

**AFN C-19 National Task Force  
Daily Update for: May 6, 2020**

**Health Sector**

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html#a1>

**Areas in Canada with cases of COVID-19, as of 2020-05-08 11:00AM EDT**

Province	Confirmed Cases	Hospitalization (ICU)*	Deaths	Recovered
BC	2,288	76 (20)	126	1,512
AB	6,017	85 (18)	114	3,809
SK	531	12 (4)	6	329
MB	283	5 (0)	7	243
ON	19,598	1,028 (213)	1,540	13,990
QC	35,238	1,836 (224)	2,631	8,673
Newfoundland/Lab	261	4 (2)	3	244
NB	120	0 (0)	-	118
NS	1,007	5 (2)	44	722
PEI	27		-	26
Yukon	11		-	11
NWT	5		-	5
Nunavut	0			
Repatriated Travelers	13			
<b>Total</b>	<b>65,399</b>	<b>3,051 (483)</b>	<b>4,471</b>	<b>29,682</b>
<b>Active Cases= 31,245</b>				

\*These are numbers of *current* hospitalizations and ICU admissions. Some sources report the total *cumulative* number of hospitalizations and ICU admissions. Also, hospitalization data are amalgamated as they are reported by various hospitals; they are therefore updated sporadically, intermittently, and are likely to be less accurate and current than other data points.

	Cases	Deaths	Recovered
<b>Globally</b>	3,875,995	270,404	1,296,175

- Data is as of May 8 at 10:32am from Johns Hopkins University:  
<https://coronavirus.jhu.edu/map.html>

**Epidemic Summary**

At this time, **81%** of COVID-19 cases were related to community transmission, while **19%** were either exposed while travelling or exposed to a traveler coming to Canada.

As of **May 7, 2020**, Canada has an overall case fatality rate of **6.6%**.

As of **May 7, 2020**, **45%** of all Canadian COVID-19 cases are reported to have recovered.

### Risk to Canadians

COVID-19 is a serious health threat, and the situation is evolving daily. The risk will vary between and within communities, but given the increasing number of cases in Canada, the risk to Canadians is considered **high**.

There is an increased risk of more severe outcomes for Canadians:

- Aged 65 and over
- With compromised immune systems
- With underlying medical conditions

### As provided by Pamela Wolfe-Roberge, CDCD, FNIHB/ISC

Please see below a summary of COVID-19 test positive cases, associated with First Nations communities in Canada, reported through communities, FNIHB Regional Medical Officers, and media as of **May 7, 2020**

Jurisdiction	BC	AB	SK	MB	ON	QC	ATL	NR
# test positive COVID-19 Cases	37	26	30	0	41	31	0	16*

### Data Sources:

British Columbia:

<https://experience.arcgis.com/experience/a6f23959a8b14bfa989e3cda29297ded>

Alberta: <https://covid19stats.alberta.ca/#cases>

Saskatchewan: <https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/treatment-procedures-and-guidelines/emerging-public-health-issues/2019-novel-coronavirus/cases-and-risk-of-covid-19-in-saskatchewan>

Manitoba: <https://www.gov.mb.ca/covid19/updates/index.html#cases>

Ontario: <https://www.ontario.ca/page/2019-novel-coronavirus#section-0>

Quebec: <https://www.inspq.qc.ca/covid-19/donnees>

New Brunswick:

[https://www2.gnb.ca/content/gnb/en/departments/ocmoh/cdc/content/respiratory\\_diseases/coronavirus/case-map.html](https://www2.gnb.ca/content/gnb/en/departments/ocmoh/cdc/content/respiratory_diseases/coronavirus/case-map.html)

Nova Scotia: <https://novascotia.ca/coronavirus/data/>

Prince Edward Island: <https://www.princeedwardisland.ca/en/information/health-and-wellness/pei-covid-19-testing-data>

Newfoundland and Labrador: <https://covid-19-newfoundland-and-labrador-gnl.hub.arcgis.com/>

