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

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 semi-automatic 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 than 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,

A handwritten signature in black ink, appearing to read 'Gregory J Mosdossy MD'. The signature is fluid and cursive, with a large initial 'G' and 'M'.

Gregory J Mosdossy MD  
Doctors for Firearm Safety and Responsibility  
[www.dfsr.ca](http://www.dfsr.ca)