

Subject: The Impact of Captivity on the Physical and Mental Health of Hostages Who Returned from Gaza in January-February 2025

Background

On October 7, 2023, Hamas terrorists massacred residents in Gaza envelope communities and nearby cities. They brutally murdered hundreds of children, women, elderly, and men, in addition to committing accompanying crimes including abuse, burning of people and houses, rape, and looting. As part of these heinous criminal acts, the terrorist organization took it upon themselves to kidnap 251 civilians, soldiers, and even bodies as spoils, with the aim of trading them against the State of Israel and maximizing war achievements while protecting the organization's leaders from IDF attacks. Children were torn from their beds, elderly, women, and men were kidnapped from their homes and taken captive. Some were injured in the attack on their homes and some were harmed while being transported through Gaza's streets on vehicles and motorcycles before a merciless crowd that beat them. During the first month of the Iron Swords War, four women were released and one female soldier was rescued in a military operation.

About seven weeks after the war broke out, a deal was signed for the return of some of the hostages, which was implemented between November 24, 2023, and December 1, 2023. Under this deal, 105 living hostages were returned to Israel in a combined operation called "Gates of Heaven." After about a year, another deal was arranged which was implemented between January 19, 2025, and February 7, 2025. Under this deal, 38 hostages were released in an operation called "Wings of Freedom." The operation included five release phases that took place at a frequency of about once a week, during which Israeli women arrived as well as men with Israeli citizenship and men with foreign citizenship. The captivity survivors were received at four medical centers: Shamir, Tel Hashomer, Beilinson, and Sourasky, where they were reunited with their families and received initial medical treatment. The Thai citizens met at the hospital with embassy representatives and after several days also with some of their family members who were brought specially to Israel.

Purpose of the Report

This report presents a summary of findings regarding the conditions of captivity of 12 hostages (4 women and 8 men) who were returned to Israel in Operation "Wings of

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Freedom" and the impact of captivity on the physical and mental health of the survivors. The information appearing in this report was received after obtaining consent from the returnees and is based on reviewing medical files and conversations with the treating medical staff. From the information collected regarding the conditions of captivity, descriptions emerge that illustrate harsh patterns of abuse, medical neglect, and sub-human conditions that constitute torture and serious violations of international humanitarian law. The reality of captivity is described by the returnees as a reality that was deliberately designed to create an environment of physical and psychological torture aimed at damaging morale, causing psychological harm, and facilitating control over them.

The medical teams in the departments that received the captivity survivors describe serious medical damage that captivity survivors are dealing with, most of which could have been prevented or reduced if the hostages had been given appropriate and timely medical treatment. In addition, the report documents the medical teams' assessment regarding the long-term implications of the kidnapping and prolonged stay in captivity on the mental and physical condition of the survivors, alongside an assessment that as long as additional prisoners are being held in Gaza, the rehabilitation and social integration processes of those who returned will be harmed. Furthermore, analysis of the medical condition of captivity survivors raises serious concern that the hostages still being held in captivity are in immediate danger, and each additional day there increases the risk of irreversible damage to their physical and mental health. As mentioned, the conduct of the Hamas terrorist organization clearly and deliberately contradicts international law. This report was written to clarify this to international health organizations such as the Red Cross and even to countries and authorities around the world.

Details of the Kidnapping and Initial Trauma

From the medical files and conversations with the doctors, it emerges that the hostages underwent a severe traumatic experience already at the stage of the kidnapping itself. They suffered from severe violence during the kidnapping, including gunfire that left bullets and shrapnel in their bodies. Most of them were victims of violent attacks from local mobs on their way to Gaza, which included severe humiliation and verbal assault, direct physical assault, and assault with objects. The medical staff emphasized that from the description of the captivity survivors' experience, a harsh picture emerges of lynching events, which sometimes repeated themselves several times throughout the day. In addition, on the day

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of kidnapping and in the first days of captivity, many of the returnees were held with their hands tightly bound, until they lost sensation in their fingers while being significantly restricted in movement for long hours without regard to basic personal needs. Some of the hostages reported that they witnessed the murder of family members and friends during the kidnapping, in addition to witnessing the destruction and extensive devastation in the kibbutzim and settlements from which they came. These events intensified the trauma they experienced and in many cases caused severe uncertainty regarding the condition of their family members and loved ones. This uncertainty accompanied and troubled them throughout their entire stay in captivity and sometimes served the terrorists against them.

