



CSTS podcast series

Let's Talk About Your Guns

episode 207:

Looking Back, Moving Forward: There's Still More to Talk About

DR CURT WEST: Welcome to Let's Talk About Your Guns. This is a podcast where we explore how to have conversations about storing firearms securely at home. These conversations are important, and they could save a life.

DR CURT WEST: I'm Curt West, Associate Professor of Psychiatry and Scientist at the Center for the Study of Traumatic Stress at the Uniform Services University.

DR CURT WEST: Over the course of this series, we've explored the many ways firearms intersect with safety, risk, and responsibility. We've spoken with gun owners, family members, researchers, legal experts, and community leaders, each offering a different perspective on how we can approach firearm safety in a way that's practical, respectful, and most importantly, effective.

DR. CURT 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. 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.

DR CURT WEST: In this episode of Let's Talk About Your Guns, we thought it would be helpful to look back at where we've been on this journey. What have we learned about the importance of secure storage of firearms in preventing suicide? Are people getting the message? What else should we be talking about? Who else should we be talking to? To answer these questions, we went back to some of our earlier guests to get their thoughts.



DR CURT WEST: Back in our very first episode, we talked with Dr. Emmy Betts, an emergency room physician and firearm safety researcher, about the challenges of bringing up safe storage with family members who might be experiencing cognitive decline.

Dr. Betz, in the two years since we've spoken, what shifts do you see in the public conversation about firearm safety and preventing suicide?

DR EMMY BETZ: I think there has just been a continual growing awareness of the concept that secure firearm storage is something actually we can all agree on, that it's good for preventing suicide, for preventing theft, for preventing unauthorized access, that it doesn't need to be a contentious political debate. And so I think I've been seeing more and more groups or individuals in the firearms community sort of be willing to talk about that openly and encourage that and realize it's not, there's no sort of nefarious intent, I guess, in the public health efforts in this space. And then I think in the gun violence world, I think there's been a continual growth in talking about suicide as the leading cause of firearm death and the fact that we really need to be talking about that intersection.

DR CURT WEST: So that term you're using, gun violence prevention, I think for the average person on the street, if you said gun violence prevention, they're going to think about shootings that are happening out in public and not thinking about suicide as a form of gun violence.

DR EMMY BETZ: Absolutely. I mean, I think in the gun violence prevention community a lot of that public movement and outrage was over school shootings and mass shootings, which are awful. But we also know from statistics that far more kids die from firearm suicide than at school shootings and that suicides across age groups account for the leading, account for the largest number of gun deaths.



DR CURT WEST: So what you're saying is that now when the gun violence prevention community is talking, suicide is much more a part of that conversation.

DR EMMY BETZ: Yeah. There has always been a lot of work interpersonal violence and I think suicide initially was left out. I don't think it was an intentional decision by anyone.

But when I go to gun violence prevention meetings now, I feel like suicide like firmly has a seat at that table. We don't dance around it anymore. So I think that's been a big shift.

DR CURT WEST: So thinking about suicide prevention, historically we've looked at it from a perspective of finding those people that are struggling and getting them the help that they need. But with firearm suicide, what we're really doing with secure storage is creating that safer environment. So when that sudden suicidal impulse comes, they're protected and we may not even know that we've helped them. Would you agree?

DR EMMY BETZ: Well, I think that's totally true. We still need the focused efforts for individuals who we know are at risk and we need to understand how we can best support and engage with them. But then there's this larger population of people. And I think that's where I'm hoping that the more upstream messaging around always locking up guns at home, always making sure they're stored securely could help prevent some of those deaths. So yeah, it does feel like there's been a growing awareness of the need for that upstream conversation that we can't just focus on the people who have already disclosed risk.

DR CURT WEST: That idea of an upstream approach, focusing on secure storage as a universal practice, not just for those at risk, is so important. And it's something that we're seeing more and more, and in different communities, including spaces where conversations about mental health and firearm safety haven't always been that easy.



Reba Rice-Portwood is a licensed professional counselor and suicide prevention specialist who does outreach with Safer Homes Collaborative in St. Louis, Missouri.

REBA RICE-PORTWOOD: My role with Safe for Homes Collaborative is more working with the faith-based community, you know, getting them on board with promoting mental health and suicide and gun safety in their churches.