Yukon: <https://yukon.ca/covid-19>

Northwest Territories: <https://www.hss.gov.nt.ca/en/services/coronavirus-disease-covid-19>

Additional source (national): <https://www.ctvnews.ca/health/coronavirus/tracking-every-case-of-covid-19-in-canada-1.4852102#alberta>

## **Housing, Infrastructure, Water & Emergency Management Sector**

### **Local States of Emergencies:**

**First Nations Local States of Emergencies:** As per ISC report – 07 May 2020

First Nation States of Emergency- As per ISC website May 07,2020									
Region	BC	AB	SK	MB	ON	QC	ATL	Territories	Total
Confirmed	57	33	4	20	68	4	7	2	195

**2020 Flood Season General Assessments:** As Per ISC EMD 2020 FN Flood / Wildland Fire Situation Report as of May 7, 2020 - **Updates in Bold**

**FLOODING** – No Change

**2020 Flood Season General Risk Assessments:**

There are currently **22** communities impacted by flooding (, AB 13 and BC **9**), and 5 partially evacuated (NWT 1, AB 3 and BC 1). There are **795** residents currently evacuated.

● **BC:** FLOOD RISK FORECAST – DECREASING

- **07MAY2020 Flood Forecast: Flood risk has been downgraded for the Northeast Area.**
  - **A Flood Watch remains in effect for the Cariboo and tributaries near and east of Williams Lake and Quesnel.**
  - **High Streamflow advisories are in place for the Cache Creek/Bonaparte areas, the North Okanagan, and the Upper Nicola River near Nicola Lake.**
  - **Increased snow melt due to rising temperatures and localized rain events may cause some flood waters to rise later in the week or over the weekend.**

● **AB:** FLOOD RISK FORECAST – MODERATE TO HIGH

- Repatriated
  - **Little Red River Cree Nation** (Chief Conroy Sewepagaham)
  - **Sucker Creek First Nation** (Chief James Badger)

● **SK:** FLOOD RISK FORECAST – No Change

● **MB:** – No Change

● **ON:** FLOOD RISK FORECAST – HIGH IN GREAT LAKES AREA DUE TO ELEVATED WATER LEVELS

- **06MAY2020: River surveillance on James Bay Coast from 30 Apr, will continue to end of spring break up, the Ministry of Natural Resources and Forests (MNR) has predicted ice breakup to commence soon;**
- **Flood risk for Kashechewan FN (Chief Leo Friday Sr) and Fort Albany FN (Chief Andrew Solomon) has been downgraded from HIGH to 'MODERATE to HIGH'; Elders within Kashechewan FN anticipate an easy break up;**
- **Water levels and flows within the major tributaries of the Moose River (Abitibi, Missanabie & Mattagami Rivers) show abnormal increases due to ice break up;**
- **The flood risk remains moderate for Moosonee and Moose Factory Island;**
- **Provincial planning for potential evacuations is ongoing including discussion with potential hosting sites for evacuees; 800–900 people could evacuate Kashechewan FN if major flooding hits community; approximately 915 community members moved to traditional hunting camps.**

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**Wildfire:** No Change

High Risk from BC to Southern Saskatchewan; low risk from Manitoba to the Atlantic.

1. **British Columbia** - No new wildfires
2. **Alberta** - No fires reported to date
3. **Saskatchewan** - No new wildfires
4. **Manitoba** - No fires reported to date
5. **Ontario Wildfire Update** - No fires reported to date
6. **Quebec Wildfire Update** - No new wildfires
7. **New Brunswick Wildfire Update** - No new wildfires
8. **Nova Scotia Wildfire Update** - No new wildfires - all areas Not Applicable, Low or Moderate
9. **Prince Edward Island** - No fires reported to date
10. **Newfoundland/Labrador** - No fires reported to date
11. **Yukon Territories Wildfire Update** - No new wildfires
12. **Northwest Territories Wildfire Update** – No fires reported to date

