

Securing Hope: Strategies for Lethal Means

Transcript: U.S. Army Directorate of Prevention, Resilience and Readiness Outreach Webinar

February 21, 2024

Dr. Emmy Betz, MD, MPH

Lytaria Walker: [00:06](#)

Welcome to the Directorate of Prevention, Resilience, and Readiness Outreach webinar for February. At this time, all participants are in a listen only mode. However, you may ask questions at any time by placing them in the Q&A box. There will be several opportunities for questions throughout the webinar, and we should have some time at the very end as well. Today's webinar has been approved for one hour of live Continuing Education Units. Participants must obtain CEU certification through their local commanders by downloading the webinar presentation slides as attendance verification. The slides will be posted in the chat box at the end of the webinar and emailed to registered participants as well. Please note that the views of DPRR Outreach Webinar presenters are their very own and are not endorsed by the Department of the Army or the Department of Defense. This month our guest is Dr. Emmy Betz.

Lytaria Walker: [01:02](#)

Dr. Betz, MD, MPH is an emergency physician and nationally recognized leader in firearm injury prevention and suicide prevention. She is currently a Professor of Emergency Medicine at the University of Colorado School of Medicine, where she is the founding director of the Firearm Injury Prevention Initiative. She oversees a multi-million-dollar research portfolio of complex, community engaged, mixed method studies funded by the National Institutes of Health and the Department of Defense. Dr. Betz is a nationally recognized expert in firearm injury prevention and has been invited to work with numerous organizations spanning the civilian veteran spectrum. Examples include medical organizations like the American Medical Association, American College of Surgeons, the American Bar Association, multiple VA work groups, the Department of Defense, Suicide Prevention Office, and White House Events and Initiatives under the Obama, Trump, and Biden administrations. In 2023, she was elected to the National Academy of Medicine. Dr. Betz, thank you so much for joining us this afternoon. Please take it away.

- Dr. Emmy Betz: [02:28](#) It's a great honor for me to be here today to talk to you about one of my favorite subjects which is Lethal Means Safety, and I think really all of the promising ways that we can be supporting individuals and preventing suicide. I'm speaking to you today from the Anschutz Medical Campus, located just outside of Denver, Colorado, which is the site of the former Fitzsimmons Army Base. You can see that the old Fitzsimmons Army Hospital is still on our campus. We are grateful to do what we can to support Service Members and their families. I thank all of you for the work that you do. I have no conflicts of interest for this talk. I do work with various groups as a subject matter expert, and I do have current funding from the Department of Defense.
- Dr. Emmy Betz: [03:18](#) More importantly, though, I always like to start talks like this when I'm going to be talking about firearms and firearm access with a broader conflict of interest disclosure, I suppose, so that you can know my perspectives and where I'm coming from. I'm an ER doctor. I see patients in a large trauma center. Every single time I work, I see people with suicide risk, and I spend a lot of time thinking about how we as clinicians can better support them as they get through these rough times. I'm also grateful for any opportunity to spread these messages to the general public and to audiences who might benefit from hearing them.
- Dr. Emmy Betz: [03:59](#) I am not a gun owner myself, but I'm a proud native Coloradan and Westerner. This is my father-in-law who goes hunting every year, and I hope that when my daughters are old enough, if they want to, that they'll go out with Pops. I, again, don't own guns myself, but fully recognize the many reasons that people want to, and I'm not here today to talk about gun control or about policies to either promote or restrict access. I'm also a suicide loss survivor, like probably everyone on the call today. I've lost multiple friends and family members to firearm suicide and have been really angry during that grieving process. I almost stopped doing the work that I do, but ultimately felt that this type of work is the best way for me to support other families and hopefully prevent these tragedies. The work that I've done with the firearms community is perhaps the most unexpected part of my career but has been absolutely the most satisfying. I think there's so much good that we can be doing together, and I hope to share some of those ideas with you today.
- Dr. Emmy Betz: [05:10](#) To set the stage and get us started, I think many of you already know this, but when we think about suicide, it has been a persistent and growing problem in the United States with increasing suicide death rates over past decades. We also know that firearms account for at least half of all suicide deaths, and

that it's actually a higher proportion in military and veteran populations. Now, we've seen this trend at the same time that we've seen remarkable decreases in death rates from things like motor vehicle crashes, even though we all still drive, in fact, there are probably more cars on the road now than ever before. I see people in the ER every day after car crashes, and the vast majority of them walk out even if the car was completely destroyed. And why is that?

