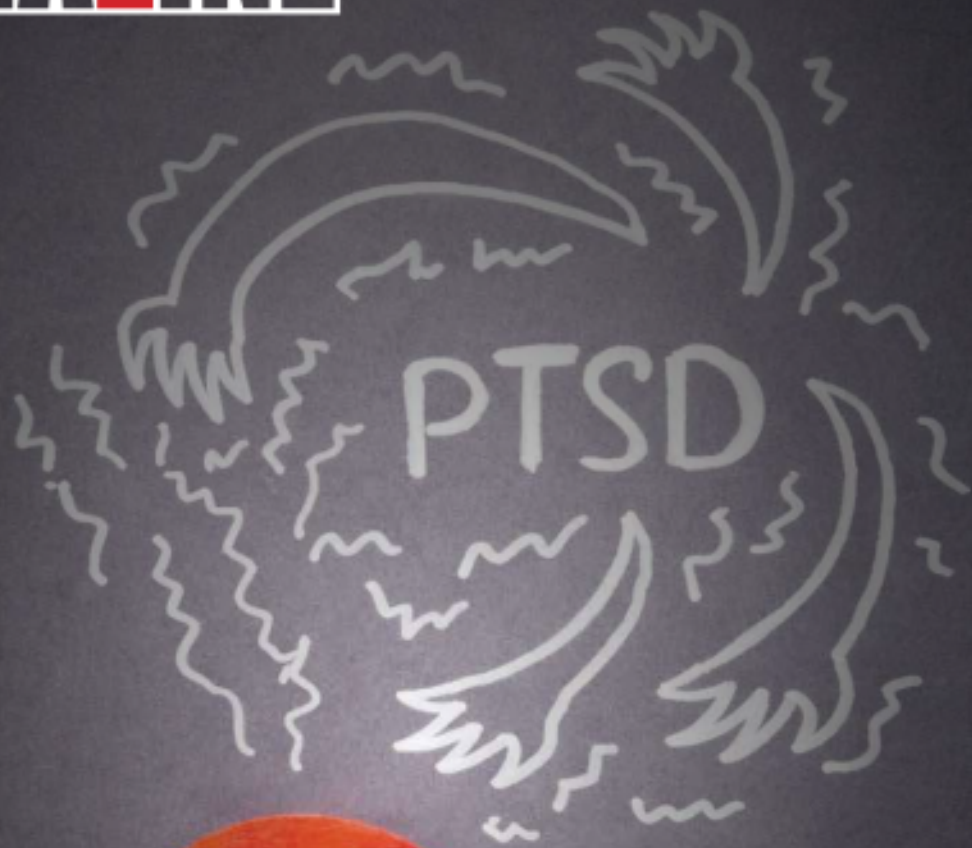


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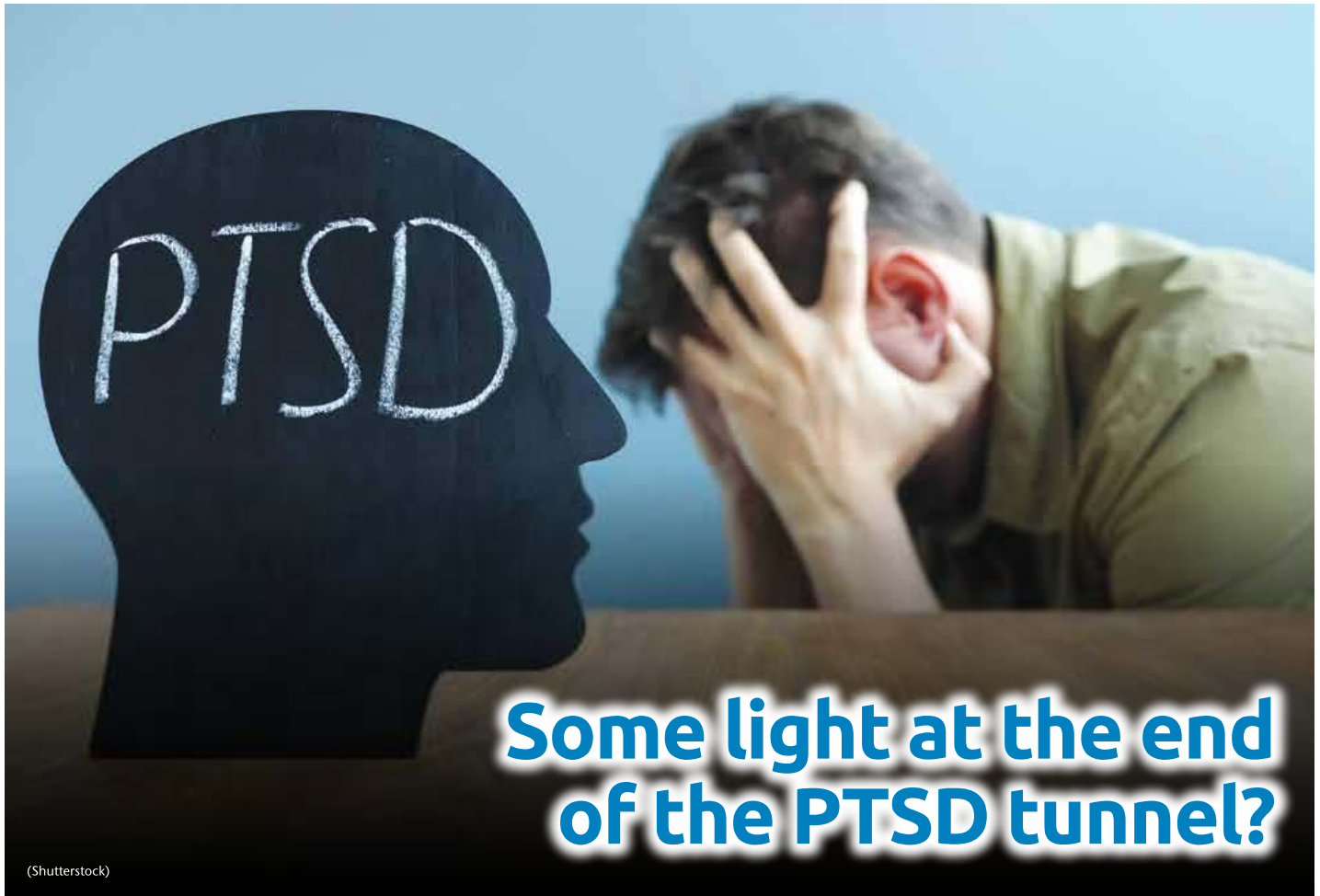
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# MAGAZINE



## Bright light for PTSD?

What's new in long-overdue trauma treatment



## Some light at the end of the PTSD tunnel?

• TOBY KLEIN GREENWALD

**I**n Israel, everything is personal. So when I discovered that Micha Katz, son of my friends Sharon and Israel Katz of Efrat, was one of the leaders of the demonstrations across from the Knesset of soldiers with post-traumatic stress disorder (PTSD), it spiked my interest even more than a heartfelt “Is there something I can do?”

Full disclosure: Micha was my (lively, happy) English student in high school. Now, some 30 years later, he is 45, married to Nava, who once served as a member of Efrat’s local council. They are parents of three children, aged 23, 18, and 13.

The couple (husband Israel Katz is no relation to the defense minister) opened Efrat’s well-loved Achuzat Haklavim Pet Shop and Salon in Efrat in 2012. Katz taught dogs search & rescue and led a search & rescue unit in Judea before the war.

PTSD is not new to Katz. He has had it since 2000 but only began receiving treatment in 2024. Not soon enough, and not successfully enough.

As a major, he nevertheless fought in the Israel-Hamas War, from Oct. 7, 2023, to April 1, 2024. He was in Jenin, Tulkarem, Nur Shams, and more.

As it turns out, Katz is also an eloquent speaker. So, too, are some of his comrades. They have been meeting with Knesset committees for many months in the hope of moving the needle on what

they define as a lack of appropriate attention to and resources for this PTSD epidemic, which is horrifically demonstrated by the number of soldiers who have committed suicide since Oct. 7. At the time of this writing, that number stood at over 80. That does not include soldiers who took their own lives before Oct. 7, nor Supernova survivors who eventually gave up trying to live with their trauma.

