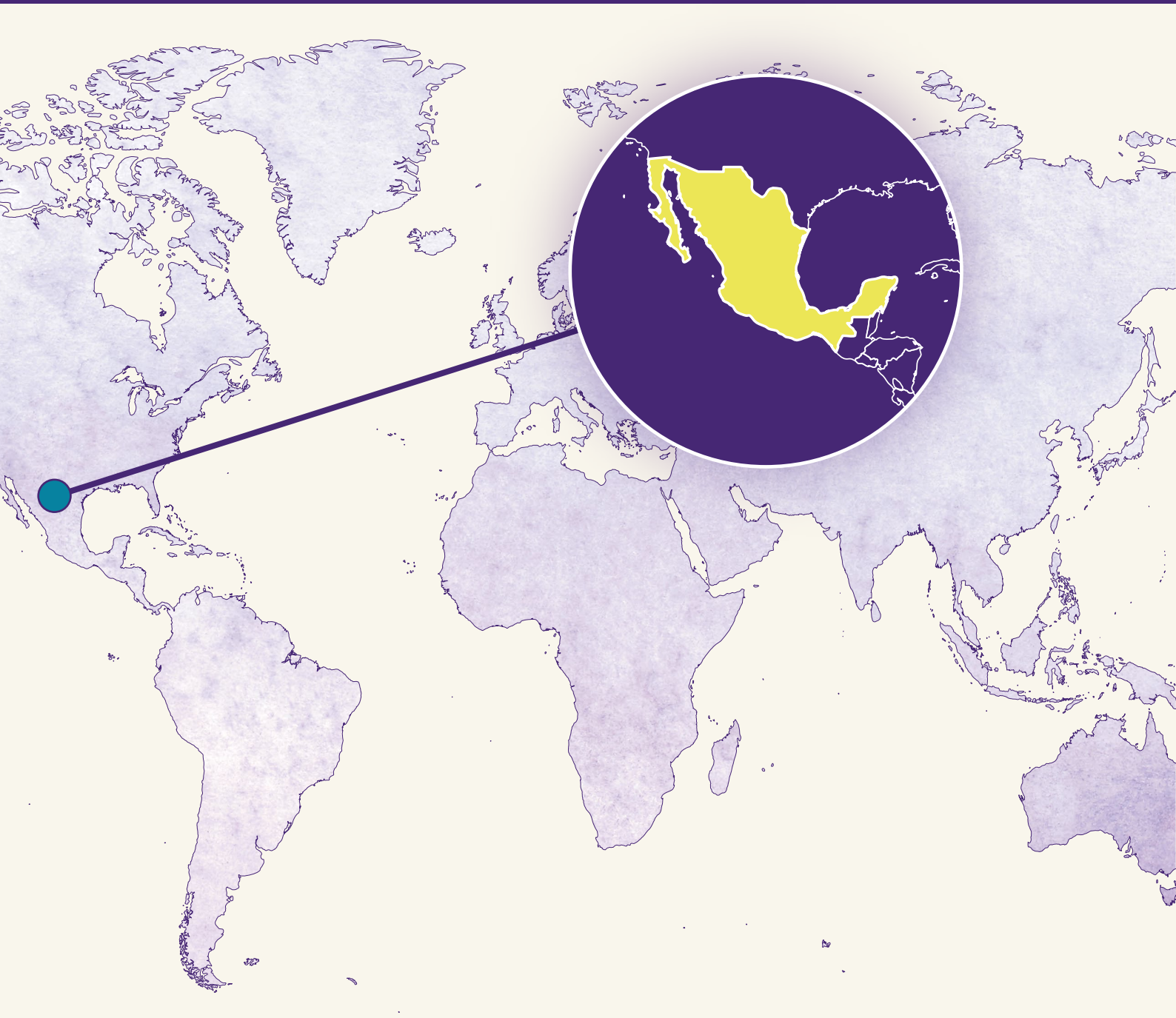
MEXICO

Violence Against Health Care in Conflict

2025



SAFEGUARDING HEALTH IN CONFLICT

Insecurity Insight
Data on People in Danger

Mexico

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS			
REPORTED INCIDENTS	INCIDENTS WHERE HEALTH FACILITIES WERE ATTACKED	HEALTH WORKERS KILLED	HEALTH WORKERS KIDNAPPED
2025			
27	17	7	2
2024			
28	19	6	4
2023			
12	4	6	9

Source: Insecurity Insight for the SHCC.

