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COVID-19

Mobilization of Armed Forces in seven Arctic jurisdictions

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COVID-19 : Mobilisation des Forces armées dans sept juridictions arctiques

Introduction

On December 31, 2019, an outbreak of a new virus, SARS-CoV-2, was declared in Wuhan City, China¹. The virus is the cause of the disease known as COVID-19. As an unknown virus with a strong vector of contagion, COVID-19 has prompted most Western governments to declare a state of health emergency.

The purpose of this report is to compare strategies implemented by selected Arctic states to limit the spread of COVID-19. It identifies, examines, and compares the responses and strategies deployed in remote communities in Alaska, Greenland, and Norway with the approaches implemented in the Canadian North. In particular, this report focuses on the role of the national armed forces as responders of last resort, including in the management of pandemics.

This report is innovative in that it provides a sub-national analysis that compares regions sharing many similarities. In addition to a literature search, this analysis is based on data from information requests and email exchanges with stakeholders in the Canadian Forces and Greenland². In order to measure the response of the Armed Forces of Arctic countries to a new epidemic, this analysis focuses primarily on the first wave, with some mention of subsequent waves.

How did the armed forces of Canada, Alaska, Denmark, and Norway respond to the COVID-19 pandemic in their Arctic subregions between March and August 2020? As these subregions share many similarities, it is interesting to determine if their responses were consistent across Arctic jurisdictions, or if specific local circumstances tied to national contexts determined the nature of the response.

To answer these questions, our analysis begins by summarizing the Canadian situation in the four regions of Inuit Nunangat (Canadian Context). Next, we present Operation LASER, which was initiated by the Canadian Armed Forces at the request of the provincial and federal governments to support

¹ The strain of coronavirus detected in Wuhan is the most recent of seven strains of coronavirus. Of the other six strains, four cause only minor respiratory symptoms and two have been associated with more serious, and sometimes fatal, illnesses, Severe Acute Respiratory Syndrome (CoV-SRAS) in 2003 and Middle East Respiratory Syndrome (CoV-SRMO) since 2012. Government of Quebec. (2020). COVID-19'. Center intégré de santé et de services sociaux de la Côte-Nord. <https://www.cisss-cotenord.gouv.qc.ca/sante-publique/covid-19/>.

² The authors would like to thank Chaouki Ghermoul and Paul Minard for collaborating on this research project.

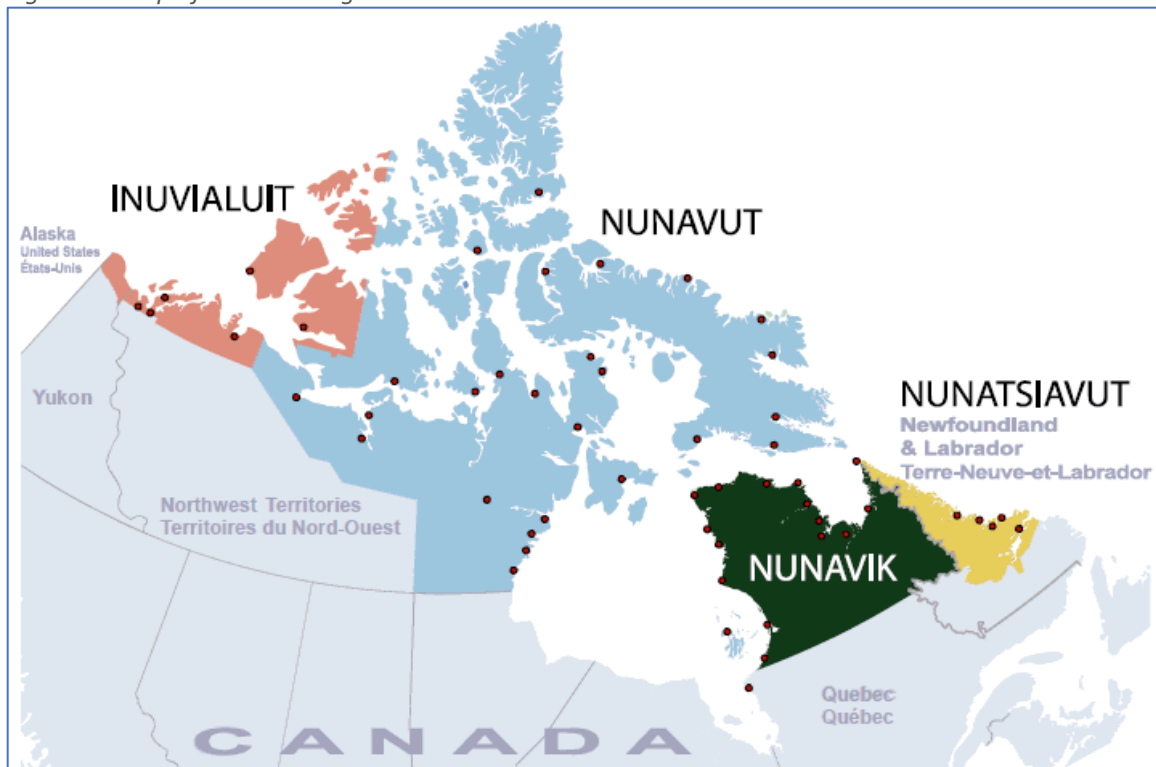


public services (Part I). We then present the Alaskan, Greenlandic and Norwegian cases (Part II) before concluding with a comparative analysis (Part III) and a conclusion.

Canadian Context

In this section of the report, we look at the role of the Canadian Forces in Inuit Nunangat. This term refers to the Inuit homeland in Canada (see figure 1) and covers almost 40% of Canada's land mass. It is made up of four regions: Inuvialuit, which extends between the northern Yukon and the Northwest Territories in the western part of the Canadian Arctic Archipelago and has a population of approximately 5,000 Inuit; Nunavut, which has 39,000 inhabitants and represents 21% of the Canadian territory; Nunavik, which covers 1/3 of Quebec and has approximately 12,000 inhabitants in 14 communities; and Nunatsiavut, an autonomous territory located in the north of Newfoundland and Labrador, which has a population of approximately 9,300 Inuit.

Figure 1 - Map of Inuit Nunangat



Source: *Inuit Tapiriit Kanatami*

In the first wave of COVID-19 (February 2020 to July 2020), Nunavik was the first region in Inuit Nunangat affected, with the first case detected on March 28, 2020 in Salluit (Kativik Regional Government, 2021). In Nunavut, a first case was detected in Pond Inlet on April 30, 2020. However, this



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case was declared false positive on May 4, 2020 (Harvey, 2020a). In fact, it was not until April 14, 2021 that the first case was confirmed in Iqaluit, the capital of Nunavut (Harvey, 2021). In Inuvialuit, the first confirmed cases were located in towns south of Inuit Nunangat. In the Yukon, the first two cases were confirmed on March 23, 2020 in Whitehorse. In the Northwest Territories, the first case was confirmed on March 21, 2020. This case was a person from Yellowknife who had just returned from a trip to British Columbia and Alberta.

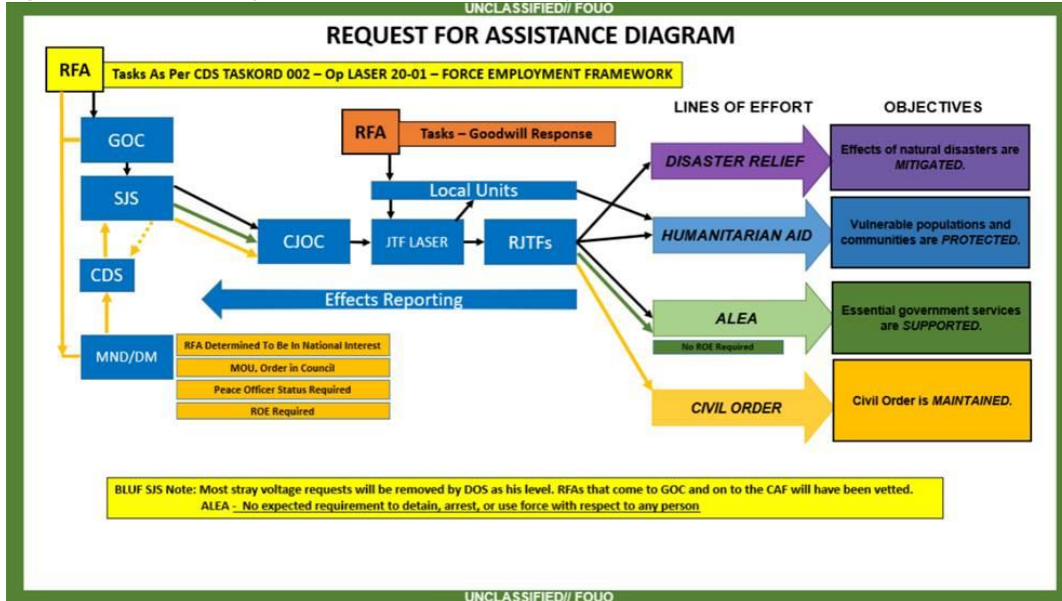
Interestingly, in Nunatsiavut, the first suspected case was located in Makkovik on February 18, 2021 (Radio Canada, 2021), but it was a false positive (The Canadian Press, 2021).

On November 6, 2020, at the beginning of the second wave, Nunavut health authorities announced a first-ever confirmed case of COVID-19 in the community of Sanikiluaq (Harvey, 2020b). The first deaths in the province were recorded in December 2020 (QMI Agency, 2020).

In response to this Arctic health crisis, the Canadian Armed Forces (CAF) were deployed on Operation (Op) LASER to assist civil authorities in managing the crisis. Op LASER began on April 5, 2020, except in Nunavik where the Forces were mobilized as early as April 3 at the request of Nunavik health authorities. The initiation of Op LASER followed a Request for Federal Assistance (RFA) sent on 30 March 2020 by the Ministry of Public Health to the Minister of National Defense as part of the whole-of-government response to COVID-19. This RFA identified a list of areas in which the CAF should be prepared to provide support: mobilization of liaison officers, assistance with evacuation of vulnerable persons and/or communities, assistance with delivery of goods and food, welfare monitoring for vulnerable populations, establishment of alternative care sites, provision of limited civilian patient care, or assistance with natural disasters (fire, flood). On April 7, 2020, the Secretary of National Defense approved this RFA and provided guidance to the Chief of Defense Staff to mobilize the CAF.



