

Lessons Learned and a Path Forward: COVID Select Subcommittee Final Report

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Preface

*On December 4th, 2024, the House Select Subcommittee on the Coronavirus Pandemic released a 500-page report ([Read Here.](#)) concluding the 2-year investigation into the **COVID Operation**. This after-action review describes congressional findings on fraudulent practices during the pandemic, particularly by government actors and government grantees. The report cites specific names and the responsibilities thereof.*

The House Select Subcommittee on the Coronavirus Pandemic was originally constituted as the House Select Subcommittee on the Coronavirus Crisis by the 116th Congress to oversee the pandemic response by the first Trump Administration in April 2020. However, it wasn't until the 118th Congress that the subcommittee's activities resumed and was renamed what it is today.

Since February of 2023, the Subcommittee, as per its final report, has conducted more than 30 transcribed interviews and depositions, held 25 hearings and meetings, and reviewed more than one million pages of documents.



SELECT SUBCOMMITTEE ON THE
CORONAVIRUS PANDEMIC
— CHAIRMAN BRAD WENSTRUP —

**AFTER ACTION REVIEW OF THE COVID-19 PANDEMIC:
The Lessons Learned and a Path Forward**

The Report

In the introductory letter of the Final Report, written by the Chairman of the Select Subcommittee, **Brad Wenstrup**, he lays out five points in which he mentions that “bipartisan consensus” was reached. These points are as follows:

1. The possibility that COVID-19 emerged because of a laboratory or research related accident is not a conspiracy theory.
2. EcoHealth Alliance, Inc. and Dr. Peter Daszak should never again receive U.S. taxpayer dollars.
3. Scientific messaging must be clear and concise, backed by evidentiary support, and come from trusted messengers, such as front-line doctors treating patients.
4. Public health officials must work to regain American’s trust; Americans want to be educated, not indoctrinated.
5. Former New York Governor Andrew Cuomo participated in medical malpractice and publicly covered up the total number of nursing homes fatalities in New York.

The 557-page report provides detailed information and clear evidence of malpractice and fraudulent activity in the public health response to the **COVID Operation**. Not only that, but they also admit that the SARS-CoV-2 virus “possesses a biological characteristic that is not found in nature”, within their five strongest arguments in favor of the “lab leak” theory.

The report is divided into various sections that describe in detail the occurrences of the pandemic and the resulting policy. The sections are as follows:

- The Origins of the Coronavirus Pandemic, Including but Not Limited to the Federal Government’s Funding of Gain-of-Function Research
- The Efficacy, Effectiveness, and Transparency of the Use of Taxpayer Funds and Relief Programs to Address the Coronavirus Pandemic, Including Any Reports of Waste, Fraud, or Abuse
- The Implementation or Effectiveness of Any Federal Law or Regulation Applied, Enacted, or Under Consideration to Address the Coronavirus Pandemic and Prepare for Future Pandemics
- The Development of Vaccines and Treatments, and the Development and Implementation of Vaccination Policies for Federal Employees and Members of the Armed Forces
- The Economic Impact of the Coronavirus Pandemic and Associated Government Response on Individuals, Communities, Small Businesses, Health Care Providers, States, and Local Government Entities
- The Societal Impact of Decisions to Close Schools, How the Decisions Were Made and Whether There is Evidence of Widespread Learning Loss or Other Negative Effects as a Result of These Decisions
- Cooperation By the Executive Branch and Others with Congress, the Inspectors General, the Government Accountability Office, and Others in Connection with Oversight of the Preparedness for and Response to the Coronavirus Pandemic

The purpose of this report ultimately was to investigate the facts of the pandemic response by the U.S. government, but also to lay the groundwork for future public health responses. Chairman Wenstrup mentions:

“This work will help the United States, and the world, predict the next pandemic, prepare for the next pandemic, protect ourselves from the next pandemic, and hopefully prevent the next pandemic.”

What This Means

For those of us who have been fighting for this cause since Day 1, not much of this is news. However, the fact that the official discourse is finally ceding ground to some key points marks a positive development. First of all, the point that the virus did not originate naturally. Second of all, not only did the vaccines not work, but the mandates were ultimately harmful.

This report is in essence **Biopolitiks**. They admitted some fundamental things that mark, as stated in the title, “a path forward.” Showcasing that there is a blueprint for a better response if there is to be another **Operation** of this magnitude.

