



Khobar Towers Bombing Survivors Association

November 2013 Newsletter

From the Presidents Desk:

I am very happy to announce that Patti Israel has accepted the position of Newsletter Editor. She has also started writing a book on the Bombing of Khobar Towers and the aftermath for the KTBSA. I'm sure many of you all know Patti from Facebook, for those who don't she has quite a history around the bombing.

To tell you a little bit about Patti's involvement in the events of the night of 25 June 1996, she was at Eglin assigned to the 58 TFS, that night and for the next three days Patti took the calls from loved ones who were trying to get information on their family members. She watched the names of the nineteen go up on the board one by one, but could say nothing. In my mind Patti is as much a Survivor as those of us who were there.

Patti is working to get the book finished and published by the 20th Anniversary. I would implore you to help Patti as much as possible she has taken on a very difficult task in both time and money. I know currently Patti is looking for your stories about that night, the survivor's stories, but she would also like the stories of wives and family members as well. The effects of the bombing have had a huge effect on my family and I am sure other Survivors and their families as well.

William Schooley, USAF Retired, President, KTBSA

From the Editor:

I have been asked to begin publishing our monthly newsletter. It is a true honor for me to have the privilege of joining the KTBSA team. In this edition, I will mention ongoing projects and things to come for our growing association. Thanks to the Khobar Towers Bombing Survivors Association for entrusting me with development of written projects for the Association!! Patti Israel, TSgt, USAF (Ret) Editor, KTBSA Newsletter

The Book Project :

Development of the book honoring the Heroes, family and members affected by the 25 June 1996 Iranian-backed terrorist attack at Al Khobar has begun. This book will pay tribute to all who were there. It will address the hard issues concerning the bombing as well—injustices, agendas and those things that led to it being the “forgotten” attack on American forces abroad. I say this, because I've conducted field research with a diverse selection of people: active duty military enlisted and officers, retired military members, VFW, and civilians. All whom I've approached I've asked the same three questions:

1. Do you remember the terrorist attack on the USMC in Beirut, Lebanon? The answer, always, is “Yes”.
2. Do you recall the terrorist attack on the USS Cole? How many died? The answer: “Yes, seventeen sailors were killed, I believe...”.

3. How about the terrorist attack against our American Airmen at Khobar Towers, Dhahran, Saudi Arabia? The answer, with only one out of twenty remembering, is 99% “What? When did that happen? I don’t remember that one!” at which time I produce my coin with the image of dorm 131 on it. At this point, about 85% of them suddenly recall seeing it “briefly” on the national news, but they cannot remember the details—how many were killed, wounded, and who was responsible for the bombing. I then turn my coin over and show these folks the names of those nineteen Airmen taken before their time, and I get a somber response, as though they’re ashamed to be unaware of such a profound terrorist attack.

My mission is to author this book in such a way that there will be neither doubt nor opportunity for Al Khobar to fade into history forgotten. It will include many personal testimonies, and I thank you in advance for your contributions to this part of the book. Please send any information you wish to have included to: pattigirl10@yahoo.com. Don’t worry about spelling, grammar or punctuation. I will ensure these things are taken care of. That’s what I do! All I request is that as many stories as are possible please come forward. I know there are many of you who find it difficult, if not impossible, to talk about. I respect that. However, you may be surprised to find that getting words into a document can be healing, especially knowing that you’re adding to a book that will ensure the world not only knows, but understands that our nineteen Airmen, their families and all survivors are, indeed, “Never to be Forgotten”.

Patti Israel

The following article is provided as a point of reference for all who know someone who suffers from PTSD, or for all you who deal with this invisible affliction on a daily basis. I hope that it brings clarity where there is confusion, and hope where there is despair. Please provide me with any feedback regarding this article at pattigirl10@yahoo.com. Thank you in advance for your help in making this newsletter better—feel free to make suggestions for items you’d like to have included in December’s edition!