Conditions of Captivity

Location of Detention:

The hostages were held in varying conditions, with most spending extended periods underground and shorter periods "above ground." Several hostages were held in underground tunnels for long months and were only allowed to emerge above ground for isolated days. When transfers occurred, they were carried out suddenly and in a particularly frightening manner with a sense of mortal threat. In some cases, the hostages were forced to walk long distances, sometimes many kilometers, at night, in complete darkness and/or blindfolded, without the ability to see their surroundings and movement routes. These transfers were physically dangerous and caused significant psychological stress, as in many cases the hostages were forced to pass between obstacles, narrow and dark passages, and therefore some fell and were injured.

Living Conditions:

The living conditions described by the hostages are inhumane and constitute a blatant violation of every international convention. Many of them stayed for extended periods or exclusively in underground tunnels, in conditions of extreme overcrowding, in tiny spaces of about two square meters with a height lower than that of a standing person (about a meter and a half), where up to six people were crammed without the ability to move and without the possibility of leaving for long days. The nutritional regime imposed on them constituted deliberate starvation and usually included only one meal consisting of pita or rice (nutrition extremely deficient in the three main food groups, minerals and vitamins), and sometimes there were days without any meal at all. Most of the time the food was unfit for human consumption - moldy and containing worms and insects. The water supplied

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was contaminated, sometimes seawater or unfiltered sewage water, and the quantities were rationed and insufficient for daily consumption. The poor conditions did not allow maintaining reasonable personal hygiene in the absence of access to toilets and running water. A shower was possible every few months, in cold water and with a shared towel. Changing clothes was possible infrequently, if at all, while changing underwear once every six months, without consideration for women's needs. During stays in tunnels, use was made of a sewage pit dug by the hostages inside the living space, and in cases where they were held "above ground" there were usage restrictions and prohibitions such as a ban on flushing water. The hostages were forced to sleep on the tunnel surface or hard floor, without a mattress or blanket among insects and pests. They described days and nights when they suffered from freezing cold or extreme heat for many weeks, depending on the location of captivity and the seasons.

Health and Physical Injuries

Illness:

During captivity, the hostages suffered from a variety of medical problems as a direct result of the harsh detention conditions, lack of hygiene, and prolonged nutritional deficiencies that caused recurring episodes of infectious diseases. Symptoms of intestinal infections were described that caused abdominal pain, diarrhea, vomiting, high fever, and in other cases they became ill with respiratory diseases accompanied by shortness of breath and high fever. Since these diseases were not treated, they caused severe hallucinations and intense pain which, for the most part, also received no response. In addition, several returnees described severe dehydration events to the point of blurred vision and even loss of consciousness.

Most captivity survivors were held in tunnels for an extended period and were frequently exposed to dust and sand, and as a result, some developed severe respiratory disorders, manifested in persistent coughs accompanied by phlegm. The poor hygiene conditions also led to a variety of skin problems such as lice attacks, scabies and bedbugs, various rashes, acne, and dermatitis which in most cases continued even after release from captivity.

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Injuries and Trauma:

Captivity survivors suffer from a variety of injuries and physical damage that began at the time of kidnapping, continued and worsened during captivity. Many of them were injured by gunfire during the kidnapping itself and suffered in captivity from injuries including shrapnel in the chest, head and limbs, burns caused on the way to Gaza, or fractures that were not properly treated. In some injuries, irreversible nerve damage was caused, manifested in muscle weakness or lack of sensation. Sometimes ongoing damage was caused such as functional difficulty in daily activities like walking, driving, and even fine motor skills. These damages also caused chronic neurological pain - stabbing or burning - and bone pain, which became a daily reality for most of them, with hypersensitivity in scar areas and pain to touch even with water. Many returnees require daily pain relievers. In addition, the bodies of some survivors are covered with scars to the extent of requiring surgical treatment. Many returnees suffer from hearing damage and chronic tinnitus as a result of exposure to explosions, alongside complex injuries to the skeletal and muscular systems - including chronic pain in the jaw joint (TMJ), changes in dental occlusion, limitation in range of motion, and structural damage to posture and the spine. These physical damages are severe, complex, and some irreversible, and may affect the functioning and quality of life of captivity survivors for many years.

