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FBI Uncovers \$15 Billion Health Care Fraud, Largest in U.S. History

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The FBI has announced the largest health care fraud case ever recorded in the United States, revealing a massive scheme that stole nearly \$15 billion in taxpayer funds meant to help patients across the country.

On Monday, FBI Deputy Director Dan Bongino said the investigation stretched across 50 federal districts. In total, 324 people have been charged, including 96 doctors, nurses, and other licensed health care professionals. Agents also seized luxury homes, cars, and more than \$245 million in cash and property linked to the crimes.

"This is not even the beginning of the beginning," Bongino said. "If you're stealing from the public or violating your oath to serve, we're coming for you."

According to the Department of Justice, the fraud involved more than \$14.6 billion in false claims submitted to Medicare, Medicaid, and other federal health care programs.

Matthew Galeotti, head of the DOJ's Criminal Division, said one of the largest operations was run by individuals based in Russia and Eastern Europe. They bought dozens of medical supply companies in the U.S. and used stolen identities of over 1 million Americans to submit \$10 billion in fake claims.

"These criminals treated American health care as their own bank account," Galeotti said at a press conference. "Every fraudulent claim was money taken away from seniors, people with disabilities, and taxpayers."

Investigators also found networks of corrupt pharmacies and pill mills that prescribed unnecessary opioids, worsening the country's addiction crisis. Some suspects were arrested while trying to leave the country by plane or cross the border.

Acting Inspector General Juliet T. Hodgkins said the success of the investigation was due to strong cooperation among federal and state agencies. "By working together, we found criminals no matter how they tried to hide," she said.

Officials stressed that this effort is only the start. The DOJ plans to launch a new health care data center to improve fraud detection and speed up investigations.

"The days of international criminal groups using Medicare as their personal piggy bank are over," Galeotti said.

More arrests and charges are expected as the investigation continues. For taxpayers and patients, officials promised stronger protections in the future.