HL11.1.37

Good morning,

Attached is a submission I would kindly ask be distributed to Mayor Tory and all of Council on behalf of Doctors for Firearm Safety and Responsibility regarding Toronto Board of Health motion HL 11.1.

If you have any questions please feel free to contact me and I will do my best to address the question.

Thank you,

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Mayor John Tory and Council City Hall, 2nd Floor 100 Queen St. W. Toronto, ON M5H 2N2

Mayor Tory,

Doctors for Firearm Safety and Responsibility is a group comprised of trauma surgeons, emergency room physicians, paediatricians, psychologists, nurses, paramedics and other health professionals; many of whom are also licenced firearms owners in Canada. We provide front-line healthcare and enjoy hunting, collecting and sport shooting in our personal lives. Many in our group have seen firsthand what the criminal misuse of firearms can do to individuals, families and communities. Unlike some of our peers, our goal is to inform the Canadian public of the facts surrounding firearms ownership and use in Canada. We will not allow tragedies and criminal acts to define this important topic.

Doctors for Firearm Safety and Responsibility have long advocated for solutions that focus on addressing the root causes of violence, investment in early intervention programming, and community support.

Several of the recommendations listed in the report being debated on November 12th were substantive and focused on supporting work in these areas. However; the board found it fit to only address the parts dealing with the banning of firearms and ammunition sales.

In our opinion this was a wasted opportunity to chart a course to support real and sustainable work that would have been collaborative with the community, provincial and federal government as well as grassroots groups on the ground.

In our opinion the Board of Health failed residents of Toronto, particularly those in marginalized communities that are affected by violence. The Board of Health and some Councillors engaged in a witch hunt towards Dr. Mosdossy and the Doctors for Firearm Safety and Responsibility.

Banning handguns will not stop the illegal flow of firearms into Canada, nor will it stop the demand, what it will do is drive operations underground and into people's basements the Board of Health and this report fail to take into account this and the potential rise of 3D printers and illegal manufacturing.

Sport Shooting and hunting are multi billion-dollar economic drivers in the Canadian economy, the 2,500 businesses employ over 48,000 Canadians resulting in \$6.4 billion in labour income. Additionally, hunting and sport shooting contributed \$5.9 billion to Canada's GDP last year.

Lawful firearms ownership in Canada undertakes a rigorous process with daily vetting by the RCMP for license holders, ownership and licensing comes with constant compliance. Criminals who are creating the violence do not follow laws or regulations, they carry out their violence with little regard for what is in their way.

We need politicians and community groups working together to address the issues plaguing these communities but first we need to recognize that so we can get to work on addressing the root causes.

We would encourage Mayor Tory and Toronto Council to reject this report and instead refocus efforts on real solutions that will influence the lives of those living in communities being impacted by these senseless acts of violence.



Our members are willing to work with Council to develop programming, support local initiatives that are aimed at solving and addressing the problems faced in these communities. We believe that the data supports early intervention programming aimed at at-risk youth, we believe more needs to be done program wise for high-risk youth, and we believe there needs to be more community lead support for people living in communities impacted by these acts of violence.

Thank you,

Doctors for Firearm Safety and Responsibility

Gregory J. Mosdossy MD, FRCPC

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Submission to Toronto Board of Health, November 12, 2019

<u>Re: Community Violence in Toronto – A Public Health Approach, HL11.1 Items 5 and 6.</u> <u>Representing the Doctors For Firearm Safety and Responsibility</u>

I am an emergency physician working for over 30 years at both academic and community emergency departments in Ontario. I currently am on staff at London Health Sciences Centre, Children's Hospital of Western Ontario and Pembroke Regional Hospital. I am an Associate Professor at Western University, Schulich School of Medicine and Dentistry, London, Ontario.

I have also owned rifles since I was 12 and have in the past decade become an avid hunter and competitive pistol, rifle and shotgun enthusiast. My wife and two of our three adult children attend competitions in Canada and the United States. I am also a qualified Range Officer with three pistol shooting disciplines (IPSC, ICORE and USPSA) as well as with the Canadian Shooting Sports Association (CSSA).

In the early 1990s in Sudbury, Ont., I took care of an eight-year-old boy who was brought to the ER with a shotgun wound to his midsection. He had been playing with the teen next door, who had pointed his father's improperly stored and loaded gun at the child and pulled the trigger. In spite of our best efforts, the young child did not survive. This case, and the boy's mother's resulting advocacy, were part of the stimulus for the 1995 Canadian Firearms Act that put into law our current method of storage, transport, categorization and licensure of firearms.

I was also present at the Montreal Polytechnique massacre in 1989. At the time I was chief resident in the Emergency Medicine Residency Program at McGill. Fourteen promising, young, high-achieving women were killed and 13 others were injured by a deranged misogynist. I entered the premises with a paramedic crew and pronounced a number of victims dead on scene. I then helped to extricate and transport some to the Royal Victoria Hospital. I had a two-year-old daughter and a seven-month-old son at the time, and I slept on the floor of their room for six months afterward.