Starvation and Nutritional Deficiencies:

In light of extreme and prolonged starvation, the returnees suffered from significant weight loss of approximately 15% to 40% of body weight. In addition, it was found that the combination of malnutrition with lack of movement caused severe sarcopenia, significant loss of muscle mass and muscle strength, whose rehabilitation will require intensive and prolonged rehabilitation treatments. Among some of the returnees, a decrease in bone density was demonstrated, caused by a combination of starvation, lack of balanced nutrition, staying in darkness, lack of weight-bearing physical activity, and ongoing psychological stress. This condition puts the returnees at increased risk for future fractures and could, without treatment, worsen to the point of osteoporosis. Laboratory tests conducted on the returnees after their release revealed a disturbing picture of nutritional deficiencies that developed during the period of captivity. Low levels of vitamin C were found that manifested in bleeding from the gums and additional signs of scurvy including increased tendency to hemorrhages, joint and articular pain, muscle weakness, and slow

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wound healing. In addition, well-founded suspicion was raised that during captivity, bleeding occurred into muscle tissues, a life-threatening phenomenon characteristic of advanced stages of vitamin C deficiency which was mistakenly treated with medications that could worsen the condition. In some cases, laboratory tests demonstrated coagulation function disorders as a result of vitamin K deficiency and low levels of vitamin D as a result of lack of sun exposure. Vitamin A values were also found at the low levels of the normal range. The starvation and poor nutrition weakened the immune system, and combined with the poor hygiene conditions made the hostages more vulnerable to infections and worsening of disease conditions due to lack of treatment.

Denial of Medical Treatment:

During the period of captivity, the hostages suffered from severe and deliberate medical neglect. Despite recurring infectious diseases, significant injuries, and concerning medical conditions, they were almost completely denied access to proper medical treatment. In the rare cases where some treatment was provided, it was minimal and included treatment with fever-reducing pills, and without antibiotic treatment, even when there were clear signs of serious infections.

Orthopedic injuries remained without medical response, leading to long-term damage. In one case, one hostage was forced to try to treat an orthopedic injury himself and lost consciousness during the attempt. In another case, a female hostage received antibiotics for several days, the infection worsened and the medication was changed to another, but this too did not help and she was still denied access to reasonable medical treatment. Another case testifies to incorrect drug treatment that endangered the hostage to the point of real danger of causing long-term damage and even death. As a rule, there was almost no accessibility to drug treatment for illness, let alone medical follow-up around chronic illness from which some of the hostages suffer. These descriptions by the survivors constitute evidence of the negligent and life-threatening approach to treating medical problems in Hamas captivity. This medical neglect constitutes a blatant violation of the Geneva Conventions and contributed directly to the deterioration in the health condition of the hostages and to chronic damage that requires prolonged rehabilitation and treatment and will accompany the captivity survivors all their days.

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Physical Abuse, Psychological Terror and Dehumanization

The hostages suffered from ongoing psychological abuse that was part of a systematic dehumanization apparatus. The psychological suffering was intensified through deliberate tactics of isolation, intimidation, and suppression.

Extreme Social Isolation:

The hostages were subjected to extreme social isolation. For example, one of the hostages was held alone for over 50 consecutive days while wounded. Two additional hostages were held in complete isolation for extended periods of over a year. Captivity survivors testified that the prolonged isolation had severe psychological consequences including intense feelings of anxiety and despair, abandonment, loss of sense of time and reality to the point of disconnection from self. Prolonged isolation in underground conditions without exposure to natural light leads to severe disturbances in mood and sleep cycle. Even captivity survivors who were held in groups reported feelings of extreme loneliness as a result of complete disconnection from the outside world and family, while living under a sense of mortal danger and constant uncertainty about their fate and whether anyone knows they are alive. Being in captivity without additional human presence, in a state of lacking basic sensory and intellectual stimuli, further intensifies the immediate and long-term traumatic effects of the captivity experience.

Abuse and Threats:

Throughout their entire stay in captivity, the hostages lived under constant threat to their lives. The captors used various means to maintain an atmosphere of fear and terror, primarily deliberate threats with weapons. Several captivity survivors described how their captors would activate grenade mechanisms, count backwards and then stop at the last moment, a practice of deliberate psychological terror. In most cases, captivity survivors testified that the captors displayed open enjoyment from the panic and fear that seized the hostages during abuse with firearms. The abuse also included elements of ongoing sexual harassment of male and female hostages. One female hostage described harassment by her captor over months. As mentioned, both women and men underwent humiliation and comments that related to their bodies. Simultaneously, the captors psychologically abused the hostages through deliberate statements such as "they don't love you," "they're not waiting for you," and threats that they would be forgotten by their families, which

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contributed to and reinforced extreme despair and uncertainty and increased the sense of dependence on the kidnappers.