**Communications Sector**

**Sask Information Commissioner joins chorus pressing government to release COVID-19 data  
Officials won't say how many COVID-19 hospital patients had other medical conditions  
CBC News - May 07, 2020**

<https://www.cbc.ca/news/canada/saskatoon/government-pressed-to-releae-covid-data-1.5558700>

**COVID-19: As First Nation grapples with woman's death, Alert Bay looks to ease restrictions  
Victoria News - May 7, 2020**

<https://www.vicnews.com/news/covid-19-as-first-nation-grapples-with-womans-death-alert-bay-looks-to-ease-restrictions/>

**Lessons learned during H1N1 guide Ottawa's response to COVID-19 in First Nations  
Preparing for a possible surge of cases with more staff, not body bags, says Indigenous  
Services Canada**

**CBC News - May 08, 2020**

<https://www.cbc.ca/news/canada/manitoba/h1n1-lesson-covid-19-response-first-nations-1.5559948>

**At least 18 First Nations in northeastern Ontario close borders to keep outsiders and COVID-19 away**

**Ontario Provincial Police decline to comment on legality of First Nations blocking provincial highways**

**CBC News - May 08, 2020**

<https://www.cbc.ca/news/canada/sudbury/first-nations-borders-checkpoints-law-1.5557691>

## **Numbers**

<https://www.sac-isc.gc.ca/eng/1581964230816/1581964277298#chap5>

### **Confirmed cases of COVID-19**

On First Nations reserves in provinces, as of May 7, ISC is aware of:

- 165 confirmed positive COVID-19
- 17 hospitalizations
- 2 deaths

Case numbers per region:

- British Columbia: 37
- Alberta: 26
- Saskatchewan: 30
- Ontario: 41
- Quebec: 31

## **Full Stories**

**Sask Information Commissioner joins chorus pressing government to release COVID-19 data  
Officials won't say how many COVID-19 hospital patients had other medical conditions**

**CBC News - May 07, 2020**

<https://www.cbc.ca/news/canada/saskatoon/government-pressed-to-releae-covid-data-1.5558700>

Saskatchewan's Information and Privacy Commissioner says the provincial government is wrong to withhold vital statistics on COVID-19 risk.

"We're in the middle of a pandemic," Ron Kruzeniski said in an interview Thursday. "We have the public with lots of concerns and I think it's important for decision makers to build trust. You build trust by providing more information."

Kruzeniski joins the Federation of Sovereign Indigenous Nations, the Opposition NDP and health information experts calling for immediate release of the data.

Other regions around the world have released detailed statistics on risk. Age is a big factor in coronavirus complications and death, but pre-existing medical conditions pose an equal danger. According to the British government, 90 per cent of its people hospitalized with COVID-19 had other medical conditions.

In New York City it was 94 per cent, according to the Journal of the American Medical Association. In Italy, 97 per cent of people hospitalized with COVID-19 had another medical condition.

In some cases, diabetes is the biggest risk factor. In others, heart conditions, cancer, lung problems or obesity played a large role.

The Saskatchewan Health Authority declined a request for this data. An official said they are tracking these pre-existing medical conditions, but said it will not be released for privacy reasons. The official declined to say who made the decision.

Kruzeniski and others said individual privacy would not be violated because this data would not reveal anyone's name, community or even gender.

"I get worried about the shield of privacy being overused," he said.

Jason Woywada, executive director of the B.C. Freedom of Information and Privacy Association, said this is essential information as Saskatchewan moves to reopen its economy and society. He said local data could help a vulnerable person decide whether to go for a massage or to a family barbecue.

"It's really important that during this crisis that transparency is maintained. It's precisely this kind of information that is required to prevent misinformation from spreading out there," Woywada said.

Kruzeniski, Woywada and others said this is essential information as Saskatchewan moves to reopen its economy and society. They said local data could help a vulnerable person decide whether to go for a massage or to a family barbecue.

NDP Opposition Leader Ryan Meili said this information should be released.

