

# Cross-border crimes being committed by particular healthcare organizations in India

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**For your kind information**, these are some of the cross-border crimes being committed by managers and medical practitioners belonging to particular healthcare organizations in India.

The following public health and safety issues prevalent in the healthcare and pharmaceutical industry sectors of India, happen to fall under the purview of national and international crime investigation agencies:

1. Money laundering activities via improper invoicing of medical goods and services; counterfeit drugs and therapeutics being used as cash or cash equivalents to generate unearned revenues or to facilitate cross-border smuggling activities. [\[NIA\]](#)
2. Shady or unscrupulous business dealings with international vendors for purchasing substandard tools, equipment, resources, or pharmaceutical drugs, to increase profit margins upon retailing those items to unsuspecting customers in India.
3. Committing criminal breach of trust against patients from the general public, by misappropriating or stealing the "cash advance" paid by the Paying Party to the healthcare provider.
4. Use of false advertisements in luring customers from other states in India or from foreign countries, for exploiting them. Such cross-border organized crimes involving exploitation or extortion of baited and lured persons, from the general public and other countries, is deeply disconcerting.
5. Use of misinformation (or lack of full and forthright disclosures), for intentionally misguiding customers or clients, regarding the efficacy of the given healthcare goods and services, or with regards to the insurance options and payment modalities accepted at the said hospital, clinic, lab, diagnostic center, or pharmacy.
6. Dishonestly labeling post-paid goods and services as pay-on-delivery items, for cheating customers via non-invoiced bills or for defrauding investors by inflating the healthcare corporation's revenues through such illegal activities. Unearned revenues and stolen or misappropriated monies are being cunningly extracted from duped victims in various Indian

healthcare organizations using this simple method of committing fraud. Keeping or utilizing such unearned revenues is yet another felony being committed by the culpable managers and complicit staff of identified healthcare organization.

7. Intimidating, harassing, or using any type of a threat to compel local or international customers, for coercing the victims into clearing non-invoiced or improperly invoiced bills.
8. Cunningly or forcibly keeping a human being captive, or holding biological samples or a dead body as a "collateral property" to extort or compel the victim's next-of-kin into paying ransom, particularly by disguising that ransom as "fees for rendered goods and services." This method of abducting inpatients or hijacking dead bodies and biological samples, for ransom, is a fundamental rights violation and a non-bailable punishable offense as per The Law.
9. Attempting to cover up or covering up, evidences of medical negligence or of professional malpractices, committed in the healthcare organization's facilities.
10. Attempting to bribe or "influence" the local Police Commissionerates and/or the offices of the Director General of Police (DGP) and/or the offices of the Public Prosecutor in any state, via Ministers of Legislative Assembly (MLAs) or Ministers of Parliament (MPs), or through other lobbying and canvassing methods.
11. Attempting to illegitimately influence members of the bodies belonging to the National Medical Council and/or the National Accreditation Board for Hospitals and Healthcare Providers (NABH), and/or the members of Quality Council of India (QCI).
12. Manipulating or doctoring financial records through improper invoices, to commit securities fraud by inflating the share value of a publicly or privately traded corporation to cheat investors. This is an issue that also needs to be additionally reported to the Securities and Exchange Bureau of India (SEBI).
13. Manipulating or doctoring financial records through improper invoices, to commit tax-fraud and tax-evasion, while improperly recording and filing taxes payable to collection agencies by the healthcare or pharmaceutical corporation, particularly taxes such as: (a) Customs and Excise Duty Taxes for imported items, (b) Capital Gains Taxes, (c) Central Goods and Services Tax, or (d) State Goods and Services Tax.
14. Using untoward methods and techniques, via lawyers or "fixers" or other proxy agents, to cause attrition or other risks, to suffering plaintiffs and deponents who have already filed lawsuits (or who are about to sue) the healthcare provider.

15. Unscrupulously seeking protection from being lawfully punished, or bribing, or attempting to curry favors, through the officers and staff of a court or a judiciary body, to gain undue advantages in having legal cases rejected, dismissed, or ruled in favor of the accused members of healthcare, pharmaceutical, or insurance corporations.
16. Misleading or misguiding, and cheating customers by dishonestly asserting that Central Government Health Scheme (CGHS) or Ex-serviceman Contributory Health Scheme (ECHS) rates and tariffs, are not provided by the known CGHS/ECHS Empanelled Hospital; or by dishonestly stating that the Central Government has not published any Government Orders (GOs) regarding rates and tariffs applicable to treatments for diseases like Covid-19.
  1. It must be noted that, all employees and retirees of the Central Government as well as their dependents, are rightly eligible for CGHS as per legislated and established laws, since 1948. The responsible Directorates and Ministries of the Central Government of India, have therefore, continuously published multiple GOs in the national Gazette and several Office Memos (OMs) on their respective websites, clarifying the newer CGHS/ ECHS rates that include treatment of pulmonary diseases, since the year 2021.
  2. This type of unethical activity of depriving Central or State Government's employees and retirees, from their rightly entitled healthcare benefits, is a violation of "*The State Employees' Insurance Act, 1948.*" It is consequently a crime against The State that is being perpetrated by offending healthcare providers in India.
17. Shady or unscrupulous business dealings with private or government entities, for baiting and luring patients from those entities with false promises of providing discounts, or CGHS or ECHS rates and tariffs, for the healthcare goods and services given to those snared patients. Such instances already prove the culpability of wrongful healthcare managers and complicit medical practitioners, due to their premeditated ill-intentions and bad-faith based trade practices.
18. Theft and/or sale of umbilical chord, placenta, or T-cells derived from biological tissue or amniotic fluid, especially through clandestine methods that are hidden from uninformed or duped patients, or through **black-market trading** that evades inspections from regulatory agencies.
19. Discriminating against any individuals or groups of people on the basis of: caste, creed, religion, region of origin, linguistic or cultural background, gender, sexual identity, socio-economic status, residential status, physical or mental disabilities, or any other form of categorical or class based bigotry.

20. Deliberately targeting and harming essential workers, or retirees (or their dependents), who belong to, or are affiliated with the Central Government of India, through an abuse of the healthcare or therapeutics provider's enterprise resources and policies. This type of treachery and systematic crime, can be legally construed as an act of treason against the Republic of India.

Please also look into the pricing of transplant operations being conducted among various consortia of hospitals and clinics, to make sure that black-market organ transplant and in vitro fertilization (IVF) operations aren't being conducted among them. Theft of organs or gametes or biological samples or blood components, from live patients or dead bodies, especially from bodies stolen by managers and medical practitioners of accredited hospitals, is a seriously problematic issue and a major crime. A more problematic criminal offense than holding inpatients captive for compelling the their next-of-kin into paying inflated bills, is that of not returning a dead patient's remains to the patient's family or a legal guardian, or to their estate, by using fabricated reasons with motives of profiting from the illicit use (or abuse) of the cadaver.

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