Dr. Emmy Betz: [06:01](#)

What is it that we in public health and in medicine did to help prevent death rates from car crashes? So certainly there were things at the individual level in terms of encouraging drivers to be better to not be distracted by things, to not drive intoxicated, driver safety courses for teenagers, and so forth. But it can't just be about individual behavior. We know that in the traffic space, safety space, there have been a lot of things around community interventions and cultural changes. It's totally normal now to get in a car and put your seatbelt on. "Friends don't let friends drive drunk." We normalize safe driving behaviors or stigmatize unsafe behaviors: those have all been incredibly important. But it's also not just about people.

Dr. Emmy Betz: [06:54](#)

It's about what can we do to be smarter about our environments, about the products that we engage with. Cars used to not have seatbelts or airbags or automatic braking systems or the sort of crumple technology that absorbs the energy in a crash. The way that we design roads is specifically to decrease the likelihood of serious injury or death. These are the types of intervention that help people remain safe even if they have a lapse in judgment or lapse in attention or awareness. I want to encourage us to think about how this applies to suicide prevention as well. In today's talk, I'm going to talk through some of the things at the individual level. How do we encourage people to take steps themselves within their own homes to be safer for both the people around them, but also if they're in an at-risk time. What are the community interventions, the interpersonal interventions? How do we think about culture change that might prevent suicide? How do we think about our environments and engineering approaches to make it easier for people to be safe and to get through difficult times safely?

Dr. Emmy Betz: [08:07](#)

And this isn't just coming from me in the academic world. This is part of DoD policy as well. This is one example from the Senior Commander's Guide to Suicide Prevention. There are a couple of things of note here. It endorses programs that promote and provide resources for safe storage of lethal means. We'll talk about what that is. Availability of safe storage areas and partnerships with off-post gun retailers. I do want to highlight

that it clarifies that it is legal and appropriate to ask individuals about privately owned weapons when there is a risk of suicide. The things that we're going to talk about today all fit into existing regulations. And I hope that you can feel confident moving forward with doing what will work for your population.

Dr. Emmy Betz: [09:01](#)

I think that the two things I really want to drive home today are first that we need to make these messages universal. We can't wait until someone is suicidal. We can't focus our attention solely on the individual who already has suicide risk. We need to be talking about these messages with everyone before suicide risk develops. I really want to emphasize that this needs to be about all of us. Then, we also need to make it easy: easy for people, certainly to get the help they need, but also easy for them to make choices to get the devices for storage at home that will help them and their families be safe.

Dr. Emmy Betz: [09:45](#)

I want to thank Carrie Schult for some of these slides. What is lethal means safety? Lethal mean safety is a little bit of a clunky term that we use within the field of suicide prevention. We've tried but we have not come up with a better substitute for the term itself. The lethal part refers to the lethality of the means, meaning the method that someone uses for suicide. We know that the lethality of the method matters because it influences the likelihood that the person will die. So, among all suicide attempts by firearm, about 85-90% end in death. The case fatality rate for firearm suicide attempt is 85-90%, because guns are lethal.

Dr. Emmy Betz: [10:40](#)

They are supposed to be. If someone reaches for a gun in a suicide attempt, it is likely that they will die. We know if someone overdoses on medication, even highly toxic medications, the likelihood of death is much lower: in the 5-20% range. They have a much better chance of being found by someone or calling for help themselves, of getting to a hospital, of being able to have whatever clinical care that they need to get through that period. The other reason that the lethality matters is because we know that people get better. Among all people who survive a suicide attempt, only 10% later die by suicide: it is not inevitable. It's really important that we emphasize that there's hope. In fact, many, many people go through a period of suicide risk in their lives, whether it's constellation of a divorce and work stress and substance abuse and lots of bad things all happening at once, or it's related to underlying depression, anxiety, PTSD, or other mental health issues.