Before quoting the soldiers and describing the possible cure, I will begin by quoting the Talmud: “As Reish Lakish said: The Holy One, blessed be He, does not strike at the Jewish people unless He has already created a remedy for them beforehand (*Megillah* 13b).”

### A potential cure: Nalmefene

Help may be on the way if a drug that successfully treated Vietnam combat veterans with PTSD in a pilot study in America can get through the Israeli bureaucracy to save these lives.

According to the doctor who conducted that study, saving a life doesn’t mean only saving someone from committing suicide. It is also saving him or her from a life of traumatic memories, rage, dissociative symptoms, emotional numbness, and other manifestations of PTSD that have prevented people from leading the lives they had hoped to lead, which includes having loving relationships with spouses and children.

The name of this drug, which may be a savior for countless numbers of people suffering from PTSD, is nalmefene (Selincro).

### Psychiatrist Dr. Hillel Glover

Dr. Hillel Glover is a US-based psychiatrist who specializes in the study and treatment of PTSD. The *Magazine* conducted an email interview with him in which he expanded upon the information available on his website.

“When working with Vietnam combat veterans, I saw firsthand how devastating the effects of trauma are and how disabling this condition can be. I became profoundly aware of emotional numbing being a major stumbling block in treating people with PTSD. This led me to discover that a specific type of opioid antagonist (opioid blocker) could successfully treat emotional numbing.

“I originally hypothesized that the opioid antagonist nalmefene, marketed in Europe and Israel as Selincro, would reverse the numbing/deadness that people with PTSD experience.”

Glover described how he came up with this hypothesis on his meticulously detailed website ([www.hillelglovermd.com](http://www.hillelglovermd.com)), which includes a reference to his newly created company, PTSD Global, LLC, hoping that it will lead to more help for sufferers of this often overlooked and misunderstood ailment.

“I have discovered that the medication nalmefene



MICHA KATZ served in Jenin, Tulkarem, Nur Shams, and more. Pictured: Doing horse therapy in Tzur Hadassah. (R): With Defense Minister Israel Katz (no relation) and a therapy dog in the Knesset. (Courtesy Michka Katz)

(Selincro) has the potential to treat all symptoms of post-traumatic stress disorder in 2-3 weeks,” Glover stated on his home page.

#### Proven with Vietnam veterans

He wrote, “I administered the opioid antagonist nalmefene to Vietnam combat veterans and one World War II veteran, all of whom were diagnosed with PTSD. The eight veterans who went to the highest dose of 200 milligrams twice a day reported that all of their symptoms of PTSD significantly improved or went into remission.

“Some of those symptoms included nightmares, flashbacks, intrusive thoughts, emotional numbing and avoidance, feelings of detachment and estrangement from others, psychological and physiological reactions to reminders of trauma, hyperarousal, and exaggerated startle response.”

The results amazed him.

“Nalmefene did so much more than I expected; it was serendipitous that it significantly reduced or remitted all symptoms of PTSD. Based on these findings, I conclude that the endogenous opioid system mediates the expression of all symptoms of PTSD.”

He concluded, “I believe the key to pharmacologic treatment of emotional numbing is the same key that unlocks the treatment for PTSD.”

The results of his 23-month pilot study were published in the *Israel Journal of Psychiatry* in 1993.

Glover patented the use of nalmefene in the treatment

of PTSD: “Method for treating post-traumatic stress disorder” in the United States (2021), Israel (2023), and the EU (2024). He is licensed to practice medicine in Israel.

“This patent is based on an accelerated dose titration method, which enables patients to reach an optimal dose in two to three weeks. This is significant because a patient who has been prescribed Selincro for addiction will usually receive a dosage of only 18 milligrams, as needed for alcohol cravings.”

The Glover Numbing Scale (GNS) and the Glover Vulnerability Scale (GVS) were constructed to aid in the diagnosis of PTSD and for use in the follow-up, regarding the effectiveness of the treatment.

Among the 35 symptoms on the GNS are the extent to which one feels love or affection for others; feeling emotionally numb/dead/hollow/shut down; feeling one’s mind going blank; or a wall existing between oneself and others.