Dehumanization:

The dehumanization was expressed in systematic and multi-dimensional denial of basic needs. The hostages were forced to eat moldy and contaminated food, and were denied the possibility of maintaining basic hygiene, while being denied privacy even when using toilets (some returnees testified that they were forced to relieve themselves in public). The captors deliberately ignored medical distress, prohibited basic treatment, and employed psychological manipulations such as displaying food and clean water to hungry and thirsty hostages while preventing access, and repeated false promises regarding shower use and improved conditions. The hostages were bound for long periods of time (around 24 hours) in a way that caused prolonged loss of sensation in limbs and left physical scars. They were forced to live in degrading and inhumane conditions, including extreme overcrowding that prevented movement, and were humiliated through degrading nicknames and other tactics designed to undermine their human identity. All these characteristics, together with the sub-human living conditions, constituted a systematic apparatus of psychological torture and psychological terror that caused severe psychological damage, which continues to accompany the captivity survivors even after their release.

Long-term Physical Consequences of Captivity

Captivity survivors carry with them significant and irreversible physical damage that will accompany them for many years. The most common is irreversible nerve damage, caused as a result of gunshot injuries, shrapnel, and prolonged binding of limbs, leading to real functional difficulties including limitations in walking, driving, typing, and performing basic daily activities. In some cases, rehabilitation treatments are not expected to restore full function, and in cases it is not possible to alleviate chronic pain, neurological or skeletal, and it is expected to be an integral part of the lives of many of the returnees. In addition, some of them are at the beginning of series of surgeries, such as removal of shrapnel pressing on nerves or treatment of scars scattered throughout the body. Simultaneously, there is significant concern regarding the long-term implications of captivity damage on the endocrine system. Women who returned from captivity report changes in menstruation and hormonal function even after their release, and the doctors express well-founded concern regarding possible damage to future fertility. Many hearing impairments have not

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yet passed and many of the hostages suffer from tinnitus and hearing loss as a result of exposure to intense explosions. In some cases it appears that the damage is irreversible and requires treatment and adaptation over time.

Psycho-Social Consequences of Captivity

Assessment Challenges and Initial Coping:

With only about 6 months having passed since the release of the captivity survivors, it is not possible to fully assess the long-term psychological effects that captivity will leave on them. Professional literature indicates the phenomenon of late onset post-traumatic stress disorder (PTSD), when full symptoms may appear six months to years after exposure to the traumatic event. At this stage, it is not possible to predict with certainty which of the survivors will develop long-term mental disorders. The process of coping with the consequences of captivity is related to various factors, primarily the release of all hostages, the severity of the trauma they experienced in captivity, captivity conditions, social support during captivity, the manner of reception and ongoing treatment, and personal and community support systems. The first period after their release from captivity has a great impact on the psychological course. New stress factors such as learning about the true dimensions of the massacre and destruction of the October 7 events, receiving bitter news about loved ones and relatives, and the fact that there are still hostages in Gaza, may delay recovery and healing and increase symptoms of "survivor's guilt."

Psychological Effects During Captivity:

It is apparent that the prolonged period of captivity left deep psychological scars among some of the survivors. The double trauma that included violent kidnapping and loss of their loved ones, alongside captivity characterized by dehumanization, physical, psychological and sexual abuse, created symptoms of fear, hyperarousal and alertness in the first period of captivity. Later in the captivity period, the survivors testified that they experienced symptoms of depression and despair, significant anxiety attacks as well as intrusive symptoms (nightmares, recurring thoughts and flashbacks) and reversal of night and day. Changes in captivity conditions such as moving to another place or changing captors increased feelings of distress and fear. In addition, the survivors described that hunger was an extremely severe stress factor as well as isolation from the outside world, with some returnees describing learned helplessness. Uncertainty about the fate of family members

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was described by all as an unbearable point of pain, especially among those who stayed for a long period in complete disconnection from the outside world.