OVERVIEW

Using data collected by Insecurity Insight, the Safeguarding Health in Conflict Coalition (SHCC) identified 27 incidents of violence against or obstruction of health care in Mexico in 2025, compared to 28 in 2024 and 12 in 2023. Among incidents reported in 2025, health facilities were attacked at least 17 times, while seven health workers were killed and two were kidnapped.

The actual number of incidents and the severity of the problem are likely greater, but the absence of reported attacks on health care in some locations may reflect service closures or reporting constraints rather than improved security, while cuts to United States Agency for International Development (USAID) funding further reduced the presence of health care providers and the operation of health facilities.

Methodology and sources
Information on incidents of violence against health care in Mexico is compiled from open and private sources and information projects. Data is continuously updated and numbers may change if new information is made publicly available. For the latest available figures, see Insecurity Insight's global map on attacks on health care. See Methodology for further information.

Mexico

THE CONTEXT

In 2025, violence by armed groups and drug cartels, including the Jalisco New Generation Cartel and Sinaloa Cartel, persisted, driven by shifting alliances and territorial disputes across numerous states, including Baja California, Chihuahua, Guerrero, Michoacán, Puebla, Sinaloa, and Veracruz. Official homicide figures declined, reportedly due to new government security strategies, in terms of which the National Guard was formally incorporated into the Secretariat of National Defense, solidifying its military status, and 10,000 officers were deployed to the US-Mexico border. This decline likely understates the true scale of violence in the country, and homicide rates increased in six states: Baja California Sur, Campeche, Hidalgo, Nayarit, Sinaloa, and Veracruz.

Despite new government health initiatives, including improvements to coverage, quality, and access to government-provided health services introduced in late 2024, health care providers continued to be affected by violence perpetrated by members of organized crime groups.

Mexico faced multiple humanitarian crises in 2025. In October, flooding and landslides caused by Hurricane Priscilla and Tropical Storm Raymond damaged or destroyed thousands of structures, including hospitals and roads, limiting health care access for isolated communities in south-eastern areas of the country. Armed violence, restrictive US border policies, and avian influenza and measles outbreaks further strained health services, which disproportionately affected vulnerable populations.

Funding cuts reduced humanitarian assistance in 2025. Reductions in USAID funding forced the suspension of health programs, particularly along migration routes passing through Tapachula city and Mexico City, and shelter services and legal support for internally displaced people and asylum seekers at the US-Mexico border. An 11% cut to the national health budget and persistent medicine shortages forced some patients to use private health services.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2025

In 2025, violence against or obstruction of health care in Mexico remained at similar levels to that reported in 2024. Incidents were reported in nine states, seven fewer than the previous year, but cases in Sinaloa more than doubled between 2024 and 2025, reflecting the wider deterioration in security in the state.

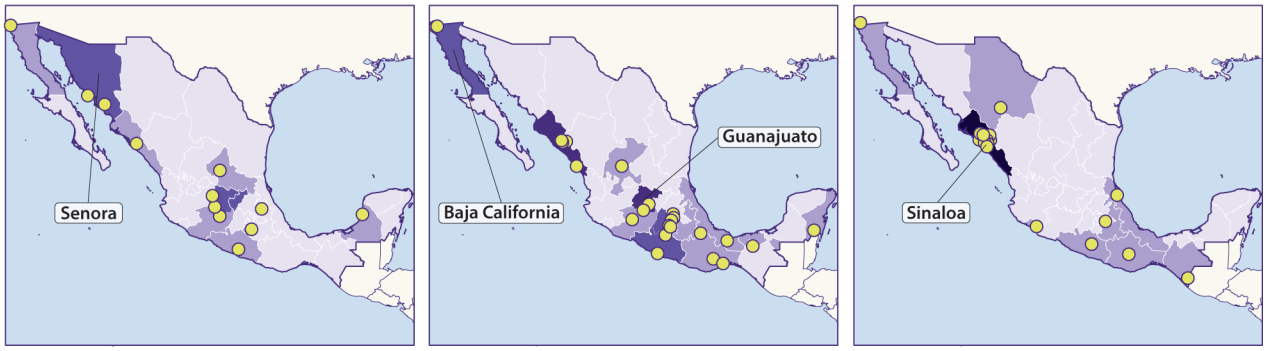
Armed violence inside hospitals, clinics, pharmacies and rehabilitation centers continued in 2025, with these types of incidents nearly doubling in Sinaloa state. Recorded incidents involving health worker killings and kidnappings also persisted, as did the use of restraints against health workers and patients, with reports of individuals being attacked and forcibly bound. Notably, cases of armed men impersonating health care professionals in order to gain access to health facilities continued to be registered.

