



Let's Talk About Your Guns

Episode 105: I've Got Your Back Buddy

1.	NOTES	SCRIPT
2.		JAY ZIMMERMAN: On February 13th of 2010 I got a call from my friend Vic.
3.		JAY ZIMMERMAN: Vic and I were deployed four times. Not all of those were Iraq or Afghanistan.
4.		JAY ZIMMERMAN: Vic was a was a Hispanic guy. Grew up in South Texas. I am from rural Appalachia. I was a medic and Vic was in the infantry. We were just pretty much inseparable.
5.		JAY ZIMMERMAN: He from day one was just like, the toughest guy that I ever met. I could have looked at him and been like, Hey, man, Vic, that tree is giving me a hard time. And he would went over and just beat the bark off the tree.
6.		JAY ZIMMERMAN: I often felt like, you know, I wanted to be more involved and see more of the up front, you know, if you want to call it the blood and guts kind of stuff. And every time I'd be like, Hey, I want to be up front Vic was the first one to be like, You get your tail to the back. You know, we need you in case something goes wrong. He would reiterate to me, like, you're the



		<p>guy that's here to take care of us if something goes sideways. So I'm going to make sure that I take care of you so you can take care of us.</p>
7.	transition to new beat	
8.		<p>JAY ZIMMERMAN: After we separated from the service, Vic moved out to the Midwest, got married, had his kids settle down. I came back to my mountains here in northeast Tennessee, got married, had my daughter. But we never lost contact. We still talked every day.</p>
9.		<p>JAY ZIMMERMAN: One day we had exchanged a few messages back and forth and I was like, hey, you know, just hit me up when you get in and I remember the phone rang and it was Vic. And I answered the phone and I immediately told him I was like, Hey, boss, I'm not going to be much good to you after about 30 minutes because I've already taken my meds to go to sleep.</p>
10.		<p>JAY ZIMMERMAN: We talked for a few minutes. He was telling me about T-ball season coming up in the spring and the plans he had for Eli. That was his son, so I was like, yeah, yeah, he's good, he's good.</p>
11.		<p>JAY ZIMMERMAN: I recognized that my thoughts were starting to get cloudy. So I told him I loved him and I'd talk to him tomorrow. I ended the call, put the phone down on the coffee table, rolled over on the couch, drifted off to sleep.</p>



12.		JAY ZIMMERMAN: A few hours later, you know, phone rings and I roll over and I see his name and I was like, What are you calling me in the middle of the night man, I got to get up early and go to work in the morning.
13.		JAY ZIMMERMAN: I pull the phone back up to my ear and I start to shake my head and begin to come to my senses. And I hear, Doc, what did he say to you, Doc? What did he say? What did he say? Doc? And I realize in that moment, you know, it's not Vic, it's his wife, Whitney.
14.		JAY ZIMMERMAN: I immediately pop up off the couch and, I'm like, Whitney, what's going on? And I learned in that moment that at the conclusion of the call that I had with Vic, he had sent his wife and his child, you know, told her to go put him to bed. She had taken their son to bed to lay down, to go to sleep. And she had dozed off with her son. And she had woke up to my buddy placing his pistol in his mouth and taking his life.
15.	transition to new beat	
16.		DR WEST: Vic was one of the more than 6500 veterans that die by suicide each year. Firearms are used in nearly 70% of those deaths. For Jay Zimmerman, Vic's suicide changed his life.
17.		JAY ZIMMERMAN: To be honest, that rocked my world as much as probably anything that I have experienced



		<p>in my life. I went through all these things, you know, what did I miss? What did I miss? Maybe not only in that conversation, but in every previous conversation that I have had with him for the last three months. Six months. How did he hide this for me? What could I have done differently? Why did I not think to ask him about like, flat out, are you having thoughts of suicide? Man are you thinking about killing yourself?</p> <p>You know, I kicked myself in the backside for years. Even in that moment where I was feeling cloudy if I had just asked that question, what would he have said? Would he have been like, yeah, Doc, I am.</p> <p>Would that have woke me up in that moment, would that have prompted me to say, Where's your fricking gun, man? Where's your gun right now?</p>
18.	transition to new beat	
19.		<p>DR WEST: I'm Curt West: Associate Professor of Psychiatry and Scientist at the Center for the Study of Traumatic Stress.</p>
20.		<p>DR WEST: In this episode of <i>Let's Talk About Your Guns</i>, we talk to Jay Zimmerman, a former Army Sergeant and medic and now a Supervisory Peer Support Specialist with the Veteran's Health Administration. Jay will talk about how his friend's suicide motivated him to have open and honest conversations about safe storage with his peers.</p>