I have had two relatives commit suicide, one by handgun.

Given the above, I think I have something to offer on the debate surrounding the banning of firearms.

The term "assault weapon" is bandied about in the public domain with a less than clear understanding of its meaning. A military assault rifle is different from the various semiautomatic sport and hunting rifles in that it has fully automatic fire and high capacity magazines (eg., 30 rounds) that are banned/illegal and virtually unavailable in Canada (Canada has a five-round limit). With the exception of some individuals who owned now-banned weapons prior to our new laws being introduced in the 1990s, no one in Canada today can buy such a rifle. Calling for their banning isn't just superfluous, it's misleading. They're effectively banned already.

Handguns and semi-automatic rifles are a staple of the hunting and shooting sports/collectors in Canada. Firearms owners must undergo safety training and testing in two stages with references, a background check and licensure (a so-called RPAL: Restricted Possession and Acquisition License) if successful. The process can take several months or more. Once licensed, the RCMP runs a background check every 24 hours on an ongoing basis. The individual must join a range if they wish to shoot a handgun. Collectors must consent to an on site inspection of their storage arrangements. Most ranges have separate mandatory safety courses. The firearms license is required for all ammunition and firearms purchases and must be renewed every five years. Restricted firearms can only be transported to a range, gun store, gun show, out of province or the border with special permits.

Firearms laws in Canada are some of the most stringent and comprehensive in the world. Statistics show that we are a very safe country with low baseline crime and suicide rates that have been steadily dropping, with peaks and ebbs, over the past four decades. The recent statistics that some have used to counter those data are parsed from specific geographical areas and interval timelines with biased manipulation to suit the purposes of interest groups.

There are over two million firearms owners in Canada from all walks of life, many of them women and youth. There are many more who accompany licensed firearms owners to shoot at the range or attend clubs that allow supervised shooting for the general public. Many are my colleagues in the health professions. These same colleagues are often reticent to speak up in support of the shooting sports for fear of institutional, public and political retribution. A few have spoken out in an attempt to correct a host of misconceptions. Media coverage is vastly skewed in favour of the dramatic and sensational, which drowns out voices of reason.

Many ask why someone would "need" a handgun or a semiautomatic rifle. The answer is that it is not a need. It is a passion for an activity safer than hockey, skiing and even golf. It is part of the Canadian heritage. The shooting sports require maturity, discipline and commitment. It is a social activity that brings family and friends together. The question should be, why are we letting law-breakers derail such a wonderful activity? This is especially true of gun bans that only result in the confiscation of an inordinate number of firearms from law abiding individuals and does not affect the criminal who is has not registered their firearm and has intent to use it in a criminal pursuit. It makes gun bans ineffective, as has been shown in Australia, New Zealand and Britain. We have a greater that 5,000 km border with the United States, which facilitates an almost unstoppable influx of black market guns that makes any attempt at decreasing the illegal sale and use of guns in Canada a very difficult problem. It is one that cannot be solved by a gun ban. It is also important to consider the high financial cost of a gun ban. It would be much more prudent to spend the taxpayers' money on programs listed in the other items proposed in HL11.1, which have been found to be effective in preventing violent crime.

It is also important to note that much is required to address the issue of the abject failure of the mental health portion of our health care system in Ontario. Suicidal patients are routinely admitted to ER's, to rooms resembling prison cells and are stacked end to end in hallways guarded by security personnel for days on end with minimal care for their mental illness. This is due to a lack of hospital space and staff as well as poor management. If we are to address the issue of suicide rates, this would be a much more productive assignment of scarce resources than that of a gun ban.

I understand that some trauma caregivers have reacted with understandable emotion to the violence they have witnessed on the job. I have seen more than my share. I have seen the horror and touched the horror. I have felt the abyss of sorrow at the senseless loss of young, productive life. But this movement to ban certain firearms is an emotional response that stems from a lack of information and a distorted view of firearms. When firearms are used for violent purposes, someone has broken the law. When firearms are used for suicidal intent, someone has not received the care they need and the support to distance themselves from the firearm. These are the issues that need to be addressed, not an ineffective and largely redundant blanket ban that targets innocent law-abiding individuals.

It is time that we reshape the narrative. Guns have been vilified and misrepresented in movies, video games and the media. We need to start taking pride in the fact that we, in Canada, are leaders in the propagation of the **peaceful use of firearms**. I would doubt that there exists a more powerful example of a country with such a large number of citizens owning firearms, with such a large number of firearms, living in such a prosperous and safe environment. I am very proud of our great country.

As an avid practitioner of the shooting sports, I am committed to preserving its legacy for coming generations. I am also committed to the propagation the concept of The Peaceful Use of Firearms. As a physician, I have made a lifetime commitment to saving lives. I have personally and professionally experienced the effects of the illegal and suicidal use of firearms. I only support reasonable and thoughtful approaches to curbing injury and death due to firearms.

Thank you for the opportunity to be heard.

Respectfully submitted,

Gregory J Mosdossy MD Doctors for Firearm Safety and Responsibility www.dfsr.ca