Figure 2 - Schematic of the Federal Assistance Request (FAR)



Source: Diagram provided by Canadian Joint Operations Headquarters

At the same time, to be ready to respond to the urgency of the situation, the Chief of the Defense Staff signed a Mission Order on April 3, 2020, ordering the immediate mobilization of units as requested by the Commander of the Canadian Joint Operations Command (CJOC). This Mission Order was supplemented by 10 Fragmentary Orders. Op-Laser was triggered by the fourth Fragmentary Order ("FragO") in this series (CDS FragO 004 to CDS TaskOrd - Op Laser 20-01) and was signed on 5 April 2020. Under Op-LASER, the CAF provides support to provinces, territories and communities - including Aboriginal, First Nations, Northern and isolated communities - through the patrols of reservists, the Canadian Rangers.

The Rangers have approximately 5,300 members, divided into 200 patrols speaking 26 languages and dialects. They are grouped into five Canadian Ranger Patrol Groups (CRPGs), each of which has its own headquarters and is responsible for a specific geographic area. These CRPGs cover the entire Canadian territory except for Nova Scotia, Prince Edward Island and New Brunswick³.

³ For more details on Ranger patrols and Operation Laser, see: Vullierme, 2020&2021a.



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Figure 3 - Map of the five Canadian Ranger Patrol Groups



Source: Government of Canada, 2020b



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CANADIAN FORCES SUPPORT TO WHOLE-OF-NATION EFFORT



Available Forces				Current Deployed Forces		
Assigned Forces				Location	Task	#
2 Ready Duty Ships		<div style="background-color: #ffff00; border-radius: 50%; width: 10px; height: 10px; display: inline-block; margin-right: 5px;"></div> CAF C2 Node <div style="background-color: #008000; border-radius: 50%; width: 10px; height: 10px; display: inline-block; margin-right: 5px; margin-left: 10px;"></div> Canadian Ranger Patrol (CRP) <div style="background-color: #ff0000; border-radius: 50%; width: 10px; height: 10px; display: inline-block; margin-right: 5px; margin-left: 10px;"></div> Junior Canadian Ranger Patrol (JCRP) <div style="background-color: #0000ff; border-radius: 50%; width: 10px; height: 10px; display: inline-block; margin-right: 5px; margin-left: 10px;"></div> Both a CRP and a JCRP		Canada	Canadian Ranger RFA support in 14 communities	79
10 Task Forces - 3,800 pers				Canada	Canadian Ranger RFA support in 17 communities	88
Canadian Rangers				Canada	Canadian Ranger RFA support in FN community	5
4 Tactical Air Detachments				Canada	Canadian Ranger local support	1008
Operational Reserve				Canada	CAF local response forces	All
2 Domestic Response Companies - 200 pers				Quebec	LTCF RFA Support	1400
2 Boat Sub Units				Ontario	LTCF RFA Support	275
2 Clearance Dive Teams				Ontario	Contact Tracing RFA in sp of Public Health Ontario	18
Non Combatant Evacuation Unit - 350 pers				Various	Warehouse/Material Processing in support of Public Health Agency of Canada	49
Combat Engineer Reserve Element - 500 pers				Canada	Medical practitioners embedded in local medical facilities	150
4 Task Forces - 1,075 pers				Completed Tasks		
2 Domestic Response Squadrons - 200 pers				Nova Scotia	N95 FIT Testing	6
2-4 CH147 Chinooks		Nova Scotia	Provision of a Portable Ventilator	N/A		
1 Maritime Helicopter Detachment		Completed Assistance to Law Enforcement				
Exquisite Force Capabilities		Saskatchewan	Air mobility support (Hostage Rescue)			
Disaster Assistance Response Team		Nova Scotia	Tentage to support crime scene investigation			
Airfield Operating Element		Nova Scotia	Mental Health Support			
Canadian Special Forces elements		Operations Liaison with Partner Agencies				
Canadian Forces Military Police		<ul style="list-style-type: none"> • Public Health Agency of Canada x 26 • Royal Canadian Mounted Police x 1 • Government Operations Centre x 15 • Assembly of First Nations x 1 • Indigenous Services Canada x 1 • Dozens at Provincial Level 				
Residual Capacity		<p>270 personnel deployed alongside GAC and PHAC partners to coordinate repatriation</p> <p>Assisted in repatriation and quarantine of 859 individuals at CFB Trenton (708) and NAVCENTRE (151)</p> <p>6 GC/DND Dependents evacuated from Romania and 14 from Ukraine</p> <p>Helped coordinate repatriation of CANCETs from West Bank via Ben Gurion Airport</p> <p>Repatriated 2 RCMP officers from UN duty in Mali</p>				
2 Frigates		<p>Repatiation Support - Operation Globe</p>				
2 Maritime Coastal Defence Vessels		<p>270 personnel deployed alongside GAC and PHAC partners to coordinate repatriation</p>				
RCN Indiv augmentation (NAVRES) - 500 pers		<p>Assisted in repatriation and quarantine of 859 individuals at CFB Trenton (708) and NAVCENTRE (151)</p>				
RCN Local Response Forces - 400 pers		<p>6 GC/DND Dependents evacuated from Romania and 14 from Ukraine</p>				
CA Individual augmentation - 1025 pers		<p>Helped coordinate repatriation of CANCETs from West Bank via Ben Gurion Airport</p>				
Military Police - 300 pers		<p>Repatriated 2 RCMP officers from UN duty in Mali</p>				



As of April 15, 2020, as shown in the table below, a total of 1,078 Canadian Rangers have been activated under Op-LASER.

Figure 5 - Table of CAF members allocated to Op-Laser as of April 15, 2020.

	Allocated JTF-LR Forces					Health
	Reg	Res	Rangers	Civ	Total	
JTF-LR	71	11	0	1	83	
JTFP	321	656	123	0	1100	
JTFN	54	17	385	1	457	
JTFW	442	653	94	24	1213	
JTFC	472	1633	117	0	2222	
FOIE	396	937	99	2	1434	
JTFA	720	902	260	4	1886	
ATF	27	0	0	0	27	
CA	1050				1050	
RCN	491				491	
VCDS	30				30	
CMP	171				171	
Total	4245	4809	1078	32	10164	

Legend	
100-90%	
90-70%	
Below 70%	

Source: Diagram provided by Canadian Joint Operations Headquarters

In total, during the first wave of Op-LASER, approximately 1,500 Canadian Rangers were activated across Canada to be ready to respond to specific community needs. Some of these were also mobilized, at the request of the communities and with the agreement of the Ministry of Public Safety of Canada, to conduct specific tasks: liaison with certain municipalities, coordination and delivery of equipment and logistics, humanitarian assistance to vulnerable populations, welfare checks and other general assistance. However, the Canadian Rangers were not tasked with law enforcement (such as curfew enforcement or movement restrictions), as this was strictly prohibited by their mandate. Activated within Op-LASER on a Class C service contract, the Rangers remained under their existing structure and organization.

Because this comparative analysis focuses on the Arctic sub-regions, it concentrates on the mobilization of Rangers from 2 CRPG (mobilized on April 3, 2020) and those from 1 CRPG and 5 CRPG (mobilized on



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April 5, 2020). The mobilization of the Rangers from these three CRPGs is shown in dark yellow on the map below⁴.

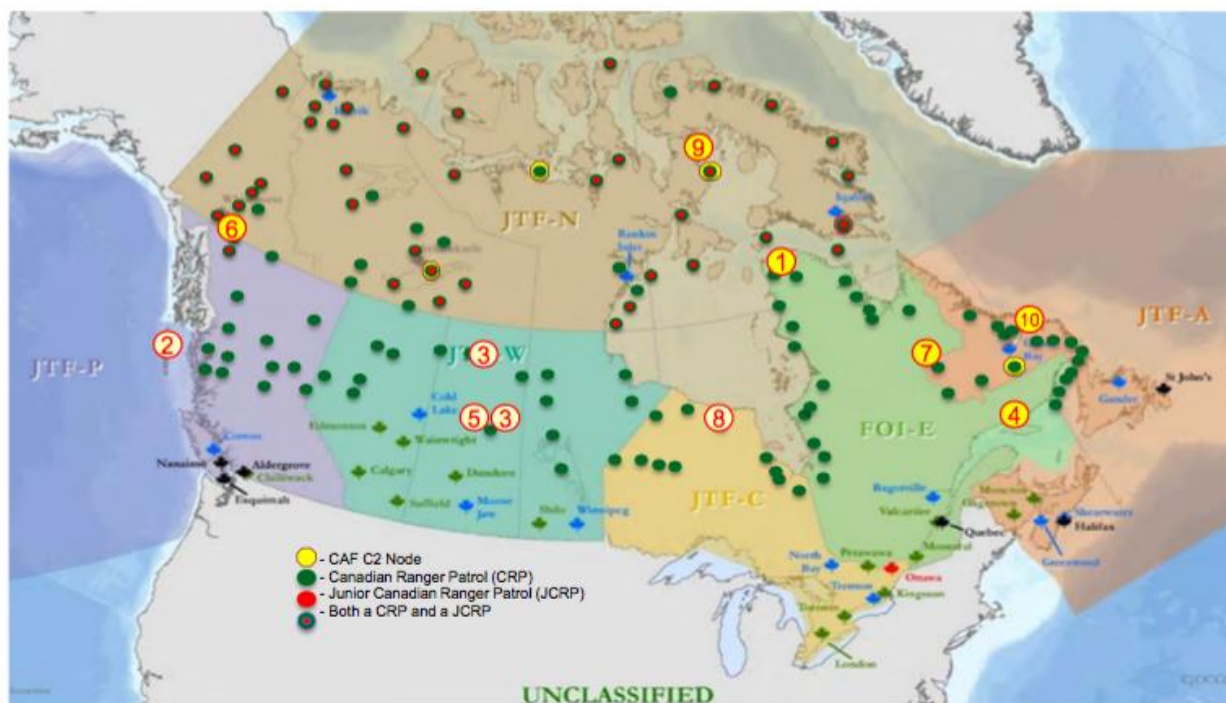
⁴ The dates given correspond to the dates of the requests sent to the hierarchy. They may sometimes not correspond to the dates given by the CRPGs, which focus on the dates on which the tasks were carried out in the field.