		<p>We'll also talk to Dr Adam Walsh about why these conversations between peers can be so effective in promoting firearm safety.</p>
21.		<p>DR WEST: Firearm safety in the home is built around five principles. Weapons should be stored unloaded. They should be taken apart or stored with a disabling device engaged. They should be stored in locked containers, and ammunition should be stored in a separate locked container. Finally, firearm safety in the home involves having a plan in advance for storing guns in an alternate location during times of crisis.</p>
22.		<p>DR WEST: Today's conversation is about how peers can promote these principles and hold each other accountable.</p> <p>Because this podcast isn't about whether you are for or against firearms. It's about how to have open and honest conversations about safe storage. Conversations that may save a life.</p>
23.	transition to new beat	
24.		<p>DR WEST: Jay, you've had guns all your life, right?</p>
25.		<p>JAY ZIMMERMAN: Oh, absolutely and not just in a small way. The running joke is among all my friends now is that I am my own militia.</p> <p>Growing up in Appalachia, you look forward to your first shotgun or your first rifle more than your first kiss or</p>



		<p>your first car. You have a respect that's ingrained to you from an early age for what a firearm is and what it can do. And then to be in the infantry was just reinforced and then even now, as a grown man, it's a healthy respect that I have passed down to my children.</p>
26.		<p>DR WEST: And what did you know about Vic's relationship with firearms?</p>
27.		<p>JAY ZIMMERMAN: Well, I mean, I knew his relationship did not begin as early as mine, but I knew that after our time in service, he was a pretty avid firearm owner.</p> <p>I knew that his wife was not as big a fan, so to speak, as he was. I knew he had somewhat downsized his collection after getting married and especially after their son was born. But he always kept his Beretta in the nightstand table, and that was always like a bone of contention between him and his wife.</p> <p>It's one of those things that you look back in hindsight. That was one of those discussions that I always tried to not get pulled into because he's your best friend and she's your best friend's wife and you're just trying to avoid the crossfire, so to speak. You're trying to walk lightly because you don't want to cause waves in the household.</p>
28.	transition to new beat	



29.		DR WEST: Researcher and clinical social worker Dr Adam Walsh has worked in suicide prevention among U.S. military service members for more than a decade.
30.		DR CURT WEST: Dr Walsh, when people think of service members and guns, they probably think that their service weapon puts them at risk. But Vic took his life with his personal firearm - the one he kept at home. Is that unusual?
31.		DR ADAM WALSH: It's very rare for a person or a military issued firearm to be used in a suicide death due to some of the protocols of having to store it on base. And we also know that most firearm suicide deaths occur off base in a home or in a car. What we're finding out is that there is a portion of service members that store their firearms in their glove box in their car. The most recent data is about 67% of all suicide deaths in the active-duty population are done with a personally own firearm, a handgun. 67% in active duty and then as close to 75% in the reserve component, where people use a personally owned firearm to die by suicide.
32.		DR CURT WEST: What percentage of suicide attempts with a firearm actually end in death?
33.		DR ADAM WALSH: I think it's close to about 87% can be a little bit lower or higher. So it's very lethal. If you think about medications, medications are about 2% lethal and firearms are 87%. And you know,



		<p>hangings about, I think around 30%, 25 to 30%. So you want you know, you want to have a second chance, because we know that most people, if they survive an attempt or are interrupted and attempting suicide, most of those people will never go on to attempt suicide again and then they will live.</p>
34.		<p>DR WEST: So what you're saying is that there are actually a substantial number of suicides that are impulsive.</p>
35.		<p>DR ADAM WALSH: Yes.</p> <p>We know that when you start thinking about suicide to actually attempting suicide, 25 to 40% of attempts happened under 5 minutes of thinking about suicide to attempting suicide, and almost 70% happen under an hour.</p> <p>So if you think about that, you know, that transition is pretty quick.</p> <p>And then, of course, if you have a firearm that you're familiar with and it's not locked and it's loaded, that's a very quick transition from thinking about suicide and then grabbing something that's probably the most lethal method of suicide. So you want to create more time and space between somebody is going through a tough time and a lethal means of suicide.</p>
36.		<p>DR CURT WEST: Exactly, we've said before, one way to prevent suicides is to put that time and space</p>



