

## I. Overview

1. Non-Insured Health Benefits Program (“NIHB”) officials have arbitrarily and chronically cancelled or refused mass numbers of First Nation patients’ transportation applications (for both serious and non-serious medical treatment) such that health care is effectively denied to First Nation community members from the remote territories of Northern Ontario. The Complainants, Wunnumin Lake First Nation (“Wunnumin Lake”) and the two Tribal Councils, Matawa First Nations Management (“Matawa”)<sup>1</sup> and Windigo First Nations Council (“Windigo”)<sup>2</sup> are Treaty 9 First Nations in northern Ontario, in Nishnawbe Aski Nation (“NAN”) territory, and are all remote (predominantly fly-in) communities. Serious harms, including fatalities, are occurring across the territory as the Respondent continues to recklessly and/or negligently starve the NIHB-run medical transportation program of resources, including funding that is essential to the competent and effective delivery of services.
2. Miranda Mamakwa, a 31-year-old mother of three young children, was recovering in her community of Fort Severn First Nation following open heart surgery (performed in the spring of 2026 in Ottawa). Following the surgery, Miranda had several follow up appointments scheduled with specialists that required travel outside of Fort Severn. This travel was to be arranged through NIHB, a program administered by the Respondent, Indigenous Services Canada (“ISC”). Formal applications in writing for travel for four (4) appointments were made to NIHB, and each request went unanswered. ISC’s administration includes administration of NIHB, its management, and its implementation.
3. Miranda’s health deteriorated following her surgery. Miranda ultimately died on September 8, 2026, from hemorrhaging of the brain.<sup>3</sup> Recognizing for herself the peril she was in, less than a month before her death, she posted the following on her Facebook account on August 19, 2026: “If I die, please go after them!” The Complainants say that this is Miranda’s call for justice and to dismantle the apartheid delivery of healthcare by Canada through NIHB.
4. While Miranda is not a member of the Complainants’ communities, her experience and tragic death in Fort Severn, a remote NAN community in Treaty 9 territory, represents the inevitable and foreseeable consequence of the Respondent’s discriminatory administration of the NIHB program. The Complainants reasonably apprehend and fear that further tragedies similar to Miranda’s death, arising from the discriminatory practices of the Respondent, will occur in their communities.
5. The Respondent ISC is responsible for the discriminatory administration of NIHB, demonstrating a deliberate failure to resource the heightened barriers to remote healthcare. ISC’s administration of NIHB, which provides coverage for health benefits to First Nations peoples,<sup>4</sup> is without alternatives, making remote First Nations who rely on NIHB for medical transportation held captive to NIHB’s failure to deliver mandated services.

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<sup>1</sup> The communities that are part of Matawa include 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.

<sup>2</sup> The communities that are part of Windigo include 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.

<sup>3</sup> Miranda suffered from internal bleeding, with her main cause of death being inter-cranial hemorrhage, due to lack of follow-up from heart surgery. Blood clots and blood thinner medications were being used to manage recovery without her follow-up doctors appointments.

<sup>4</sup> Indigenous Services Canada, *About the Non-Insured Health Benefits program*, (Ottawa: Indigenous Services Canada, 28 July 2025), at **Tab A**.

6. Due to ISC's actions, First Nations are suffering and dying. This is known to ISC, and yet nothing has been done to change it.
7. This complaint is jointly filed by Wunnumin Lake, Matawa, and Windigo, in accordance with s. 40 of the *Canadian Human Rights Act* (the "*Act*").<sup>5</sup> The complaint alleges systemic discrimination in the provision of a service, pursuant to s. 5 of the *Act*. The discrimination is based on the Complainants' race, colour, national or ethnic origin, due to their status as First Nations.