Our Featured Story: POST-TRAUMATIC STRESS DISORDER, A Victim’s Perspective

By
Patricia Israel
TSgt, USAF (Ret)

Post-Traumatic Stress Disorder (or, PTSD) has recently attracted lots of attention from psychiatrists, business owners, managers and supervisors. PTSD can affect virtually anyone, because it can be caused, or, embedded by any deeply traumatic experience. It usually results traumas such as physical violence, military combat, animal attacks or serious accidents, however, there are individuals who suffer from PTSD that emanates from a hostile argument with a loved one. It is now a well-known fact that PTSD can affect anyone, at any stage of life.

My first PTSD experience comes from early childhood. When I was four years old, some neighborhood bullies took advantage of me by making me stand waiting for them in a dangerous location beside the road. It was nearly an hour—quite a long time for a four-year-old, before I was called into the house by my mother. At age five, I was chased home from school daily by a mean bully named Laurie. If she caught me, she would knock me down and then punch me in the eye. The next day at school, she would point out my black eye to others who joined her in making fun of me. The fear and humiliation she caused me resulted in her name being permanently imprinted in my mind. It was also the platform on which my low self-esteem, which would haunt me well into my adult years, began to form.

As I continued in school, bullying followed me. I felt tremendous fear instead of confidence at an early age. I did not know how to defend myself physically or verbally, so I gravitated toward adults, because they weren’t mean, like other children. I quickly became an “easy target” for bullies at every age in school. I became suicidal at an early age. I left the public school system in the 11th grade when my life was threatened, and received my high school diploma from a private school. The outcome of my years of bullying is sheer terror in the face of angry confrontations. When a confrontation is imminent, I try (by any means possible) to avoid anger.

While the immediate effects of trauma may disappear, the victim's brain remains deeply imprinted by the trauma and the associated emotions or reactions to it. Deeply imbedded "trigger" stimuli remain; they set off responses with little or no warning. Once a PTSD reaction has been triggered, it is very difficult for the victim to regain rational thought for a period of time. For some victims, this time of recuperation (usually minutes or hours) can stretch into days, weeks, months and years.

An odd characteristic of PTSD is its tendency to sometimes manifest later in life, rather than immediately after the trauma. Certain traumas, such as military combat, may manifest within a few days of incidents but can last a lifetime. Other traumas, such as childhood bullying and sexual assault may "go into hiding" and resurface without warning, throwing the victim's life into chaos and fear when least expected.

Sexual trauma is particularly damaging because it goes to the core of the victim's love life. PTSD can cause tremendous complications with intimacy and can ultimately lead the victim to avoid intimacy entirely, and it does not have to be a result of a sexual trauma to manifest in this fashion. The act of lovemaking can become a nightmare, causing feelings of invasion and violation. This is not the partner's fault. Intimacy issues may be due to the uncontrollable feelings and humiliation linked to a previous attack. Intimacy problems usually cause marital problems and, if untreated, can lead to divorce and isolation on the part of the PTSD sufferer.

Sometimes, PTSD contributes to "chain reaction" outcomes, like divorce to isolation, isolation to depression, depression to suicide. Because of this possibility, it is very important that a PTSD victim receive counseling or therapy on a regular basis. A strong therapy program helps to treat depression, hopelessness or worse effects. With successful treatment, this condition can be cured, depending on its severity and the victim's response to treatment. Unfortunately, it is also possible for this condition to last a lifetime, despite ongoing treatment.

Triggers for PTSD reactions can occur on a daily basis. They can be virtually anything—from smells and sounds to verbal phrases, tones or simple social interaction. A loud noise, being "snuck up on" from behind or even a loud clap of thunder can be the trigger to an intense response.