DR CURT WEST: Can you tell me... what have those conversations been like?

REBA RICE-PORTWOOD: At first, it was like, you know, we're in church, we don't talk about guns perhaps, but I told them, I'm a Christian and have been for many years, right? And I only recently got rid of my firearm only because of me having my grandson here. And I was dealing with my own depression and was afraid, what might happen if I may get low enough to take my life. And so, my point to them was that I was a Christian, my grandparents were Christians and we all had firearms. So don't think that just because someone is sitting in church, right, that they don't have guns in their homes because they do.

DR CURT WEST: What advice do you have for someone who is not confident about having these conversations?

REBA RICE PORTWOOD: My advice to them, to someone who's in that situation, is, you know, it's so important that we get rid of the stigma first of all, right? If we can get rid of the stigma and sit down and have an open and honest conversation, because I don't have a problem or I'm not afraid to share my story with someone. And usually when I share with them my story, what I went through when I lost my son, and in how I had to fight to keep my own self alive, usually when I share that and I'm open and transparent, it's very easy, quote unquote, for them to open up. And so I think when they're sharing that conversation with someone, being honest, being transparent, and being not afraid to ask the hard questions.

DR CURT WEST: Do you feel that you're making a difference?



REBA RICE-PORTWOOD: Not to sound arrogant, but I'm absolutely confident that I'm making a difference. So I'm staying on this path as long as I stay alive, I will be on this path of making changes and people live. So I can't stop now and I won't stop.

DR CURT WEST: Reba's story is a powerful reminder that having these conversations can be life-changing. Our next guest, Jay Zimmerman, is a combat veteran and peer support specialist who teaches us the importance of starting where someone is and finding that way forward in the conversation. Instead of pushing for all or nothing safe storage, Jay focuses on small, incremental changes because sometimes even that small step can be the one that saves a life.

Jay, how do you initiate these conversations about safe storage?

JAY ZIMMERMAN: My experience over the last, you know, 10 plus years of doing this has been when I work with a veteran and I say, you know, what's something that you could do? You know, I ask a question from a place of like, you know, genuine curiosity. You know, what's something that you could do to put some time and space between you and that firearm? You know, because I care about you.

I care about you as a human being, rather than being prescriptive and saying, what I need you to do is X, Y, or Z. Right? I'm not going to tell you what to do. You, you've had a lot of people in your life tell you what to do, and, the data will tell us that, you know, an individual is more inclined to do something if they come up with a solution on their own. And sometimes all that takes is a question. And it's a question that's a heartfelt, genuine question, one veteran to another.

DR CURT WEST: So what's the key message you try to get across?



JAY ZIMMERMAN: For me day to day, the most reliable things are time and space. What can we do to build in safety? and time and space looks different to every veteran that we work with.

A lot of times when I initially introduce this conversation to a veteran if they're hesitant, if they're like, don't want to move the firearm from under my pillow, you know, to a safe, you know, but I... I might be willing to move it to the bedside table. You know, I celebrate that. You know, I celebrate the fact that they're willing to make a small change because I, my own experience, small change has led to larger changes over time.

We want to always, obviously always get to the point of separate storage ammunition, firearm unloaded. That's the ultimate, you know, we call it the home run kind of storage solution. But as a baseball guy, I know that if you get four hits also a run it's the same outcome. So I want to acknowledge when those veterans are willing to make those small changes if we can continue to get them to make those small changes Eventually, we're gonna score some runs.

DR CURT WEST: I love it. That idea of meeting people where they are, starting with small doable steps instead of pushing for that perfect solution, that home run. That just feels so important. What advice do you give to someone who wants to support a veteran, but they're not sure how to start that conversation?

JAY ZIMMERMAN: Be someone who's willing to have the conversation, who's be who's willing to be present, to listen, to brainstorm, to problem solve. You know, and without judgment, you know, and you know, whatever, whatever that is, you know, it may seem, it may seem so insignificant in the grand scheme of things, but for them, it may be a huge step and it, and celebrate it.



DR CURT WEST: Jay's approach shows how small, practical changes can lead to bigger changes over time. It's not about demanding perfection—it's about meeting people where they are and helping them take that first step toward safer storage. That idea is something we explored in season one with Dr. Mike Anestes, a suicide and gun safety expert whose work focuses on understanding gun safety behaviors and suicide risk. He emphasizes that making firearms even slightly less accessible can make a life-saving difference.