Trauma Symptoms After Release:

In ongoing follow-up, some of the returnees present symptoms of post-traumatic stress disorder (PTSD) including recurring nightmares, flashbacks, recurring images and thoughts around the kidnapping trauma and captivity trauma, and dissociative episodes. They show excessive panic reactions, constant anxiety, hypervigilance, difficulty staying alone, and avoidance of trauma-triggering situations. Many avoid crowded places or stimuli that remind them of the trauma such as eating certain foods and being in a room alone or in darkness. Others experience difficulty coping with public exposure and their forced transformation from anonymous people to celebrities. Alongside the need to withdraw, they feel a deep obligation to act publicly for the release of the hostages who remained in Gaza, when the meeting between these two is described as painful. They report difficulty experiencing pleasure and joy as long as their loved ones are still in captivity and a heavy sense of "survivor's guilt."

Difficulties in Processing Loss and Family Relationships:

During captivity, the returnees were prevented from a process of mourning, processing loss, and proper farewell. Upon their return from captivity, they are forced to cope with receiving bitter news about friends and family members. The lack of ability to participate in funerals and shiva may harm the processing of grief and increases the risk of prolonged grief disorder (PGD). In treatment processes, difficulty is apparent in processing multiple losses - family members and friends, health and physical function, community and home, joy of life, and trust in the state and in people. Sometimes, the difficulty is expressed in emotional numbness, a prominent feature of post-traumatic stress disorder (PTSD). Captivity survivors describe complex processing related to loss and difficulty readjusting to the family fabric. The situation is particularly complex for those whose October 7 events led to the dissolution of the framework, family, home, or community.

Complex Psychological Symptoms and Difficulties:

The observed psychological effects also include a wide range of complex symptoms. Many of the returnees experience deep feelings of despair and hopelessness, alongside loss of interest in activities that were once meaningful to them, emotional emptiness, and

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disconnection from the environment. Normal sleep has become a significant challenge accompanied by difficulty falling asleep, frequent awakening, and recurring traumatic dreaming. These together lead to chronic exhaustion accompanied by extreme mood swings, difficulty in emotional regulation, and unexpected outbursts. The returnees describe concentration difficulties, memory impairment, feelings of confusion, and difficulty making decisions, even simple daily decisions. Some report a disturbing sense of change in their personality, with increased suspicion toward the environment and emotional distance in close relationships.

Survivor's Guilt and Ongoing Trauma:

Above all described above hovers double survivor's guilt. The returnees survived the October 7 events while family members and friends were murdered, and with their release, they feel they escaped from captivity while others were murdered or left behind. This is accompanied by severe guilt feelings regarding decisions they made during captivity, and a tormented feeling that they "could have done more" to protect their fellow captives who were kidnapped with them. The continued captivity of those left behind significantly impedes the psychological rehabilitation of many of the survivors and contributes to ongoing trauma on one hand, and on the other hand, stops the recovery, as the returnees live with feelings of guilt, constant worry, and inability to close this traumatic chapter in their lives.

The Need for Preventive Treatment and Future Implications:

Research in the field of delayed post-traumatic stress disorder (PTSD) teaches that factors such as exposure to additional stress, experiencing an additional traumatic event, or worsening of existing symptoms may lead to the development or worsening of post-traumatic symptoms months or years after the original event. Therefore, there is supreme importance to preventive treatment and ongoing support, even for captivity survivors who currently appear to be coping well. The medical teams explain that the ability of those who survived captivity to integrate into society and return to functioning depends greatly on the release of the remaining hostages, and therefore the professional assessment is that as long as the collective trauma continues, psychological treatment and rehabilitation processes will be limited in effectiveness. It is important to note that despite the enormous challenges, captivity survivors display impressive psychological resilience and are beginning to rebuild their lives. However, it is clear that the psychological recovery process

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will be prolonged, complex, and will require professional and community support for the long term with follow-up regarding late psychological implications.

Conclusion

The findings of this report, based on in-depth medical analysis of the condition of 12 captivity survivors who were released in Operation "Wings of Freedom," provide a shocking picture of serious and systematic violations of international humanitarian law resulting from a deliberate policy of abuse, torture, and medical neglect. It is clear that there is a direct connection between the duration of captivity, the harsh conditions in which the hostages were held, and the ongoing abuse, and the ability of survivors to undergo rehabilitation processes and reintegrate into family life and society. Conversely, the prolonged stay in captivity created shared fate and strong interpersonal bonds between the hostages, so that leaving hostages behind is experienced as a continuation of trauma for the survivors themselves. In addition, the captivity conditions described throughout the report raise concern and fear for the lives of the hostages who have not yet returned and prove that they are in tangible mortal danger.

With blessings,

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