As a veteran with severe PTSD, I've often been the unsuspecting target of those who think it's funny to watch me jump in terror when a balloon is popped near my head, or I'm grabbed from behind. PTSD reactions are unpleasant, intense, sudden and uncontrollable. I recall being approached by a male coworker. I could feel his presence near my left shoulder, but my trigger warning told me I was in danger. I reacted aggressively, turning abruptly and knocking him to the floor. He was shocked (of course), and I was truly embarrassed. I hastily explained that I have "an uncontrollable, defensive reaction" when people get close to me without warning. To my great relief, he understood and forgave the action. In solitude, I cried about the encounter, profoundly ashamed of my resulting aggression. It took me weeks of therapy to better understand it. This single encounter was so traumatic that it undermined my confidence and ultimately, I left the job. It would be the last corporate setting in which I would ever work, by choice.

The body's response to triggers is directly related to the severity of the trauma combined with the perceived or actual threat. These responses (physical, psychological and physiological) are automatic. For example, if a person has been shot at during combat or some other situation, loud pops or thunder can trigger a physical panic or defense response. Depending on the severity of the PTSD, this reaction may range from simply "jumping" in fear to diving under something to take cover. While this reaction may be warranted in a combat situation, I'm certain that at a job, it could be perceived as bizarre behavior. Bizarre behavior can lead to termination from the job. This is just one of many ways PTSD can negatively affect one's life.

Psychological responses include isolating oneself, panic, hyperventilating, uncontrollable crying and loss of rational thought capability. Many PTSD sufferers have symptoms of hyper-vigilance. Hyper-vigilance consists of scanning any given place for enemy threats and potential escape routes. I have personally experienced this condition for a several years. When I go somewhere to shop or eat, I am constantly scanning every individual. Shopping malls are by far a very unpleasant place to be. I try to determine if the people around me appear to be hostile and my best means of defense against possible attack. I also routinely identify a route of escape. All of this I do without recognizing the lack of threat.

For a PTSD victim, the stimuli that create psychological responses come across as something totally different from what they are. This common PTSD reaction is known as a “flashback”. It’s a literal revisiting of emotions, memories and fear that accompanied the trauma, or “triggering event”. During a flashback, the victim is mentally transported back to the scene of the event. There are no “anchors” that keep a victim connected to anything in the present—he or she relives the entire trauma, over and over, in a reaction that is both psychological and physiological. Smells, sights, tastes and sounds are as real and tangible as they were the moment they occurred. A popping balloon prompts a vivid mental trip back to the combat zone, and the sound becomes an exploding land mine or bomb. Perhaps a friend or many friends were killed in the attack. A PTSD sufferer can see all of the surroundings and people during the flashback. Maybe small children were killed. Walking past a park where small children are playing brings on the flashback of watching them die. There may have been blood and gore. It will be present during the flashback with all the accompanying sights, sounds, smells and tastes. A PTSD “eruption” is now well underway. The body reacts immediately with a surge of adrenaline, rapid heartbeat, shaking and/or cold sweat—often referred to as the “fight or flight” response. You can try to tell a person that something is not there, but whatever “it” is, it’s very real and present to the person dealing with a PTSD attack. It is nearly impossible to help the victim understand this is just a hallucination as he or she crouches behind the desk, dodging very real visions of bullets or physical blows.

Physiological responses may include any combination of headache, intestinal upset, shaking, uncontrollable crying, hyperventilating, nausea, diarrhea, vomiting and sleeplessness. These symptoms manifest usually after the stimulus, and typically in a predictable fashion for the sufferer. Once a victim has determined there is no imminent danger, the abundance of adrenaline causes these physical maladies to ensue. It is difficult to regain focus and stability due to the mental anguish the PTSD episode caused. This lack of focus, physical ailments and “aftermath” can last for hours or days.

At night, one’s mind functions at high speed with thousands of thoughts, memories and possibilities. Night “terrors”, different in nature from nightmares, can lead a victim of this invisible condition to throw punches or actually attack a wife or husband during sleep, wake up patrolling the perimeter of a field or home, or find themselves engaged in a realistic exchange of gunfire with hands in position, as though holding the actual weapon. Anticipation of these night terrors causes sleeplessness. Many nights I have awakened with sharp pain after punching or kicking the wall in my sleep, punching a plant and sending it flying through the air, because I was fighting off an attacker (or even bees) in my dreams. I have also punched my husband in my sleep and had literally no memory of it happening. Fortunately, when it happened, he was very understanding and compassionate regarding my condition.

