



BACKGROUNDER: WUNNUMIN LAKE FIRST NATION, MATAWA CHIEFS COUNCIL, AND WINDIGO FIRST NATIONS COUNCIL FILE JOINT COMPLAINT AGAINST INDIGENOUS SERVICES CANADA

Overview

Wunnumin Lake First Nation (“Wunnumin Lake”), Matawa First Nations Management (“Matawa”), and Windigo First Nations Council (“Windigo”) (collectively, the “Joint Complainants”), have filed a joint complaint against Indigenous Services Canada (“ISC”). ISC administers the Non-Insured Health Benefits Program (“NIHB”), which provides access to health benefits for First Nations and Inuit peoples that do not otherwise have insurance coverage for those services.

The NIHB program is dysfunctional. It has systemic issues that affect First Nations’ access to critical healthcare and fails to provide the basic services that it is mandated to provide. First among these is its ongoing failure to arrange medical transportation services in accordance with its own mandate.

The Joint Complainants are all remote, northern First Nations which rely on medical transportation to access essential healthcare outside of their communities. Under the NIHB program, once an individual submits their medical transportation request, NIHB is responsible for arranging their transportation to and from their appointment. In practice, however, NIHB has failed for years to consistently arrange medical transportation, or NIHB arranges travel and notifies individuals so late that the individual is forced to miss their appointment. Another chronic issue with NIHB includes reimbursements when individuals or First Nations have to pay out of pocket. First Nations and Tribal Councils should not have to continually use their own revenues and then fight for reimbursement afterward.

After years of failures, missed appointments, inconsistent communication, paying out of pocket without reimbursement, and broken promises, the Joint Complainants have had enough. The government of Canada has forced the Joint Complainants and First Nations across Ontario to access healthcare through its colonial system. Predictably, Canada has discriminated against the Joint Complainants by failing to adequately resource and administer the NIHB program. Having been forced to rely on the colonial healthcare system, they are now also forced to seek remedies through a colonial institution: the Canadian Human Rights Commission.

The Joint Complainants

Wunnumin Lake First Nation is located on Wunnumin Lake, 500 kilometres north of Thunder Bay, in the Pipestone River system. It is a fly-in community for most of the year, save for ice road access in the deep winter. Its population is around 590 people. Its community members have experienced a staggering number of missed appointments due to NIHB’s incompetence: 147 missed appointments during fiscal year 2025-2026.



Matawa First Nations Management is a non-profit Tribal Council that brings together nine member First Nations who share common goals and a collective vision for self-determination, growth, and community well-being. These First Nations are all small, remote communities in northern Ontario. Its membership comprises of:

- Aroland First Nation;
- Constance Lake First Nation;
- Eabametoong First Nation;
- Ginoogaming First Nation;
- Long Lake #58 First Nation;
- Marten Falls First Nation;
- Neskantaga First Nation;
- Nibinamik First Nation; and
- Webequie First Nation.

Each First Nation experiences the same issue: NIHB fails to organize medical transportation. Eabametoong First Nation, also known as Fort Hope, is home to around 1,000 on-reserve residents, and their community members miss approximately 50 appointments every month due to NIHB's failures.

Windigo First Nations Council is a group of seven First Nations, all of which are remote First Nations in northern Ontario. They are:

- Bearskin Lake First Nation;
- Cat Lake First Nation;
- Koocheching First Nation;
- North Caribou Lake First Nation;
- Sachigo Lake First Nation;
- Slate Falls Nation; and
- Whitewater Lake First Nation.

Their populations range from 300 to 1,200 residents, and their communities are also plagued by NIHB's failures. North Caribou First Nation, a community of approximately 1,200 residents, missed almost 100 appointments from February 2024 to February 2025 due to NIHB's failure to properly arrange for medical transportation.

Sullivan and Associates is a psychology and mental health clinic located in Thunder Bay. They have seen a staggering number of missed appointments due to travel-related cancellations. Although not specific to the Joint Complainants, from March through August 2026, they recorded over 500 missed appointments. Access to mental health services is an essential part of healthcare that Indigenous people living in remote areas are being refused access to.



For years, the Joint Complainants have made these issues known to ISC and attempted to collaborate to solve these problems. For example:

- Wunnumin Lake has met with ISC multiple times since approximately 2014 to discuss the systemic inadequacies of NIHB;
- Matawa had discussions with Patty Hajdu, then the Minister of ISC, around approximately December 2024, which did not result in any substantive change.
- On June 8, 2026, First Nations leaders, community members, health advocates, and partner organizations gathered in Sioux Lookout and Thunder Bay for Neskantaga First Nation's NIHB Crisis Rally and Sit-In. More than 300 people participated in Sioux Lookout, representing 15 First Nations, while 43 speakers shared their experiences and perspectives throughout the day.
- In July 2026, Minister Gull-Masty met with the Matawa Chiefs Council and discussed a number of items. First, second, third, and fourth on the list of items regarded NIHB, yet no substantive changes have been made.