		<p>between an impulsive thought and a fatal act with a firearm. Basically, give the person a chance to change their mind.</p> <p>I think it's safe to say any of us would want that for a friend, but what about barriers to having those conversations about safe storage? What makes it hard to approach a peer and talk to them about their guns and safety?</p>
37.		<p>DR ADAM WALSH: I think for some people it's still hard to really accept that suicide risk is associated with gun ownership. In previous studies and interviews that we've done with people is that, you know, I know when somebody is mentally ill and I know when somebody is at risk, I know that. So then maybe I would practice safe storage. But, you know, I would never be at risk for suicide. I'm not I'm not mentally ill. I don't have a disease. So I'm okay. I don't need to store my firearm safely. So I think when you go away from that and just say, hey, you know what? We don't know what's going to happen, just let's focus on the safety I think that helps bust through the barrier. People still kind of hold on to that idea that I know when somebody is at risk for suicide so I will just practice maybe safe storage then in that moment. But then sometimes, unfortunately, it's too late because we don't know when that's going to happen.</p> <p>There's now new research that shows that gun owners actually think about suicide differently than people who</p>



		don't own a gun. They don't necessarily talk about suicide or thoughts before they die, maybe compared to people who don't own a gun. So there's an interesting connection between people who own guns, carry guns, and then the way that they may think about or behave around a crisis.
38.		DR CURT WEST: You're currently doing research on peer-to-peer conversations about safe storage to prevent suicide. Can you tell me why those conversations are so crucial to suicide prevention?
39.		DR ADAM WALSH: What we know from the research is that people are a little hesitant to speak with mental health professionals. It's much easier sometimes to talk to a peer, somebody that we know kind of on a personal friendship level about safe storage than a professional.
40.		DR CURT WEST: And why do you think that is?
41.		DR ADAM WALSH: Could be trust. It could be just the unknown of what is mental health, psychiatry or therapy. And are there consequences of you talking to somebody who is documenting what you're saying?
42.		DR ADAM WALSH: As a peer you can have some very in-depth conversations and get to know people at a very close level that is different than a relationship that you might have with a therapist or a health provider.



		<p>And you have those opportunities to have conversations with people about their life where you feel like that other person really feels like you care about them. That's a really important ingredient for any of these conversations, is that you feel like somebody does care about you, really genuinely cares about you. And so when that person does feel like you care about them, then you can have those tough conversations about are you okay? Are you safe? Let's talk about your firearms. Lots of different things.</p>
43.		<p>DR ADAM WALSH: I just got back from Georgia, where we're talking about firearm safety and teaching peers in the National Guard to do it. Close to 50 peers in the National Guard learned to do this 15-minute counseling session, and they were able to just to role play and have a conversation about, you know, let's try to keep you safe. Tell me a little bit about your firearms? How do you store them? And so peers are able to have those conversations with each other about let's keep our home safe, not just for ourselves, but our family members, our children, whoever might come over. We want to make sure that that environment is safe. Peers can have those conversations and it can be pretty casual. He can bring it up in regular conversation. And what's really neat is this approach that is definitely kind of the trend. And what the science is showing is we need to do this every day.</p> <p>This isn't, you know, somehow I can magically know when somebody is going to be at risk or die by suicide.</p>



		<p>This is an everyday practice. Every time you go in the car, try to put a seatbelt on, hopefully. Right. You see somebody who might be at risk for maybe drinking too much. You could go and say, Hey, I think you've had too much. Let me have your keys. Same thing here with this every day. How can you store your firearm safely so that we can keep you and your family safe at home?</p>
44.	Transition to new beat	
45.		<p>DR CURT WEST: After his friend Vic's suicide, Jay struggled with all the things he could have said, all the conversations he could have had - including conversations about Vic's guns. Jay remembers going into a very dark place.</p>
46.		<p>JAY ZIMMERMAN: I begin to really withdraw from everybody. I would go to work. I would come home.</p> <p>I built essentially a bunker within the main floor of my home to where when I would position myself on the couch, there was one line of fire between me and the door so that I could protect not only myself but everyone in my home.</p> <p>I would put my daughter to bed at night and then I would assume my position where the only thing between me and my daughter was that door. And I would essentially start to stand guard.</p> <p>But really what was happening was I was spiraling into this place of chaos within my own head because I was</p>