"I think the default should be giving people more information, trusting Saskatchewan people to properly use the information that's given to them. That's how people make good decisions," Meili said.

"The more we know what's happening in Saskatchewan, the easier it will be to give people clear guidance."

There also appeared to be confusion over how many Saskatchewan people have been hospitalized with COVID-19. During a news conference last Friday, government officials pegged the number at 25. That same day, however, a government official emailed Meili to say there were 43.

A government official responded Thursday. The official said the smaller figure referred to the number of people hospitalized. The larger figure represented total hospitalizations, meaning some people were counted twice if they were readmitted.

Meili said this is all part of a troubling pattern of secrecy and miscommunication. He noted it took days before an outbreak in the Lloydminster hospital was made public.

Meili said he appreciated the apology of Health Minister Jim Reiter and the recent pledge from Premier Scott Moe to be transparent. He said this is their chance to show they were sincere, and release this information.

FSIN Chief Bobby Cameron agreed. With high rates of diabetes in First Nations people, and an outbreak some northern communities, residents and local leaders need to know the numbers, he said.

"There's no sense in why certain information is not relayed or shared with everybody," Cameron said. "I mean, we're all here together. We've heard the term, 'We're all in this together.' Well, prove it. Prove it. Let's share information."

Faith Rowland of Diabetes Canada's Saskatchewan branch said the organization is doing all it can to educate the public.

She said most diabetics are being extremely careful, but the behaviour of some others has her worried.

"We came off strong at the start with the isolating and shutting things down but I think we maybe got a bit cocky when the numbers came down nicely," she said. "With the warmer weather, everybody's anxious to be out and about. I think that even though intellectually we know, there's a human tendency to want to just get back to normal and not take it as seriously as we should."

### **COVID-19: As First Nation grapples with woman's death, Alert Bay looks to ease restrictions Victoria News - May 7, 2020**

<https://www.vicnews.com/news/covid-19-as-first-nation-grapples-with-womans-death-alert-bay-looks-to-ease-restrictions/>

Alert Bay's state of emergency is set to continue for at least another week, but certain restrictions may be lifted, according to Mayor Dennis Buchanan.

Despite there being no new cases of COVID-19 since April 30, Buchanan will request another seven-day extension of the village's local state of emergency from the province, following the procedures they have followed since the local declaration was initiated April 18.

Since then, 30 people had tested positive for COVID-19 in the small island community, and one 59-year-old woman passed away from the virus. It was the first coronavirus death in a B.C. First Nation community.

By the numbers, the lockdown has been effective. All non-essential travel to the island was prohibited (including local residents who left without a return pass), and a 9:30 p.m. curfew was instated. A horn blasts every night at 9 p.m., echoing across the water, giving residents a half-hour to get home. As well, anyone with symptoms has been required to self-isolate, and all residents have been strongly urged to stay home.

In total, 146 people have been tested, which is ongoing. Thirty cases were identified, with a 90 per cent recovery rate. Five patients were sent to hospital, and only one remains in hospital. One person remains in self-isolation.

"Numbers are looking exceptional," Buchanan said.

The travel ban may be lifted as early as Monday, but that won't be confirmed until he gets updated information from Dr. Charlene Enns, the public health officer in charge.

The decision to loosen some or all restrictions will be made in consultation with Dr. Enns, the 'Namgis First Nation and the Whe-La-La-U Area Council, along with several provincial organization involved in managing the situation, including the Emergency Management BC, Public Health, Vancouver Island Health Authority, First Nations Health, Indigenous Services Canada, BC Ferries, Conservation Officers, the RCMP, and others.

Don Svanvik, elected chief and a hereditary chief of the 'Namgis First Nation, agreed that the state of emergency has been effective.

"Had there still been free travel to and from the island, the potential for more people getting it would be greatly increased. That's a simple numbers thing," Svanvik said. "I'm in favour of it continuing even a little bit longer.

