availed themselves of the opportunity to provide input. We did not structure it in  
25 any way.

1 Q That makes perfect sense. And so the fact that two groups might come  
2 back to you and ask for a particular sentence to be changed does not mean that those  
3 two groups were given any sort of special editing opportunities; just they may have  
4 chosen to ask you to direct your attention to a particular sentence, which then you can  
5 choose whether or not to make the change they're asking for or not.

6 But I just want to be clear that it does not feel as if two groups were given some  
7 type of special editing opportunity or privilege that other groups who received a draft did  
8 not also receive. It feels like everybody was sort of in the same boat; they received a  
9 draft, and then they could choose how to communicate their feedback to you.

10 A So, generally, we treated input from all of our partners, regardless of who  
11 they were, in the same way. We assessed the reasonableness, the feasibility of their  
12 recommendations or their requests, and we assessed it against what we knew of the  
13 evidence, and it kind of didn't matter as much what the source was. It was, you know, is  
14 this something -- is this a reasonable request? Are we also hearing it from other  
15 partners? Is it consistent with what we're hearing from other stakeholders? And I  
16 would say kind of the preponderance of feedback from all of our partners we did not  
17 necessarily always accept.

18 [REDACTED] Great. Thank you.

19 We can go off the record.

20 Mr. Benzine. We can just roll right back on the record.

21 [REDACTED] Fair enough.

22 BY MR. BENZINE:

23 Q I have the exhibits, but they're really long. So if you have memory of the  
24 January 27th version and the February 12th version prior to publication, I'm going to read  
25 chunks. If you want to recollect your memory, I can hand you the document too, so just

1 let me know.

2 A Okay.

3 Q Would you --

4 A Yes, I would probably prefer to have the versions.

5 Q Okay. So the --

6 A And you printed them, you might as well.

7 Q I know.

8 [Masseti Majority Exhibit No. 7.

9 Was marked for identification.]

10 BY MR. BENZINE:

11 Q So this is the January 27th version, which I'm going to mark as 7. And it's  
12 unfortunate it got printed and I'm going to ask about like a paragraph.

13 A At least it's numbered.

14 [Masseti Majority Exhibit No. 8.

15 Was marked for identification.]

16 BY MR. BENZINE:

17 Q And then this is the February 12th, like right before publication.

18 So we're going to use these together, and want to draw your attention to the first  
19 line in the section that's called "Summary" on January 27th and "Executive Summary" on  
20 February 12th.

21 On January 27th, it read: As communities plan safe delivery of in-person  
22 instruction in K-12 schools, it is essential to consider not whether to open for in-person  
23 instruction, but rather when and under what conditions to help protect students,  
24 teachers, and staff, and slow the spread of the virus that causes COVID-19.

25 On February 12th, it reads: As communities plan safe delivery of in-person

1 instruction in K-12 schools, it is essential to decide when and under what conditions to  
2 help protect students, teachers, and staff, and slow the spread of SARS-CoV-2, the virus  
3 that causes COVID-19.

4 The main difference, except for the nomenclature of the virus, is removing "it is  
5 essential to consider not whether to open for in-person instruction."

6 Do you recall why that was removed?

7 A I don't recall the specific conversation or the context of the decision, but I do  
8 remember we had a discussion about whether it was necessary, because the intent of this  
9 document was to reopen, and so it felt unnecessary to include that statement.

10 Q Okay. Even though not all schools reopened afterwards?

11 A Most schools did, yeah.

12 Mr. Benzine. I want to -- see, I'm just -- it is what it is.

13 I want to introduce Majority Exhibit 9.

14 [Massetti Majority Exhibit No. 9.

15 Was marked for identification.]

16 BY MR. BENZINE:

17 Q It's a lengthy email chain with CDC individuals, some New York City  
18 individuals, and CSTE individuals, and Bates numbered SSCP-CDC000180 through 184.  
19 And I want to go to page 181. And in the middle of the page is a long email from Janet  
20 Hamilton who I believe is with New York City but also CSTE. Do you know?