		<p>like, I cannot lose the only other person that means anything to me. And that was my daughter.</p> <p>I began to position throughout my home what I thought was pretty strategically. Like I mounted a pistol under the coffee table, hot. I had a pistol under the ficus tree. I had a pistol strapped to the back of the toilet. I know it sounds crazy because it is crazy or let's just call it irrational thinking. At the time, it made total sense to me that I was protecting my child.</p>
47.		<p>JAY ZIMMERMAN: And then one day my dad stopped by and he said, I think we need to talk. And he said, Boy, I think you're about a half bubble off plum, and we need to address that.</p> <p>My father had also been married previously and lost a wife to suicide. And he said, I've, I lost a wife to this. And I don't think I could stand to bury my child. And I felt like I had been just kicked right in the gut.</p> <p>It served as almost like a wakeup call. I thought I was protecting my kid. But it also helped me to realize, like, not only was I not protecting her, I was putting her at risk. But I was also putting myself at risk because I was in a really dark place. And just the sheer amount of firearms that I had access to in the blink of an eye. Like, it made me think, What if I have one of those thoughts? How quickly could I have gotten to any of them? What would have stopped me? And then who am I protecting? Who am I hurting? Not hurting myself.</p>



		<p>Thank the good Lord, that my dad was able to talk to me and get me to realize, like, this is not OK. Like, look at all the people that you are putting at risk.</p>
48.		<p>DR CURT WEST: What's different about receiving that advice from your dad versus receiving it from your doctor?</p>
49.		<p>JAY ZIMMERMAN: I like the fact that you use the word different versus better, because I don't want to say that a peer does anything better than a provider. I think we just bring something different.</p> <p>The moment that a lot of folks hear, you know, my name is Dr. West. They lose sight of the fact that you're also a human being. When I walk into the room and I'm like, Hey, man, I'm Jay. What's. What's happening? They don't know anything about my background. They don't know anything about my education. They know I'm a vet. And they either see my combat medical badge or my jump wings. And immediately they're like, This guy's a vet. They don't need to know that I've got a degree in history and philosophy, and I could talk to him all day about that if they wanted to. It's pointless. I'm here to help you get the most traction that you can get to move forward with your recovery.</p>
50.		<p>DR CURT WEST: Who else do you think could have had that conversation with you?</p>



51.		<p>JAY ZIMMERMAN: You know, I've got some friends. I've got a group of veteran buddies that I run with and we all have to this day an agreement with each other. It's just a pretty open discussion. We all own firearms. And if you ever for a moment think somebody's struggling, feelings are going out the window, you're going to get called on the carpet. -We're going to have these discussions with you. We're going to have these discussions with your spouse. If you think I'm struggling, you're going to have these discussions with me. You're going to have these discussions with my spouse. Like, hey, Jay's he looks like he's a half bubble off plum. Do we need to show up and, like, talk to him about holding his firearms for a while? Do we need to take the key to the safe? W723hat do we need to do to make sure he's safe?</p>
52.		<p>DR CURT WEST: Is that a conversation that's challenging for you?</p>
53.		<p>JAY ZIMMERMAN: It's all about planning ahead and having open and honest conversations and knowing that you've got people around you that are not going to judge you for having open and honest conversations about the fact that you are human and you may struggle from time to time. I can either say, Look, I entered into this agreement willingly. And it sucks that you're sitting here having to have it with me. But I can either accept that you're doing this because you care about me, because you love me, and then I can act</p>



		<p>with integrity and be like, You know what? I trust that you're doing this because you care about me. Or I can throw a baby fit and be like, No, no, you're not taking my pistols. You're not taking my firearms. But I entered into this like verbal contract or this verbal agreement with these men because I know they have my best interests at heart.</p> <p>I don't want to I don't want another Vic, not for me. I don't want another Vic for anybody, but we have to be willing to have those conversations in a rational, reasonable, calm way where we can sit down at a table and just talk.</p>
54.	Transition to new beat	
55.		<p>DR WEST: Today, on Let's Talk about Your Guns, we heard about the importance of friends talking to friends about safety. If you think about the fact that there are so many suicides that are impulsive without warning, it makes sense that you would want to create an environment in which your friends could survive such a crisis. It's about putting time and space between an impulsive thought and a fatal act. Storing guns safely at home is one way to do that. As we've heard, peers and friends can have an impact on those decisions. So ask yourself, who might I have that conversation with.</p>
56.		<p>DR WEST: Thank you to Jay Zimmerman and Dr. Adam Walsh for participating in today's discussion.</p>



57.		<p>DR WEST: You've been listening to Let's Talk about Your Guns. This podcast is made possible by The Henry M. Jackson Foundation for the Advancement of Military Medicine. It's produced by Podville Media for the Center for the Study of Traumatic Stress at the Uniformed Services University.</p>
58.		<p>DR WEST: To learn more about our mission and for additional resources, please visit cstsonline.org.</p>
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