Included in the 21 symptoms on the GVS are feeling vulnerable; whether or not one trusts people; thinking that one is being talked about or stared at; worrying about being retaliated against; and difficulty in decision-making.

#### More proof via a German study

Desiring another study that would verify the effectiveness of nalmefene for treating PTSD, Glover contacted a prestigious colleague in Germany, Dr. Christian Schmahl, medical director of the Department of Psychosomatic

and Psychotherapeutic Medicine, head of the Clinical Department of Research Group Experimental Psychopathology at the Central Institute of Mental Health, and professor of psychosomatics and psychotherapeutic medicine at Heidelberg University.

Schmahl, along with Dr. Frank Enning, vice chairman of the Department of Psychosomatic Medicine and Psychotherapy, Central Institute for Mental Health, Mannheim, Germany, conducted a study wherein they administered nalmefene (Selincro) to patients diagnosed with complex PTSD and borderline personality disorder.

Results of the study “Treatment of dissociative symp-

*‘As the “wall” came down, veterans experienced profoundly positive emotional changes’*

toms with nalmefene in patients with borderline personality disorder and complex post-traumatic stress disorder [PTSD]” were published in 2021 in the internationally recognized journal *Der Nervenarzt*.

In their conclusion, Schmahl and Enning wrote, “Our findings are consistent with those previously reported in veterans with PTSD,” referencing Glover’s study, and acknowledging him “for advising and critically reading the manuscript” of their report.

Glover describes the Enning-Schmahl study, noting



TESTIFYING AT the Knesset Health Committee: Katz and Shmuel Harel (R). (Screenshot)

that “Thirteen out of the 17 patients showed a significant reduction in dissociative phenomena during the course of treatment. It is important to note that Complex PTSD is associated with depression, anxiety, aggression and violence, drug abuse, dissociation, paranoia, and suicide.”

His website includes more success stories:

As the dosage of nalmefene increased, some veterans reported seeing a “wall” of protection that stood between them and other people change visually. First, it appeared “like thick, porous steel” before “transforming into brick and [then] becoming a shorter wall of thin glass before finally disappearing.”

Glover explained, “As the ‘wall’ came down, veterans experienced profoundly positive emotional changes. They started to feel like themselves again and were able to reconnect emotionally with loved ones.”

Veterans also reported having their senses come back. Prior to taking nalmefene, they described “living in a world of gray.” Food tasted like cardboard, and they saw people as “two-dimensional silhouettes.”

The veterans “broke out of the robotic state they had been trapped in” and appeared more alive again. Their feelings of anger and rage also abated.

Nalmefene is primarily used to treat alcohol abuse, and two veterans reported experiencing loss of all drug cravings; one for alcohol and the other for cocaine.

#### Funding or agreement to perform study in Israel

Glover has an impressive resume. He is a board-certified psychiatrist for adults, children, and adolescents; he is also certified in psychoanalysis. He did his child psychiatry residency at Columbia Presbyterian Hospital and has taught psychiatric residents at Dartmouth College.

In addition to Glover’s medical credentials and experience, he has received, from Vietnam veterans who were his patients: the Citation of Meritorious and Conspicuous Service Military Order of the Purple Heart; and the Chapel of Four Chaplains Legion of Honor. So he knows the military.

He is also a doctor with a Jewish heart. Glover has been trying to raise funds for Schmah! to conduct a larger study. He is also reaching out to various Israeli figures in an attempt to conduct studies here on the administration of nalmefene (Selincro) for PTSD.

The *Magazine* spoke with a senior physician-researcher in Israel who is willing and ready to conduct such a study, with the necessarily higher dosage of nalmefene and in consultation with Grover, pending agreement

of the appropriate medical bodies, and after making a research request and receiving Helsinki probation (ethical principles for medical research involving human participants).

Selincro is already registered in Israel as a medication for alcohol abuse, and in that capacity is even included in the *sal briut* (basket of Health Ministry-approved medications).

#### The soldiers speak: Demonstrations and committees

On February 2, 2026, Katz testified movingly and articulately in a hearing before the Knesset’s Foreign Affairs and Defense Committee, and its chair, MK Boaz Bismuth (Likud), regarding the lack of appropriate treatment for combat veterans with PTSD. (This and other sessions are available on the Knesset 99 channel.) While Katz was speaking, one of his fellow soldiers was sitting behind him, his leg shaking uncontrollably.