CANADIAN FORCES SUPPORT TO FIRST NATION REPORT DURING THE FIRST WAVE ONLY



Wave One		
Location/ Start Date	Task	#
① Nunavik/Salluit 3 Apr	Canadian Ranger RFA support in 14 communities	175
② Skidegate Haida Gwaii / Mount Washington 12 Apr	Canadian Ranger Emergency Operations Center augmentation	7
③ Hatchet Lake Grandmothers Bay Fond-du-Lac 11 Apr	LRF - Canadian Ranger local community support	40
④ Basse Cote-Nord and Cote-Nord 17 Apr	Canadian Ranger RFA support in 17 communities	88
⑤ Lac-La-Ronge 23 Apr	LRF - Canadian Ranger local community support	8
⑥ Watson Lake 27 Apr	LRF - Delivered food hampers	11
⑦ Kawawachikamach 1 May	Canadian Ranger RFA support in FN community	5
⑧ Kashechewan 5 May	Floods - Canadian Ranger logistical support	5
⑨ Igloodik 5 May	LRF - Food delivery	11
⑩ SE Labrador (4 x Communities) 22 May	Canadian Ranger distribution of food baskets	5



Summary

In addition to the specific support identified above, during wave one approximately 1200 Canadian Rangers were mobilized across the country to support Northern, remote and Indigenous communities. Rangers provided local-level tasks (e.g. wellness checks, delivery of supplies). The Canadian Rangers also supported Northern air transportation logistics in many Northern communities. In wave two Rangers continue to be activated in support of specific requests for assistance and are also being activated on a case-by-case basis across the country to support public health awareness programs and identify emerging demands within their communities.



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The OP-LASER in Inuit Nunangat

Inuvialuit and Nunavut - 1 CRPG

The 1 CRPG patrols were activated on April 5, 2020 at the request of the Canadian Army to respond to problems encountered in their communities resulting from Covid-19.

A total of 534 Rangers from 60 of the 64 patrols of 1 CRPG were mobilized during Op-LASER. All of them did field liaison within communities and were ready to be mobilized in case of specific needs. In addition, some were mobilized to respond to specific and varied community needs:

1. Collection and distribution of information to the community on April 28 by three members of the Fort Smith Patrol at the request of the Fort Smith Fire Chief.
2. Delivery of food baskets from April 27 to May ¹ by four Watson Patrol Rangers at the request of the *Watson Lake Hearts and Hands Group* food program. Due to the success of this initiative, a second food basket delivery was organized from May 4 to 8 at the request of the City.
3. Distribution of game from the community's refrigerator from May 2 to 8 by twelve Rangers of the Igloodik Patrol at the request of the community.
4. Disseminating information regarding flood zones in case of flooding to the members of the Hay River community on May 5 and 6 by seven Rangers from this community at the request of the community.
5. To assist the Yukon government and local civil authorities in checking on and supporting individuals or families at risk during a flooding situation in Dawson City and Rock Creek from May 10 to 15 by two members of the Rock Creek community.
6. Delivery of food baskets from May 22 to June 18 by fourteen Rangers of the Igloodik patrol at the request of the community.
7. Demobilization of the National Emergency Stockpile System (NESS) mini-clinic from June 2 to 4 by five Rangers from the Whitehorse Patrol, at the request of Yukon Emergency Health and Social Services.



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Nunavik - 2 CRPG

2 CRPG was the first Canadian Forces (CF) unit formally requested and mobilized for Op LASER (2 CRPG, 2020) beginning April 3, 2020. This request came from the RRSSSN, which reports to the Ministère de la Santé et des Services sociaux (MSSS) of Quebec. This initial request for formal assistance was extended on April 14 and 17 to the Quebec North Shore. On April 17, 2020, 2 CRPG received a second official request for assistance to assist the North Shore chapter of the MSSS in the communities of Kegaska, Harrington Harbour, Tête-à-la-Baleine, Chevery, Bonne Espérance, Saint-Augustin, La Tabatière and Blanc-Sablon. Finally, on April 19, 2020, 2 CRPG received a third mandate in response to a request from Aboriginal Services Canada (ASC) to support Innu communities on the North Shore. Members of 2 CRPG were deployed in Nutashquan (Natashquan), Ekuanitshit (Mingan), Unamen Shipu (La Romaine) and Pakua Shipi. On April 30, 2020, SAC expanded its application to include the Innu community of Kawawachikamach, near Schefferville (Government of Canada, 2020c). For the first wave, Op LASER was completed on June 12 in the North Shore region (45° North, 2020) and on August 15 in Nunavik.

According to 2 CRPG data, during the first wave, Op LASER mobilized more than 250 Canadian Rangers in all 14 Nunavik communities and in 13 communities on Quebec's North Shore, including four Innu communities (Mingan, Natashquan, La Romaine and Pakua Shipi) and one Naskapi community (Kawawachikamach) (2 CRPG, 2020). This represents 35% of the total strength of 2 CRPG and 22 of the 28 Canadian Ranger patrols mobilized, in part or in full, in more than 28 communities. Op LASER is the largest and longest domestic operation to date (106 days in total) since these patrols were formalized in 1947 (2 CRPG, 2020).

The Canadian Rangers of 2 CRPG were mobilized to accomplish four main tasks:

1. Provide logistical and general labor support to local health authorities.
2. Be prepared to provide equipment and logistical support to the Ministry of Health and Social Services for the implementation of the screening zones.
3. Provide community support to vulnerable and segregated individuals and families in the community.
4. Support local Covid-19 outreach programs.



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members. 5 CRPG and the 5th Canadian Division began prepping for this mobilization as early as March 31, 2020, to ensure readiness to support community leaders and provincial/territorial outreach programs, conduct community patrols, and provide SITREPS to JTFA regarding COVID-19 issues, and to ensure all Rangers were aware of COVID-19 health protocols.

Unlike 1 CRPG and 2 CRPG, the majority of 5 CRPG patrols are not attached to a single community but represent an agglomeration of nearby communities. The members activated in Op-Laser during the first wave belonged to 21 of the 22 Newfoundland patrols and 9 of the 12 Labrador patrols. These are listed in the table below. According to information provided by 5 CRPG, the remaining four patrols could not be activated because their members had full-time jobs.

Figure 8 - List of 5 CRPG patrols mobilized during Operation LASER

Labrador	Western Newfoundland	Newfoundland Centre
Black Tickle	Burgeo	Bonavista
Cartwright	Channel	Buchans
Goose Bay	Humber	Burin North
Lab City	Jackson's Arm	Cape Freels
Dwarf	St. George	Clarenville
PHS	Port Saunders	Hamilton Sound
Makkovik	Rocky Harbour	Hermitage
Red Bay	Roddicton	Lewisporte
Rigolet	Springdale	Marystown
	St. Anthony	Milltown
		Terra Nova
TOTAL = 9/12	TOTAL = 21/22	

Source: Table provided by 5 CRPG



5 CRPG AORs

CRs LABRADOR

- 4802 LABRADOR CITY
- 4801 CHURCHILL FALLS
- 0797 GOOSE BAY
- 4612 NAIN
- 4611 HOPEDALE
- 4960 MAKKOVIK
- 4959 POSTVILLE
- 4961 RIGOLET
- 4600 CARTWRIGHT
- 4601 PORT HOPE SIMPSON
- 4602 RED BAY
- 3922 BLACK TICKLE