"I've been really grateful and thankful for health care professionals for the great work they did looking after us. It's hard work. They put themselves in between us, so I'm very grateful," he said, also noting cooperation between all levels of government and community organizations.

"Our community has a long history of coming together in trying times, and we have a very good relationship with the municipality of Alert Bay. It's been a real team effort beyond our own tripartite team on the island."

The island community will continue to follow directives to stay home, physically distance and sanitize.

They had been in the process of preparing for the theoretical moment when the virus hit the village when the first case was confirmed.

"And then there was one positive case and then one more and one more," he said. "It went from preparing and planning to, 'Okay, it's not a just-in-case, it's really here. We've got to deal with this.'"

### **Lessons learned during H1N1 guide Ottawa's response to COVID-19 in First Nations Preparing for a possible surge of cases with more staff, not body bags, says Indigenous Services Canada**

**CBC News - May 08, 2020**

<https://www.cbc.ca/news/canada/manitoba/h1n1-lesson-covid-19-response-first-nations-1.5559948>

The federal government is looking to hire paramedics who can fly up to remote First Nations in case there's a surge of COVID-19 cases — evidence, officials say, of a different approach to Indigenous health care than during the H1N1 outbreak.

It's "a proactive move in terms of making sure that we've got surge capacity available for Indigenous communities, should the capacity of the health professionals on the ground be surpassed," said Robin Buckland.

She's the chief nursing officer for Indigenous Services Canada and director-general for the department's office of primary health care.

"It's really being put in place to make sure that ... we're ahead of that curve."

So far, the numbers of COVID-19 cases on-reserve in Canada remains relatively low, although a recent outbreak in northern and Indigenous communities in Saskatchewan is alarming public health officials and First Nations leaders.

As of Thursday afternoon, Saskatchewan had 196 active cases, with 138 of those in the province's far north region and 39 in the north region.

The request for proposals for the paramedic contract closed April 27, and officials hope to award the contract within two to four weeks.

The contract is for three months and focuses on 51 Indigenous Services-managed nursing stations and communities in Manitoba and Ontario, but there is an option to shift paramedics to other regions and extend the timeframe, if necessary.

Paramedics will provide a range of care, including emergency care, working as part of a team of physicians, nurses and nurse practitioners.

"That said, my paramedic colleagues would remind me that they also are excellent providers in terms of providing community support as well," Buckland said.

The money to hire the paramedics is part of \$100 million in federal funding for COVID-19 public health measures, announced in March.

Buckland says Ottawa's approach to COVID-19 is much different than in 2009, when remote First Nations in Manitoba were hit hard with H1N1.

Indigenous leaders were horrified to find dozens of body bags in shipments of hand sanitizer, gloves and masks sent by Health Canada.

An investigation found Health Canada made a "clear overestimation" of the need for body bags, and there was no "ill will."

"First Nations have worked hard over the last number of years since H1N1 in making sure that they've got a fulsome pandemic preparedness plans in place," Buckland said, adding the paramedic contract is part of ensuring Indigenous Services can help implement those plans. 'Willingness to collaborate'

Alvin Fiddler, grand chief of Nishnawbe Aski Nation — which represents northern Ontario First Nations — supports any surge capacity Ottawa is arranging, saying the 49 First Nations his organization represents are at a high risk for COVID-19 because of overcrowding and chronic health conditions.

"But we also understand this RFP is in response to COVID, and will be limited in scope and not ongoing," he said.

Nishnawbe Aski Nation is also developing partnerships with several health service delivery organizations, including the non-profit Ornge air ambulance service and the Paramedic Association of Canada. Its long-term business model involves recruiting and training community members to become paramedics, Fiddler said.

While there are "gaps in the response" — including a need for more funding for personal protective equipment, oxygen therapy equipment and substance abuse programs — Fiddler said he has seen a different response from Ottawa during this COVID-19 pandemic than during H1N1.

"We have noticed a willingness to collaborate on issues of urgent need," he said.