- Dr. Emmy Betz: [11:43](#) We know that a lot of people go through tough times, but the vast majority don't die by suicide. It's all about keeping somebody safe during a high-risk period. Importantly, that high-risk period can be very brief. We know from studies of people who've attempted suicide and survived that the time frame from when they decided to take action to actually taking action can be in the space of minutes to hours. We're really talking about keeping someone safe through temporary actions like reducing access during a high-risk period. Means reduction is the act of reducing access to lethal means. I'm going to focus mostly on firearms today because they're the most lethal, and they're responsible for the majority of suicide deaths, but other lethal means would include medications, places where someone might jump off of a high building, and so forth.
- Dr. Emmy Betz: [12:40](#) Lethal means safety is really just about paying attention to the lethal means, or the method of suicide, means reduction is about reducing access to those means. Previously, people used to use the term means restriction, but we really try not to use that anymore because restriction has a punitive feel to it. What we want to emphasize here is that it's voluntary practices to reduce suicide risk. Ideally, we are engaging the at-risk person themselves in making decisions about how they can best make their home safer while they're getting the help they need, specifically by increasing the time and space between them and a lethal method, whether that's by locking something up, moving out of the home, and so forth. Some examples here: secure storage of firearms, certainly also locking up toxic medications like opioids, and building barriers to jumping from lethal heights.
- Dr. Emmy Betz: [13:40](#) Perfect example of a barrier is the net that was installed under the Golden Gate Bridge because many people would go to the bridge specifically for suicide. And then also thinking about making it harder for people to hang themselves or strangulation. Things like breakaway bars: shower bars that break if there's too much pressure on them. Within the Army, about 70% of suicides among Soldiers are by firearm, so that's why I'm going to be focusing on firearms today. They're also the most sensitive or sometimes controversial topic. I want to really encourage all of you that it's okay to be having these conversations and these programs.
- Dr. Emmy Betz: [14:36](#) I want to emphasize two messages here. The first is that the universal action here is storing firearms while they're not in use. Specifically that means so that they're inaccessible to unauthorized users. That includes kids in the home. It might include spouses, people who might steal the firearms, really

anybody who should not be authorized to use the weapon. And this is for personally owned weapons. The second part of the message is that if there's suicide risk, if someone's going through a messy divorce, if they're drinking too much, if something else is going on, it's about taking steps to reduce access. That can mean for the firearm owner themselves changing the lock and so forth. We're going to talk later about what that actually means.

Dr. Emmy Betz: [15:15](#)

Thank you to Carrie Schult with some of the misconceptions and facts about firearms and suicide. I want to emphasize too that when we're talking about lethal means safety, it is one component of a comprehensive approach to suicide prevention. Just locking up the medications or just locking up the firearms is not going to fix the underlying issues. We still need to make sure that people are getting the appropriate mental health, substance abuse treatment, support for financial stresses, relationships stressors, whatever it is that is going on for that individual, they're still going to need help navigating that. But locking up the lethal methods can help keep them safe while they get that help. We know that the majority of Service Members who die by suicide have not been diagnosed with mental illness, and that likely relates to a lot of the persistent stigma around help-seeking behaviors. That's a topic for another day, a really important thing we need to continue to think about.

Dr. Emmy Betz: [16:13](#)

But this is why those universal messages are really important, because many people who die by suicide will not have asked for help. We know most people don't substitute a second method if they can't use the method they were intending to use. We also know it's okay to talk about suicide. Having these kinds of direct conversations will not prompt someone to act, and in fact, it really can provide a therapeutic benefit to someone who is struggling. The last key point is that owning a firearm or having a firearm in the home alone doesn't prompt suicidal behavior or suicide ideation or even attempts. But because of the lethality, having a gun in the home does mean that the overall risk of dying by suicide is about four to six times higher for people in that home. And again, that's purely because if someone goes through that rough patch and they're able to reach for a gun, it's far more likely that they will actually die.

Dr. Emmy Betz: [17:15](#)

I'm an ER doctor, a person of action. I want to highlight a few programs that you can start using tomorrow if you want that are at the level of individuals, community, and culture change; as well as at the environmental or engineering levels. Again, emphasizing that if we want to make it universal it needs to be

everybody all of the time. We want to make it easy for people to be healthy and safe. I'm going to start at the individual level. The two programs that I want to highlight are Project Safe Guard and then Lock to Live. I want to also acknowledge that there are a lot of other programs out there, but I picked some of my personal favorites and the ones that I think are really promising particularly in firearm suicide prevention.