JCRs LABRADOR ★

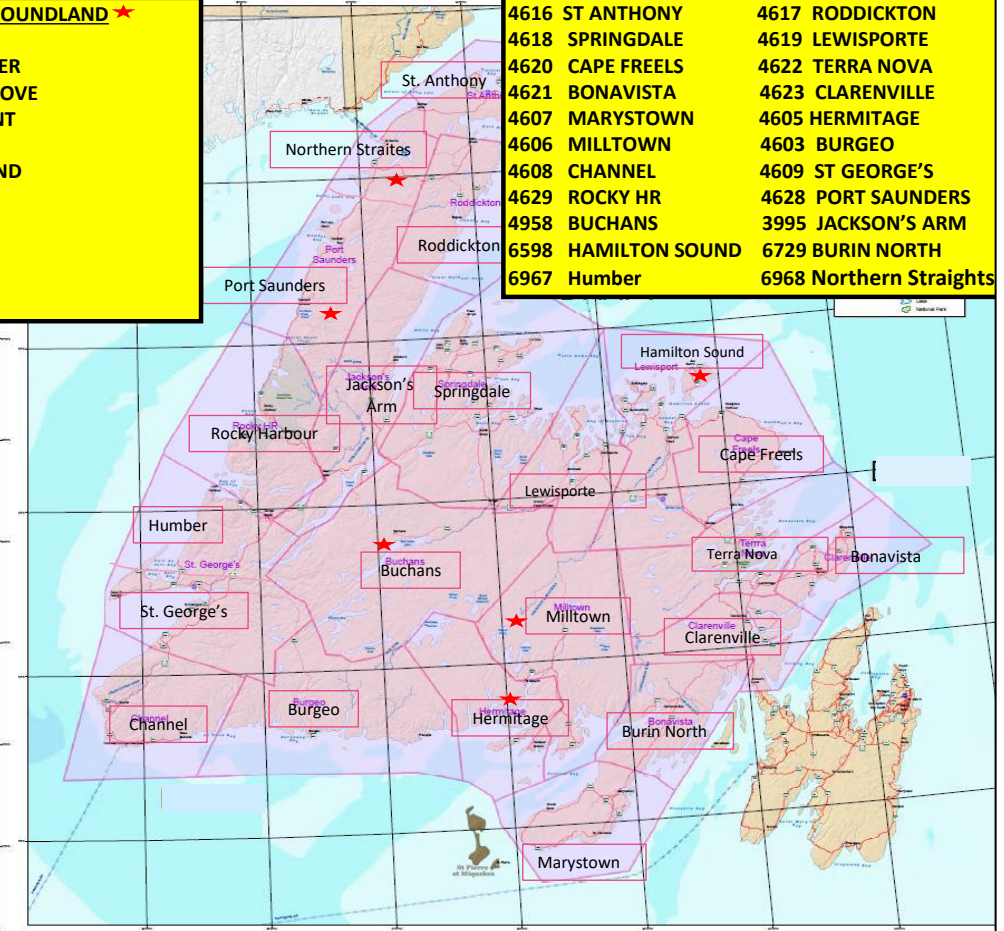
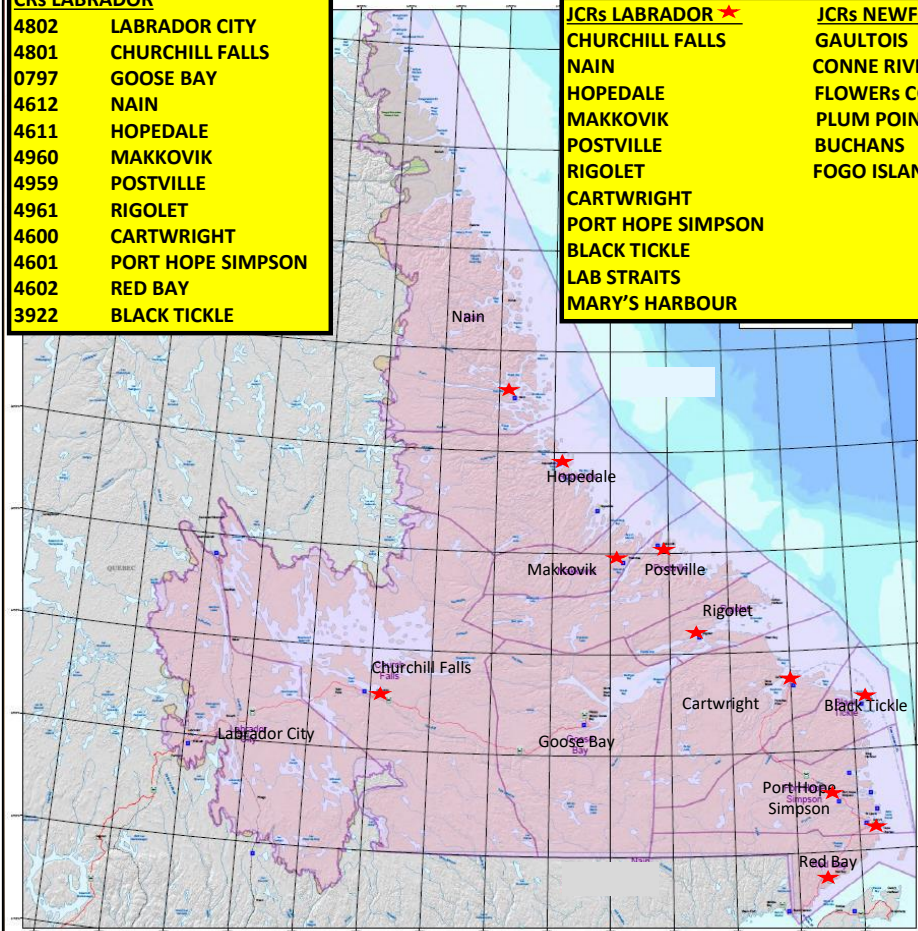
- CHURCHILL FALLS
- NAIN
- HOPEDALE
- MAKKOVIK
- POSTVILLE
- RIGOLET
- CARTWRIGHT
- PORT HOPE SIMPSON
- BLACK TICKLE
- LAB STRAITS
- MARY'S HARBOUR

JCRs NEWFOUNDLAND ★

- GAULTOIS
- CONNE RIVER
- FLOWERS COVE
- PLUM POINT
- BUCHANS
- FOGO ISLAND

CRs NEWFOUNDLAND

- | | |
|---------------------|-------------------------|
| 4616 ST ANTHONY | 4617 RODDICKTON |
| 4618 SPRINGDALE | 4619 LEWISPORTE |
| 4620 CAPE FREELS | 4622 TERRA NOVA |
| 4621 BONAVISTA | 4623 CLARENVILLE |
| 4607 MARYSTOWN | 4605 HERMITAGE |
| 4606 MILLTOWN | 4603 BURGEO |
| 4608 CHANNEL | 4609 ST GEORGE'S |
| 4629 ROCKY HR | 4628 PORT SAUNDERS |
| 4958 BUCHANS | 3995 JACKSON'S ARM |
| 6598 HAMILTON SOUND | 6729 BURIN NORTH |
| 6967 Humber | 6968 Northern Straights |



During Op-Laser, Canadian Rangers from 5 CRPG, all from Labrador patrols, were mobilized for four main tasks:

1. Delivery of food hampers from May 28-30, 2020 to the following Labrador communities: Port Hope Simpson, Charlottetown, St Lewis, Pinsent's Arm, Cartwright, Mary's Harbour and Lodge Bay.
2. Delivery of food baskets from June 3 to 5, 2020 to the following Labrador communities: Red Bay, Pinware, West Saint Modeste, L'Anse-au-loup, L'Anse-amour, Forteau, L'Anse-au-clair, Capstan Island and Black Tickle.
3. Delivery of firewood on July 2 and 3, 2020 to the following Labrador communities: Port Hope Simpson, Pinsent's Arm, St Lewis, Cartwright, Red bay, Mary's Harbour, Lodge Bay, Paradise River and L'Anse Au Clair.
4. Regular community assessments sent to headquarters. Only communities along the northeast coast of Labrador were assessed.

A mobilization focused on community support

In reviewing the tasks performed by Rangers in their respective CRPGs, there are several similarities across CRPGs. As summarized in the table below (Figure 10):

- The 1 CRPG Rangers distributed food baskets, game and information.
- The 2 CRPG Rangers had 4 main tasks including logistical and manpower support to local health authorities, setting up a testing area, community support (visiting elders and distributing food) and an awareness campaign.
- Finally, the 5 CRPG Rangers in Labrador distributed firewood, food baskets and information.

It should also be noted that Rangers are legally prohibited from performing law enforcement tasks or missions such as monitoring compliance with curfews and travel bans.

Figure 10: Ranger tasks and missions during the first wave.

	1 CRPG	2 CRPG	5 CRPG
Mobilization date	April 5, 2020	April 3, 2020	April 5, 2020
No. Rangers mobilized	534 Rangers	250 Rangers	305 Rangers
Tasks performed	Information Food baskets Game distribution	Logistics & manpower Screening area Community Support Awareness	(Only in Labrador) Food baskets Firewood Information
Rangers are prohibited from doing law enforcement (such as curfew enforcement or travel bans)			



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To compare the Canadian case to other Arctic sub-regions, we conducted a series of case studies comparing Greenland, Norway and the United States (Alaska) to the Canadian case.

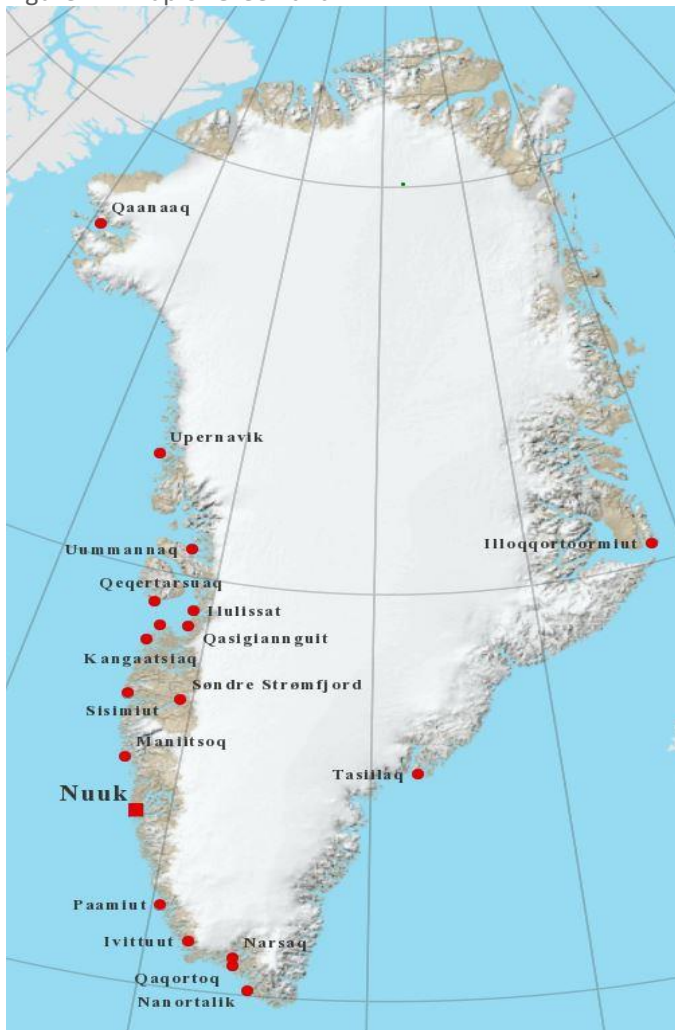


Greenland, Northern Norway and Alaska

Greenland

Greenland has been largely spared mass infections or outbreaks of COVID-19, although cases were reported early in the pandemic. Indeed, the first case in Greenland was reported on March 16, 2020, whereas the rest of Denmark had 909 cases by that date. As of April 6, 2021, Greenland had only 31 cases, or 55 per 100,000 population, concentrated in the capital city of Nuuk (World Health Organization, 2021).

Figure 11: Map of Greenland.



Source: Government of Greenland, April 16, 2021.



This case was detected after Denmark, including Greenland, closed its borders to foreign visitors on March 14, 2020. Several other restrictions had also been put in place: a ban on gatherings of 100 or more people, school closures, and remote work for public sector employees who do not provide essential services.