"While the response has not been perfect, communication and collaboration are much more apparent in this pandemic, and we are hopeful that this will continue as we work together to ensure the health and safety of our communities."

The paramedic contract will work in co-operation with existing primary care physicians who fly into remote First Nations.

In Manitoba, Ongomiizwin Health Services — the Indigenous health institute based at the University of Manitoba — also runs a dialysis unit, programs for foot care and retinal screening, occupational therapy and rehab services.

Medical director Dr. Ian Whetter wasn't familiar with the paramedic contract, but said he sees it as a promising partnership.

"I think that we are collaborating really well in this province across federal and provincial and community leadership lines, First Nation lines," he said.

"I don't see it as competitive at all," he said, adding he's happy to see "jurisdictional boundaries that in the past have created some barriers to collaboration have really ... been dissolved."

Trying to limit COVID-19 exposure

Many First Nations have locked down their communities, putting up roadblocks, checkpoints and barricades to keep visitors out and limit exposure to the coronavirus.

It means fly-in health-care professionals also have to change the way they do things.

Whetter says his physicians usually fly into the communities where they work on Mondays and return to Winnipeg on Thursdays, with phone coverage over the weekends — but COVID-19 has changed all that.

"We've tried to lengthen the amount of times that our providers are in community" because of concerns over spread of the virus, including fears the doctors themselves could be vectors for transmission.

"Because communities have asked us to try to minimize the risk of spread of the virus into communities, and because we are concerned about the potential for health care providers to be a vector of transmission to communities,

Now, physicians stay in communities from 11 to 30 days at a time.

They're also limiting travel for any doctors who have worked in environments putting them at high risk for exposure to COVID-19, and requiring them to do twice-daily temperature and symptom checks.

At the same time, there's a balance to ensure the health-care workers can stay connected with their families, and maintain their own mental health during what could be a months-long response to the pandemic, he said.

Schedules for nurses have also been shifted to address concerns by some chiefs that outsiders may bring COVID-19 into their communities.

"Communities have indicated that they would like to reduce the amount that nurses, for example, are going in and out," Buckland said, so they've moved nurses to a new four weeks in, four weeks out rotation.

Nurses are screened before their shifts and are flown in on charter flights so they don't have to spend time at airports, reducing their risk of exposure.

The same measures will apply to any paramedics hired under the new contract.

**At least 18 First Nations in northeastern Ontario close borders to keep outsiders and COVID-19 away**

**Ontario Provincial Police decline to comment on legality of First Nations blocking provincial highways**

**CBC News - May 08, 2020**

<https://www.cbc.ca/news/canada/sudbury/first-nations-borders-checkpoints-law-1.5557691>

Brent Bissaillion's job as chief of Serpent River First Nation now includes managing border crossings and hiring border guards.

It is one of at least 18 First Nations in northeastern Ontario to control access into their community during the COVID-19 pandemic.

"It's really weird talking about it as a border. But it is our home, our territory, we want to protect it and it does have quote unquote 'borders,'" says Bissaillion.

"I'm sure it's weird for some Canadians to hear 'First Nations set up their borders' like 'What? I thought we were in Canada.'"

Every First Nation is handling it differently. Some have imposed a curfew, some are only letting people off the First Nation for essential travel and others are only stopping visitors at checkpoints.

Many communities including Batchewana, Nipissing and Aundeck Omni Kaning are asking visitors to stay away, but not physically restricting them.

Dokis First Nation has warning signs telling people to turn around all along the 28 km road leading to the French River area community from Highway 64, but no checkpoint.

"We did consider it, we looked at how we could. In some ways it's easier for Dokis with just one road in and out," says Chief Gerry Duquette.

But he says there were worries about the safety of staff at a checkpoint, partly because of poor cell service and the First Nation decided to instead rely on Dokis citizens to follow the rules.

"I'm very proud of how the community has been complying and watching out for one another. It's essential to get through this," says Duquette.