Dr. Emmy Betz: [18:05](#)

Project Safe Guard is a program that was developed by Doctors Mike Anestis and Craig Bryan. It was initially developed and tested with a sample of volunteers from the Mississippi National Guard. These were all individuals who owned firearms and had no active suicidal thoughts or behaviors: Guard members who had guns in their home, but otherwise didn't have any other suicide risk. Project Safe Guard is a peer-to-peer intervention through one-on-one conversations that use motivational interviewing to normalize secure storage and talking about the importance of secure storage of personal firearms. In the original study, some people got firearm locking devices and some people didn't. What they found was that the people who got the counseling or the devices were more likely on follow-up to say that they actually were locking up their firearms at home, which is phenomenal.

Dr. Emmy Betz: [19:08](#)

Really importantly, 100% of people said that it was acceptable. They said that they would recommend the treatment to somebody else. Given the sensitivity around talking about firearms and firearm issues, this is really important. What's happening now with Project Safeguard is that we adapted and tested it at a Space Force base. We adapted it for use in active duty as opposed to National Guard populations. We also broadened it to include other forms of violence besides suicide. Recognizing that for some people, talking about secure storage to prevent accidental harm among kids might be more motivating than someone who might think they're never going to be at risk of suicide.

Dr. Emmy Betz: [19:59](#)

In that study, we also used real-world delivery, meaning it wasn't research staff having the conversations, but rather it was unit peers. There were some challenges in terms of actually delivering the program due to multiple other competing demands at the installation, but overall, it was highly acceptable and people liked the program. Doctors Bryan and Anestis are now looking at rolling out Project Safeguard in additional states within the National Guard. If you're interested, please send me an email or I'm happy to connect you with them for the latest updates in terms of where, when, and how they're going to be rolling this program out. Again, I think this is the kind of thing

that hopefully is really promising to normalize these kinds of conversations one-to-one about universal behaviors and universal populations. It's like normalizing putting your seatbelt on every time you get into a car, except in this case, it's about making sure that firearms as well as toxic medications are locked up at home.

Dr. Emmy Betz: [21:09](#)

The next program I want to talk about is called Lock to Live. And this is about making it easier for people to make a decision. This is an online decision tool that you can access at lock2live.org or at that QR code. This tool is free for use. It's in English and Spanish. Our team developed it a few years ago with support from the National Institutes of Health. We don't get any money from you using it. It's out there for public use and it is completely confidential and anonymous. When somebody walks through it they don't put any identifying information in. That's really important because this is a sensitive topic. The intent of Lock to Live is for someone now who has suicide risk. This is different than Project Safeguard, this is for somebody who now has some level of suicide risk as an adult.

Dr. Emmy Betz: [22:00](#)

It's intended for them or their family members to first be engaged and educated about why lethal means matter. There are modules that ask questions like, "Do you have firearms where you're currently living?" If yes, then it walks them through some of the options about how to reduce access. It nudges somebody toward, "You really should reduce access," but there are all these different ways that you can do it, and you can pick the one that works for you and your family. From a decision science standpoint, it's important to give people those choices so that they can make an informed decision that's aligned with their own values and preferences. There's also a module around medications, so people can think through what medications are in the home, what they could lock up, what they could get rid of, and so forth. There's some general home safety information, and then there are some next steps and resources for individuals.

Dr. Emmy Betz: [23:00](#)

We were really happy to work with clinicians from the Military Health System to build in some additional information for individuals working with military populations. If you go to the FAQ page you'll see there are a number of Military-specific questions that were developed based on that work with MHS clinicians and try to clarify some of the confusing questions around requirements around storage and so forth, recognizing that each installation might be different in terms of storage options. I wanted to highlight this one question in particular: "Where can I find Military Branch specific protocols and

resources?" And then here are highlighting some of the key resources for different branches as well as DoD-wide.

Dr. Emmy Betz: [23:59](#)

Those are all hyperlinks that you can get to. Please feel free to use this and to share it. If you have feedback, we would be happy to hear it. This has been tested in two studies, and both had very high acceptability. People said it was respectful of their values and their needs, and they would recommend it. In one large trial, it did appear that people who had used Lock to Live compared to just information were more likely to be taking steps towards locking up medications or firearms at home.