## **II. Discriminatory Treatment Experienced**

8. Under the NIHB medical transportation framework, First Nations individuals are required to submit requests to NIHB for the arrangement of transportation to/from medical appointments outside of one's community. Years of NIHB failing to approve requests on a timely basis, considered in the context of costs associated with First Nation service-provision and remoteness, represents a choice to deny First Nations healthcare.
9. The Complainants repeatedly experience delayed approvals of medical transportation requests, typically after it is too late for an individual to make their scheduled medical appointment. NIHB will consider a request for transportation only when an appointment has already been booked and a request is submitted at least 10 days before the appointment. However, NIHB will often not approve medical transportation requests until the last minute – i.e., the day before or the day of the appointment. This is too late for someone to be able to book a day off work, arrange for childcare, etc., causing the individual to miss the appointment.
10. The Complainants' communities share the same story of missing appointments. The sheer number of appointments missed is staggering and is solely due to NIHB's failure to arrange for transportation on time. Wunnumin Lake residents missed 147 medical appointments in fiscal year 2025-26. North Caribou residents (Windigo) missed 83 appointments in fiscal year 2024-25 and 42 appointments in fiscal year 2025-26. Eabametoong residents (Matawa) miss approximately 50 appointments every month due to NIHB's failures.
11. Missed appointments and the failure of NIHB to respond to requests has had a trickle-down effect on community members, causing them lose faith in the system. Individuals are reluctant to book appointments, knowing it is likely they will miss the appointment regardless. This has resulted in premature deaths – for Matawa, the average age of death is 53.
12. The community members who miss medical appointments span all age groups, and the types of appointments missed are for both simple and more serious medical reasons, such as surgery follow-ups, bloodwork to detect cancer, and children visiting specialists. Missing these appointments leads to deterioration of health, suffering, and death.
13. NIHB does not have a formal complaints process for individuals who miss an appointment due to NIHB administration failing to approve a transportation request. The Complainants have attempted to resolve these issues by contacting NIHB directly, but they continue to face barriers and could spend all day on hold over the telephone waiting to speak to an NIHB representative. At the leadership level, the Complainants have engaged in persistent, good faith outreach to NIHB, participated in meetings with the ISC Minister, and informed ISC that people are dying. ISC has acknowledged the issues with NIHB but has made no substantive changes.

## **III. The Test for Discrimination**

14. The Complainants are First Nations– the *Act* precludes discrimination based on race, national or ethnic origin, and colour.<sup>6</sup> The Complainants have been adversely impacted or denied the

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<sup>5</sup> *Canadian Human Rights Act*, R.S.C. 1985, c. H-6, s. 40(4) [*Act*].

<sup>6</sup> *Act*, s. 3(1).

- provision of the service of medical transportation. The Respondent's administration of NIHB makes it the governing body responsible for the provision of medical transportation services.<sup>7</sup>
15. The Complainants uniquely experience both adverse impacts and the denial of a service. Adverse impacts are experienced by community members through a deterioration of their health after missed medical appointments, such as what happened to Miranda Mamakwa. The health and safety of the Complainants' community members are jeopardized because ISC does not ensure reasonable administration of its medical transportation program.
  16. Further, when an individual misses an appointment due to NIHB's failure to approve medical transportation in time, that effectively denies the underlying medical care itself. Even if NIHB's ultimate decision may be to approve the appointment, the late approval, in effect, prevents people from receiving the service of medical transportation.
  17. The Complainants' identity of being First Nations is a factor in the adverse impact and denial of the service of medical transportation. Although comparator evidence has a reduced role in discrimination cases with Indigenous peoples<sup>8</sup>, First Nations who require medical transportation to access healthcare are not receiving the same standard of healthcare as other non-remote First Nations. NIHB may approve requests for medical transportation, but the Respondent has failed to invest resources and infrastructure to make those approvals useful. First Nations in the remote north are denied the same health and safety as other First Nations.
  18. Canada has standards for the delivery of health care insurance plans for non-Indigenous peoples but fails to apply the same standards for NIHB. The *Canada Health Act* imposes standards on provincial healthcare insurance plans as a condition of accepting federal funding, including facilitating reasonable access to healthcare without barriers.<sup>9</sup> When delivering healthcare services to the Complainants' communities, ISC does not adhere to a standard of care that is substantively equal to what non-First Nations peoples receive.