Serpent River is not restricting people from venturing out, but is keeping visitors from coming into the community off Highway 17.

"There are people who do get upset, but it can't be helped. We don't have the resources non-Indigenous communities have to fight COVID-19, so any kind of outbreak here in the community would be devastating for us," says Bissaillion.

"Is this the right thing? Have we gone too far? As long as I'm saving lives and none of my elders get sick and none of my kids get sick in my community, I think I've done a great job."

Bissaillion says setting up checkpoints on the Transcanada Highway "was thought about" but it was decided to be logistically too difficult and too likely to "upset our neighbours."

"In the future, who knows? I'm really hesitant when we hear about the provincial government re-opening things and getting back to that business as usual," he says.

Bissaillion says under the Indian Act, his "hands are very tied" when it comes to actually punishing someone who tries to get around Serpent River's checkpoints, saying he has no power to fine violators.

But Wahgoshig First Nation near Matheson says it can issue fines up to \$10,000 for someone who disobeys an order to stay out of the community and up to 30 days in jail for other offences. Fred Bellefeuille, the legal counsel for the Anishinabek Nation, has been advising member First Nations on these questions during the pandemic and says there is a "cloud of uncertainty" on the legal landscape.

"But basically if you have a property right, you can limit access to that property," he says.

Bellefeuille says it's clear that First Nations have a right over their reserve territory, either through treaties, the Indian Act, the First Nations Land Management Act or inherent Indigenous rights enshrined in the Constitution.

And a community without a treaty, such as Wikwemikong on Manitoulin Island, has even more power to determine where its borders are and how to enforce them.

Several First Nations, most notably M'Chigeeng, have set up checkpoints on provincial highways and turned some travellers away.

Bellefeuille says in most cases reserve land under highways was surrendered to the provincial government, but says some First Nations may have a legitimate challenge depending on how it was handled.

The Ontario Ministry of Transportation told CBC in a statement that it has "administration and control" over Highways 540 and 551 running through M'Chigeeng, but is not a "road authority" and directed questions to the Ontario Provincial Police.

The OPP provided a statement that does not directly address legal questions, but says officers are speaking with those involved and are aiming to "minimize the impact on the travelling public and to ensure order and public safety."

"The First Nation may have this right, but what tools do they have to exercise that right?" says Bellefeuille.

"The pandemic's really brought to the forefront the practical realities of First Nation laws and how to enforce them, who's going to prosecute them in court, how's that going to be managed. We have to work out the details, because everybody kind of has a sense that First Nations should have an ability to protect their people from this illness."

He says there is a lot of risk to a First Nation in closing its borders, including infringing on the charter rights of those in a First Nation who may not be able to leave freely and those passing through the territory.

Naomi Sayers is an Indigenous lawyer living in Garden River First Nation, where she regularly goes through checkpoints on provincial Highway 17B during her morning jogs.

Legally, she wonders about the credentials and authority entrusted in the "border guards" and about what the First Nation might do with the information on travellers it is gathering every day.

"You know, if you question it, I'm sure you probably won't be let in. So there's probably a lot of trust going both ways," says Sayers.

"I'm trusting that they're collecting it and they're going to be using it appropriately and they're trusting me that I'm giving them the correct answer."

Sayers says the only real way to define what powers a First Nation has and what rules it has to follow in protecting its land is for someone to "question that authority" and take chief and council to court.

She says it has happened in the past, including a case in Garden River where someone who was banished by the First Nation successfully had it overturned in court, but not often enough to have a solid basis of case law to "guide communities."

"It sucks that people have to go through a legal process to get the right decision," says Sayers.

"There's a right to self-govern, but with that right to self-govern comes a responsibility to govern appropriately."

She says there is a chance that some landmark decisions could come of this pandemic situation, but she doubts anyone will have the energy for that in the midst of a public health crisis.

"I have a fear that people will be charged and some of it will be thrown out or people will just pay whatever fine is enforced on them just to get rid of it," says Sayers.