Competency Divisions and Empowerment

These measures were put in place by decisions of the Greenlandic executive. In recent decades, the political situation on the archipelago has been trending towards the empowerment of local authorities at the expense of the Danish central government. The Government of Greenland was given increased autonomy and expanded powers in 1979 and again in 2009. Greenland has jurisdiction over education, health and key economic sectors such as fisheries and natural resources. The Danish central government retains the state's sovereign powers such as foreign affairs, national security, the judiciary, monetary policy and defense (Government of Greenland, 2021). The 2009 agreement also defines Greenlandic society as a people with the right to self-determination (Ackrén and Jakobsen, 2015; 404).

This quest for independence is central to Greenlandic politics, with some political parties promoting a continued union with Denmark while other parties advocate increased autonomy or even complete independence from Denmark for the territory. The Greenlandic political scene is dominated by the presence of pro-independence parties (Jakobsen, 2021).

Beyond the question of national independence, the question of the division of powers between Greenlandic and Danish power was central to the crisis at hand. The exercise of autonomy in the areas of jurisdiction transferred to Greenland is certainly perceived as an assumption of responsibility by the local authority. Moreover, economic development through the expansion of fisheries and mineral activities is seen by Greenlandic decision-makers as a way of freeing themselves from economic dependence on the Danish center, which is reminiscent of other jurisdictions seeking greater autonomy elsewhere in the world (Quebec presents an interesting parallel).

In other areas, there is pragmatic cooperation between Denmark and Greenland, especially in those areas of competence that are exclusively central (foreign affairs and defense). For example, in relation to the response to COVID-19, the transport of patients to the hospital in Nuuk (from isolated communities on the island) is the responsibility of the Greenlandic government, with a King Air aircraft available and in constant service and with the support of Air Greenland if required. During emergencies or periods of increased demand, a civilian team is responsible for a helicopter. The Danish Armed Forces are only called upon if these civilian resources are already in use: the use of Danish Army aircraft can then be used to meet a specific need, as a resource of last resort.

Nor has the pandemic created a desire among Greenlanders for the central government to take on increased responsibilities. A survey of a representative sample of Greenlanders in 2020 shows that foreign policy issues are not high on the list of priorities of respondents. Furthermore, only 30% of respondents expressed support for the idea that Greenland should have its own armed force (Ackrén and Leander Nielsen, 2021).



The pandemic response

The cooperation between the Greenlandic government and the Danish armed forces should be seen in this context. The measures put in place were aimed to prevent the virus from spreading in Greenland, especially in small isolated communities. The low level of medical resources on the island led the Greenlandic government to adopt a precautionary posture, as even a moderate outbreak would have put the island's health care system at risk and forced Greenland to seek assistance from the Danish government. Moreover, the most advanced medical resources are concentrated in the capital, Nuuk. Patients from isolated communities who needed to be hospitalized would have had to be airlifted to Nuuk, a difficult and resource-intensive operation, given the great distances between communities and the sometimes difficult climatic conditions. To quote Greenland's medical director, Henrik Hansen, this type of operation "would be extremely complicated. For the sake of the patient, it has to be done very quickly, but everything takes time in Greenland" (Hansen quoted in Breum, April 2, 2021) The intensive care unit in Nuuk contains only four beds, so Greenland could not afford a significant outbreak (Breum, April 2, 2021). The most serious cases would likely have had to have been redirected to Copenhagen, with the significant delays that would have caused (Arctic Council, June 2020).

Three objectives guided Greenland's strategy: 1) to prevent infected individuals from entering Greenland, 2) to contain infections if necessary, to avoid major outbreaks, and 3) to prevent outbreaks from occurring in multiple locations on the island at the same time. Implementing objective one contained most of the potential spread (Quinn, August 26, 2020). Efforts to meet objective 2 were initiated a few times, including during the containment of the capital city of Nuuk early in the pandemic (March-May). The concerns underlying objective 3 did not materialize. Thus, the measures remained in the hands of the public health authorities, without recourse to supporting agencies. For example, test samples for COVID-19 were analyzed in Denmark at the beginning of the crisis, but this capacity was quickly transferred to Nuuk. Tests collected from Greenlandic communities were necessarily to be sent to Nuuk for analysis (Arctic Council, June 2020). The ability to test in regional hospitals was central to Greenland's strategy to limit the spread of the virus, with Prime Minister Kim Kielsen linking the reopening of the island's smaller communities to their ability to test adequately (Quinn, July 6, 2020). In general, cooperation could be seen between the Greenlandic and Danish health systems, both in providing Greenland with testing capacity and in sending medical experts from Denmark to Greenland (Arctic Council, March 24, 2020).

Strict border control measures were quickly put in place and Greenland was able to control the spread of the virus. Only 11 cases were confirmed during the first wave (March-June), and these cases did not lead to hospitalizations or deaths. Being a remote region, transportation to the archipelago is limited, with air travel (and its national airline, Air Greenland) playing a central role (Christensen et al., 2020). Thus, air transport control measures were central to Greenland's and Denmark's strategy to act against the spread of the virus. The Greenland Government quickly implemented a requirement for all visitors to test negative for COVID-19 (within 5 days of arrival), a voluntary 5-day quarantine, and a test at the end of the quarantine on 15 June 2020 (Quinn, 6 July 2020). These measures significantly reduced virus transmission in the spring and early summer of 2020. These same measures were extended and



strengthened to travelers from Iceland, the Faroe Islands, and Denmark when the pandemic entered a second wave in those jurisdictions (August-September 2020).

The issue of mobility within Greenland was also closely linked to air travel, which is the preferred means of transport between population centers. Flights between the capital, Nuuk, and other communities on the island were cancelled in March 2020 when the first cases were confirmed in the capital (George, 14 April 2020). This strategy of border control and closure allowed businesses to reopen, with some restrictions, in addition to flights between Nuuk and other communities on the island. The relative isolation of communities from each other helped during the crisis, according to Prime Minister Kielsen: "Our country is unique in that it is made up of 74 isolated places, which we can close independently. This allows us to keep the virus out of certain communities" (Kielsen quoted in Grydehøj et al., 2020).

Obviously, some sectors of the economy have suffered. Tourism, an important part of the Greenlandic economy, has suffered from the lack of foreign tourists. The Greenland Government has had to offer incentives to encourage local tourism (Quinn, July 29, 2020). The mining and fishing industries, on the other hand, have been resilient to the crisis and mobility control measures: the quarantine and travel restrictions have had little impact on workers in these sectors. Workers at the Aappaluttoq mine site had to remain on site during the inter-community lockdown from March to May, while workers at the Qaqortorsuaq mine were returned home (Vullierme, 2021b). The Greenland Government has also offered deferrals and partial reimbursements of costs to mining companies to ensure the sustainability of ongoing resource development (Mineral Resources Authority, May 26, 2020).

The rapid and sustained response to control the spread of the virus on Greenland's borders kept the number of confirmed cases on the island to a minimum. The health system and the limited resources of the territory were never put at risk, and the last resort option of relying on Danish armed forces for support was not necessary. The Danish armed forces had, however, prepared contingency plans to respond to this eventuality. However, the first two points of this plan were aimed at the internal organization of the armed forces, namely: to minimize the impact of COVID on the operational capabilities of the forces, as well as to minimize the chances of introducing the virus into Greenland when the Danish Armed Forces were moving around the territory. The organization only planned to intervene if a major outbreak occurred, after a specific request from the Greenlandic government. The support in such a case would have been logistical (e.g., the transportation of patients to Nuuk or to Denmark).

For example, the Danish Armed Forces have established a unified Arctic Command, which brings together elements of the land, naval and air forces and has primary responsibility for being present in Greenland and the Faroe Islands (Danish Defense, 2021). There has been limited and pragmatic cooperation between this command and the Greenlandic government. For example, the Danish Navy received a request for assistance from the Government of Greenland to help with the vaccination campaign in isolated communities. The Danish Navy delivered Pfizer/BioNTech vaccines and provided transportation for civilian medical personnel to vaccinate in the communities of Paamiut (223 inhabitants vaccinated) and Qeqertarsuaq (90 vaccinations) (Agence France Presse, 6 March 2021). The Danish Navy patrol ship is also equipped with a hospital on board: the ship could therefore double

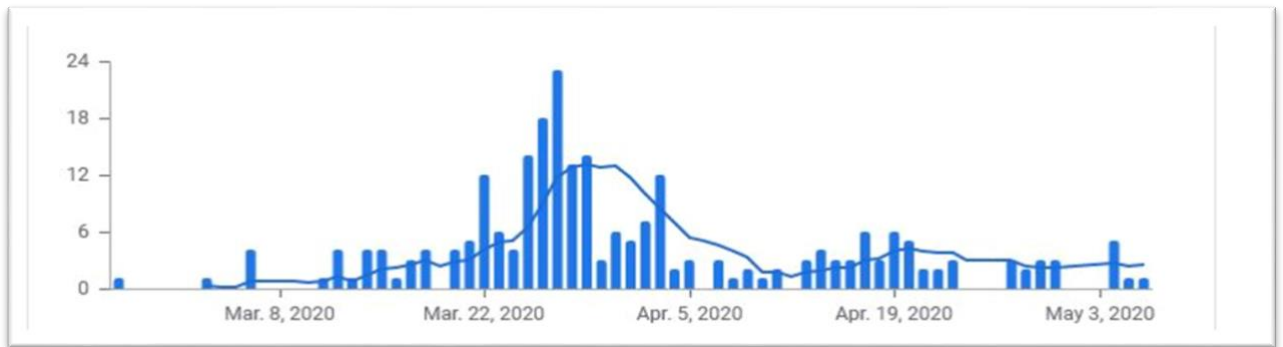


as a vaccination clinic if weather conditions do not allow medical personnel to land in remote communities (Danish Armed Forces, 26 February 2021).