#### **IV. Relief Requested**

19. Discrimination against Indigenous peoples at the hands of the federal government is well-known, and this context of historical prejudice and stereotyping is relevant.<sup>10</sup> The continued failure regarding medical transportation is the newest chapter in a long history of Canada's colonial practices devaluing the health and safety of Indigenous people.
20. The Complainants are seeking an Order under s. 53(2) of the *Act* for the Respondent to cease its discriminatory practices and take measures to prevent reoccurrence – that is, for the Respondent to reform the NIHB medical transportation program, in consultation with the Complainants, so that medical transportation is provided in a non-discriminatory manner.
21. The Complainants are also seeking an Order under s. 53(2) of the *Act* for compensation in the amount of \$20,000 per person, based on the total number of individuals from the Complainants' communities who have missed a medical appointment due to NIHB's failures and discrimination, and for any pain and suffering experienced, and an additional \$20,000 per person under s. 53(3) of the *Act* resulting from the Respondent's wilful and reckless conduct.

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<sup>7</sup> *First Nations Child and Family Caring Society of Canada et al. v. Attorney General of Canada (for the Minister of Indian and Northern Affairs Canada)*, 2016 CHRT 2, paras 45, 59-60, 76-78 [2016 CHRT 2].

<sup>8</sup> *Ibid.*, paras 321-322.

<sup>9</sup> *Canada Health Act*, R.S.C. 1985, c. C-6, ss. 3-4.

<sup>10</sup> 2016 CHRT 2, para 402.

**TAB A**



Government  
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[Canada.ca](#) › [Indigenous Services Canada](#) › [Indigenous health](#)

› [Non-insured health benefits for First Nations and Inuit](#)

# About the Non-Insured Health Benefits program

Find out about the program, and who and what is covered.

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## About the program

The Non-Insured Health Benefits (NIHB) program provides registered First Nations and recognized Inuit with coverage for a specified, nationally consistent range of health benefits not otherwise covered through:

- provincial or territorial health insurance
- private insurance plans
- other publicly-funded plans or programs

The NIHB program is part of a broader system of federal, provincial and territorial health programs and services contributing to the health of Indigenous people in Canada. For more information on the health system, see [Indigenous Health Care in Canada](#).

## What the program covers

Indigenous Services Canada's NIHB program provides [eligible clients](#) with coverage for medically necessary goods and services, in the following benefit areas:

- [pharmacy](#)
- [vision care](#)
- [dental care](#)
- [mental health counselling](#)
- [medical supplies and equipment](#)
- [medical transportation](#) to access medically required health services not available:
  - on reserve
  - in the community of residence

Health benefits and services are listed as eligible based on medical evidence for their effectiveness. Health services outside of the benefit areas listed above are not covered by the NIHB program.

## Benefit claims

Eligible clients need to show client identification to access their coverage. Prior approval may be required.

Health benefit providers are encouraged to enrol with the NIHB program so they can submit claims directly for eligible benefits provided to clients. This avoids clients having to cover costs upfront. Health benefit providers can visit Express Scripts Canada for information on enrolment, claims submission and payment.

Contact the NIHB regional office or your community for information on medical transportation benefits.

Clients who pay providers directly for eligible benefits may submit claims to NIHB using the client reimbursement process.

## Working with partners

The NIHB program works with First Nations and Inuit partner organizations at the national and regional levels to share program and benefit information, identify areas for improvement and obtain input and guidance.

Indigenous Services Canada is working with the Assembly of First Nations on a joint review of the NIHB program.

The department also facilitates First Nations and Inuit control of the program at a time and pace of their choosing, by working with Indigenous partners to fund the provision of benefits through contribution agreements, as well as through broader health transformation projects and as part of self-government agreements.

## Annual reports

- Non-Insured Health Benefits program: First Nations and Inuit Health Branch: Annual report 2024 to 2025

- [Non-Insured Health Benefits program: First Nations and Inuit Health Branch: Annual report 2023 to 2024](#)
- [Non-Insured Health Benefits program: First Nations and Inuit Health Branch: Annual report 2022 to 2023](#)
- [Non-Insured Health Benefits program: First Nations and Inuit Health Branch: Annual report 2021 to 2022](#)

## Related links

- [Appeal process for Non-Insured Health Benefits](#)
- [Non-Insured Health Benefits program updates](#)
- [Client identification](#)

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