The *Magazine* asked Katz how many meetings they’d had with Knesset committees before and since Oct. 7.

He answered, “Before we started the demonstrations [in August 2025], there were between one and three,

*‘I don’t understand how this is not a national mission’*

maybe five that would go once in a while, once a month, every two months... but since the demonstrations started, from the humongous number of injured veterans, there is a core of 10 who go to committee meetings daily, and there are dozens that come just to give support. There are probably about another 20 that come for specific meetings.

“We go to anywhere between one and 12 committee meetings a day, and we have been doing this already for eight months [by February], so do the calculation. In addition to the committee meetings, we’ve had dozens and dozens of personal meetings with MKS.”

When asked recently if they are still demonstrating, he said that now there is always one person [demonstrating]

THE APP created by Harel – at <https://shikum.app/auth> – to help disabled IDF soldiers know their rights and prepare for testifying before Knesset committees. (Screenshot)

ing], and “everyone else went to other places until the war is over.”

In the February 2 hearing, Katz said, “Both Idan [Kleiman, the head of the IDF Disabled Veterans Organization] and Limor [Luria, head of the Rehabilitation Department of the Ministry of Defense] know the tools... But without a definition of combat PTSD, it doesn’t matter how many tools you give them – it cannot work.”

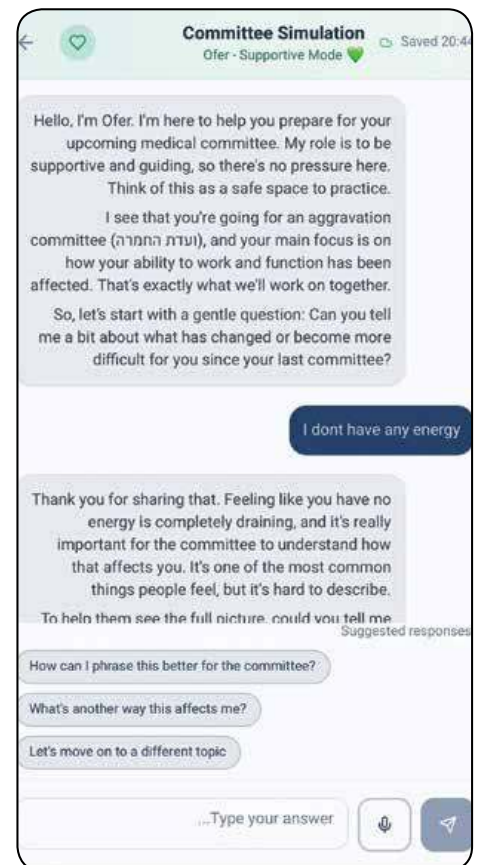
#### Families breaking apart

“I don’t understand how this is not a national mission,” continued Katz at the hearing. “The reason people don’t turn to the Rehabilitation Department is that this empty space – between leaving the army and receiving initial recognition from the Rehabilitation Department – is like a vacuum.

“At the moment of injury, there is no IDF system... Combat veterans are released into the wind with no ability to receive that initial recognition between the army and the Rehabilitation Department.

“There are two days of processing immediately after combat, and then you’re sent home for nine days of adjustment. During those nine days, not only does a regular father – who has a family and just came out of combat – suddenly see what has happened to his job and his home, but think about new immigrants who leave and don’t even know which home they are going back to.

“And after those nine days, no one talks to them... After the soldier goes home for nine days, you need to bring him back into the army for a day so that everything that surfaced during those nine days has a place to be unloaded and addressed immediately. You must change this as quickly as possible... Create that connection between the army and the Rehabilitation Department... That is where you must provide an immediate response because we are





COULD A drug that successfully treated Vietnam combat veterans with PTSD in an American pilot study help Israeli veterans? Pictured: US Marine combat veteran Jack Frey of Millersville, Pennsylvania, pays his respects at the National Vietnam Veterans Memorial on Veterans Day, in Washington, Nov. 11, 2014. (Larry Downing/Reuters)

losing the fighters there.