Norway (Nordland and Troms counties and Finnmark)

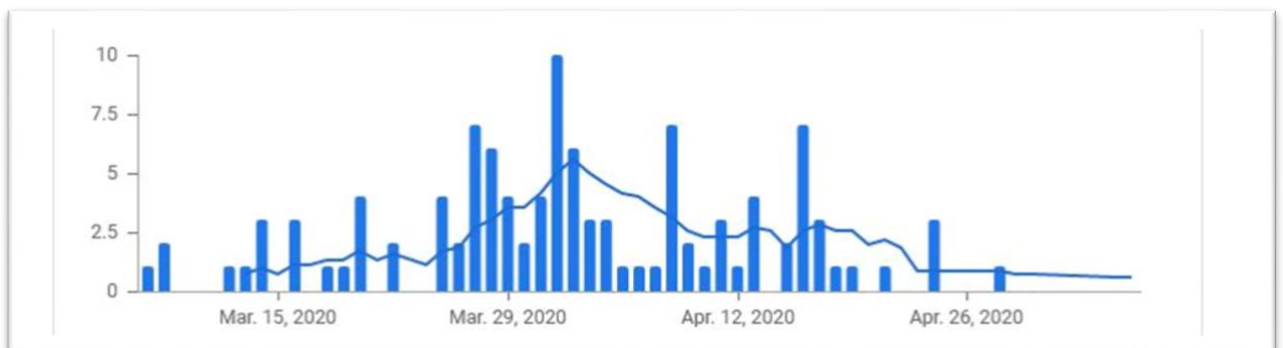
Norway was largely spared by the first wave of the epidemic, recording a peak of 1452 infections per 1 million inhabitants until November 2020. The number of confirmed cases during the summer was also at very low levels, especially in comparison to neighbouring Sweden. The northernmost counties (Nordland, Troms and Finnmark) followed this national trajectory. Troms and Finnmark counties, for example, had only 246 confirmed cases from March to early May, or 1011/1 million population (Norwegian Institute of Public Health, 2021). In both cases, infection peaked in late March before rapidly declining and remaining at modest levels thereafter (see Figures 12 and 13).

Figure 12: Number of confirmed cases during the first wave for Troms and Finnmark County.



Source: Google data, April 16, 2021.

Figure 13: Number of confirmed cases during the first wave for Nordland County.



Source: Google data, April 16, 2021.

These counties share some similarities with other Arctic communities, including low population density, remote communities and limited transportation infrastructure. On the other hand, Northern Norway

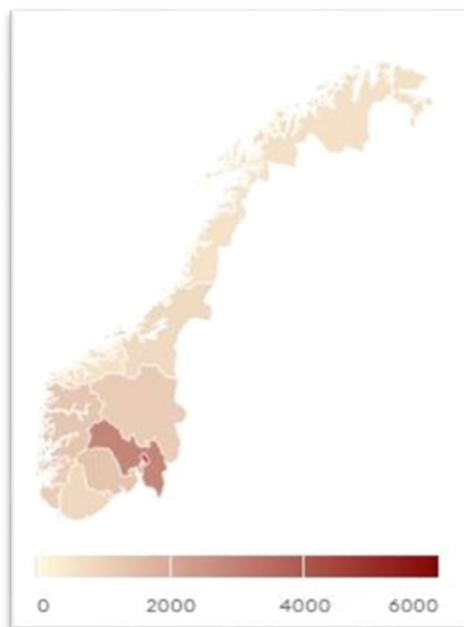


also has more populated municipalities such as Tromsø (over 70,000 inhabitants) and Bodø (close to 50,000 inhabitants) with more considerable health services and infrastructure than Greenland or the Canadian Arctic.

The Norwegian government quickly put in place strong measures to curb the spread of the virus. As of March 12, all foreign visitors had to undergo a 14-day quarantine when traveling in Norway (Government of Norway, March 15, 2020). In addition, a national lockdown was declared in mid-March, closing schools, sports centers, and a range of services deemed non-essential (Helsingør et al., 2020).

This lockdown lasted until the end of April, with a gradual return of schoolchildren and a partial reopening of non-essential businesses in early May (Agence France Presse, 14 April 2020). Starting in July, the Norwegian government regularly updated the list of countries from which visitors had to quarantine upon arrival in Norway. This partial reopening worked until the fall, with few confirmed cases from late April to mid-August. The second wave began to emerge in September and October, the virus gradually establishing itself from early November 2020 to late January 2021. A third wave also emerged from February 2021 through early April 2021. The most affected counties were those located further south, as these had a higher population density (see Figure 14).

Figure 14: Number of confirmed cases per 100,000 population



Source: Norwegian Institute of Public Health, April 16, 2021.

The response to the pandemic was primarily managed by the Norwegian government through the *Directorate for Public Safety and Emergency Planning* (DSB) and the Norwegian Police Directorate (NPD). The approach that was put in place was one of "total defense," meaning that different government agencies had to work together, with the DSB and NPD coordinating the overall effort



(Steen, 29 January 2021). The DSB or NDP would receive requests for assistance from civil authorities and ensure that the resources deployed to the various priorities were maximized. These requests were then forwarded to the operational headquarters of the armed forces, which decided on the available means to be mobilized (Norwegian Armed Forces, 24 January 2021). The Norwegian Armed Forces were thus one piece of a whole-of-government approach and had to work with civilians, especially from the health and constabulary fields.

Cooperation with other agencies can be challenging because the Norwegian armed forces face unique realities and issues. The Norwegian armed forces follow a universal conscription model, which means that all men and women between the ages of 18 and 44 are eligible for conscription. Although all citizens must fill out a declaration, somewhere between one quarter and one third of conscripts will continue the process in order to acquire more rigorous military training required for further military service (Norwegian Armed Forces, 2017). The Norwegian Armed Forces are also divided between regular forces (approximately 22,000 members) and reserve forces (the *Home Guard*, up to 40,000 members when fully mobilized). The *Home Guard* is deployed more at the local level in the role of supporting civil authorities: its main functions are critical infrastructure protection, territorial surveillance and supply (Bankus, 2007).

In the context of COVID-19, coordination between civilian and military authorities can sometimes raise questions. For example, as Pollock and Steen (2021) point out, there is an area of ambiguity in the rules of operation because "the military should only assist if the civilian society lacks the ability or capacity to manage the incident in question. However, it is not clear to what extent the military resources of the *Home Guard*, for example, can be used in such missions. As a reserve force, most of its members have a primary occupation. The ability to deploy its members may become more limited if the members in question are already in occupations deemed essential (for, e.g., health care workers, see Pollock and Steen, 2021).

COVID-19 in the Norwegian armed forces

The initial link between the Norwegian Armed Forces and COVID-19 is centered on one particular feature: universal conscription. This implies, for example, that in April 2020, thousands of young Norwegians had to present themselves to formalize their military service. These young people must undergo training on the transition from civilian to military life, in the course of which they share a dormitory and a dining room. These practices make social distancing difficult. This process carried an increased risk of contributing to the spread of the virus, including in the north of the country, as the conscripts come from all parts of the country. The return of these young individuals to their communities could have substantially accelerated the spread of COVID-19. These conscripts were strongly encouraged to adhere to a two-week quarantine prior to enlistment, although this remained voluntary. The Norwegian Armed Forces implemented a detection system for COVID-19, with cotton swab tests at three and six weeks after the start of training. This system may explain the low number of cases detected in April 2020, coupled with national containment measures (Norheim et al., 2021). On



the other hand, conducting large-scale testing consumes a large amount of resources (Norheim et al., 2020). The primary goal was that the Norwegian Armed Forces would not become a major vector for the spread of the virus throughout the country, including the North.

This fear materialized in November 2020 when an outbreak occurred at the Setermoen base near Tromsø. Twenty cases were confirmed, but measures to restrict troop mobility limited the spread of the virus into the general society (Staalesen, November 2, 2020). During the second wave, the Norwegian Armed Forces suspended the recruitment of personnel from the areas hardest hit by the virus (in the southeast of the country) and stopped the transport of troops from these areas to Tromsø in particular (Government of Norway, 26 January 2021). Several planned military exercises with allied nations were also cancelled due to the deteriorating health situation, including the Joint Viking exercise, originally planned for the northern counties of Nordland and Troms and Finnmark.

The assistance of the Norwegian armed forces

The assistance of the armed forces in support of the civil authorities occurred mainly during the first wave of the pandemic, from March to May. A total of 13 assistance operations were deployed to respond to the crisis in its initial phase. The effort was concentrated from 9 to 16 March 2020 with the loan or mobilization of equipment (tents, aircraft). For example, the Norwegian Armed Forces assisted the civil authorities by mobilizing an aircraft to evacuate Norwegian citizens who were staying in Svalbard in the High Arctic (Norwegian Armed Forces, 5 March 2021).

Thereafter, military personnel assisted mostly in the area of mobility management and control at certain hot spots. For example, the *Home Guard* assisted with passenger screening at Oslo Airport (beginning March 14, 2020). In all, a few hundred reservists were deployed in this operation where they had limited constabulary authority, though they did not carry weapons (Norwegian Armed Forces, 5 March 2021).

Similar tasks were also assigned to soldiers at other border checkpoints. For example, the *Home Guard* was deployed to the Finnmark region to assist police forces in conducting border checks between Norway, Sweden, and Finland (Nilsen, 18 March 2020). This type of operation continued throughout the spring and summer of 2020. The Home Guard was also deployed at the border with Sweden in the fall of 2020, again after a request from civil authorities (Ahlander and Pollard, November 10, 2020). Of course, an operation to respond to a pandemic came as a surprise to many in the Home Guard (Thomessen, March 26, 2020).

To a lesser extent, the regular forces have supported the health authorities by assisting hospitals, including the hospitals in Drammen, Baerum, Haukeland, and Stavanger in the south of the country (Norwegian Armed Forces, 5 March 2021). This type of mission has primarily involved trained medical personnel from the armed forces assisting health system personnel. The armed forces also helped administer COVID-19 tests in mid-January in the municipality of Halden, near the border with Sweden.