Dr. Emmy Betz: [24:33](#)

But it can't just be about individual behavior change because that's really hard. I think we all know how important it is to be engaging communities around an at-risk person as well as thinking about broader culture change. The two examples I want to mention here: Make it Universal and Make it Easy. So "universal" means thinking about how do we get these messages out to broader populations in community settings or peer-to-peer settings. Again, not waiting until someone is having suicide risk before we share this information with them. I think those conversations can feel intimidating to people. One program that tries to make it easy is something called the Overwatch Project, which I encourage you to go to their website and check them out. I don't have any financial gain from that.

Dr. Emmy Betz: [25:27](#)

I think it's a fantastic program, and they're doing I think a lot of work right now with the Army at one or two installations. It's a program that was developed after talking to a lot of Service Members and veterans about the topic of firearm suicide prevention and how to do it. They basically came up from that work with their tagline: the JFA stands for Just F*ing Ask, which is really trying to make it easy to say to people that this doesn't have to be complicated: just ask, just talk about it. If you care about your buddies, just bring it up and have that conversation. The program has a lot of other educational resources as well that you can look at. Some examples in terms of documentation or guidance for Commanders. Again, from the handbook, it does talk about some individual and Soldier actions. What I wanted to highlight is both for family members and for Commanders: anything that we can do to be normalizing safe storage practices and making sure that if someone's at risk, we're reducing their access.

Dr. Emmy Betz: [26:46](#)

My dream is that we see broad cultural change, and that will take repeated messages from trusted messengers over time. We need to be thinking creatively: Who are the trusted messengers for the different populations we work with, and

how do we get this kind of information out there? I sometimes get a little discouraged thinking about how long it's taking and the lives we are losing, but then I remember how far we've come in traffic safety. With cars, 50 or 60 years ago there were no seatbelts. There were no airbags. I remember even in my childhood, riding in the way back of the station wagon bouncing around, and that was totally normal. We would not do that anymore. This amazing photo from 1960s, this car was actually marketed as having a cozy place for your baby to sleep on the back dashboard so that while you're driving around town, your baby could take a nap.

Dr. Emmy Betz:

[27:43](#)

We would never do this now. Think about how cars are marketed specifically for their safety features. It takes time. I think what we need is this same kind of broad cultural change to normalize secure storage of personal firearms, and also taking steps to reduce access during times of risk. How did we get there? It comes through many places. Some of it is governmental education and PSAs, but then it's also Ronald McDonald telling kids to buckle their seatbelts, because that's who kids are going to listen to. In the designated driver space we have, "Friends don't let friends drive drunk." We have official governmental education, but then who else are people going to listen to? Well, maybe they'll listen to the NFL, right? Maybe they'll listen to alcohol companies who also are pushing responsible drinking, having a designated driver, and so forth.

Dr. Emmy Betz:

[28:39](#)

There's a lot of exciting work happening right now in the field, thinking about how do we engage trusted messengers in the firearm suicide prevention space. In surveys of civilians, they really trust Service Members. The work that the Military is doing in this space is incredibly impactful for civilian populations. I hope it is also going to be impactful for Service Member populations, but it has this potential to really help push that cultural change into broader communities. The two messages are to always store firearms securely, which is like putting your seatbelt on every time you get in the car. Then the second is reducing access when at risk, and that's being the designated driver. It's handing the keys over to somebody; it's making sure that you're taking steps to reduce access during a high-risk time.

Dr. Emmy Betz:

[29:36](#)

The Defense Suicide Prevention Office has a resource specifically around communication, because again, it's really important. Some of the key points things I've already touched on are that you need to know who you're talking to. You have to tailor your messages. If you're doing programming for spouses compared to programming for newly enlisted individuals, your message might be a little bit different versus senior officers

maybe who have a lot more experience. You also want to briefly address some of the misconceptions about suicide and firearms, because a lot of people are not educated on just how preventable suicide is. You want to address some basic firearm safety behaviors. Then normalize it in the same way that people take firearm safety very seriously with service weapons, how does that translate into home settings? And then reinforce and normalize those safety behaviors: that responsible owners lock things up at home and so forth. CALM Training is a wonderful program. It was originally designed for clinicians to do counseling on access to lethal means. This is really how to have the one-on-one conversation with someone at risk. There's also additional training that's available now for various Military personnel and overall has had a very positive reception. If you're not already aware, that's a wonderful resource.