“And as for the children of combat trauma victims – there have been over 1,200 suicide attempts since the beginning of the war. We don’t even know how many were hospitalized,” he said.

**Definition of combat PTSD: Urgent**

“Until there is a definition of combat PTSD, there will not be treatment... for our families and our children. My rehabilitation is my family. The only support system I have is my family.”

Katz gestured to several other combat veterans in the hearing with him, saying they should not have had their families fall apart.

“And I shouldn’t have to suffer – and my children and my family and everyone here wants to help my wife and children, but they don’t have the possibility,” he stated.

**‘Treatment’ that doesn’t treat**

“You made emergency regulations... for evacuees and

hostages; and their families receive derivative disability status and treatment. You talk about mental health ‘treatment’ for families – but it’s not treatment. It’s only a social worker or a psychologist.”

Katz said that combat veterans with PTSD “...do



PSYCHIATRIST HILLEL GLOVER is working on treatment for emotional numbing. (Courtesy Hillel Glover)

(R) AMONG THE symptoms on the Glover Numbing Scale (GNS): the extent of love or affection for others; feeling emotionally numb/dead/hollow/shut down; feeling one’s mind going blank; or a wall existing between oneself and others. (Illustrative; Shutterstock)

not receive a psychiatrist through the Rehabilitation Department. You must allow them access to psychiatrists,” he urged.

Referring to the ongoing demonstration of IDF veterans with PTSD in front of the Knesset building, Katz said, “For seven months, we have been sitting here, struggling. You saw children without shoes, in mud, rain, snow – we are here outside. When I was physically wounded, I didn’t come and sleep outside. Limor was part of my rehabilitation for 15 years. Physically, they rebuilt me – I built businesses, everything. But today, I cannot stand on my feet. Our families are not just breaking apart; they are exploding. Why? Because there is no correct definition.”

**The ambulance that doesn’t come**

Katz described how, at one point, when he was in an extreme state, he called an ambulance.

“I waited four hours. No one called me back. I was so distressed, I ran away from home. They called my house, spoke to my wife, and asked, ‘Where is Micha?’ She said, ‘He’s gone. I don’t know where.’ They said, ‘When he comes back, he should contact us.’ That’s it.

“Families are not allowed to file assistance requests for us – only we can do that. Tell me: Which soldier bleeding in his stomach or chest had to call to receive treatment? None. They evacuate him, treat him, and keep him there [hospitalized] until [his] recovery,” shared Katz.

“But I am bleeding to death in the streets, and my wife and children cannot apply for help on my behalf.”

**A hotline for families: Crucial**

“There must be a hotline for families – children, parents, and spouses. When I was physically injured, my daughter didn’t have to call to ask what to do when I was in a wheelchair. But now – what are our children supposed to do?

“That ambulance never came. I returned home 24 to 30 hours later. No one looked for me. We know of more than 50 cases here in Jerusalem where that ambulance did not arrive for combat trauma victims.

“Every day, you hear how families are collapsing, how veterans are divorcing, how children leave home... My wife leaves almost every day and comes back, begging for help. She needs rehabilitation herself, but she cannot even see a psychiatrist because she is not classified as a combatant. Without my family, I cannot rehabilitate. It’s the only thing I have.

“There has never been a national mission for combat PTSD. No one has been given responsibility and told: This





SOLDIERS WITH PTSD protest: Combat veterans demand better rights and conditions, in Jerusalem, Jan. 21; also blocking a road outside the Knesset last Dec. (Flash90)

is yours until it is solved.

"How is it that IDF soldiers and security forces are at the bottom of the national priority list?"

"Compare how many committees were held on AI in the past year, versus how many on combat veterans.

"There is no accessibility for immigrant soldiers or their families. Where are the casualty officers who speak languages and can go to families' homes and explain? An Ethiopian mother who doesn't understand – who explains to her?"

"You keep saying you tripled the budget for combat veterans. But you didn't – because there is no such definition. Even the PTSD coordinator in the Disabled Veterans Organization will tell you: There is no category called 'combat veteran trauma,' only general PTSD. You haven't created the definition or passed the law.

"The first thing you must do is define it.