Overall, the Norwegian armed forces supported the constabulary and border control authorities to regulate the passage of travelers or workers arriving on Norwegian soil. This type of operation occurred

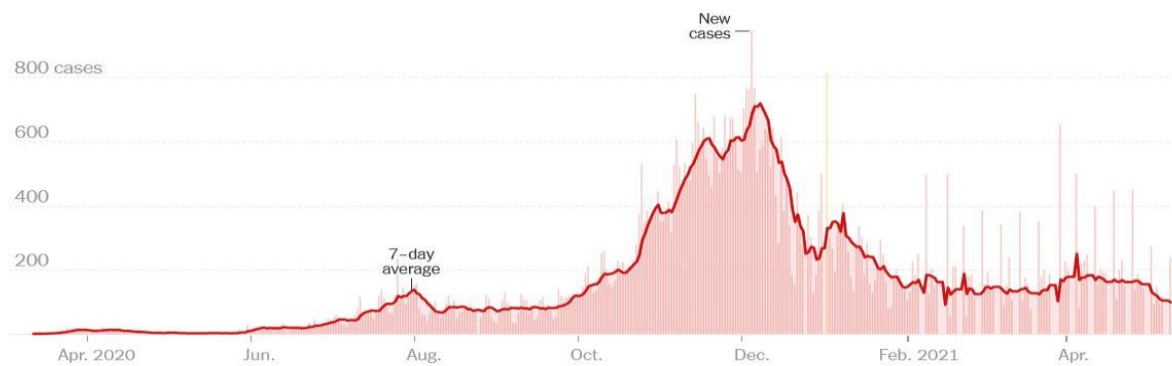


during the first, second and third waves. However, these missions were more numerous in the south of the country than in the northern counties. Support in the northern regions mainly consisted of assisting police forces in carrying out border controls and enforcing travel regulations.

Alaska

The first case of COVID-19 was confirmed in Alaska on March 16, 2020. The spread remained relatively low, however, until the summer of 2020. In late July - early August, health authorities observed a modest increase in infections, before experiencing a large increase in November - December 2020.

Figure 15: Number of confirmed cases in Alaska from March 2020 to May 2021.

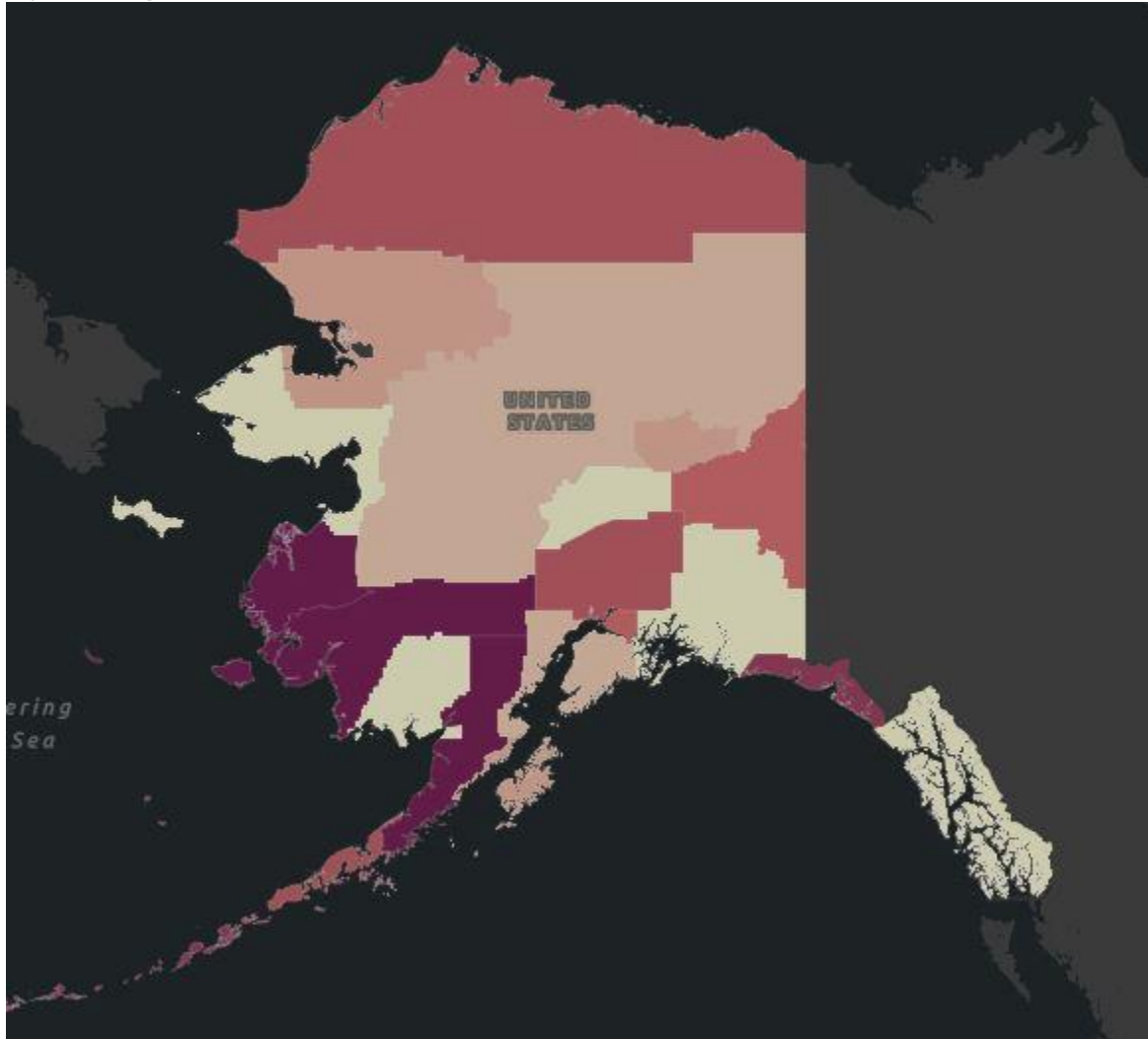


Source: New York Times, May 11, 2021.

Interestingly, urban centers were not among the most affected. For example, Anchorage, Fairbanks, and Juneau, the three largest cities in terms of population, were not the epicenters of the spread: contamination rates in these three cities were much lower than those recorded for more rural areas, especially in the southwestern part of the state (see Figure 16, in contrast to what has been observed elsewhere in the United States).



Figure 16: Number of cases per 100,000 population in different counties in Alaska. Areas in red represent higher caseloads.



Source: John Hopkins University, May 11, 2021.

Overall, the infections were well contained in the first wave, but this did not prevent a second wave in the fall of 2020 (November-December).

Logistical support to communities

Though case counts were low in the first wave, Alaska's circumstances suggested vulnerability to a health crisis at the outset of the pandemic. Beyond the state's budget allocation as of early March 2020, a \$4 million budget amendment was passed, and over \$9 million in federal aid was provided, (Turner, 2020, p. A6) to address any major pandemic-related crisis. It was critical that Alaska had significant logistical support in order to counteract this situation. Accustomed to disaster relief and responses to



armed conflict, logistical support from U.S. forces is therefore critical for this state with the largest Indigenous population in the entire United States, (Norris et al., 2012, p.7). The state has also implemented a unified structure to better coordinate pandemic efforts: the Alaska Department of Health and Social Services (DHSS), the Department of Public Safety (DPS), and the Alaska Department of Military and Veteran Affairs (DMVA) have been combined under a single structure to more effectively respond to the crisis. The Alaska National Guard, under the direction of the DMVA, was integrated into this unified structure when Governor Mike Dunleavy declared a state of health emergency on March 11, 2020 (Office of Governor Mike Dunleavy, March 11, 2020). The National Guard includes reservists - nearly 1,800 members for Alaska.

This type of initiative was not only observed in Alaska. Indeed, there has been a massive mobilization of military forces, the largest recorded since Hurricane Katrina, which hit New Orleans in 2005 killing more than 1,800 people and led to the mobilization of more than 51,000 National Guard reservists from all 50 states (Le Monde, 2014). In 2020-2021, the National Guard mobilized more than 47,000 soldiers and airmen to fight against the spread of the virus. The purpose of this massive mobilization was to "work with first responders and all organizations and agencies to help us get to the other side of this pandemic," said Air Force General Joseph L. Lengyel, head of the National Guard Bureau (Smith, 2020, p.5).

This U.S.-wide deployment has allowed:

- Support for COVID-19 testing sites.
- Distribution of medical supplies.
- The delivery of over 34,000 bulk meals in support of food banks.
- The distribution of more than 44 million meals to people in need.
- Screening of over 750,000 people.
- Distribution of protective equipment.
- Logistical support to call centers for Covid-19 related issues.
- The provision of over 6,000 beds (Smith, 2020).

In the case of Alaska, the initiatives were many and varied. For example, the Alaska National Guard supported the Alaska Food Bank based in Anchorage by helping to control the flow of essential goods. Additionally, these reservists supported civil authorities by inventorying and distributing equipment from DHSS warehouses to homeless centers in addition to facilitating airport screenings in the territory (Alaska National Guard, April 28, 2020). These initial measures were put in place even though, by the Alaska National Guard's admission, the rate of spread of the virus in the state was very low (Alaska National Guard, April 17, 2020).

On the other hand, in Bassett, the military community hospital (BASH) implemented the Cepheid GeneXpert screening system as of April 6, 2020, to more quickly test for probable COVID-19 cases. This system was considered rapid and strategic in detecting the virus in patients (Ostanik-Thornton, 2020, p.4).



The use of GeneXpert for civilian purposes has helped local communities mitigate the number of outbreaks because of the efficiency and speed of the tests that Cepheid GeneXpert offers. The organization has also supported the training of civilian medical personnel in the optimal use of this process in order to mitigate a possible worsening of the health situation, especially in public hospitals (Ostanik-Thornton, 2020, p.4).

Moreover, the Army Research Lab (ARL) has offered its valuable assistance in the manufacture of fans with 3D technology in close collaboration with civilian partners in the United States (Brading, 2020, p. 5). This move by ARL is not new, as this center has in the past contributed its expertise in the military field. In addition, the production of the Illinois RapidVent company began with research teams from the University of Illinois at Grainger College of Engineering and Carle Health in Urbana-Champaign.