21 A I believe she's the executive director of CSTE.

22 Q Okay.

23 A I think, yes.

24 Q And under general comments, No. 4, Ms. Hamilton writes: Even though  
25 now worded as optional, still concerned about suggestions of biweekly testing will be

1 seen as recommendation by CDC if resources allow and that teachers' unions will latch  
2 onto and demand this serial testing to agree to back into the classroom and schools will  
3 never reopen.

4 So you said you pulled back, like, the focus on testing. Was one of the concerns  
5 that it would be used to not reopen schools?

6 A I don't recall discussion about, like, that it would be used. All of the  
7 conversations were generally like the feasibility of implementation and the costs and  
8 whether it was necessary. I don't remember a conversation about kind of using it as a  
9 leveraging chip or anything like that.

10 Q Okay. Thank you.

11 We're going to go back to this exhibit.

12 A Yes.

13 Q So we talked a little bit about the February 1st email from Ms. Trautner  
14 where they talked about school employees with preexisting health conditions or  
15 comorbidities.

16 A Uh-huh.

17 Q Going through the email chain and coming to page 695. It's at the very  
18 bottom of 695, but the vast majority of the email is on 690 -- or 693, excuse me, and 694.  
19 It's another long email from Ms. Trautner to Director Walensky, a few White House folks,  
20 Ms. Berger, and then a couple other AFT employees.

21 And this is the email that the minority referenced where AFT suggested adding:  
22 In the event high-community transmission results from a new variant of SARS-CoV-2, a  
23 new update of these guidelines may be necessary.

24 Going down two paragraphs from that, the one that starts, "in light of the new  
25 variants of the virus," and then they say: We are concerned the absence of a closure

1 threshold might put safety of adults in school settings.

2 Did the CDC ever evaluate a closure trigger or a closure threshold?

3 A We never recommended a closure trigger or closure threshold. When it  
4 was recommended, we assessed the evidence and did not feel that there was any  
5 scientific evidence to suggest that one was necessary.

6 Q Did AFT ever express why they wanted a closure trigger or closure  
7 threshold?

8 A I don't recall whether they did or did not.

9 Q What -- I understand you didn't implement it. What would it look like in  
10 practicality, like a percentage of cases? Did it ever get that far, or did you just say, no,  
11 we're not going to do this?

12 A We never entertained kind of what it might look like if a closure threshold  
13 were included, no.

14 Q All right. Thank you.

15 So keep this one close. We're going to use it.

16 A Okay.

17 Mr. Benzine. But I'm going to introduce what is exhibit 10. Hopefully it's a  
18 happy memory email.

19 [Masseti Majority Exhibit No. 10.

20 Was marked for identification.]

21 BY MR. BENZINE:

22 Q So this is an email from you to you, but I'm assuming that's a list of folks that  
23 you bcc'd?

24 A I guess so, yes.

25 Q Okay. And the subject line is, We are live.

1           The first email in the chain on page 470 is February 12th at 2:04 with links to the  
2 strategy and the summary.

3           Does that track with your memory of when the strategy went live?

4           A     Yes.

5           Q     All right. You then send again February 12th at 2:43 the science brief,  
6 strategy, and summary.

7           Do you remember if it changed in the 40 minutes?

8           A     I don't -- I know our web team was working feverishly to try to make  
9 updates. That's why it had to be posted as a PDF and not HTML, because they couldn't  
10 get it like in the right HTML format because they got it so late. So they were finding  
11 some mistakes and issues with it. So I don't remember a change other than like finding,  
12 like, misspellings or incorrect information. And then they finally sent the HTML version.  
13 That's the latest version. It's why it's in HTML URL rather than PDF.

14          Q     Going back to exhibit 3, the email with the green on it, there's an email chain  
15 on February 12th. So we just talked about the Ms. Trautner one that had that suggested  
16 language in it and the closure threshold.

17          Ms. Berger emails that chain to Director Walensky and Dr. O'Connell, and said:  
18 Flagging for possible followup.

19          Director Walensky then emails it to Dr. Walke and said: Are we able to add the  
20 bolded line below, bolding is mine.

21          That bolded line is the: In the event of high-community transmission results  
22 from a new variant of SARS-CoV-2, a new update of these guidelines may be necessary.