"How many psychiatrists should have been sitting here? Many already said you cannot treat these people as if this is ordinary PTSD."

#### Shmuel Harel: Disabled veterans' rights

On February 8, Shmuel Harel spoke before the Health Committee of the Knesset and its chairwoman, MK Limor Son Har Melech (Otzma Yehudit). Harel is recognized as a disabled veteran, both psychologically and physically. He is the father of Naomi, who is five, and Ori, who is two. He fought in Kibbutz Kissufim in the Gaza border area as a member of the *kitat komenet* ("emergency response squad"). His grandmother and other relatives were murdered there. After that, he fought in Gaza and in Lebanon in combat engineering.

Harel creates surveys and programs to make the rights of disabled IDF veterans accessible in all languages. To that end, he created an application (<https://shikum.app/auth>) to help disabled IDF veterans understand their rights and to prepare them to testify before Knesset committees.

He also initiated the creation, together with volunteers, of a peer-to-peer crisis support platform called Halom-Up ([halomb.com](http://halomb.com)), accessible in eight languages. It connects veterans in distress to trained volunteer responders who are combat veterans themselves, "anywhere in the world."

Harel told the committee, "We launched an initiative from the field, both to translate the entire Rehabilitation Department website and the National Insurance website for anyone who needs it, to make rights accessible, and also to collect information from the field so we can present it and speak about it."

The survey he quoted from has been translated into eight languages, including Russian and English.

Harel told the *Magazine*, "We present the data and results to the Knesset so they can see the gap between what they think and what is happening on the ground."

#### Chilling survey results

The survey results, based on 381 responses as of February, were chilling.

"An interesting point connected to waking at night," said Harel, "is that the majority of respondents answered between 4 a.m. and 6 a.m." He said that 54% of those who responded were spouses, 124 were parents, 32 were siblings, and 18 were children.

"Their recognized disability levels [of family members who are combat veterans with PTSD] range widely; 146 are still in process, while the rest are already recognized, including 140 with disability ratings of 50% or higher."

According to the results that Harel quoted, 211 people (55%) said that their families had received no treatment at all; 39 had attended psychologists; and 49 (13%) had received alternative treatments.

"Very few reported receiving a psychiatrist or a social worker," Harel said.

"Fifty-five percent (211 people) said the family receives no treatment. The family – the wife, the children – receive nothing."

In addition, he said, "51% did not know they were



HEALTH COMMITTEE Chairwoman Limor Son Har Melech in the Knesset. (Flash90)

entitled to benefits.

This issue of ignorance of one's rights is a major one.

"I personally spoke yesterday with the Rehabilitation Department about something I was eligible for – but no one told me a year ago, and now a year has passed, so I can no longer receive it."

Harel pointed out: "One of the hardest problems is this time limitation. If you did not request something within a year – even if it was because no one told you about it – you lose the eligibility."

Members of the committee responded sympathetically: "People are still in shock."

"Look at the survey – this is information gathered by people who should not have had to do this work at all."

Katz, also at the hearing, added, "None of us should have to be here."

A committee members said, "Those who are supposed to listen are not listening."

Another MK said, annoyed, "Yet if you owe money, they can go back and collect it for many years."

Harel continued: "Because of the combat trauma situation, 89% (340 people) reported ongoing anxiety and stress; 68% (259) reported sleep disturbances; 65% (249) reported loneliness and helplessness; 64% (245) reported secondary PTSD symptoms; 203 reported physical health impacts, such as migraines, back pain, and high blood pressure; 174 reported depression; 11% of family members reported suicidal thoughts."

Additionally, "42% who responded have children over age seven. Only four respondents said their children received emotional or psychological treatment."

"What children are experiencing: Behavioral difficulties and aggression, 94%; new fears and anxiety, 83%; withdrawal and isolation, 67%; adopting the parent's behaviors, 44%; acting like "little soldiers" protecting the family, 44%; bed wetting or physical symptoms, 44%; nightmares and sleep problems, 44%; suicidal thoughts or hospitalization, 17%."

#### Rehabilitation for children and families

Harel continued describing the results of the survey.

"What children need but are not receiving: alternative therapies; support groups specifically for children of combat trauma veterans; services for children under age seven (currently none exist).