In this regard, ARL researcher Eric Wood stated (Brading, 2020, p.5):

"Our [3D printed ventilators] are for patients who need a ventilator but aren't sick enough to move and for those who are really sick but still need a ventilator to survive. The staff at the hospital [we work with] were clear with this design, the goal would be to switch patients to a [standard ventilator] in a day or two.

The use of Illinois RapidVent has been a boon to hospitals across the country. It improved the response of public authorities to future respiratory epidemics. These impacts included low production costs, increased ease of manufacture and distribution, and a significant reduction in pressure on hospitals in addition to increased portability and manageability. (Brading, 2020, p.5).

Psychological support to communities

The U.S. military's support does not end with logistical and material support for local communities in Alaska. The National Guard has been providing psychological and spiritual support and assistance since the beginning of the pandemic. In this regard, chaplains from the U.S. Army Garrison at Fort Greely, Alaska provided support to the community of Delta Junction (Glass, 2020, p.5). In their approach, both chaplains relied heavily on their social media presence. This presence on social media, allowed them to promote human values and convey messages of hope within the community (Glass, 2020, p.5).

In addition, the US Air Force, in collaboration with Alaska Air National Guard units, flew over 23 communities in the state to honor frontline responders and essential workers during COVID-19 (Bedard, 2020, p.1). This mission was intended to honor all those who were on the front lines of the pandemic. When asked about this mission, Jeremy Groat, Colonel of the Alaska Air National Guard, stated, "It was a good way to show the community at large what we can do to show solidarity and support for the community at large and for the first responders and hospital workers," (Bedard, 2020, p.1).



Comparative Analysis

A comparative analysis of these four Arctic sub-regions reveals several commonalities, but also differences in the management of the health crisis.

In terms of commonalities, the first thing to note is the realities of the sub-regions studied. With the exception of Tromsø and Bodo in Norway and the urban centers in Alaska, the Arctic regions are characterized by their remoteness from hospitals. In Nunavik, for example, there are two hospitals, one in Puvirnituk and one in Kuujuaq, each with two intensive care beds. The fourteen communities of Nunavik can therefore only count on four intensive care beds. This situation is similar to Greenland, which also has four beds, all located in Nuuk. In addition, as a result of the lack of infrastructure in Arctic communities, housing is often overcrowded, further increasing the chances of the virus spreading. That being said, the isolation of communities in these regions has facilitated measures to reduce mobility during the pandemic.

In Canada, Greenland, Alaska, and Norway, the armed forces have provided support as a last resort and at the request of civilian authorities. On the other hand, in both Canada and Norway, the armed forces also worked actively with civilians, particularly in the field of health (for Canada, Alaska and Norway) and constabulary forces (for Norway). It should be noted that reservist units were mobilized in all three cases and constituted the majority of the forces deployed in these northern communities. The variety of tasks required, as well as their knowledge of and roots in these communities were fundamental assets. It should also be added that the COVID-19 crisis led to significant restrictions on population movement and travel. The presence of these reservists contributed to limiting displacements while providing assistance to civil authorities facing an unexpected crisis.

The comparative analysis also highlighted several differences between these Arctic sub-regions. First, while the Army Reserve has been deployed in both Canada, Alaska, and Norway, it has not been done in the same manner or with the same types of support or tasks. Thus, the Rangers were deployed under the traditional federal structure. A provincial civilian entity (e.g., the Nunavik Regional Board of Health and Social Services) requested assistance from the provincial government (the Quebec Ministry of Health and Social Services), which in turn approached its federal counterpart. The Canadian Forces were ultimately mobilized by the Chief of the Defense Staff for specific tasks. In Norway, the *Directorate for Public Safety and Emergency Planning* (DSB) or the *Norwegian Police Directorate* (NPD) received requests for assistance from civil authorities, which were then forwarded to the armed forces' operational headquarters, which decided on the means to be mobilized. This approach in Norway did not diminish the effectiveness of the measures put in place: the response of the armed forces was rapid, and assistance could be deployed quickly to support the civil authorities. In the case of Alaska, the National Guard department was added within days to a unified command of civilian and military organizations. This approach allowed for a rapid response from a prevention perspective, unlike the cases of Nunavik and Norway where the needs were great due to the accelerating spread.



Second, while the support was primarily logistical and personnel in all three cases, the types of tasks performed by these reservist units varied greatly. In Alaska and the Canadian North, military units performed a multitude of community support functions, including delivering food, facilitating patient transport, and building temporary patient facilities. These types of activities are obviously a far cry from the traditional tasks associated with military units. On the other hand, in Norway, the support of the military forces has been mainly in the form of assistance to the civilian authorities in spheres of activity related to the traditional mandate of the armed forces. Support to the constabulary in screening individuals entering Norway (whether at the airport or at land border crossings) has been by far the primary function assigned to the Norwegian armed forces. A limited mandate was also considered in Greenland, should the need have arisen. The main task would have been for the Danish armed forces to provide airlift for patients to be sent to Nuuk or Denmark for treatment. Thus, the tasks performed by the Rangers and the Home Guard were primarily community-based and diversified, whereas the tasks of the *Home Guards* in Norway were more traditional military tasks. The material and technological means that the National Guard possesses, unlike the other two reservist units, also allowed them to contribute by providing equipment that facilitated the screening and care of patients.

Finally, the timing of the activation of these units varied across these jurisdictions. It is interesting to note that in Alaska and Norway, military forces were integrated into the pandemic response from the beginning. In Norway, the focus was on facilitating border controls, which was an additional task for the constabulary and border control authorities. The need to control mobility has increased compared to the pre-pandemic situation and the freedom of movement inherent in the Schengen area. Rapid activation also occurred in Alaska, underscoring that in both jurisdictions the interpretation of what constituted a force of last resort was broadly defined. Indeed, the spread was still under control and moving at a rather slow pace. The armed forces, on the other hand, were engaged quickly, to make preparations to guard against possible outbreaks. Both jurisdictions experienced a limited first wave, which allowed health authorities to better prepare for subsequent waves and not be caught off guard. In Canada, the military was activated in early April, almost three weeks after the beginning of containment measures. We can observe here a more reactive approach. For example, in Nunavik, Ranger units were deployed only after active cases of COVID-19 were confirmed in the community. Finally, it should be noted that the preventive approach has also been implemented in Greenland. Such a robust, science-based approach (with the need for quarantine, but also the need to demonstrate a negative test) has allowed the island to avoid using the military as a force of last resort.



Conclusion

In this report, we have identified and compared the strategies in place and the mobilization of the Armed Forces as a resource of last resort in four Arctic sub-regions: Alaska, Inuit Nunangat, Greenland, and Northern Norway. In order to measure the Forces' response to a novel epidemic, this analysis focused on the first wave.

The analysis of our data, both documentary and from our exchanges with the Canadian and Greenlandic armed forces, showed that the mobilization of the armed forces studied differed from one sub-region to another. Thus, despite the similarity of the sub-regions studied, their responses were specific and linked to their national contexts.

In particular, this health crisis demonstrated the value of having Reservists in remote communities, especially in Canada. With the Rangers already on site, the Canadian Armed Forces did not have to send regular army personnel to Inuit Nunangat - which represented a risk of further spread of the virus. In Greenland, the management of the crisis demonstrated the Greenland government's capacity for autonomy, since the successful management of this crisis did not require the mobilization of the Danish Armed Forces. It should be noted, however, that in the event of major outbreaks, Greenland would not have been able to cope without Danish assistance in evacuating patients to the mainland. In Alaska, the rapid mobilization of the National Guard, coupled with its material and technological resources, made it possible to respond to the preventive needs of communities before a possible spread. Finally, in Norway, the *Home Guard* demonstrated its effectiveness in supporting the constabulary and border control authorities by conducting border controls.

Finally, it should be noted that according to our data, the support of the military authorities has been, and will remain, a last resort and must be done at the request of the civilian authorities. Indeed, the armed forces are not intended to "replace" or perform tasks that are usually the responsibility of civilian entities. They are only mobilized in case of emergency, for specific tasks and for varying lengths of time.



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Appendix

Number of 1 CRPG Rangers mobilized during Op-Laser

COMMUNITY	Ptl Size	VOLUNTEERS
Lutsel'ke	15	0
Tsiigehtchic	20	0
Gameti (Rae lakes)	21	0
Clyde River	36	0
Sambaa K'e (Trout Lake)	11	1
Rankin Inlet	14	1
Wrigely (Fort Simpson)		1
Willideh	9	2
Kimmirut	10	2
Fort Simpson	19	2
Sanikiluaq	22	2
Whale Cove	26	2
Qikitarjuaq	29	2
Whati	30	2
Resolute Bay	8	3
Sachs Harbour	12	3
Grey Fiord	15	3
Hall Beach	17	3
Kugaaruk	28	3
Iqaluit	17	4
Inuvik	21	4
Carcross	42	4
Norman Wells (Tulita)		4
Fort Smith	20	5
Fort Resolution	21	5
Arctic Bay	31	5
Wekweti	8	6
Mayo	9	6
Cape Dorset	13	6
Chesterfield Inlet	10	7
Baker Lake	15	7
Beaver Creek	15	7
Cambridge Bay	16	7



Ross River	16	7
Ulukhaktok	17	7
Faro	18	7
Arviat	19	7
Tulita	25	7
Old Crow	14	8
Deline	25	8
Fort Good Hope	26	8
Aklavik	22	9
Nauyasat (Repulse Bay)	44	9
Paulatuk	18	10
Atlin	27	10
Colville Lake (Fort Good Hope)		10
Watson Lake	18	11
Pelly Crossing	17	12
Behchoko	24	12
Gjoa Haven	28	12
Pangnirtung	32	13
Igloodik	21	14
Pond Inlet	26	14
Coral Harbour	22	15
Fort Macpherson	18	16
Fort Providence	29	16
Hay River	28	17
Kugluktuk	28	17
Carmacks	26	18
Tuktoyaktuk	28	18
Whitehorse	37	20
Haines Junction	30	28
Dawson	37	29
Taloyoak	49	36

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Source: Table provided by 1 CRPG



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