23          Dr. Walke says: Yes, will work with team.

24          At noon, so 2 hours before publication, Dr. Walensky is saying: Did the sentence  
25 get added?



1           And at 12:04, Dr. Walke provides what the changes were.

2           Is it common to be making edits 2 hours before publication?

3           A     On this draft, unfortunately, we were making a lot of changes 2 hours before  
4           publication, which is why it had to go live as a PDF and not an HTML. We received input  
5           from the cross-government clearance process very, very late the night before, and so  
6           some of the changes were made that morning.

7           Q     But no other outside group changes were made 2 hours before publication?

8           Well, like, what was the nature of the changes? Were they substantive? Were  
9           they grammar? Were they typos? What were the nature of the changes you were  
10          making the day of publication?

11          A     Some were substantive because we had input from, you know, across the  
12          Federal Government, a lot of different stakeholders, Federal agencies. And so some had  
13          needed corrections, including our Office of General Counsel input. We -- I will also note  
14          that the email from Kelly Trautner mentions that the version they're commenting on was  
15          a leaked version of the guidance. So we had not shared with them a version for input  
16          that morning.

17          Q     No, I understand.

18          A     Yeah.

19          Q     It just surprises me that a substantive change from not within CDC or  
20          governmental review would happen 2 hours prior to publication. Like, it's the director  
21          of the CDC herself ordering a change, it being implemented, and then you being  
22          publicized.

23          You've been at the CDC since 2007. Have you seen anything like that before?

24          A     I can't really speak to that. I will say the sentence was not inconsistent with  
25          the rest of the paragraph, and it was kind of in line with the intent of what we were trying

1 to communicate, that things may change and so the guidance may need to change.

2 Q Okay. I want to ask a couple just like process questions, and then I think  
3 I'm done. And we'll see if they have any followups.

4 Did you prepare for today's interview by yourself or were you assisted by  
5 anybody?

6 A I was assisted by HHS.

7 Q Were there any topics you were told to avoid?

8 A No.

9 Mr. Cooke. We're not going to get into the substance of our preparations. I  
10 mean, that's obviously protected by attorney-client privilege.

11 Mr. Benzine. Attorney-client privilege doesn't apply to congressional interviews.  
12 The former Democrat staff director for 25 years wrote a paper that said that.

13 Mr. Cooke. Yeah. And the Supreme Court has recognized that attorney-client  
14 privilege has been recognized in congressional investigations.

15 Mr. Benzine. I'll ask questions that won't touch on the attorney-client privilege.

16 Yes or no, not getting into the substance of what you were advised to do,  
17 were you provided copies of the documents that were produced to the select  
18 subcommittee prior to this interview?

19 Dr. Masseti. I was.

20 Mr. Cooke. How is that not getting into the substance?

21 Mr. Benzine. It's a yes or no question.

22 Mr. Cooke. Right. But it goes to the substance of the way she prepared with  
23 counsel.

24 Mr. Benzine. Okay.

25 BY MR. BENZINE:

1 Q To the best of your recollection, are there any emails or other documents  
2 regarding the February 2021 school guidance that were not produced to the select  
3 subcommittee?

4 A Goodness. There were dozens of emails that were circulating, hundreds of  
5 emails a day. So this is not the body of all the emails that I wrote or received during that  
6 period.

7 Q Okay. Did you ever communicate regarding guidance on platforms other  
8 than email?

9 A No, other than in Zoom or Teams calls.

10 Q No WhatsApp or Signal?

11 A No.

12 Q Did you ever send text messages on your official or personal phone  
13 regarding the guidance?

14 A No.

15 Mr. Benzine. Okay. We can go off the record then.

16 [REDACTED]. I think we have nothing more.

17 Mr. Benzine. Cool.

18 Thank you very much.

19 [Whereupon, at 12:28 p.m., the interview was adjourned.]

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Certificate of Deponent/Interviewee

I have read the foregoing \_\_\_\_ pages, which contain the correct transcript of the answers made by me to the questions therein recorded.

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Witness Name

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Date