



Global Operational and Tactical Medicine SIG Newsletter

September 2026

Dear friends, esteemed colleagues and WADEM members,

The attacks of September 11, 2001, have changed the global security picture forever. We now have an entire generation that has lived in the shadow of one of the most devastating terrorist attacks in recent history. This generation has had to understand these events through recorded materials and more than two decades of global counter-terrorism efforts. For anyone born after 2001, terrorism has become a living, breathing and growing threat. Whether working in the public health sector, law enforcement, or defense, daily life now requires extra consideration of evolving terrorist activity, including rising violent extremism, cybersecurity threats, artificial intelligence, and attacks on private and public critical infrastructure. For this generation, securitization is the new normal, and extra caution is required when dealing with an incident.

As the global threat environment becomes more dynamic and fragmented, public health and military systems must rely more on intelligence to guide policy and oversight, while remaining steadfast in protecting the public from harm. More recent concerns about rogue artificial intelligence are recognized as a threat, but the lack of regulation and governance also enables terrorist groups to utilize AI for malicious purposes.

In Latin America, new *ACLED* data highlights a surge in drone use across the organized crime spectrum, with more than 670 recorded armed drone incidents across the region since 2018. Of these, 72% occurred between January 2025 and August 2026, suggesting a significant increase. The democratization of weaponized aerial systems among transnational criminal groups exposes civilians and security personnel to novel injury

patterns through blast trauma, overhead fragmentation, and severe psychological distress.

The Global Conflict Tracker reports that the Sahel region now accounts for more than half of the global terrorism-related deaths, making it the global epicenter of violent extremism. This affects countries that lack robust emergency medical services or rapid-response teams. Insurgents are increasingly expanding southward, threatening coastal West African nations including Benin, Togo, Ghana, and Côte d'Ivoire with fears of a significant regional spillover.

Europe has seen a recent surge in suspected acts of sabotage, mainly targeting critical infrastructure. While these incidents depict a *modus operandi* focused more on IEDs, arson and disruptions, the potential consequences of such actions must not be overlooked by incident commanders. Because hybrid warfare is a broad term, more clarity must be sought to ensure that such incidents benefit from a proportionate emergency response, especially as such attacks often happen in remote areas but focus on transportation and storage hubs.

The threat landscape in Europe has changed with the rise of the so-called "gig economy" of terrorism, where both state and non-state actors are outsourcing attack vectors to local crime organizations or to economically vulnerable individuals.

As the threat landscape evolves, medical response systems must not overlook daily challenges such as winter preparedness and other non-terror, non-disaster-related issues.

The rise in extreme violence and femicide is back in the spotlight through notorious legal cases in the United States and mass protests in India, with global communities asking for better protection for women locally, nationally, and globally.

The global health system must remain vigilant when it comes to pattern recognition of extreme violence accelerated by AI, social media and TFGBV (technology-facilitated gender-based violence). The *United Nations Office on Drugs and Crime Report on Femicides* published in 2024 outlined that the total number of women killed in 2024 by intimate partners or other family members was close to 50,000 worldwide. On average, 137 women and girls were killed every day in 2024 by someone known to them or their own family. Victims or potential victims will encounter public health services at every stage of the crime or potential crime: pre-hospital, in-hospital, during rehabilitation, and through community outreach programs. Health systems must have the skills and knowledge to recognize early signs and a robust, evidence-based operational framework to safeguard vulnerable service users.

The *Misogyny, Online Radicalization, and Youth Extremism in Australia* Report published this year identifies misogyny as the primary predictor of violent extremism among youth. Accordingly, the study outlines that hostility towards women and attitudes permissive towards gender-based violence must not to be ignored, as they represent early signs of violent extremism orientations across all ideological spectra.

For global operational medicine, these recent findings mean that the face of extreme violence is constantly changing and that research and education must move upstream to understand such behaviors and identify early signs. Intentional mass-casualty events are shifting from singular high-impact occurrences to technology-facilitated repetitive acts of extreme violence on a global scale, which are often easy to miss and difficult to link or predict.

Best Regards,

Katie Willet, MD
Co-Chair GoptMed SIG

George Tataru, RN
Co-Chair GoptMed SIG

<https://wadem.org/sigs/global-operational-and-tactical-medicine/>