

Hello, Thank you for this opportunity to express our concerns.

I am Tammy Kirkwood. I was in a near fatal accident in 2008. I was deemed as catastrophically injured. I was in a coma, I had to relearned my life skills and adapt to my deficits. I am one of the lucky ones who had access to timely and ongoing treatment.

I know, that if I did not have the benefits and monies available to me under the SABS in 2008, I would not have been able to recover to my current level.

Unlike myself, who's pathway to recovery was clear of obstacles and barriers, access to necessary resources isn't happening for too many of Ontario's accident victims. More than half of all claimants cannot access treatment or benefits without going to mediation or arbitration. Their treatment and recovery are stalled or withheld and for those who are seriously injured, that ground can never be made up because the window of timely treatment has closed while they wait for a hearing.

My professional experience working within the Ministry of Social Services gave me the knowledge of the ODSP and OW. Also as a Developmental Services Worker for 20 years, I understand that, maximum recovery can be obtained quicker in the first 2 years when the resources to do so are available.

It has been estimated that out of every one-hundred assessments a preferred auto insurer vendor performs; only one, might reach trial or arbitration where it is transformed into expert opinion evidence.

So if the quality of these opinions in FSCO's Arbitration Unit decisions is said to be lacking, it is a much larger problem than it initially appears when it is the tool used to disqualify claimants even before mediation occurs.

It is worth mentioning that once one of these bogus IME reports is in someone's medical file, it takes on a life of its own, whether that injured person is successful at obtaining benefits or not. The IME report good or bad, becomes part of the medical file that will follow that person through subsequent applications for ODSP and CPP if they are unsuccessful at obtaining the auto insurance benefits and the responsibility to pay is then passed onto the public systems.

Accident victims rely on quality medical reports and it is up to the Financial Services Commission to make sure that that quality is there - especially since victims will be fined \$500 if they do not attend an examination.

Ontario's vulnerable populations needs are being ignored to aid the insurance industry profits. The fight on fraud should have included the fraudulent behavior of the insurers who purchase these reports.

Why is the Financial Services Arbitration Unit tolerating these poor quality reports that are abusing accident victims? We'd like to know.