"Families also need access to psychiatrists – not only psychologists – because sometimes the problems become psychiatric.

"Families say they need intensive family rehabilitation, not only treatment for the recognized veteran.

"They responded that they need a healthcare support system similar to what families of hostages or terror victims receive; recognition and benefits for family members, as exists in other categories; support groups for spouses, parents, and siblings (there is very little available); and respite days (212 female respondents asked for temporary relief from caregiving just to breathe)."

Harel said that among the 381 respondents, "The overall rating was 40% satisfaction with the response from the Rehabilitation Department, with 65 people describing it as merely 'reasonable.'"

"When asked, 'What is the most urgent thing the Knesset committee needs to hear?' some of the responses were:

"A family whose father, after 400 days of reserve duty, comes home shattered and a wife who must now care for her wounded husband; the family walks on eggshells, afraid to upset him: 'We are afraid of an outburst'; 'we are emotionally crushed'; 'the entire family lives in constant anxiety'; 'if time is wasted, there will be more suicides.'

"Additional quotes were: 'I could no longer live beside him'; 'he moved back to his parents'; 'children need support within the education system'; 'when one family member is wounded, every family member's life changes'; 'treatment cannot be only at the acute stage'; 'support must continue long term'; 'families need tools to cope with combat trauma and its impact.'"

Harel added, "And regarding divorce, unfortunately I already know three or four friends who have divorced, and others who are in divorce proceedings. And what about the divorced spouses of combat trauma veterans? The home has broken apart, but they still share responsibility for the children and the consequences of the wounds, yet the Rehabilitation Department does not recognize this."

"The military does not provide support to the non-combatant spouses who divorced during the war; the financial grants go to the veterans, and the former spouses receive nothing, even though they are still raising the children."

The survey has since been updated to 576 respondents. At press time, Harel told the *Magazine* that the results are "more or less the same."

#### Knesset Health Committee's Limor Son Har Melech

Committee chairwoman Har Melech responded, "The issues raised in this survey are extremely important. You should not have had to do this work yourselves – but you did it."

Har Melech was right. Grassroots initiatives by Harel and others are admirable, but the burden should not fall on them, and they do not have all the solutions.

Who is responsible for solving the problem?

According to Katz, "It needs to be a joint effort that mainly comes from the Defense Ministry."

"There needs to also be an effort from the IDF and from social services, but the main problem, the very serious problem, is the time [that elapses] from when one gets out of the IDF until one gets treatment from the Defense Ministry; that's the most dangerous gap."

"In order to fix this, the Defense Ministry needs to be given free rein – and when I say the Defense Ministry, I mean the wing that deals with veterans' disabilities – needs to be given free rein to do what they need to do to take care of us and not be held up by bureaucracy."

Should the initiative not also be shared by the Health Ministry?

A member of Glover's staff, registered nurse Henya Storch (who has a master's degree in psychiatric-mental health nursing) noted, "PTSD is a growing epidemic – triggered by this war on multiple fronts, plus the worldwide rise in antisemitism – and we need to be proactive and ensure that this [nalmeffene] treatment is available to all who need it, and not have PTSD dismissed or treated as invisible."

Glover told the *Magazine* how, in a farewell address to the US Congress, Gen. Douglas MacArthur (1880-1964) quoted from a war ballad that states, "Old soldiers never die, they just fade away."

The doctor commented, "This was before PTSD had ever been termed. I believe this song is about the withdrawal from the world that soldiers with emotional numbing experience when they have PTSD. I pray that everyone suffering from this debilitating condition will receive appropriate treatment so they can live full, vibrant lives."

Hopefully, scientifically controlled studies will be conducted as quickly as possible so that people suffering from PTSD can be prescribed nalmeffene (Selincro).

Time is of the essence for them to be able to reach that light at the end of their dark tunnel. ■

*The writer is an award-winning journalist, theater director, and editor of WholeFamily.com. Her current theater project is HEROINES! Songs & Soliloquies for the Soul, performed by Raise Your Spirits Theatre, about heroines of Oct. 7.*



'THERE MUST be a hotline for families – children, parents, and spouses.' (Shutterstock)