The majority of publicly reported violence impacting health care was attributed to unidentified men with guns. The Sinaloa Cartel was named in four incidents, all occurring on April 7 in Culiacan Rosales city, Sinaloa state, when cartel members entered four rehabilitation centers. Sources' accounts vary on the details of these incidents, with reports ranging from patient abductions to patients and staff being threatened and patients being forced to leave these centers.[1] On the same day in the same city, members of the Los Chapitos gang were suspected of carrying out a mass shooting at a private rehabilitation center.[2]

Mexico

Known locations of reported incidents affecting health care in Mexico, 2023-2025

Incidents more than doubled in Sinaloa in 2025, reflecting the wider deterioration in security in the state.



Source: Insecurity Insight for the SHCC.

In Michoacán de Ocampo state, the Jalisco New Generation Cartel reportedly detonated an explosive device inside a vehicle parked outside a police headquarters, damaging a nearby hospital in the process.[3] In another incident, a children's health center was set on fire in Sinaloa state.[4]

Most cases affected health care providers working for national health structures, with five incidents affecting Red Cross societies and another four affecting private health care organizations.[5]

Health facilities attacked

Hospitals, clinics, pharmacies, and rehabilitation centers were attacked on at least 17 occasions in 2025, compared to 19 such incidents in 2024 and four in 2023. These incidents occurred across multiple Mexican states, most notably in Sinaloa, as well as in Baja California, Chihuahua, Guerrero, Michoacán de Ocampo, Puebla, and Veracruz, and often involved shootings, arson, the use of explosive devices, and forced entry. Patients and staff were abducted or threatened, and some were killed.

Criminal groups and affiliated gangs used health care facilities as battlegrounds to target rivals or patients, with multiple abductions and three mass shootings reported, including one attack by suspected Los Chapitos gang members who killed nine men, including two health workers, at a private rehabilitation center in Sinaloa state. During the attack, the perpetrators reportedly looked for the center's owner and asked the victims whether they belonged to the Los Pelones Cartel before shooting them. Later that day, the center's owner was kidnapped and killed.[6]

In some cases, armed attackers impersonated health workers and patients' relatives to access health facilities and shoot patients receiving medical care in Baja California and Veracruz.[7] In one case in Baja California, attackers posing as health workers shot and killed a patient who had been admitted days earlier with gunshot wounds. They were suspected of being responsible for the initial attack on this patient.[8] Other incidents involved individuals seeking refuge in health facilities only to be pursued or attacked inside them.

Mexico

DRUG REHABILITATION CENTERS UNDER ATTACK

Drug rehabilitation center attacks are a recurring violent phenomenon in Mexico, largely driven by cartel turf wars and the targeting of rival gang members who may be hiding or recovering in these facilities. Violence at these centers often involves armed men in military-style clothing, with multiple high-casualty incidents reported over the past decade, particularly in northern and central states like Chihuahua, Guanajuato, and Sinaloa, which are key battlegrounds over drug-trafficking routes.

Some reports indicated that criminal groups targeted rehabilitation centers to forcibly recruit recovering addicts as dealers or lookouts, killing those who refused to cooperate. Many of these centers were privately run, underfunded and unregistered, making them undefended targets, especially in areas with high levels of organized crime. The proliferation of these attacks is linked to the lack of government funding for rehabilitation, which has created a reliance on what are often unlicensed and unsecured facilities.