Remoteness

While the NIHB issues do not only affect remote First Nations, it is remote First Nations that suffer the most. These remote First Nations must rely on NIHB for medical transportation - they cannot access the healthcare they need in their own communities, and there is no alternative for them to arrange their medical transportation.

On March 30, 2026, the Canadian Human Rights Tribunal approved the Ontario Final Agreement, with specific emphasis that funding must account for the increased costs of services in remote communities. Similarly, providing healthcare to the remote North requires increased costs. These remote First Nations who rely on NIHB for medical transportation are effectively held captive as ISC continues to underfund the program by not accounting for remoteness.

The Reforms Sought

There are simple, tangible ways that NIHB could improve its services. A non-exhaustive list is below:

- Timely approvals and communication of medical transportation requests;
- Appropriate travel rates;
- Actual transportation and accommodation costs;
- Escorts;
- Rates for meals; and
- An improved system to address emergent medical travel.

NIHB Failures Lead to Miranda Mamakwa's Tragic Death

The level of neglect from NIHB and ISC is staggering. ISC has known for years that NIHB's failures with medical transportation were real. And now the worst has happened: Fort Severn First Nation resident Miranda Mamakwa is dead, and NIHB is to blame.



Miranda had open heart surgery at the Ottawa Hospital Heart Institute in April 2026. After her surgery, Miranda recovered at the Ottawa Hospital for two weeks before being transferred to the Thunder Bay Regional Health Sciences Centre.

On May 24, 2026, Miranda was able to travel back to Fort Severn First Nation. Miranda, of course, had follow-up medical appointments after her surgery that she was to attend in Thunder Bay. These appointments included echocardiograms and a meeting with a vascular surgery specialist. Miranda's first follow-up appointment was on May 28, 2026, in Thunder Bay. The Fort Severn Nursing Station faxed the information about the appointment and the request for medical transportation to the NIHB Sioux Lookout office.

The NIHB Sioux Lookout office did not answer this request for medical transportation. The Fort Severn Nursing Station faxed the information more than once but received no response. Eva Mamakwa, Miranda's mother, called the NIHB Sioux Lookout office, explaining how important these follow-up appointments are, and NIHB replied that they did not have the travel request but would investigate it. NIHB did not arrange travel for Miranda, causing her to miss her appointment.

The same situation happened for Miranda's scheduled surgery follow-up appointments on June 11, July 2, and August 6. The Fort Severn Nursing Station faxed the medical transportation request to the NIHB Sioux Lookout office, NIHB never responded, no travel was arranged, and Miranda missed her medical appointments. All together, Miranda missed four (4) essential medical appointments that were crucial to her recovery from surgery.

Following her heart surgery, Miranda had blood clots and was on blood thinner medication. She attended at the Fort Severn Nursing Station every week for blood work to monitor the blood thinner medication.

On August 19, 2026, Miranda posted on Facebook that NIHB had not made travel accommodations for her follow-up appointments, stating, "**if I die, pls go after em**", calling out for NIHB to be held accountable for her death.

In early September, Miranda's condition began to deteriorate. On September 6, 2026, her mother Eva found her in medical distress, and Miranda was rushed to the Fort Severn Nursing Station. At the nursing station, staff told Eva that Miranda was very ill. Miranda was transported to the Thunder Bay Regional Health Sciences Centre on September 6, 2026, by Ornge medivac, delivered by SkyCare.

Miranda's parents, Eva Mamakwa and Mike Bluecoat, could not travel from Fort Severn to Thunder Bay until the next evening, September 7, 2026. They arrived to find Miranda in the ICU, unresponsive.

On September 8, 2026, Eva was told that Miranda had blood in her brain and no longer had any brain activity. The family made the difficult decision to remove Miranda from life support that evening, and Miranda passed shortly afterward.



Final Thoughts

ISC is solely responsible for administering and managing the NIHB program. The failures of NIHB lie solely with ISC. Due to ISC's failure to care about the standards of healthcare provided to Indigenous peoples, 31-year-old Miranda Mamakwa is dead, and her three young children are without a mother.

Unfortunately, Miranda and her family are not the only ones to suffer at the hands of NIHB and ISC – her story is just the one that has happened to capture the attention of media, government, and the people of Canada. Miranda's story is the unacceptable peak of this awful crisis and should act as a wake-up call to everyone.

Indigenous peoples will continue dying unless the government of Canada decides to start caring and to do something about it.

Wunnumin Lake, Matawa, and Windigo call upon the government of Canada to cease its discriminatory practices and take measures to prevent discriminatory practices from recurring – that is, to reform the NIHB medical transportation program in such a way that the service of medical transportation is provided in a non-discriminatory manner.