Dr. Emmy Betz: [31:09](#) I also want to highlight the Army Lethal Means Safety Toolkit that has a lot of additional materials around having these kinds of conversations when someone's not in crisis, when they are in crisis, the points to be pushing, and some of the resources that you can turn to.

Dr. Emmy Betz: [31:28](#) Now, in this last section I want to turn to my favorite section: thinking about how we change the environment. How do we change products? How do we work smarter instead of just harder? Human behavior is messy, and despite our best intentions, we all have moments. We all have lapses in judgment or rough days. What can we be doing to make it easy for people to be safe? What I'm going to talk about here are some things around secure storage, and then how to make it easy in terms of how do we think about connecting people with options for storage?

Dr. Emmy Betz: [32:09](#) Firearm locking devices are an important thing to think about because there's a lot of interest in giving out locking devices, which I think generally is a good approach. Often the programs use cable locks, which is what is shown here. They are cheap, which is great, so you can give them out in the bucket load. I think one of the challenges with them is many people don't want to use them because they specifically require a firearm to be unloaded for the lock to be used. If a person has a firearm at home for self-protection, they may want to keep that firearm loaded. That may not be the safest way in terms of preventing injury at home, but if that's why the person has the gun, you are unlikely to be able to convince them to start using this kind of locking device.

- Dr. Emmy Betz: [32:59](#) However, there are other types of locking device that a person can use with a loaded gun. For example, a quick access lockbox. It's far better, in my opinion, to get somebody the locking device that they will actually use rather than to just hand them something that makes us feel good, but that is going to be used as a bicycle lock or gather dust on a shelf somewhere. How can we get people the devices that they're actually interested in? What do people actually want? We did a survey last year, a large national survey of firearm owners, just asking them what would they want if it were free. Then also, what would you be willing to pay for various kinds of devices like cable locks, and trigger locks, and so forth.
- Dr. Emmy Betz: [33:43](#) The take home here is that preferences vary. It's like a vending machine. Pretend you're at a vending machine, your friends are there, and maybe you feel pressure to get the healthy thing. Then pretend you're by yourself, nobody's watching you, what would you get? We might all have different answers. I might want the gummy bears, somebody else might want the Cheetos. And that's okay. How do we respect the diversity of opinions and life situations and still help people make choices to be safer at home? How do we think about the kinds of devices that we're distributing to people with some kind of brief information or education.
- Dr. Emmy Betz: [34:29](#) Starting in New Hampshire, probably 15 years ago, I would guess, there have been programs called Gun Shop Projects, which broadly are education campaigns that partner public health professionals with firearm businesses: ranges, retailers, instructors; in getting messages to gun owners. Recognizing that me as the public health professional doctor, big nerd, I'm not the one that somebody wants to listen to, but they might listen to the man who runs the gun shop down the street where they've been going for 30 years. If he starts talking about suicide prevention, they might listen in a way that they wouldn't listen to me. It's about building partnerships for exchange of information and resources with accurate information in them and then supporting the firearm businesses themselves and really getting that education out to customers.
- Dr. Emmy Betz: [35:28](#) There are now programs all over the country. I want to point out the materials at the bottom right are from the National Shooting Sports Foundation, which is the Trade Association of the gun industry. They partnered with the American Foundation for Suicide Prevention, as well as with the VA, to build a toolkit that they sent to 10,000 gun shops across the US with posters and brochures and so forth. At the top, Walk the Talk America is another interesting organization that really seeks to bridge the

firearms and mental health communities. People have long had an interest in these organizations as a way of using trusted individuals to get messages out to communities.