DR MIKE ANESTIS: We're not asking folks to change their perspective on whether or not firearms are good or useful. We're not asking folks to store them so it takes a week to get them. We're asking folks to make it slightly less accessible. And that's why so often when I talk about this, I draw parallels to sneezing into your elbow instead of sneezing into your hand. I just turned my head a few inches, but that's a very big protective effect for everyone around me in terms of spreading germs. But it took very little. It didn't fundamentally change how I do anything. It was just shaking a pattern that had been reinforced for me for so long.

DR CURT WEST: So this really seems like a common theme. Rather than focusing on a change, a big change, where you have the ideal of the firearm and the ammunition in separate locked containers, we should be encouraging incremental steps.

DR MIKE ANESTIS: Yeah. We're not asking for big. There are certain moments that require big. If you're in a suicidal crisis, you probably need a big change for a moment on your terms. You probably need to have more time and space between yourself and that firearm, but that's a rare and fleeting moment, right? For the most part, what we're talking about is something small done within your value system based on what you need. That's not a big ask.

DR CURT WEST: So, if these small changes can make a big difference, what is getting in the way of people making those changes?



DR MIKE ANESTIS: We have a bunch of data that's come out recently showing a point I think we were all kind of generally aware of but hadn't really been quantified before, which is that a lot of folks are making decisions to bring firearms into their home in an effort to keep themselves or their loved ones or their property safe. And in doing so, overestimating the likelihood that a home firearm access is going to keep them safe during an armed home invasion while simultaneously underestimating the likelihood that that same firearm is going to be what causes someone in that home to die by suicide. And so people are making cost benefit decisions based off of faulty data. That if you look at that data the way they're seeing it makes a lot of sense. But unfortunately that data is creating a false impression. And what we've seen in that is that certain folks in particular might be vulnerable to making that miscalculation. And a lot of that might stem from where you're consuming your media from. And so I've spent a lot of time the last two years thinking about how there's been a real push to portray firearms as a tool for safety in an unsafe world.

DR CURT WEST: So are there any new ideas out there when it comes to preventing firearm suicide?

DR MIKE ANESTIS: I think there are engineering solutions that probably make it somewhat more difficult to shoot it yourself than it does to make, to shoot at someone else. And I'm not an engineer, so I don't know whether that makes any sense. And if it does, I don't know what the solution is. But I also spend a lot of time thinking about how my iPhone sure seems to know what direction it's facing. Maybe my firearm could too.

But what if we could have safes that are Bluetooth connected to home alarm systems so that when the alarm is triggered, the safe unlocks for 60 seconds and otherwise it stays locked, right? So then the person doesn't have to worry about, well, I have to fiddle with a lock when an intruder is coming in. Well, you don't have to fiddle with a lock when the intruder is coming in. It unlocks automatically. You just get it, so it's sitting on your bedside table unlocked, but only in that unlikely circumstance where the alarm goes off in the middle of the night. Then it's there. Might that encourage someone who's



otherwise resistant to use the lock because it scratches that itch? It gets that understandable drive to be able to use the firearm as a tool they view it to be, which is this thing that in this crisis moment is immediately available to protect me from this imminent threat in my home.

DR CURT WEST: From faith communities to veteran support networks, we've heard how meeting people where they are without judgment can open the door to real change. Dr. Joe Simonetti is an addiction medicine physician and health services researcher focused on firearm injury prevention.

Dr. Simonetti, when you were on the podcast a couple years ago, we focused on how to make it easier for health care providers to talk with their patients about firearm safety. Do you think that anything has changed?

DR JOE SIMONETTI: I think one of the barriers that has declined really substantially in the past few years, at least in the settings that I work, is the clinician's trepidation about initiating these conversations. I don't have a metric to show you. In fact, that would be a really fascinating study, actually, of something to track over time would be comfort and anxiety related these conversations. But I think that has changed really significantly.

I think that the concern about angering patients or the politics of it I'm not hearing about those concerns as much anymore. And so I think maybe that's a marker that those concerns have decreased.