Health workers killed and kidnapped

Seven health workers were reported killed in six incidents in 2025, compared to six in both 2024 and 2023. Victims included a paramedic and surgeon who were killed in shootings at medical facilities or in ambushes on ambulances.

Between April and July, two health workers were kidnapped in two incidents, compared to four in four incidents in 2024 and nine in five incidents in 2023. In addition to the previously mentioned abduction and killing of a rehabilitation center owner, a paramedic was ambushed and kidnapped in Sinaloa state. He was later found with multiple gunshot wounds and died after being taken to hospital.[9]

On two documented occasions in Sinaloa, health workers were subjected to the use of restraints by armed men. In January, an ambulance was intercepted and two paramedics were assaulted, with one paramedic being restrained by having his hands tied. In April, an individual delivering medicines disappeared and was later found dead, with his hands bound and his body bearing gunshot wounds.[10]

This chapter is based on 2023-2025 MEX SHCC Health Care Data. Download this data on the Humanitarian Data Exchange (HDX).

Insecurity Insight updates data continuously and numbers may change if new information is made publicly available. For the latest available figures, see Insecurity Insight's global map on attacks on health care.

THE IMPACT OF ATTACKS ON HEALTH CARE

Ongoing armed violence linked to organized criminal groups in Mexico disrupted health care delivery in 2025. In western Colima, one of the country's most violent states, violence contributed to shortages of specialists and medications, limited the capacity of hospital infrastructure, and resulted in insufficient

health care access in rural communities. Nationally, the number of beds and diagnostic technology lagged behind international standards, leading to delayed treatments and diminished care for critical illnesses. As a result, entire populations lacked access to basic health services.

Patients faced multiple challenges when attempting to reach clinics and hospitals. Some patients, including children, died while crossing mountainous parts of Sinaloa to obtain health care. In rural areas, facilities often stood empty as doctors moved to cities, while armed groups on roads blocked access to more distant facilities. Medical facilities in Sinaloa state, including the General Hospital in Culiacán and IMSS-Bienestar clinic in Chirimoyos, were closed due to the presence of armed groups, leading to health worker protests and security being reinforced.

Armed violence and insecurity also fueled growing mental health needs. In the first three months of 2025, Médecins Sans Frontières (MSF) reported a sharp increase in mental health consultations at its Comprehensive Care Center in Mexico City, with patients showing high levels of post-traumatic stress, depression and anxiety. Health workers, particularly medical interns in remote areas such as Zacatecas, faced insecurity, psychological stress and employment uncertainty. In Sinaloa state, patients reported insomnia, appetite changes, depression, and feelings of hopelessness and loss of control over their lives, while physical symptoms included skin allergies and dryness, hair loss, muscle contractures, gastritis, neuralgia, and migraines.

1 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 MEX SHCC Health Care Data. Incident numbers 105030; 105034; 105033; 105035.
2 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 MEX SHCC Health Care Data. Incident number 105039.
3 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 MEX SHCC Health Care Data. Incident number 123012.
4 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 MEX SHCC Health Care Data. Incident number 110208.
5 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 MEX SHCC Health Care Data. Incident numbers 103337; 103338; 103339; 103449; 113445; 10334; 105027; 105037; 105039.
6 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 MEX SHCC Health Care Data. Incident numbers 105037; 105039.
7 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 MEX SHCC Health Care Data. Incident number 113448.
8 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 MEX SHCC Health Care Data. Incident number 102065.
9 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 MEX SHCC Health Care Data. Incident number 113445.
10 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 MEX SHCC Health Care Data. Incident numbers 103338; 105031.

SAFEGUARDING HEALTH IN CONFLICT

The Safeguarding Health in Conflict Coalition is a group of more than 40 organizations working to protect health workers and services threatened by war or civil unrest. We have raised awareness of global attacks on health and pressed United Nations agencies for greater global action to protect the security of health care. We monitor attacks, strengthen universal norms of respect for the right to health, and demand accountability for perpetrators. Suggested citation: Safeguarding Health in Conflict Coalititon (SHCC) 2026. Care in the Crosshairs: Violence Against Health Care in Conflict, May 2026. https://shcc.pub/SHCCAnnualReport2025
https://safeguarding-health.com

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