- Dr. Emmy Betz: [36:11](#) A newer version of them, or a newer element that has been developed is consideration of out-of-home storage. So, moving guns out of the home during a period of suicide risk is the safest thing, because it puts the greatest time and distance between someone and a lethal method. Similarly, moving medications out of the home or destroying medications would be the safest thing for those lethal means. In some states, you can give guns to trusted individuals like your brother, your sister, your aunt: a direct family member. But it varies state to state in terms of what's actually legal. There's been interest in asking if gun shops or law enforcement agencies will store weapons for people. I will say generally we've found that people don't want to store their firearms with law enforcement, and so there's less attention there now in terms of building those relationships.
- Dr. Emmy Betz: [37:04](#) It is an option to remember because many police departments or sheriff departments will actually store personally owned firearms for people. A few years ago, we built the first statewide map showing locations willing to at least consider storage, as shown here, and then multiple other states have since built maps. There are some ongoing questions around liability and logistics. Our current take on it is that we shouldn't be forcing any range or retailer to offer storage because they vary significantly in terms of their capacity, but for some places it can be a great way for them to get more involved in providing a service to customers. With that, I'm really excited to now share with you a new program we're getting ready to launch.
- Dr. Emmy Betz: [38:01](#) This is with support from the Defense Suicide Prevention Office, and we're going to be building out networks of firearm ranges and retailers surrounding five Military installations. One of them will be Buckley in Colorado, and then the other four are still TBD. The hope here is to engage civilian shops surrounding Military installations and supporting suicide prevention for Service members and civilians. Next I'm going to show a brief video. It's about a minute and a half. Hopefully we'll also really help you see what the program is about.
- Video: [38:55](#) I opened my store about nine years ago. I still love coming to work every day, but I don't just work here. I'm part of this community and it's become part of me. It can be hard to talk about, but most of us have our share of stories about firearm misuse, from theft to injuries, even suicide loss. To know that my business can play a role to help protect our firearms and our

community. It wasn't a question of why, but how the resources from Pause to Protect make it easy for me and my staff to engage with firearm owners about the importance and options for secure storage. Members of our community have different reasons and preferences for storage. Someone's family might be growing or maybe a service member or veteran is struggling, but most of us agree that as responsible firearm owners, we should prevent unauthorized access, which means our businesses and the people that are part of them, associates, instructors, gunsmiths, we can literally be the difference between life and death. Not a lot of small businesses can say that. Our communities support us every day. Why wouldn't we take this step to help protect them?

Dr. Emmy Betz: [40:17](#)

I hope that gives you a feeling for the way that we are trying to engage firearm businesses again. This is a good thing they can do for their community in the way that's right for their business. As for the website, which I'll put the link in the chat when I'm done, (pausetoprotect.org) there we are still doing some final tweaks, so please forgive any broken links or mishaps on the website. We're really excited to that we've now included a national map of storage options. This is thanks to data from Pierce's Pledge, which is another nonprofit organization interested in promoting voluntary out-of-home secure storage for individuals. I encourage you to take a peek at this and see what's around your area to see what you might be able to point individuals to. Many people may want to work with an off-Post location that might feel more comfortable for whatever reason, or it may be that there are not storage options on the Post for them.

Dr. Emmy Betz: [41:26](#)

I'm going to finish up now, and then I'm happy to take questions. What I've tried to do today is really emphasize to you that I think there are things that we need to be doing at all of these levels for individuals, community and cultural change, environmental change, and that there are really promising programs out there that we can be using tomorrow. Will they fix everything? No. There's lots of work that we still need to do. We need your ideas. We need to think more broadly about how we're engaging different organizations, different community groups, and different subcultures in these kinds of really important efforts. We need to make this universal. So it needs to be everybody all the time; not just when someone has developed suicide risk. We need to move upstream to get these messages out. And we need to be promoting universal action, secure storage of home weapons, the same way that you put your seatbelt on every time you get in a car.

- Dr. Emmy Betz: [42:25](#) We also need to make it easy for people to find the storage devices that they want to use. We need to make it easy for people who are going through a tough time to ask for help, and easy for them, their family members and friends to find options for lethal means safety. Most importantly, we need to be doing this together. We are thrilled here at the University of Colorado to be working to support Military communities. I want you to know how impactful it can be for civilian communities in this space around firearm suicide. This is not around politics or gun laws. This is really about how we work together to get people through rough patches. I'm overall very optimistic about the future and I really do see a bright path ahead. I'm going to stop sharing now, and I'm happy to take questions. Thank you again for having me today.
- Lytaria Walker: [43:22](#) Thank you Dr. Betz for this exceptional presentation. This was wonderful. We will now take a few questions from the audience. If you would like to ask a question, please type your question in the Q&A box, and we will read them aloud. There will be a short delay before the first question is announced. If you have a question, please feel free to type it in the Q&A box at this time, or you can simply put it in the chat box.
- Dr. Emmy Betz: [44:19](#) I did just put the link for Pause to Protect in. Again, the website is not 100% complete, but you should be able to get to the map there. Chelsea, thanks for the question. "Is there a time limit on how long law enforcement can hold onto someone's personal firearm?" There's not an easy answer to that; it probably varies depending on the location. I think many law enforcement agencies are not excited about holding on to people's firearms for them. I don't know that there's an outer limit in terms of when they have to destroy it if the person didn't come back to get it. I will say that generally they are not so interested in it. I think there's a lot of concern about when it's okay to give things back, recognizing that they're not experts at suicide risk. One thing I would say, when we work with places that offer storage, we really encourage them not to ask why. There are lots of reasons why someone may want to store weapons offsite deployment: selling their home, home renovations, suicide risk, but also someone coming to visit. Normalizing that there are lots of reasons why someone might want to do it can help.
- Lytaria Walker: [45:39](#) Thank you for that answer. If you have a question, please type it in the Q&A box at this time or simply put it in the chat box.
- Dr. Emmy Betz: [46:20](#) Thank you for pointing that out. "Colorado National Guard had a safe storage policy for its soldiers to safely store arms and National Guard armories on request. Do we have any