The most intense flashback-evoking stimulus in my life, other than one in which I was actually shot at in Panama, is the June 25th, 1996 bombing of Khobar Towers in Dhahran, Saudi Arabia. The 58th Fighter Squadron out of Eglin Air Force Base, Florida, was deployed there when a white Chevy sedan and a sewage-type truck pulled up to the perimeter fence closest to dormitory 131. The 58th Fighter Squadron was only one day away from returning home when their world exploded. Nine people I knew well along with ten other Air Force members were killed. Some of these individuals were co-workers whom I knew, others were from different bases. There were hundreds of individuals seriously injured by flying glass and rubble or being violently thrown against objects by the blast who still live with their memories every day, seventeen years after the bombing. Most are now retired or separated from the Air Force; many have been able to return to work. All of we friends, family and comrades who were directly connected by this event, whether at “home base” in the US or at the scene of the explosion, carry the burden of its realities with us on a daily basis. For example: I was in a theatre when an upcoming movie, “The Kingdom”, was advertised. The movie was about Saudi Arabia, and suddenly there was a front-view of dormitory 131’s damage. I had long ago watched a video walk-through of this building taken the day after the bombing. I saw the blood splotches and knew to whom they belonged. For me, this flicker of a view of the destroyed dormitory was unbearable. I doubled over, and then ran out of the theater. I tried to calm down, to recollect my thoughts to focus on the movie we’d come to see in the parking lot, but I just couldn’t get the image out of my mind. My husband took me for a two hour drive while I endured a very intense PTSD “eruption”. I felt the familiar pain and emotion from the bombing coming in like a flood to my soul. I informed my husband that the image had triggered a flashback and that once we were home, I would be sitting outside by myself to try to recover. I re-experienced the shock of the first 72 hours after the attack. I felt the grief of attending multiple funerals within a week. This experience impacted my ability to grieve the loss of life. Seventeen years later, it is still very difficult for me to “feel” the grief that accompanies death.

A new generation of combat veterans is returning to our work places from the War on Terror. Thousands of young men and women have been seriously injured during their service in various places during military action, roadside bombs concealed from sight, or firefights. They and hundreds of thousands of others have been deeply traumatized by things they've seen, experienced or wished they hadn't seen. Some of them graduated from high school in the class of 2012. Their trauma is just as significant and intense as that of a Vietnam veteran who served in some of the most horrific combat zones ever known. These victims may or may not be receiving the care they need. They may think they are somehow broken or weak, and often blame themselves for the day to day reactions.

My personal experiences with PTSD are as diverse as the traumas that precede them in my life. It is very upsetting to have sharp reactions to stimuli. There is no practical way to eliminate triggers, because they can be virtually any smell, sound or situation.

I have shared a victim's point of view of this serious condition because I want to show readers the personal side of PTSD. My hope is that it will help those who work and live around people with PTSD to understand the condition. I also hope it helps to increase respect and consideration for everyone, especially the invisible victims of this disorder. Unlike visible physical injuries, PTSD is concealed from all but the one who lives with it daily. No one can "know" or "pinpoint" its victims. Although I have been open in revealing a few of the causes of my lifelong battle, most victims are not likely to discuss their traumas. It is imperative to have a working understanding of this increasingly common disorder. If you or someone you know is suffering from PTSD, I strongly encourage you to seek help. There is hope for dealing with this and coping in your life.

Thank you for taking time to read this edition of the KTBSA's monthly newsletter. I welcome your feedback and suggestions, and look forward to being the editor for this prestigious publication.

Kind Regards,

Patti Israel, TSgt, USAF (Ret)

Editor, KTBSA Newsletter

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