DR CURT WEST: Okay, so doctors may be more comfortable bringing up firearm safety. It seems the real challenge is whether firearm owners feel safe enough to really have that open conversation. Are there obstacles that are keeping firearm owners from engaging in this conversation?



DR JOE SIMONETTI: I think the obstacles are more about the full comfort of a firearm owner to engage with their clinician about firearms within the mental health context and you know, their willingness to just really disclose either their mental health issues or their access to firearms because of their concerns about what that could entail for their Second Amendment rights and their ability to lawfully possess a firearm.

There have been a couple of small studies over time, and we've heard this in interviews with research participants. This concern about reporting firearms, mental health challenges, and how that impacts their Second Amendment rights, like their ability to lawfully possess a firearm. They don't want that to be impacted.

DR CURT WEST: How much of that fear is based on reality, and how much is misunderstanding?

DR JOE SIMONETTI: The reality is there are very rare circumstances in which reporting some of these things in a mental health setting in healthcare system generally actually goes on to impact somebody's Second Amendment rights. But that's not what people believe when you look at a national sample of Americans, 75 % said that at least one of these basic conditions, like having an alcohol problem or having depression, would mean that a healthcare system or clinician has to, is mandated to take steps to impact their Second Amendment rights. Now that's wrong, right? This isn't just an area of debate, this is a misconception. But that misconception is out there and is so prevalent, makes me concerned about, one, as I said, what are folks willing to disclose when we ask them about their firearms? That's what I worry about the most, right? I need my patient to be able to say that to me because if they're dealing with depression, I can do something about that. But I can only do something about that if I know it.

DR CURT WEST: Looking back across all these conversations, one theme stands out above all the others.



Real change happens through trust, through meeting people where they are, and listening without judgment. Whether that's in a doctor's office, a faith community, a veteran support network, or in your home. What makes a difference isn't just information, it's connection.

We've heard how small, incremental changes can lead to bigger ones. We've seen that the fear of judgment can be a barrier to life-saving conversations. And we've learned that at the heart of all this is a simple but powerful truth.

People are more willing to engage, to open up, and to take action when they feel heard, respected, and understood.

That's what it all comes down to—relationships, trust, and the willingness to have these conversations in a way that meets people where they are.

DR CURT WEST: But at the end of the day, none of that happens unless someone is willing to take the first step—to start the conversation, even when it feels uncomfortable or even scary.

Julie Still knows that fear firsthand. When her husband Seth was at risk for suicide, she was scared to discuss the unsecured firearm in their home. But she pushed past the fear and had the conversation anyway.

JULIE STILL: I believe if there was one thing that I could leave someone with that's maybe hearing this is, I kind of said it on the previous podcast, but just you have to let go like you have yeah I guess I'm going back to being brave like I did not want to have that initial conversation with Seth I was terrified and but I did it and it was hard and I think just being brave enough to have the initial conversation and then you realize that it creates this trust and intimacy and it makes it easier to have more conversations. And I think if you just realize how important the conversation is, like you can save someone's life and kind of maybe letting go a little bit of your own pride or fear and just having the



conversation. I promise that the, at least in my case, the conversations get easier after you just do it that first time.

DR WEST: Thank you to our guests who participated in today's discussion, and to all of our guests throughout this series who shared their experiences, their insights, and their research with us.

DR WEST: I wish we had more time to cover all of the amazing work in research and outreach that everyone is doing. We'll have more resources linked on our website. For more from today's guests, we encourage you to go back and listen to our episode archive.

DR WEST: We launched Let's Talk About Your Guns three years ago with the goal of motivating and empowering people to have conversations about safe storage of firearms to prevent suicides by putting time and space between an impulsive thought and a fatal act.

This podcast for me has really reinforced the idea that storing guns securely is really about being ready for that worst day of your life. And we don't know when that's going to come, but if the guns are locked up, we're more likely to get through that day.

DR WEST: So what do we want you to take away from this podcast? These conversations aren't always easy, but they matter. We've heard firsthand how talking about secure storage can save lives, and those small changes can make a big difference.

DR WEST: Our hope is that these discussions don't end here. Whether you're a gun owner, a family member, a healthcare provider, or just someone who cares, we encourage you to keep these conversations going.

And if this series has been helpful to you, consider sharing it with others. Because if we're willing to talk about guns and safety, we can protect more lives.



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