knowledge of emergency self-storage policies at military posts and how they might be approved?" We have not done a comprehensive questioning of every Base in the country. I'll just say that. What we have broadly heard is that it really varies depending on the size of the armory, their capacity, their interest in doing it, and so forth. I think it's going to be really site specific. I'd encourage if there's anyone else on the call who's got experience doing that you might be able to provide some additional guidance to Matt. Thank you for your question.

Lytaria Walker: [47:14](#)

Lots of great comments about how informative the presentation was, and it really was. Thank you for that. Any other questions? You may type your question in the Q&A box or in the chat box. "What has been one of your most impactful moments during this journey?" Great question.

Dr. Emmy Betz: [47:38](#)

That's lovely, thank you. A few years ago, I was invited to speak on suicide prevention at Ladies Night at one of the large gun clubs near us. They have a regular ladies night when women can come shoot for a reduced cost and try out different weapons. It's a women-only thing—there's no wine because it's not book club, right. It's an opportunity for women to get together. I wasn't sure how open they would be to suicide prevention, I just didn't really know, and I was floored at how interested they were in the topic. Most importantly, I was surprised at how new it was to many of them. Most of these women were very experienced with firearms but had never heard the basics around suicide prevention. I just felt like for me it was an important moment to see that we in the public health space have missed important opportunities to get information out to people who need to hear it.

Dr. Emmy Betz: [48:39](#)

These were women who, many of them had husbands and kids at home, so they need to be hearing these messages around secure storage and what they can do to prevent suicide. Until that moment, many of the women in that room hadn't heard it. It really hit me how much more we need to be doing to get this information out to different populations. I think it applies as well thinking about military family populations and how do we educate them so they can also be on the team? Thank you for that question.

Lytaria Walker: [49:20](#)

Are there any more questions? If you have a question at this time, please type it in the Q&A box.

Dr. Emmy Betz: [49:29](#)

"Is DoD embracing this training in its basic training of new recruits?" That is a great question that I can't answer on behalf of the DoD. I will say this: the sense I've had from leadership in

the DoD for individuals in suicide prevention leadership space is that they absolutely support this direction of programming. Does that mean it's going to filter down to basic training of new recruits? I don't know. I would love to see that. I think we're even missing opportunities when we're teaching weapons use. How about we also mention at the same time, "Hey, and by the way, if you've got weapons at home, think about being safe with them as well." I think there are probably a lot of ways that we could be reaching particularly the younger populations, many of whom may not have gotten a lot of safety training. I would love to see that. Please feel free to reach out to me. My email is on the slides if you have questions after the fact. I'm happy to help answer them.

Lytaria Walker:

[50:46](#)

Thank you, Dr. Betz. If there are no more questions, we will conclude this afternoon's webinar. I want to extend a gracious thank you to Dr. Betz for joining us today. Also thank you listeners for joining today's webinar. Once the webinar concludes, you will be prompted to complete a survey. We appreciate your feedback as this helps us to improve upon future webinars. If you'd like to receive invitations for DPRR webinars and receive the latest news and information from the Director of Prevention, Resilience, and Readiness, please go to our website at armyresilience.army.mil and sign up there for notifications. Thank you again for joining us today and have a wonderful rest of your day. Take care.