In February of 2023, nearly two years ago, I had the honor of being invited to the Mexican Senate of the Republic by brave lawmakers, such as Senator Rafael Espino, to speak about these topics. With quite a similar title to the report, interestingly, “**Pandemic and Vaccines, Lessons Learned.**” At this conference, I was able to present to lawmakers and members of civil society the true consequences of the dangerous public policy that came to rise in the pandemic era.

The message I intended to convey to this audience was—that the damage was already done, and how can we learn from these experiences and move forward. The pandemic policy was catastrophic. I explained to them how the mass formation psychosis generated by the official discourse, did not allow people a choice and that the lack of coordination of official messaging *caused* this chaos. This is precisely what the congressional report explains, specifically the points outlined above by Chairman Brad Wenstrup. Coordination in the messaging is a necessity in the path forward.

But more important than that, it’s first vital that we define who the authorized voices should be leading the discourse. Chairman Wenstrup also gives us insight into this, which I agree with 100%. He says that the “trusted messengers” on these topics should be “front-line doctors treating patients” This is fundamentally **Biopolitikal**. The experts in the field coordinating with the political class in the public health decision-making process.

In my opinion, public health guidance for future communicable disease contingencies should be the following:

Step 1: Stay Calm

Step 2: Analyze the Situation Rationally

Step 3: Call the Best (trusted messengers)

Undoubtedly, the COVID operation has been the worst public health catastrophe in recent history. And looking forward, there are many potential biological threats. For example, there are about 25 or so viral families that are most likely to harbor a novel “**Disease X**”. No one can predict where or when the next Disease X will emerge, *but now we know how not to react.*

Many questions arise in the aftermath, one of them being why physicians worldwide violated

their Hippocratic Oath, **“First do no harm.”**

What would’ve happened if governments had listened to the experts? How many lives could’ve been saved?

These are considerations that only clinicians who treated patients during this **Operation** understand. Perspective is vital. We faced a disease treated by everyday clinicians and front-line doctors, but never once did any government agency or bureaucrat consult with them for recommendations. They instead relied on faulty epidemiological data, which seeped into norms of care, eventually influencing the way physicians treated their patients. What resulted was not only faulty population health policy but also faulty treatment of individual cases.

For example, billions of PCR tests were conducted worldwide as part of efforts to detect SARS-CoV-2 infections. However, even Kary Mullis, **1993 Nobel Prize-winning biochemist**, recognized for his invention of PCR, emphasized that PCR technology was developed as a technique to amplify DNA sequences for research purposes, not as a definitive diagnostic tool.

Additionally, the use of Computed Tomography Scans (CT Scans) to diagnose COVID pneumonia was unprecedented. That was the standard of care. A **chest CT scan** exposes you to about **50-70 times more radiation** than a single chest X-ray, the use of ventilators with a fatality rate between 45-84% depending on the age group, as well as the toxic effect of the “miracle drug”, Remdesivir.

Here are some of my questions, since the beginning of the **HIV/AIDS epidemic** in the early 1980s, it is estimated that approximately **40.4 million people** have died from AIDS. In 44 years they haven’t been able to develop a vaccine for HIV yet it took them less than a year to research, develop, and distribute a vaccine with a new technology mRNA for a new virus.

More than pointing fingers at those responsible, I believe that it’s time for a revision in the way we approach public health globally. In places such as the United States, healthcare and pharma are set to be reshaped completely by the incoming health secretary, RFK Jr. The new administration has emphasized accountability, not retroactively but rather proactively. More trials, and further research to evaluate the safety of the products we consume.

As citizens, we don’t care about the origin as much as we do the solutions. How we will react the next time something like this occurs, that’s what the public cares about.

The views of freedom-fighting causes are permeating into public policy initiatives. As I mentioned previously—for those who have been fighting since Day 1, not much of this is news to us. I do, however, see this as a major step in the right direction. This is a new dawn for **Biopolitiks**.

I’d like to recognize the efforts of **awakened doctors**, nurses, and healthcare providers during this crisis, who have risked more than their careers for the truth. I believe the release of this report closes a chapter in history. However, it also opens a new chapter in the history of global health. One in which we as citizens alongside the government shape the way public health is done, worldwide.

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Dr. Alejandro Diaz is a Pediatric Allergist / Immunologist and Global Health Expert with extensive international experience. he has delivered conferences in over 27 countries around the globe on topics of medicine, migration, biosecurity, and related topics. This includes prestigious venues such as the White House, the US Capitol, the Romanian Parliament, the European Parliament in Brussels, the Mexican Senate of the Republic, the United Nations in Geneva, Japanese Parliament, among others.

His career encompasses diverse roles in healthcare including private practice, health systems, and advisory positions for medical service companies, governments, and government entities worldwide.

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